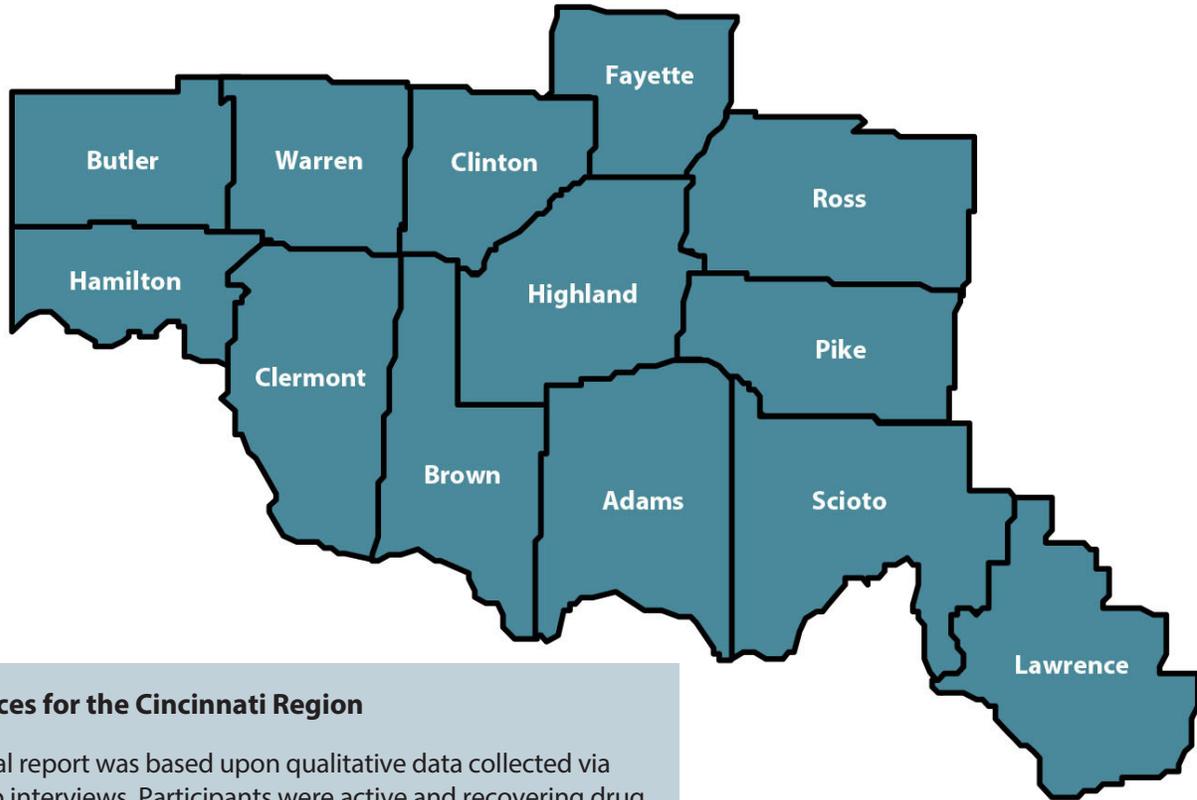




Drug Abuse Trends in the Cincinnati Region



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, Pike and Ross counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Hamilton County Coroner’s Office, the Scioto County Coroner’s Office, OhioMHAS’ Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, the Ohio Bureau of Criminal Investigation (BCI) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

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

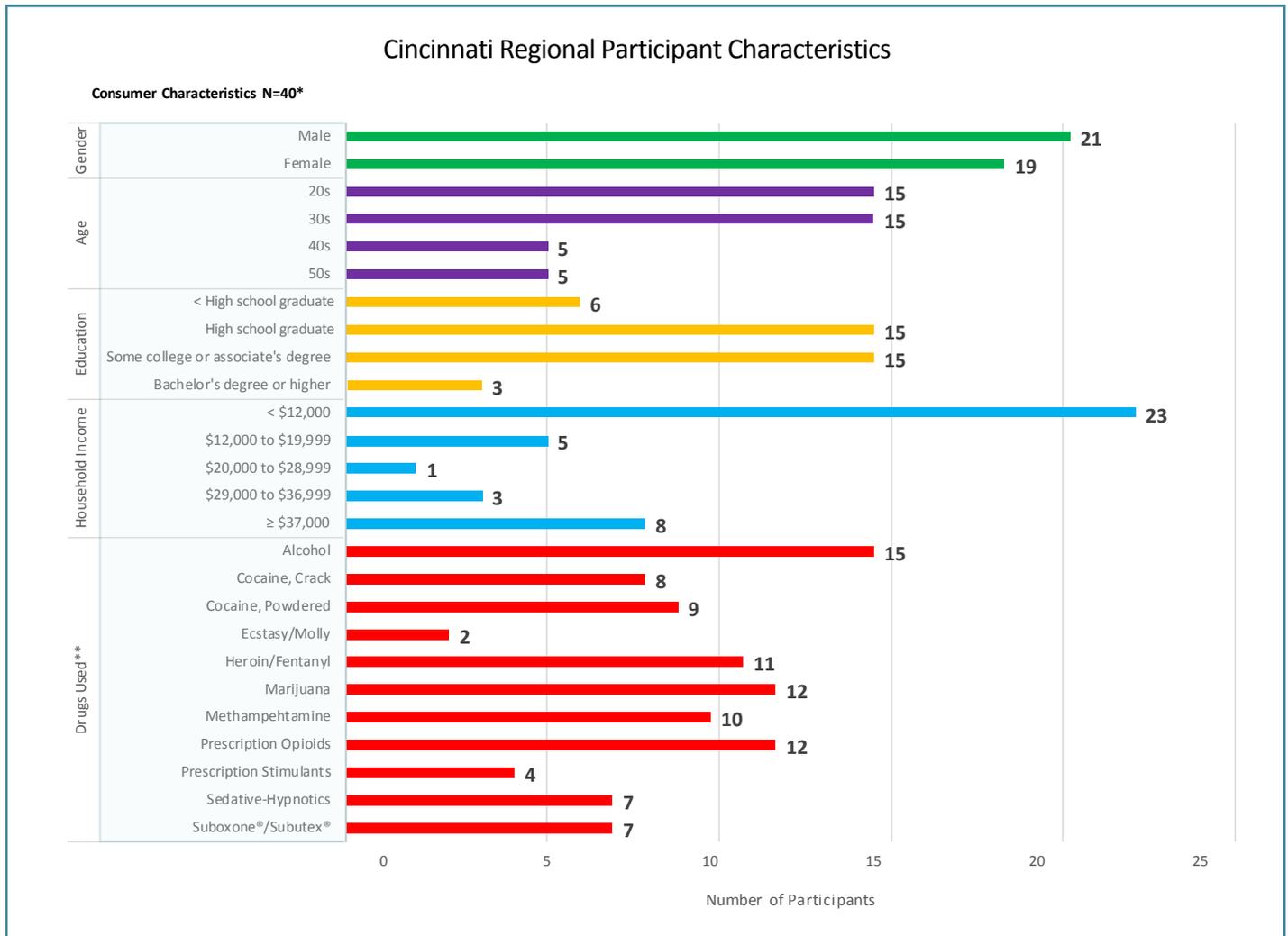
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	2,044,114	40
Gender (female), 2016	51.0%	51.0%	47.5%
White, 2016	82.5%	82.1%	82.5%
African American, 2016	12.8%	13.1%	10.0%
Hispanic or Latino Origin, 2016	3.7%	2.8%	0.0% ²
High School Graduation Rate, 2012-16	89.5%	89.1%	82.5% ³
Median Household Income, 2012-16	\$50,674	\$48,412	Less than \$12,000 ⁴
Persons Below Poverty Level, 2016	14.6%	14.2%	65.0%

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

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

³ Education level 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.



* Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

Historical Summary

In the previous reporting period (June 2017 – January 2018), heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids and Suboxone® remained highly available in the Cincinnati region; also highly available was fentanyl. Changes in availability during the reporting period included: increased availability for fentanyl, marijuana and methamphetamine; likely increased availability for powdered cocaine; and possible increased availability for Suboxone®.

While participants and community professionals reported high availability of heroin, there was agreement that much of the heroin supply was adulterated with fentanyl. Corroborating data confirmed that heroin was often adulterated with fentanyl. The Hamilton County Coroner's Office reported that 47.1% of the 291 drug-related deaths it recorded during the reporting period involved heroin; of these heroin-related deaths, 74.5% also involved fentanyl.

In discussing the increasingly high availability of fentanyl, participants noted that fentanyl was supplanting heroin in the region. Participants and law enforcement attributed the increased availability of fentanyl to the ease in which the drug could 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 processed had increased during the reporting period; the lab also reported an increase in the number of carfentanil cases.

Participants explained that fentanyl was 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 that Narcan® was available and accessible in the region.

Participants reported that the street availability of Suboxone® had increased during the reporting period. 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. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processed

had increased during the reporting period. 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 was highly available in the region. The Hamilton County Coroner's Office reported that 39.2% of the 291 drug-related deaths it recorded during the reporting period involved powdered/crack cocaine. The BCI London Crime Lab reported that the number of cocaine cases it processed had increased during the reporting period.

Participants reported that there was an increase in demand for powdered cocaine among heroin users. They explained that heroin users sought 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 who received Vivitrol® as medication assisted treatment used powdered/crack cocaine and/or methamphetamine to get high.

Participants and community professionals reported that the availability of methamphetamine had increased during the reporting period. Participants reported that methamphetamine was 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 were 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 reporting period; the Hamilton County Coroner's Office reported that 14 of the 291 drug-related deaths it recorded during the reporting period involved U-47700.

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 stated: *"The same guys who have 'crack' (crack cocaine) can make powdered cocaine; There are bars that have powdered cocaine dealers; I can get it anywhere."* Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported is as '10,' the previous most common scores were '9.' A law enforcement officer remarked, *"It's just part of the bar crowd, it's a social thing."*

Corroborating data indicated that powdered cocaine is available in the Cincinnati region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 14.0% 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 40.6% of the 229 drug-related deaths it recorded this reporting period involved cocaine. The Scioto County Coroner's Office reported that three of the 23 drug-related deaths it recorded this reporting period involved cocaine. In addition, the Ohio Department of Public Safety (ODPS) reported seizing 44.9 kilograms (99.0 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Deputies of the Hamilton County Sheriff's Office, responding to a call placed by Job and Family Services in regards to a medical neglect complaint, arrived at an apartment in Anderson Township (Hamilton County) to find a 5-year-old girl home alone with 27 grams of cocaine, over 10 grams of heroin, marijuana, a firearm and drug paraphernalia in plain sight; a woman was arrested and charged with child endangering and permitting drug abuse; a man was arrested and charged with drug possession, drug trafficking and child endangering (www.wlwt.com, April 13, 2018). A grand jury in Warren County indicted 16 people on drug-related charges including two cases explicitly involving cocaine

(www.journal-news.com, April 26, 2018). A grand jury in Lawrence County indicted two individuals for possession of cocaine (www.herald-dispatch.com, April 29, 2018).

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: *"Heroin dealers know that heroin users like to use cocaine at the same time; Yuppies moving into downtown want 'powder' (powdered cocaine). They see crack as a poor man's drug."*

Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider stated, *"[There are] other drugs that people are wanting to do."* A law enforcement officer commented, *"The availability has always been there, it's just the trend of using that fluctuates a little bit."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '0' and '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants commented: *"I got tired of getting ripped off by [poor quality cocaine], so I stopped buying it; It depends on how many hands it's been through and the type of connect you have ... a good connection will get it to you before it's been 'stepped on' (adulterated)."*

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents as: baby laxatives, baby powder, creatine and fentanyl. Regarding fentanyl as a cut for powdered cocaine, a law enforcement officer reported, *"I don't know if there's a misconception that cocaine's going to be safe ... we're seeing people overdose on cocaine. We're*

having professionals tell us that [clients] are overdosing on fentanyl [when] they were trying to use cocaine....” Other adulterants mentioned as cuts for powdered cocaine included: acetone, Adderall®, isotol (dietary supplement), mannitol (diuretic), MSM (methylsulfonylmethane, a joint supplement), vitamin B-12 and vitamin D. Participants reported: “[You are] almost always buying a product that’s being cut; [Dealers] use acetone to mix it back together [after adulterating], so you have no idea what’s in it.” Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants stated: “Quality has gotten worse. Seven or eight years ago it was great; Dealers are money hungry, they are stepping on it.”

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Overall, participants reported that the price of powdered cocaine has decreased during the past six months. Participants remarked: “Cocaine is more affordable now than it used to be; It’s competing in price with ‘meth’ (methamphetamine).”

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A line	\$10
	1/10 gram	\$20
	1/2 gram	\$40
	A gram	\$60-100
	1/16 ounce (aka “teener”)	\$120-150
	1/8 ounce (aka “eight ball”)	\$200

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would “shoot” (intravenously inject) or smoke the drug. Participants stated:

“In the club, more people snort it ... on the street, they smoke it; There’s different mixers you can add to it to be able to drink it.”

Participants described typical powdered cocaine users as people who are trying to keep up with work or school, those of higher socio-economic status, college students and mothers and grandmothers taking care of children. Participants commented: “College kids who want to do schooling but also have a good time afterwards; [People who] don’t want to go home and go straight to sleep; [Powdered cocaine is] a rich man’s drug They usually have the means to finance it.” Treatment providers described typical powdered cocaine users as white people, typically middle class and over 30 years of age, while law enforcement reported no specific type of user. A law enforcement officer stated, “It crosses all of the spectrums, I don’t know if I can narrow that one down, we find it on a ton of [different] people.”

Crack Cocaine



Crack cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants reported: “Everywhere I go it’s available; It’s cheap to manufacture ... it can be sold in smaller increments ... it takes a smaller amount to get high” Community professionals most often reported current availability as ‘8’; the previous most common score was ‘7’ for treatment providers and ‘9-10’ for law enforcement. A law enforcement officer stated, “‘Coke’s’ (powdered cocaine) all over the place ... they’re starting to cook crack again.”

