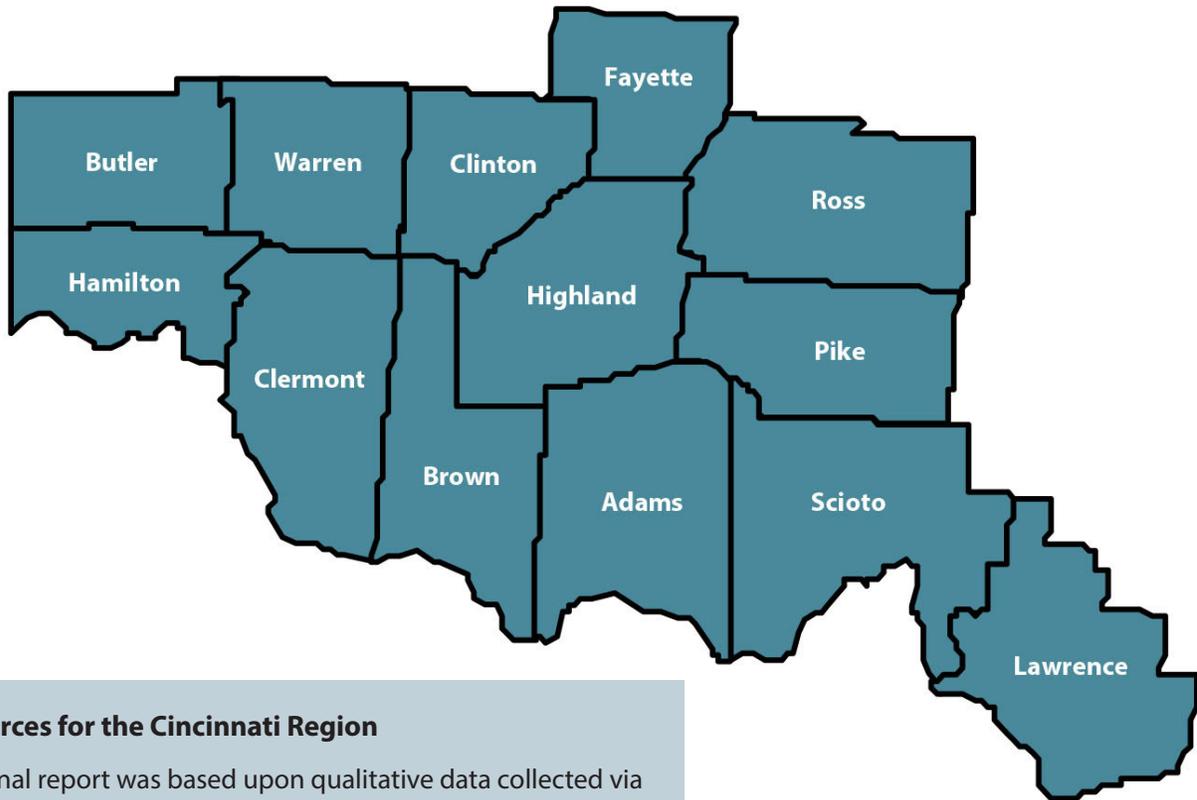




Drug Abuse Trends in the Cincinnati Region



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, Clermont, Clinton and Hamilton 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 Hamilton County Coroner’s Office, 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, Ohio Bureau of Criminal Investigation (BCI) and 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 January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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

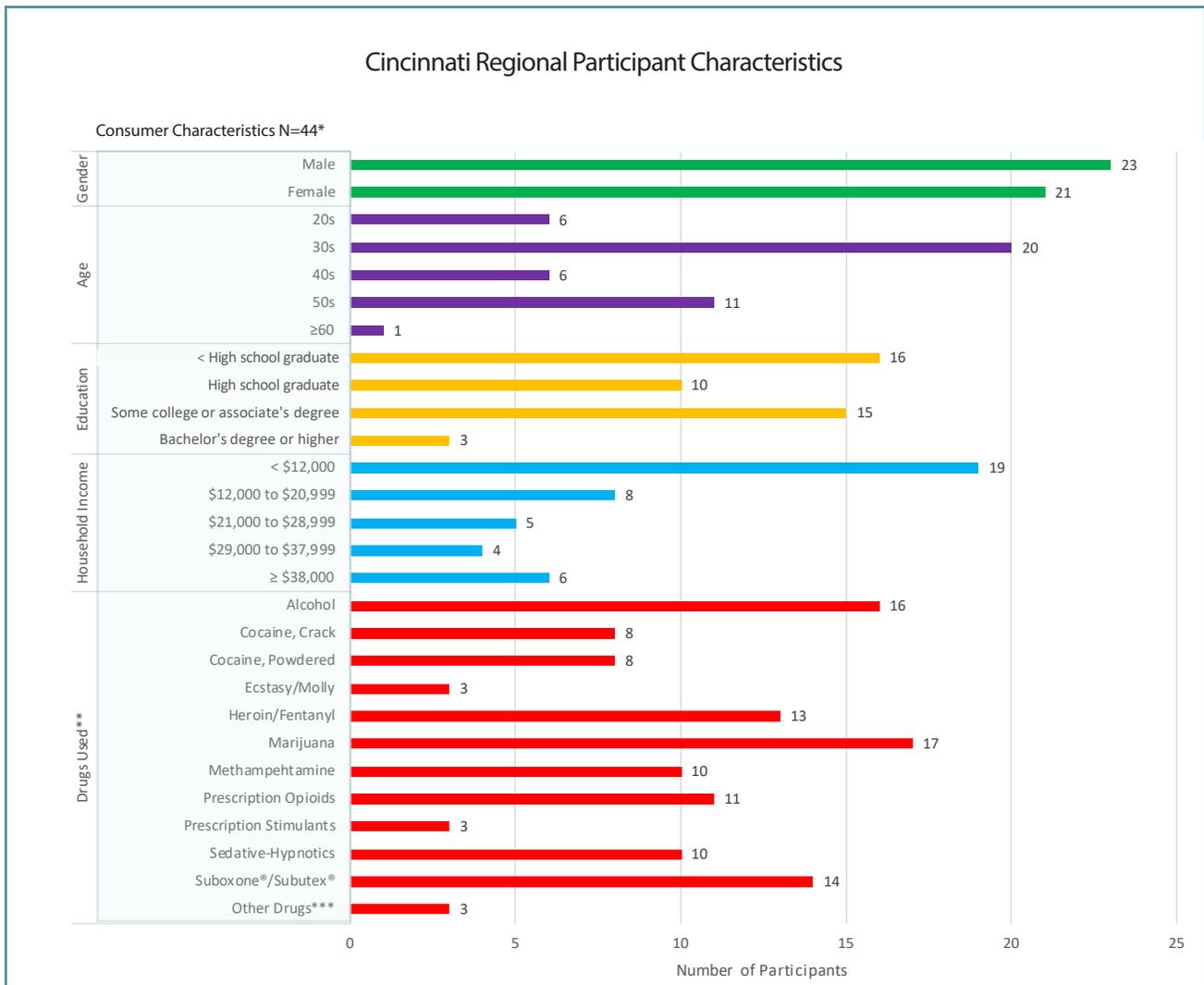
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,054,317	44
Gender (female), 2017	51.0%	50.9%	47.7%
Whites, 2017	82.2%	81.7%	72.7%
African Americans, 2017	12.9%	13.2%	27.3%
Hispanic or Latino Origin, 2017	3.8%	2.9%	9.1% ²
High School Graduation Rate, 2013-17	89.8%	89.5%	63.6%
Median Household Income, 2013-17	\$52,407	\$50,314	\$12,000-\$15,999 ³
Persons Below Poverty Level, 2017	14.0%	13.5%	59.1% ⁴

¹ Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 -January 2019.

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

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁴ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



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

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

***Other drugs included: lysergic acid diethylamide (LSD) and dextromethorphan cough syrup (DXM).

Historical Summary

In the previous reporting period (January – June 2018), fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remained highly available in the Cincinnati region; also highly available were crack cocaine and sedative-hypnotics. Changes in availability during the reporting period included: 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 remained the primary drugs of concern. Participants continued to report that free samples of heroin/fentanyl (aka “testers”) were 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 was delivered quicker than a pizza.

Law enforcement noted that heroin unadulterated with fentanyl was difficult to obtain and not preferred by users. They discussed that dealers had realized that it was cheaper to obtain fentanyl and sell it as heroin than it was to buy actual heroin. Reportedly, the top cutting agent (adulterant) for heroin remained fentanyl. Treatment providers discussed that users often did not know if they were getting fentanyl when purchasing heroin. However, treatment providers and law enforcement reported that some users were specifically seeking 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 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, 22.0% reported using heroin on one or more days. Hamilton County Coroner’s Office reported that 43.2% of the 229 drug-related deaths it recorded during the reporting period involved heroin; of these heroin-related deaths, 80.8% also involved fentanyl. Moreover, 76.4% of

the 229 drug-related deaths involved fentanyl/fentanyl analogues; 6.1% involved carfentanyl.