Corroborating data indicated that crack cocaine is available in the Cincinnati region. ODPS reported seizing 1.1 kilograms (2.5 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. St. Clair Township Police (Butler County) arrested two men with active warrants after responding to a report of suspicious activity in the parking lot of an apartment complex and conducting a traffic stop of the vehicle in question; officers discovered suspected crack cocaine, heroin and a large sum of cash on the passenger of the vehicle (www.wkbn.com, Jan. 14, 2018). Portsmouth Police (Scioto County) initiated a traffic stop that led to a high-speed

chase, ending in a suspect’s vehicle driving off a hillside and colliding with a vacant house in New Boston (Scioto County); a loaded firearm was recovered from the suspect and a search of the vehicle uncovered a large plastic bag of crack cocaine and methamphetamine; the man was charged with trafficking in crack cocaine and methamphetamine and failure to comply with arresting officers (www.herald-dispatch.com, March 15, 2018). Washington Court House Police (Fayette County) responded to a call about two women arguing and arrested one of the women, seizing small baggies of marijuana, crack cocaine and powdered cocaine from a canister in her jacket pocket along with some cash; the woman was indicted earlier that month on charge of aggravated trafficking in drugs and possession of cocaine (www.recordherald.com, April 26, 2018).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants discussed: *“If you can get ‘coke’ (powdered cocaine) all you need is baking soda and you’ve got your crack; It’s easy to sell and the buzz (high) don’t last as long so you’re chasing it nonstop ... ten, fifteen minutes later you want another hit ... so you make more money [with constant sales].”* Treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported it has increased. A treatment provider stated, *“It’s kind of stayed the same. It’s just with everything else going on, there’s not a big light on it.”* Law enforcement commented: *“Now that they’ve reduced the sentencing [to match that of powdered cocaine] ... crack’s making a comeback; People who used it in the 90s are using it again; It’s more available now than it was in the past ... we’re starting to see more of it.”* BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score

was ‘6.’ Participants stated: *“If they are consistently dealing it, it’ll be higher quality because they want repeat customers; It’s a crapshoot ... the same dealers may sell you good dope in the morning and then the same guy sells you crap in the evening; You can buy a piece of soap at 3 am...”* 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 cuts for crack cocaine mentioned included: baby powder, Orajel™ and vitamin D. Participants discussed: *“It’s more baking soda than anything because a lot can’t cook it; If they’re cooking it and they whip it up and they put more baking soda in it, it’s not as potent, where you can buy ‘drop’ (purer crack cocaine) ... and you can cook it all the way down and there’s not as much soda in it.”* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant remarked, *“I think it always just depends on where you get it. The better business you are to them, the better [quality] you’re going to get.”*

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. A participant stated, *“I think a lot of folks probably start with a \$60 gram and then they keep wanting more, more, more, more, and it’s down to \$10, \$5 [amounts] ... until you’re broke.”*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10
	1/2 gram	\$35-50
	A gram	\$60-100
	1/4 ounce	\$250

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users,

nine would smoke and a one would “shoot” (intravenously inject) the drug. Participants stated: *“IV (intravenous) use of crack is going up because of the heroin epidemic, but still 95% are smoking it; You can break down crack with Kool-aid® or lemon juice and shoot it.”*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as everyone. Participants remarked: *“Pretty much everyone... it’s an anybody thing; A little older crowd... younger people are doing meth and heroin, but it is all across the board; Crack’s a whole different animal, it’s different than coke. Coke guys can still go to work and all that, crack guys generally stay in front of the TV. Once you take that first hit, you’ll be broke before the night’s over.”*

Community professionals described typical crack cocaine users as older, including those born in the 1980s and those living in urban areas. Treatment providers stated: *“If it’s heroin and crack, it’s white [people]. If it’s alcohol and crack, it’s black [people]; You may think it’s more white, but other cultures like Hispanic or African American are less likely to come into treatment.”* Law enforcement stated: *“It’s not a lot of young people, it’s not teenagers; It’s people who used crack before and it’s available now so they’re going back to it.”*

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. Participants reported: *“[Dealers] are throwing testers in your car at stoplights... testers are everywhere; I can get heroin delivered to my house quicker than a pizza.”* A treatment provider stated, *“I can walk across the street and get heroin.”* However, law enforcement continued to discuss that heroin unadulterated with fentanyl is difficult to obtain and not preferred: *“It’s either fentanyl and heroin or it’s mixed with all kinds of stuff; We don’t see just straight heroin, it’s always mixed... and the stronger the better. Users want stronger, they don’t want just heroin.”*

Corroborating data indicated that heroin is available in the Cincinnati region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 22.0% reported using heroin on one or more days. The Hamilton County

Coroner’s Office reported that 43.2% of the 229 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 80.8% also involved fentanyl. The Scioto County Coroner’s Office reported that four of the 23 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported seizing 38.0 kilograms (83.7 lbs.) of heroin from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Chillicothe Police (Ross County) arrested a man on charges of OVI (operating a vehicle under the influence of alcohol or drugs), driving under suspension and failure to control his vehicle after the man overdosed behind the wheel, causing his vehicle to roll across the street and collide with a house; the man was administered naloxone by the Chillicothe Fire Department (www.chillicothegazette.com, Jan. 10, 2018). An investigation involving the U.S. Drug Enforcement Agency (DEA), Ohio State Highway Patrol (OSHP) and local law enforcement concluded with the seizure of 300 grams of heroin from a farm in Oxford (Butler County) and the arrests of five people on possession with intent to distribute more than 100 grams of heroin (www.theepochtimes.com, Feb. 7, 2018). A judge in the Lawrence County Common Pleas Court sentenced a woman to three years in prison after she pled guilty to several charges of drug trafficking; the woman trafficked heroin, morphine and oxycodone (www.herald-dispatch.com, Feb. 8, 2018). OSHP seized 60 grams of heroin, 20 grams of marijuana and a firearm during a traffic stop along Interstate 275 in Hamilton County that led to the arrests of two men (www.nbc4i.com, April 5, 2018). A judge in the Butler County Common Pleas Court sentenced a man and a woman to serve 18 months in prison each after hearing guilty pleas to charges of tampering with evidence; the two dumped the body of a woman, who fatally overdosed in their home, in woods across the street from their home in Middletown (Butler County) (www.whio.com, April 17, 2018). Dispatchers of the Harrison Police Department (Hamilton County) received a call about a possible overdose in a parked car at a gas station with a child in the back seat; police arrived at the scene and arrested a man, finding two syringes, one full and one with residual heroin (www.wlwt.com, April 22, 2018). A grand jury in Warren County indicted 16 people on drug-related charges including four cases explicitly involving heroin (www.journal-news.com, April 26, 2018). A Lawrence County grand jury indicted five people on

charges including possession and trafficking in heroin (www.herald-dispatch.com, April 29, 2018). The Warren County Common Pleas Court indicted a man on charges of involuntary manslaughter, corrupting another with drugs, and numerous counts of possession and trafficking in heroin as the result of the fatal heroin overdose of his girlfriend at a hotel in Mason (Warren County) (www.mydatyondailynews.com, May 10, 2018). Sharonville Police (Hamilton County) arrested a woman and charged her with abuse of a corpse after a motel employee reported a foul odor and suspected a dead body under a pile of clothes in the woman’s room; the woman allegedly kept the body of her boyfriend who died of a fatal heroin overdose in the room for four days while she continued to use heroin (www.cincinnati.com, June 15, 2018). Norwood Police (Hamilton County), responding to a call about a possible overdose in a drive-thru restaurant, arrested a woman for drug possession, paraphernalia and child endangering after finding heroin stashed in her bra and a glass pipe and straw with heroin residue in the backseat of her vehicle with her 2-year-old daughter (www.wlwt5.com, June 20, 2018). Portsmouth Police (Scioto County) executed a search warrant at a motel in Portsmouth and seized 76 grams of suspected heroin, 45 grams of suspected methamphetamine and two loaded firearms that resulted in the arrest of two men, both convicted felons charged with trafficking in heroin and methamphetamine (www.herald-dispatch.com, June 22, 2018).