Participants and community professionals reported that the availability of crystal methamphetamine (aka “crystal meth”) increased during the reporting period. Law enforcement discussed drug cartels in Mexico as flooding the region with the drug. Participants commented that crystal meth was inexpensive and produced a longer lasting high than cocaine. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period.

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

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: “If you do it, you know where it’s at; It hasn’t slowed down because there have been no big drug busts.” Treatment providers most often reported the current availability of powdered cocaine as ‘8’, while law enforcement most often reported it as ‘2’; the previous most common scores were ‘8’ and ‘10’, respectively. A treatment provider remarked, “I think it is higher if you know where you are going.”

Corroborating data indicated that powdered cocaine is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 16.2% reported using cocaine on one or more days (SBIRT does not distinguish between powdered and crack cocaine). Hamilton County Coroner’s Office reported that 44.1% of the 202 drug-related deaths it recorded this reporting period involved cocaine. Scioto County

Coroner’s Office reported that three of the 34 drug-related deaths it recorded this reporting period involved cocaine. In addition, the Ohio Department of Public Safety (ODPS) reported seizing 15.6 kilograms (34.5 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. Police officers and firefighters in Norwood (Hamilton County) responded to six drug overdoses, four of which were within an hour and were suspected to be related to the same source of laced cocaine; three individuals died of overdose and one man was hospitalized (www.wlwt.com, Aug. 21, 2018). U.S. Customs and Border Protection officers intercepted four shipments, each containing over 4 lbs. of cocaine from Central America destined for West Virginia, Pennsylvania and New York at a consignment facility in Cincinnati (Hamilton County) (www.fox19.com, Oct. 25, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. 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	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as ‘2’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘0’ and ‘5.’ Participants commented: “[Quality] depends on who you know and where you get it ... the higher down the chain (low-level dealer), the more ‘cut’ (adulterated) it is; It’s lower because they ‘stomp on’ (adulterate) it; The purity is low, low, low.” Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baking powder and baking soda. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetic (lidocaine and procaine)
		phenacetin (banned analgesic)
	triacetin (triglyceride)	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participant shared, “\$20 for 1/10 of a gram; \$70 for a ‘G’ (gram) ... G is the most common way to use.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$20
	A gram	\$40-100
	1/16 ounce (aka “teener”)	\$70-80
	1/8 ounce (aka “eight ball”)	\$100-250
	1/2 ounce	\$250
	An ounce	\$300-500

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, eight would shoot and two would snort the drug. Participants observed: “If you shoot it, you normally shoot [other drugs]; I think shooting. ... More white guys shooting; Higher income people more likely to snort.”

Participants and community professionals described typical powdered cocaine users as older, white people and of higher socio-economic status. Participants commented: “Old people ... if I was on the block looking for drugs ... for powder, I’d look for people in their 40s; [Powdered cocaine is] more expensive, middle class and working types [can afford it]; Hard to use it if you don’t have a job, correlates to pay days; It’s a rich people drug; The only people I know doing powder cocaine, they’d be around my parents age, pushing 60 [years old]; Mostly white in my experience.” However, a few participants noted use of powdered cocaine among younger people. They said: “College kids love it ... partying [with alcohol]; People in their 20-30s.”

In addition, one participant shared, *"We (restaurant employees) snort it off the back of the toilet ... getting it from the cooks at the restaurants."* Treatment providers described the typical powdered cocaine user as: *"Older person; Caucasian ... [and] more affluent people."* A law enforcement officer added, *"Usually, male, white, middle to upper income."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"I was living in [Hamilton County] and I got it like 'snap'; I can walk down the street and find the right person for it; Easy to spot; You could ask two people and [one would] be able to get some."*

Community professionals most often reported the current availability of crack cocaine as '9'; the previous most common score was '8.' A law enforcement officer remarked, *"Drug dealers are telling people that in order not to overdose on fentanyl, use cocaine (a stimulant) to counter the effects of the depressant ... it is the current 'speedball' (consecutive use of stimulant and depressant drugs) ... people are worried about overdoing on fentanyl, so they have switched to other drugs ... with 'crack' (crack cocaine) and 'meth' (methamphetamine) ... we are seeing a bump (increase in availability and use)."*

Corroborating data indicated that crack cocaine is available in the Cincinnati region. ODPS reported seizing 709.1 grams (1.6 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. Liberty Township Police (Butler County) witnessed a suspected drug deal occur in the parking lot of a business and arrested a man for drug trafficking, possession of drugs and driving with a suspended license; another man was charged with possession of drug paraphernalia (www.wkbn.com, Aug. 27, 2018). Officers of the Ross County Sheriff's Department conducted a traffic stop in Chillicothe when their police cruiser was hit by the car they pulled over due to the driver accelerating in reverse; the incident led to the seizure of a large amount of suspected crack cocaine, methamphetamine and prescription drugs and the arrest of the driver and a passenger on charges of drug

trafficking, possession, tampering with evidence and vandalism (www.nbc4i.com, Oct. 26, 2018). Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. 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 crack and powdered cocaine.

		Reported Availability Change during the Past 6 Months	
Crack Cocaine	 Participants	No change	
	 Law enforcement	No change	
	 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 also '3.' One participant commented, *"You don't get what you paid for."* Other participants discussed quality as variable. They said: *"Quality just depends on location; Hit or miss."*

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: baking powder, ether, fentanyl, Fruit-Fresh® and vitamins (B-3, B-12). Participants observed: *"Vitamins from GNC® store ... gives you energy, so they think it's good, but it is just what it is cut with; Everything is cut with stuff now-a-days ... fentanyl."* A treatment provider added, *"There is fentanyl in [crack cocaine] so people are overdosing."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

		Cutting Agents Reported by Crime Lab	
Crack Cocaine		caffeine	
		levamisole (livestock dewormer)	
		local anesthetic (lidocaine and procaine)	
		phenacetin (banned analgesic)	
		triacetin (triglyceride)	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2

gram. One participant added, “Lower dollar amounts are more common.” Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10-20
	1/2 gram	\$30
	A gram	\$60-100
	1/8 ounce (aka “eight ball”)	\$150

Participants reported that the most common route of administration for crack cocaine is intravenous injection (aka “shooting”). Participants estimated that out of ten crack cocaine users, seven would inject and three would smoke the drug. Participants mentioned: “Black people smoke it. White ... injecting it; I’ve never smoked it.”

Participants described typical crack cocaine users as of lower socio-economic status and older people. Participants shared: “Older people, I’d say because crack’s been [around] for a very long time; Grandpas; Lots of older folks in their 50s and 60s.” Community professionals described typical crack cocaine users also as people of low socio-economic status. Treatment providers commented: “People in [homeless] shelters; Inner city.” A law enforcement officer added, “African-American communities. This has been consistent. Poor, predominantly African-American.”

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’. A participant stated that current heroin availability is, “Off the charts!” Treatment providers concurred that heroin is extremely available. When asked to rate current availability on the scale of ‘0’ to ‘10,’ one provider answered, “12!”

Corroborating data indicated that heroin is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported

substance use during the past 30 days, 15.6% reported using heroin on one or more days. Hamilton County Coroner’s Office reported that 29.7% of the 202 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 85.0% also involved fentanyl. Scioto County Coroner’s Office reported that five of the 34 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported seizing 9.5 kilograms (21.0 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) responding to a report of an unconscious man behind the wheel of a running vehicle, found a man overdosed while a woman was found in a restroom overdosed; a medic on the scene also found an infant that the woman mistakenly determined to be a miscarriage lying in the toilet; the man and woman were arrested and the baby was taken to the hospital (www.fox8.com, Aug. 8, 2018). Chillicothe Police coordinated with several narcotics agencies on a week-long detail around Chillicothe that resulted in the recovery of 15 grams of heroin, 10 grams of cocaine, 40 grams of marijuana, 100 prescription pills and a large amount of cash (www.chillicothe Gazette.com, Sept. 3, 2018). With the assistance of drug task force members and Scioto County Sheriff’s Office, Portsmouth Police seized 12 grams of heroin, a digital scale and a large sum of cash during a traffic stop and arrested one man for drug trafficking (www.herald-dispatch.com, Sept. 21, 2018). Ohio State Highway Patrol (OSHP), the Cincinnati Police SWAT team (Hamilton County) and DEA agents executed search warrants and arrested 11 people allegedly involved in a large scale-operation to ship drugs from Mexico and California to the Cincinnati area; authorities recovered about 3 kilograms of a heroin/fentanyl mixture, 3 kilograms of cocaine and 4 kilograms of methamphetamine and firearms (www.wcpo.com, Oct. 15, 2018). U.S. Customs and Border Protection Officers intercepted a package from Mexico containing nearly 6 lbs. of liquid heroin stored in shampoo bottles at a consignment facility in Cincinnati (www.fox19.com, Oct. 25, 2018). A deputy of the Lawrence County Sheriff’s Department arrested a man on a warrant and charged him with possession of heroin (www.herald-dispatch.com, Oct. 28, 2018). Brown County Drug and Major Crime Task Force, while investigating the fatal overdose of a woman, executed search warrants and recovered a large amount of suspected heroin and fentanyl; officers arrested a man for trafficking in drugs, possession of drugs, corrupting