While many types of heroin are currently available in the region, participants reported white powdered heroin as most available. Community professionals reported brown powdered heroin as most available. A law enforcement officer remarked, “We aren’t seeing much black tar [heroin].” Reportedly, black tar heroin is available in parts of the region. A participant stated, “Black tar [heroin] is available in Cincinnati.”

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. However, one participant noted, “[Availability] fluctuates with meth. Right now, meth is more abundant [than heroin], but it flip flops.” BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, brown, gray, purple, white, tan and black tar heroin.

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

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ However, a few participants noted variation in quality throughout the region: “It depends so much on geography, there is a big difference in quality county to county; [I got some that was] ‘10,’ but that is not from around here.” Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported the top cutting agent for the drug as fentanyl. Additional cuts mentioned included: baby laxatives, carfentanil, coffee, mannitol (diuretic), Pepsi®, rat poisoning, sleep aids and Xanax®. Participants discussed: “Anything as long as it’s tasteless and odorless; It’s cut with fentanyl ... you can’t get heroin in this town without fentanyl.” Overall, participants reported that the general quality of heroin has decreased during the past six months. A participant reported, “If you’re getting heroin not cut with fentanyl, the quality is decreased.”

Cutting Agents Reported by Crime Lab	
Heroin	 acetaminophen
	 caffeine
	 cocaine
	 diphenhydramine (antihistamine)
	 fentanyl
	 inositol (dietary supplement)
	 lidocaine (local anesthetic)
	 mannitol (diuretic)
	 methamphetamine
	 quinine (antimalarial)
	 sorbitol/lactose (artificial sweetener)
	 tramadol

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that

the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (capsule, aka "cap")	\$5-20
	A gram	\$60-175
	1/8 ounce	\$200-250

While there were a few reported ways of using heroin, generally, the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants reported estimated that out of 10 heroin users, five would shoot and five would snort the drug. In addition, one participant stated, "I've heard a lot of people smoking it recently."

Participants reported that injection needles are most available from family and friends with diabetes, needle exchanges, drug dealers and pharmacies. Participants shared: "I found a diabetic who sells me their needles; Drug dealers always have needles if they're selling dope." Additionally, participants reported obtaining needles from other users, big box stores, tractor supply stores (needles intended for dogs or horses) and through Internet purchase. Reportedly, the most common price for needles on the street is \$2-5 per needle, and sharing needles is common. Participants stated: "People don't care about health concerns; I've seen ten people use the same needle; They will tell someone they have Hep C (Hepatitis C) and others still use it ... they clean it with bleach."

A profile for a typical heroin user did not emerge from the data. Participants described typical users as anyone, insisting that "heroin does not discriminate." Participants commented: "Someone that's had opiates prescribed to them and got them taken away; People who can't afford the pills anymore; There are a lot of people with money and good jobs who are functioning addicts, then there are addicts who don't care; People who are in construction working themselves to death, they are hurting and in pain." Community professionals described typical heroin users as young people. A community professional reported: "I would say that most of them are very young ... not even 21 [years of age] ... still living with their parents, so using is still good for them."

Fentanyl

Fentanyl 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 stated: "You can order it right off the Internet ... if you want it, you got it; It's the only thing I did when I relapsed." Treatment providers most often reported the current availability of fentanyl as '9', while law enforcement most often reported it as '10'; the previous most common scores were '10'. Treatment providers discussed: "They don't always know they're getting it; You'll ask for heroin and get fentanyl; Some of my clients are specifically asking for fentanyl. They're not asking for heroin anymore." Law enforcement commented: "[The term 'heroin'] is used as an interchangeable term [now] ... people call it heroin, but you're getting fentanyl; We're starting to see more clandestine purchases [of fentanyl] on the dark web using Bitcoins. I think the dealers are seeing that it's actually cheaper to buy [fentanyl] and sell it as heroin than to buy actual heroin, which is more expensive."

Corroborating data indicated that fentanyl is available in the Cincinnati region. The Hamilton County Coroner's Office reported that 76.4% of the 229 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 6.1% of these 229 deaths involved carfentanil. The Scioto County Coroner's Office reported that 73.9% of the 23 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 39.1% of these 23 deaths involved carfentanil. In addition, ODPS reported seizing 2.9 kilograms (6.4 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A federal grand jury indicted 12 people involved in a fentanyl distribution and money laundering organization in Middletown (Butler County) allegedly funded by the Sinaloa drug cartel in Mexico; the investigation also led to indictments of 40 others in San Diego, California (www.journal-news.com, March 8, 2018). A judge in the Clermont County Common Pleas Court sentenced a man to serve 14 years in prison after hearing a guilty plea on the charges of involuntary manslaughter and aggravated trafficking in drugs; the man allegedly sold U-47700 (synthetic opioid) that caused a fatal overdose, in addition to trafficking LSD (lysergic acid diethylamide), Xanax® and marijuana concentrates

he secured through the dark web (www.cincinnati.com, April 26, 2018). Prompted by a surge of unintentional drug overdoses, the U.S. 23 Major Crimes Task Force executed a search warrant at a home in Chillicothe (Ross County) and recovered an undisclosed amount of suspected fentanyl and cash; a man was arrested for tampering with evidence, with drug trafficking charges pending crime lab results (www.chillicothe Gazette.com, May 7, 2018). Cincinnati Police arrested a woman for involuntary manslaughter following the death of her 6-month-old daughter from fentanyl poisoning (www.wcpo.com, May 25, 2018). A federal grand jury indictment 11 people accused of running a drug distribution and money laundering operation in the Cincinnati area; the group allegedly distributed fentanyl, ketamine, cocaine and heroin out of a home in Green Township (Hamilton County) (www.wcpo.com, June 25, 2018).

In addition to reporting high current availability of fentanyl, participants and community professionals also reported the presence of fentanyl analogues and carfentanil in the region. However, both groups of respondents discussed that users generally do not know which type of synthetic opioid they are getting. Participants commented: *"I don't know much difference ... it all makes you overdose. I don't focus on what it is; We don't know the difference."* A law enforcement officer stated, *"I don't think the dealers have a clue what fentanyl it is. It'll be one of ten or fifteen different variations ... as long as they can get something, they don't care which one it is."*

Participants reported that the availability of fentanyl has increased during the past six months. They stated: *"It's more available. People prefer the stuff others have OD'd (overdosed) on; You can take a tiny bit of heroin and cut it with fentanyl ... stretch your money and make ten times the money ... fentanyl is the worst problem in this area ... my drug dealer had 30 cars in the driveway waiting on him."* Treatment providers also reported that the availability of fentanyl has increased during the past six months, while law enforcement reported it has remained the same. A treatment provider stated, *"It's definitely more available because people are crossing into Indiana from Cincinnati [to buy fentanyl to bring back to Cincinnati] ... back and forth, back and forth..."* A law enforcement officer observed, *"It's been steady here for the last year and half."* BCI crime labs reported that the incidence of fentanyl, fentanyl analogues and carfentanil cases they process from this region has decreased during the past six months.

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

Participants most often rated the current general quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. A participant remarked, *"That's a crazy question, I don't know ... '15'? I've never done any that was bad."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and said: *"I don't know that they're cutting it with anything; [Fentanyl is] the cutting agent for other things; If you're buying heroin you got to watch it ... if you get white heroin, there's fentanyl in it, you only get straight fentanyl if you get it shipped online."* Overall, participants reported that the general quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram and a gram. Participants commented: *"It's the same as heroin, so all prices are the same; [Dealers are] selling it for the same price as heroin, but it should be cheaper."* Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10-20
	A gram	\$60-175
	An ounce	\$700

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. One participant stated, *"My experience with heroin and fentanyl is people are going to snort it until the day they shoot it, and then they'll never snort it again."*

A profile for a typical fentanyl user did not emerge from the data. Participants described typical fentanyl users as anyone who uses heroin or individuals in pain. Participants stated: *"I've seen more people that truly have pain issues that are seeking fentanyl; They still need the heroin but fentanyl helps with the pain ... the fentanyl helps with the pain, but the heroin gives them the high."* Treatment providers described typical fentanyl users as heroin users and white people, while law enforcement reported that typical users are almost anyone, but often people under 30 years of age. A treatment provider commented, *"I'm seeing a really big uptick of just heroin/fentanyl, going straight to it, not even messing around with the pain pills, especially with the younger demographic."*

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8-10'. Participants reported: *"The strictness of prescribing guidelines makes it hard to get them; Heroin is so much cheaper, so people can get high cheaper..."*

Treatment providers most often reported the current street availability of prescription opioids as '8', while law enforcement most often reported it as '2-3'; the previous most common scores were not reported. A treatment provider stated, *"I think it depends on where you are. I'm out in [various] neighborhoods ... and I get approached to buy Percocet® and 'oxys' (OxyContin®) all the time."* One law enforcement officer remarked, *"I just don't see a lot of it."*

Corroborating data indicated that prescription opioids are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 17.1% reported using prescription opioids on one or more days. The Hamilton County Coroner's Office reported that 22.3% of the 229 drug-related deaths it recorded this reporting period involved prescription opioids. The Scioto County Coroner's Office reported that four of the 23 drug-related deaths it recorded this reporting period involved prescription opioids.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Butler County Common Pleas Court heard a guilty plea from a man charged with involuntary manslaughter and child endangering regarding the fatal overdose of his 1-year-old son from a combination of drugs including oxycodone (www.usnews.com April 11, 2018). A Lawrence County grand jury indicted a man charged with possession 48 20 mg tablets of oxycodone; the grand jury also indicted two others on separate charges of theft of drugs and trafficking in oxycodone (www.herald-dispatch.com, April 29, 2018).

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. A participant commented, *"OxyContin® you don't see. Once they changed it to where you can't crush it [to snort or inject], it's not a big thing. I haven't even heard of it in the last six months."* In addition, participants and law enforcement reported the presence of imitated prescription opioids in the region, fake pills pressed with fentanyl and sold as prescription opioids. A participant remarked, *"It's not always real pills ... you can't tell by looking at it."* Law enforcement shared: *"We'll see Percocet® as fentanyl ... we'll seize Percocet® pills that came back as cocaine and fentanyl; A lot of the 'oxy' (OxyContin®) seizures are fentanyl in disguise."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants discussed: *"They are harder to get from a doctor; The price makes people not want to buy them; No one has come to me offering pain pills [during the past six months]; I haven't looked for a pain pill, but nobody's come to me and said 'Hey, I got this pain pill.' I haven't heard that in a long time."* Treatment providers reported that the general availability of prescription opioids has remained the same during the past six months, while law enforcement reported that it has decreased. A law enforcement officer stated, *"It would probably be easy to get if you wanted it, but I don't think people want it ..."*

BCI crime labs reported that the incidence of oxycodone (OxyContin®, Percocet®), tramadol (Ultram®), hydrocodone (Vicodin®) and morphine cases they process from this region have decreased or remained the same during the past six months. BCI labs also reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

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 \$1-2 per milligram. Overall, participants indicated that the street price of prescription opioids has increased during the past six months. Participants stated: *“There’s only a few people who really buy them and the price has skyrocketed; That’s why everyone is strung out on heroin ... it’s way too expensive; Heroin is way cheaper and it’s gets you higher, that’s why I switched.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$3 per mg
	Percocet®	\$7-8 for 5 mg \$14-20 for 10 mg \$20 for 15 mg \$28-30 for 20 mg
	Roxicodone®	\$40 for 30 mg

Participants reported obtaining these drugs for illicit use from drug dealers, people selling their prescriptions and doctors. Participants commented: *“It’s easier [to get them] off the street than to go to a doctor. You can be in genuine pain and the doctor will hand you a Band-Aid and a Tylenol®; People get prescribed way too many ... they’ll sell to dealers who will then sell on the street. That’s why they cost more, they cost the dealer money to buy; Doctors are crooked and you can get whatever you want; You have to put in more work to get them from a doctor. If you do research and you know what to tell him symptoms of, or if you’re self-pay you can walk out with any prescription you want; It depends who you know ... old folks will sell ‘scripts’ (prescriptions) every month to live.”*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would either intravenously inject (aka “shoot”) or orally consume the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit prescription opioid users as cross-cutting all boundaries of race, age, gender and socio-economic status. Participants reported: *“It’s still a wide range, even though [the pills] are hard to get; In jail there are 16-year-olds and 80-year-olds incarcerated for selling it, in their walkers and wheelchairs; It’s not as often when people are very young, but it still happens; Someone who is in pain, age doesn’t matter, pain doesn’t discriminate; Anybody in high school up to working to retirement age ... there are people in nursing homes addicted to opiates right now.”* Treatment providers described typical illicit prescription opioid users as young people. A treatment provider commented, *“They seem to get younger and younger, at least my clientele seems to be.”*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores was also ‘10’. A participant commented: *“Any treatment facility, you tell them you have a problem, go in and do outpatient, and they’ll give them right to you.”* Treatment providers most often reported the current street availability of Suboxone® as ‘9’, law enforcement reported it as ‘3-4’; the previous most common scores were not reported. Treatment providers discussed: *“There are pop-up facilities that offer Suboxone®; I’ve heard dealers have Suboxone® more than anything else these days.”* Law enforcement stated: *“I’m sure it’s available but we’re not steered in that direction; We’re not finding it. We might stop somebody and find a Suboxone® ‘strip’ (filmstrip) in the car....”* Participants and community professionals reported that the pill form is the most available type of Suboxone® in terms of widespread illicit use.

Although participants were not able to comment on a change in street availability of Suboxone® during the

past six months, treatment providers reported that street availability has decreased, and law enforcement reported that it has remained the same. A treatment provider stated, "I think it's really changed. At first people really were selling it ... I think it's calmed down a little bit but it's still out there." BCI crime labs reported that the incidence of Suboxone® cases they process from this region has decreased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants remarked: "They go anywhere from \$20-30 for Suboxone® and I know Subutex® goes for \$35; Subutex® doesn't have the [opiate] blocker in it, so people can use on top of the Subutex® [so it is more expensive]."

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10-30
	Pill	\$15-30
	Subutex®	\$35

In addition to obtaining Suboxone® on the street from drug dealers for illicit use, participants also reported getting the drug through people selling their prescription. Participants commented: "You can buy it off someone in the clinic parking lot. They'll sell it to buy their heroin; There's always a friend somewhere with a script; People use their script a couple days to try and get clean, and then trade them; People go to doctors and get over-prescribed and then we sell it; People go in and get scrips filled then trade them for something else they want."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip form is oral consumption (sublingual, dissolving under the tongue), while the most common routes of administration

for illicit use of the pill form are snorting and intravenous injection. A participant described snorting the pill form: "It's called mud-puddling ... crush the pill then mix it with water then snort ... it's terrible."