another with drugs and involuntary manslaughter (www.wcpo.com, Nov. 21, 2018).

While many types of heroin are currently available in the region, participants reported powdered heroin as most available. Participants noted: "Gray [powdered heroin] is popular now; Gray is with the fentanyl and stuff; Majority is gray, sometimes an amber color; Black, tan, red, brown, white, blue ... it could be any [color], depends on what you cut it with..." Community professionals reported white powdered heroin as most available. Reportedly, black tar heroin is also available in the region. However, participants and community professionals did not rate the availability of this type of heroin. One participant shared, "If you're lucky, [you will find] black tar ... there is black tar in Clermont County."

Participants reported that the availability of heroin has decreased during the past six months. A participant stated, "It has decreased because of fentanyl [as a cheaper alternative]." Community professionals reported that the general availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants mentioned: "These guys are doing bags and bags and bags [of heroin] each day. You used to do it in the morning and you'd be good [most of the day] ... now you have to do it three, four times a day; The quality of heroin is crap."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. One treatment

provider remarked, "It's not even really heroin in this area ... it's mainly fentanyl." Additional cuts mentioned included: baby formula, carfentanil (horse tranquilizer), ecstasy, Neurontin® (gabapentin), sleep aids, sugar and vitamin B-12. Overall, participants reported that the general quality of heroin has decreased during the past six months. Participants explained: "Quality has gone down because it is being cut with everything; It's junk ... that's why they put all the stuff in it."

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 (artificial sweetener)
● tramadol	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants discussed: "[Price] depends on how much money you got; Can't buy it unless you have 10 bucks; Some people charge \$20 a tenth (1/10 gram)... a fricken' rip off. In Dayton, you can buy \$5 'caps' (capsules filled with heroin) ... Cinci (Cincinnati) won't do caps ... usually you buy 1/10 [gram]." Overall, participants reported that the price of heroin has remained the same during the past six months.

Current Prices for Heroin		
Heroin	White powdered heroin:	
	1/2 gram	\$10-25
	A gram	\$60
	Black tar or brown powdered heroin:	
	1/10 gram	\$10-25
	1/2 gram	\$20-40
A gram	\$50-80	

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants remarked: *“I snorted it, but everyone in rehab shooted; If I IV (intravenously inject) heroin I die (overdose) every time, but if I snort it, I’m okay.”*

Participants described typical heroin users as young, white people. They observed: *“Young, white people. Young, white women. The younger crowd; Younger people between 22 and 35 [years of age] ... there are exceptions, but majority are younger; I don’t know many African Americans who shoot up (use heroin).”*

Community professionals did not come to a consensus on a typical heroin use. Treatment providers commented: *“So many more younger people using heroin than older. Young Black boys and girls in their 20s; Out in the suburbs now; Mid-30s; Older African Americans now using heroin who used to use crack cocaine; Lower SES (socio-economic status); You can’t put a face with it on gender, race.”* Law enforcement discussed: *“Male, whites, generally 27-50 [years of age]. We have seen as young as 12 [years] and as old as 70 [years]. Trend in past year of females and doubled use in the African-American community; The age is 8 to 80 [years]; Predominantly white, about 90% white, 10% black ... any economic class.”*

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.’