Participants described typical illicit Suboxone® users as people who are on heroin, often in their 20s and 30s, people trying to get clean and pregnant women who don't want to use while they're pregnant. Participants reported: "[It's the] addict of opiates who can't get their drug ... it's a stop gap until they get what they need; Since I've been in treatment, people I never knew to do drugs are doing it." Community professionals described typical illicit Suboxone® users as white females, young and people of low socio-economic status.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants remarked: "[Doctors] prescribe them easily; Say the right things and they'll give it to you; I can just research symptoms and go into a doctor and say, 'I have this, this and this,' or 'Oh, I used to be prescribed this in high school,' and they'll give them to you." Community professionals most often reported current street availability as '8'; the previous most common score was not reported. A law enforcement officer stated, "Just from lab reports we get back [from drug seizures], there's a lot of Xanax®."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 12.7% reported using benzodiazepines on one or more days. The Hamilton County Coroner's Office reported that 11.8% of the 229 drug-related deaths it recorded this reporting period involved one or more benzodiazepines.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A judge in the Lawrence County Common Pleas Court sentenced a woman to drug intervention after the woman

pled guilty to charges of possession of Xanax®, methamphetamine and drug abuse instruments (www.herald-dispatch.com, March 16, 2018).

Participants identified Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant commented, *"Xanax® is the most common ... sometimes it's harder to get because more people want them."* Community professionals identified Klonopin® and Xanax® as most available. A treatment provider stated, *"Xanax® is what I hear the most of."* Participants also discussed the presence of "fake Xanax®" in the region. Comments included: *"[Drug dealers are] trying to sell pressed Xanax® bars (2 mg) ... not Xanax® but it's something else; If I don't see it come out of a bottle, nine out of 10 times it's fake."*

Participants reported that the general availability of sedative-hypnotics has remained the same or decreased during the past six months. Community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and diazepam (Valium®) cases from this region has decreased or remained the same. BCI labs reported having processed very few cases of carisoprodol (Soma®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were variable among participants with experience buying the drugs. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1.50-4 per pill (dependent on dose amount)
	Valium®	\$1.50 per pill (unspecified dose)
	Xanax®	\$1-2 for 0.5 mg \$2-4 for 1 mg \$10 for 2 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and family and friends with prescriptions. Participants commented: *"It's pretty easy for women to get prescribed Xanax®, Klonopin® can get prescribed fairly easily, it's not as strong; If I watch you come out of the pharmacy, I'm hitting you up."*

Generally, the most common route of administration for illicit use of sedative-hypnotics remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort, one would orally consume and one would intravenously inject (aka "shoot") the drugs.

Participants described sedative-hypnotic users as middle-aged women with children and drug dealers. Participants reported: *"It's middle-aged women, soccer moms who have five kids and are anxious; Dealers are the main people I see use them, seeking and not selling them; Before people went to heroin they used Xanax®."* Community professionals described typical illicit sedative-hypnotic users as young, white, middle-class people.

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 reported: *"It's always going to be a '10'; It's everywhere, you can grow it in your own backyard; It's more accepted, more fashionable in society, even by law enforcement because they realize it has medicinal principles."* A law enforcement officer stated, *"It's very easy to get."*

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 rated current availability of marijuana extracts and concentrates as ‘7-8;’ the previous most common score was ‘5-6.’ A participant remarked, “It’s kinda hard to get in comparison [to regular marijuana].” Community professionals most often reported current availability of marijuana extracts and concentrates as ‘10;’ the previous most common score was not reported. A treatment provider stated, “People are thinking that it’s okay but it’s still illegal.”

Corroborating data indicated that marijuana is available in the Cincinnati region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 71.7% reported using marijuana on one or more days. In addition, ODPs reported seizing 483.1 kilograms (1,065.1 lbs.) of marijuana from this region in the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A grand jury in Warren County indicted two people on drug-related charges explicitly involving marijuana (www.journal-news.com, April 26, 2018). A Butler County grand jury indicted a person on drug-related charges explicitly involving marijuana (www.journal-news.com, April 26, 2018). A grand jury in Lawrence County indicted two individuals on charges of trafficking in marijuana that involved the seizure of 241.6 and 2.3 grams of marijuana (www.herald-dispatch.com, April 29, 2018). A judge in the Warren County Common Pleas Court sentenced a man to serve 120 days on house arrest for allegedly smuggling marijuana, tobacco and cellphones into an Ohio prison inside of milk cartons while conducting his duties as a milk deliveryman (www.apnews.com, May 8, 2018). OSHP arrested a man for possession and trafficking in marijuana during a traffic stop on State Route 129 in Butler County; troopers seized over three pounds of marijuana and 27 grams of hashish (aka “hash,” cannabis resin) from the vehicle (www.statepatrol.ohio.gov, May 30, 2018). The Scioto County Sheriff’s Office and Portsmouth Police collaborated with the Scioto County Drug Task Force in an investigation that resulted in the seizure of 12 pounds of marijuana, five firearms, a large sum of cash, a motorcycle and an ATV while executing a search warrant of a Portsmouth residence that led to the arrest of a woman for possession of marijuana (www.myfox28columbus.com, May 31, 2018).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. Participants stated: “The high-quality stuff has increased. I don’t know where you’d get low quality; It’s extremely hard to find ‘reg’ (low-grade marijuana) ... mostly you’re getting ‘gas’ (high-grade marijuana).” Participants indicated that the availability of marijuana extracts and concentrates has remained the same during the past six months.

Treatment providers reported that the general availability of marijuana has increased during the past six months, while law enforcement reported it has remained the same. Treatment providers commented: “Legalizing [marijuana] is bringing it here; I hear the most talk about high-grade stuff...” BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases has decreased during the past six months.

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

Participants most often rated the current quality of low-grade marijuana as ‘5’ and of high-grade marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common overall score for marijuana was ‘10.’ Participants discussed: “[I rate it a] ‘10’ because oil is the highest quality possible you can get out of ‘weed’ (marijuana); I could get the good stuff very easily ... walk five blocks and it’s all growing in the backyard; [Quality] depends on what circles you run in... It’s all available, but it depends on what you’re willing to pay for.” Overall, participants indicated that the quality of marijuana and marijuana extracts and concentrates has remained the same during the past six months. While one participant remarked, “I’ve never had bad dabs;” another participant warned, “You have no idea what you are smoking, they may have sprayed it with anything ... rat poisoning, cocaine, etcetera.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Several participants commented on purchasing marijuana: *"In general, you buy in larger quantities ... dealers prefer it; If it's your drug of choice, you buy 1/4 or 1/2 ounce. People smoke it every day so you [buy] more; If another drug is your drug of choice, you just buy a 'blunt' (cigar filled with marijuana) or something small when you're buying other drugs."* Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$20-40
	An ounce	\$120-400
	High grade:	
	A blunt (cigar) or a gram	\$10-25
	1/8 ounce	\$50
	1/4 ounce	\$75-100
	An ounce	\$350-400
	Extracts and concentrates:	
	A gram	\$50
	1/4 ounce	\$300

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug in the form of "edibles" (food products made with cannabis). One participant shared, *"I have seen an increase in edibles since that's what will be allowed medically."* Another participant added, *"Vape-oil (oil used in a vaporizer) is becoming more common ... but you still see smoking the most."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone, stating that all sectors of society engage in marijuana use. Participants reported: *"Everybody smokes weed ... working people, non-working, people with kids ... everybody smokes; There's no*

difference in age ... age 14 [years] to death; My grandma still smokes; People used to come home and have a beer and go to sleep, now they have weed instead; It's better for you than alcohol; They say you can get addicted, but I don't see how ... you don't get sick if you quit." Community professionals commented: *"Black or white [people], usually in their twenties, some lower class, some even middle class or even uppers; It's kind of that person who wants to be high and rationalizes that it's not heroin, it's not crack."*

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 commented: *"It's real common everywhere; I never used it and I know it's a '10; It's so cheap to make and produce, I used it to get off heroin; You can buy a 1/10 [gram] of 'meth' (methamphetamine) and be high for hours, in comparison to a 1/10 [gram] of crack or 'coke' (powdered cocaine)."* Community professionals also reported the current availability of methamphetamine as '10'; the previous most common score was not reported. A law enforcement officer stated, *"The [drug cartels] are trying to create a market here, so they're flooding [the region] with it."*

Corroborating data indicated that methamphetamine is available in the Cincinnati region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 17.3% reported using methamphetamine on one or more days. The Hamilton County Coroner's Office reported that 13.5% of the 229 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 7.0 kilograms (15.4 lbs.) of methamphetamine from this region in the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. In two separate cases, a judge in the Lawrence County Common Pleas Court sentenced two men who pled guilty to possession of methamphetamine to complete a substance abuse treatment program; in a third unrelated case, a man convicted for burglary in 2017 was sentenced to serve six months in prison after pleading guilty to possession of

methamphetamine (www.herald-dispatch.com, Feb. 8, 2018). Brown County Drug and Major Crimes Task Force officers seized a large amount of crystal methamphetamine, prescription pills, marijuana, a firearm, and they discovered an indoor marijuana growing operation at a Winchester residence (Brown County) that led to the arrest of a man for trafficking and possession of methamphetamine, possession of marijuana, cultivation of marijuana and resisting arrest (www.wcpo.com, March 15, 2018). A judge in the Lawrence County Common Pleas Court sentenced a man to serve three years in prison after he pled guilty to two counts of trafficking in methamphetamine; in an unrelated case, another man was sentenced to 42 months in prison for trafficking in methamphetamine and alprazolam (Xanax®) and possession of criminal tools; both men tested positive for methamphetamine prior to the court proceedings (www.herald-dispatch.com, March 16, 2018). In the span of one week, the Lawrence County Common Pleas Court heard guilty pleas from seven individuals on charges related to the possession and trafficking of methamphetamine (www.herald-dispatch.com, April 15, 2018). U.S. 23 Major Crimes Task Force officers seized undisclosed amounts of methamphetamine, prescription pills, hallucinogenic mushrooms, marijuana, cash and a firearm while executing a search warrant of a home in South Salem (Ross County) that appeared to also include a methamphetamine lab; two men were arrested for possession of chemicals and illegal manufacture of drugs along with three other people arrested for parole violations (www.chillicothe Gazette.com, April 26, 2018). A grand jury in Lawrence County indicted 10 people on charges of trafficking and possession of methamphetamine (www.herald-dispatch.com, April 29, 2018). Deputies of the Lawrence County Sheriff's Office arrested a man for possession of drug abuse instruments after he was found with two syringes and admitted to using methamphetamine (www.herald-dispatch.com, May 31, 2018). Law enforcement in Hamilton (Butler County) filed charges against a man who turned himself in after methamphetamine was recovered from his office at a local elementary school (www.mycolumbusmagic.com, May 14, 2018). OSHP arrested a man for drug possession, drug trafficking and child endangerment after conducting a traffic stop on Interstate 71 in Fayette County; a probable cause search recovered more than a pound of methamphetamine, a pound of marijuana and a loaded firearm (www.abc6onyourside.com, May 31, 2018). The Lawrence Drug and Major Crimes Task Force, Proctorville Police (Lawrence County) and the Lawrence County Sheriff's

Office collaborated in an investigation that resulted in the arrest of three men on charges related to the possession and trafficking in drugs after authorities seized undisclosed amounts of cocaine, crystal methamphetamine, cash, weapons and syringes in Proctorville (www.wsaz.com, June 12, 2018).

While participants reported that methamphetamine is available in crystal and powdered forms throughout the region, reportedly, crystal methamphetamine remains most prevalent. Participants commented: *"Powder is just about gone; [Crystal methamphetamine] is so cheap, so strong, and can be mixed with heroin."* A law enforcement officer reported, *"Everything we're seeing is crystal."* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has remained the same. Participants stated: *"Crystal is more available than it was in the last six months; 'Shake' (powdered methamphetamine) has always been available; [Crystal methamphetamine] is the main thing cartels are bringing in ... they have huge [meth] labs in Mexico."*

Community professionals also reported that the availability of methamphetamine has increased during the past six months. Treatment providers reported: *"It's more available, especially since there's more ways to cook it; More 'ice' (crystal methamphetamine), more potent coming from Mexico."* Law enforcement reported: *"Crystal, powder, it's all over the place now ... that's the one I've seen the biggest increase in now; We're still seeing users that think crystal's the way to go. ... I interviewed someone the other day that said that [methamphetamine] was their 'safe' drug. ... They've never heard of anybody dying off of crystal meth; If you want five to 10 kilos of heroin, you have to take two to three pounds of meth in addition ... if you want the heroin ... [the drug cartels are] forcing the market."* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. A participant commented, "You get one or the other, so '5' ... it's either real good or real bad." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: Epsom salts, "molly" (powdered MDMA), MSM (methylsulfonylmethane, a joint supplement), sea salt and vitamin B-12. Overall, participants reported that the quality of methamphetamine has decreased during the past six months. Participants stated: "Everything I've been getting lately has been getting cut; 'Ice' is flooding in but it's not real great quality, it's so easy to cut; If you're smart, you get it from someone you know [and] you test it before you pay for it ... if you're smart."

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● dimethyl sulfone (dietary supplement) ● magnesium sulfate (Epsom salts)

Reports of current prices for methamphetamine were inconsistent among participants with experience buying the drug. Reportedly, the most common amounts purchased are a 1/2 gram, a gram and an ounce. A participant remarked, "Anymore, it's in bulk amount, everybody's buying ounces." Overall, participants reported that the price of methamphetamine has decreased during the past six months. One participant remarked, "It's come down in price."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and crystal:	
	1/2 gram	\$20-50
	A gram	\$40-60
	An ounce	\$200-800

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, six would shoot and four would smoke the drug. Participants stated: "Smoking is good if you have a glass ball [pipe]; Heroin users addicted to shooting will shoot it; Shooting is the most common ... it used to be smoking ... snorting happens but it hurts."

Participants described typical methamphetamine users as people who lead busy lives or work long hours. They discussed: "People working 70-hour weeks; Tends to be prevalent in a job where you work longer hours, like construction; I have five kids, a house and a job ... it's hard ... meth gave me a boost." Community professionals described typical methamphetamine users as similar to heroin users or heroin users trying to get off of heroin. Treatment providers commented: "People are scared of fentanyl [so heroin users switch to methamphetamine]; People are on Vivitrol®, so heroin [use] is dropping ... they're using more cocaine and meth." Law enforcement stated: "Years ago it was a huge thing in the gay community but that has completely shifted ... now it's everybody; We deal with more white people ... male and female on the seizure stuff, but on the sale side you're seeing [methamphetamine use] across the spectrum."

Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-7'. A participant commented, "A lot of mothers will sell pills (their child's attention-deficit hyperactivity disorder medication)." Community

professionals most often reported the current street availability of prescription stimulants as '5'; the previous most common score was not reported. One treatment provider stated, "I think it depends on where you're at ... I think I could walk on a college campus and find it in two seconds."

Participants identified Adderall®, Ritalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. A participant remarked, "Adderall® ... drug companies are paying doctors to sell that stuff."

Community professionals identified Adderall® and Ritalin® as most popular. A treatment provider commented, "I'd say Adderall® ... it's the one that's coming up [in client use reports and drug screens]."

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. Participants stated: "One-third of kids are diagnosed with ADHD (attention-deficit hyperactivity disorder) even though they don't have it; All you have to do is go to the doctor and say you or your kid is hyper."

Treatment providers reported that the street availability of prescriptions stimulants has increased during the past six months, while law enforcement reported that it has remained the same. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) in this region during the past six months; they reported having processed very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were variable among participants with experience buying these drugs. One participant stated, "It really varies by location and by who you know." Overall, participants reported that the price of prescription stimulants have remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$5-13 per pill (dependent on dose amount)
	Ritalin®	\$3-20 per pill (dependent on dose amount)
	Vyvanse®	\$10-20 per pill (dependent on dose amount)

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and college students. Participants commented: "Parents are selling their kid's prescription; I just Googled symptoms of narcolepsy, went to my doctor and got an Adderall® prescription..." Participants reported that the most common routes of administration for illicit use of prescription stimulants remain snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs. A participant commented, "Shooting was too much work ... you have to filter five to six times and I got an abscess from it."

Participants described typical illicit prescription stimulant users as mothers and college students. Participants stated: "Adults are getting them from their kids; [Mothers] take their kids to the doctor and lie so they get pills." Community professionals described typical illicit prescription stimulant users as female, college students and people who self-medicate. Treatment providers stated: "It's someone who doesn't want to get into the hard stuff (street drugs); Someone who's going to take Adderall® is looking for it for more than just the high, they're looking for focus and attention." Law enforcement commented: "It's not people's 'drug of choice,' people are self-medicating with mental health issues ... they use it to calm them down, not to bounce off walls; It's a lot of females ... self-medications they can function on; People with ADHD, depression, trauma ... this is a common one. If someone's depressed ... it makes them feel social and part of the world again."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form

of ecstasy as '3-4,' and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6-8' for ecstasy and '8' for molly. One participant commented, "I don't hear anyone talk about ecstasy... molly is a newer thing and people want to try it." Community professionals most often reported the current availability of ecstasy and molly as '8'; the previous scores were not reported. Community professionals stated: "The powder is more available... straight from China or Canada; You see it in colleges and at university in powder form."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 950 ecstasy tablets and 290 hydrocodone pills from a vehicle during a traffic stop on Interstate 75 in Warren County, arresting a man and a woman for possession and trafficking in drugs (www.statepatrol.ohio.gov, May 18, 2018).

Participants reported that the availability of ecstasy/molly has increased during the past six months, while community professionals reported that the availability of ecstasy/molly has remained the same. BCI crime labs reported having processed very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the overall quality of ecstasy/molly as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not reported. However, one participant stated, "[Quality] depends on the purity of what they put into it." Reportedly, ecstasy is adulterated with other substances including heroin and methamphetamine. Overall, participants reported that the quality of ecstasy and molly has remained the same over the past six months.

Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs. Participants discussed: "It's hard to say which is more expensive [ecstasy or molly]; A double stack (medium-dose ecstasy tablet)

is \$15, but sometimes a [single] stack (low dose) is \$15... [price] depends on what's in it." Reportedly, the most common amounts of purchase for molly are 1/2 gram and a gram. Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	Ecstasy:	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$10-15
	High dose (aka "triple stack")	\$15
	Molly:	
	1/10 gram	\$10
	1/2 gram	\$30
A gram	\$45	

Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants stated: "You can snort molly but then it burns; You can swallow it with orange juice, it intensifies it." Participants described typical ecstasy and molly users as young people, college students and people who party or attend "raves" (dance parties). Participants discussed: "It's a party drug, at raves, etcetera; Energy is through the roof for eight hours straight from this little pill." Community professionals described typical ecstasy and molly users as young, white people and educated; they also associated ecstasy/molly with the party scene. A treatment provider stated, "People are at music festivals all the time and they take molly." A law enforcement officer remarked, "It's more of a 'fun time party drug' for the colleges."

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is available for illicit use in the region. Treatment providers discussed that client use Neurontin® illicitly for pain or anxiety, or to enhance the effect of other drugs. A treatment provider explained, "One [client] said she and her boyfriend did gabapentin on top of the fentanyl because it enhanced the effect of the fentanyl...."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Washington Court House Police (Fayette County) arrested a woman for two outstanding warrants, during the arrest the woman attempted to swallow the remnants of a bag containing gabapentin pills, and subsequently vomited in the back of the police cruiser; officers charged the woman with tampering with evidence and possession of drugs (www.recordherald.com, May 1, 2018).

Treatment providers reported that the street availability of Neurontin® has increased during the past six months. Reportedly, Neurontin® is often obtained for illicit use through a doctor. Treatment providers discussed: *"They're still prescribing it; Seventy-five percent of my clients have used it. Some get prescribed a couple [of medications] at the same time and they come in high off meds [like] Klonopin®, Buspar®, Xanax® and gabapentin; It's the new opiate for doctors writing [prescriptions]. It's supposed to be just for nerves but they're writing them for [general] pain and there's no research that says long-term it's to be used for pain."* Treatment providers described typical illicit Neurontin® users as people trying to get off of heroin.

Conclusion

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

Participants and community professionals throughout the region discussed that heroin and fentanyl remain the primary drugs of concern. Participants continued to report that free samples of heroin/fentanyl (aka "testers") are widely available in parts of the city of Cincinnati. In addition, several participants reported getting heroin delivered to their homes, with one participant commenting that heroin is delivered quicker than a pizza.

Law enforcement noted that heroin unadulterated with fentanyl is difficult to obtain and not preferred. They discussed that dealers have realized that it is cheaper to obtain fentanyl and sell it as heroin than it is to buy actual heroin which is more expensive. Reportedly, the top cutting agent (adulterant) for heroin remains fentanyl. Treatment providers discussed that users often do not know if they are getting fentanyl when purchasing heroin. However, treatment providers and law enforcement reported that some users specifically seek fentanyl. One law enforcement officer stated, *"Users want stronger, they don't want just heroin."* Treatment providers also noted an increase in users, especially younger users, going straight to heroin/fentanyl and bypassing the usual progression from prescription opioids.

Corroborating data indicated high availability of both heroin and fentanyl in the region. The SBIRT program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 22.0% reported using heroin on one or more days. The Hamilton County Coroner's Office reported that 43.2% of the 229 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 80.8% also involved fentanyl. Moreover, 6.12% of the 229 drug-related deaths involved carfentanil.

Participants and community professionals reported that the availability of crystal methamphetamine (aka "crystal meth") has increased during the past six months. Law enforcement continued to discuss that drug cartels in Mexico are flooding the market with the drug. Participants commented that crystal meth is inexpensive and produces a longer lasting high than cocaine. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Reportedly, the perception of methamphetamine is that it is a "safe" drug in light of opioid overdose. Participants discussed getting off of heroin by switching to methamphetamine use. Community professionals described typical methamphetamine users as similar to heroin users or heroin users trying to get off of heroin.