Community professionals most often reported current availability as ‘10’; the previous most common score was ‘9’ for treatment providers and ‘10’ for law enforcement. A treatment provider stated, *“It is in everything.”* A law enforcement officer commented, *“Can’t throw a rock without hitting fentanyl.”*

Corroborating data indicated that fentanyl is available in the Cincinnati region. Hamilton County Coroner’s Office reported that 77.7% of the 202 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; one of these 202 deaths involved carfentanil. Scioto County Coroner’s Office reported that 58.8% of the

34 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues. In addition, ODPS reported seizing 30.3 kilograms (66.7 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. Butler County Undercover Regional Narcotics Unit conducted a search of an apartment in Trenton and seized 36 grams of fentanyl and cash; officers arrested two men on charges of trafficking and possession of drugs; another individual was charged with child endangering after a 1-year-old baby was found inside the home (www.abc22now.com, Aug. 21 2018). OSHP was called to investigate the circumstances that led to an apparent overdose of one inmate in the Ross Correctional Institution in Chillicothe; 24 staff members were also exposed to the suspected heroin and fentanyl mixture, requiring medical treatment (www.thesciotopost.com, Aug. 30, 2018). A federal grand jury in Cincinnati heard a guilty plea from a man on charges related to his involvement in a large-scale drug trafficking organization with ties to the Sinaloa Drug Cartel; law enforcement seized 366 grams of fentanyl at the time of his arrest during a traffic stop near Middletown (Butler County) (www.fox19.com, Oct. 4, 2018). Hamilton County Heroin Coalition Task Force concluded an investigation with the arrest of a man in Louisville (Kentucky) after searching the man’s residence in Cincinnati; the man allegedly sold cocaine laced with fentanyl that caused four overdoses, including two deaths in Norwood (Hamilton County) (www.local12.com, Nov. 15, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. One participant remarked, *“I know more people who just don’t want heroin, they want fentanyl.”* A law enforcement officer noted, *“The prescription opioid shut-down has led people to seek alternative sources of opioids.”* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly increased during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants commented: *"It doesn't last as long [as heroin]. You keep going back to get more and more and more; Never seen bad fentanyl."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as brown sugar. A participant shared, *"They put brown sugar in it and act like it's real heroin."* 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 reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/2 gram. A participant shared regarding fentanyl pricing, *"To me it's the same as heroin prices."* Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$40-60
	A gram	\$80-140

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants and community professionals described typical fentanyl users as heroin users. Treatment providers commented: *"Same as heroin [users]; Same ones who use the opioids; Young, 18 to mid-30s."*

Prescription Opioids

Prescription opioids remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Participants stated: *"Hard to get it*

with the rules (prescribing guidelines) in Ohio; I was on pain medication and couldn't get any more pills." Treatment providers most often reported the current availability of prescription opioids as '5,' while law enforcement most often reported it as '2;' the previous most common scores were '8' and '2-3,' respectively. A treatment provider remarked, *"Most people are going to heroin or fentanyl."*

Corroborating data indicated that prescription opioids are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 8.6% reported illicit use of prescription opioids on one or more days. Hamilton County Coroner's Office reported that 17.8% of the 202 drug-related deaths it recorded this reporting period involved prescription opioids. Scioto County Coroner's Office reported that five of the 34 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. An officer with Forest Park Police (Hamilton County) allegedly stole medication from a home while on official police business in Colerain Township (Hamilton County); an investigation revealed that the female officer had sold the pills and an undisclosed amount of methamphetamine and marijuana were recovered from her apartment (www.wcpo.com, Aug. 24, 2018).

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. One participant confirmed, *"Percocet® is most common."* A treatment provider commented, *"Don't hear that much about oxy' (OxyContin®) as you can buy Percocet® and Vicodin® for cheaper."* One law enforcement officer observed, *"Perk' (Percocet®) dominate. We see a lot of those with dental or doctor procedures ... oxy has dipped (decreased in availability) ... a lot of these [prescribed opioids] are getting tougher to get."*

In addition, participants reported "fake pills" as present in the region. Participants shared: *"People are getting pill presses ... you don't know if [an opioid is] real or fake; You crush up your prescription, use other stuff with it, and use your pill press and sell it; I was doing perks and got drug tested and had perk, morphine and heroin in my system."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants added: *“Yes, less available. That’s what’s driving people to heroin; Way less available. State and pharmacy has new rules; Harder to get from doctors; They’ve shut down most pill mills.”* Community professionals reported that the general availability of prescription opioids has remained the same during the past six months.

BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®) and morphine cases has decreased or remained the same. BCI labs 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	No change
	 Treatment providers	No change

Reports of current street prices for prescription opioids were reported by participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Participants discussed: *“A common guideline for pills is one dollar per milligram; If you buy 10, you can get lower price; If they sell a whole bottle of liquid [codeine], its \$30 or \$35.”* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$10 for 10 mg
	Percocet®	\$5-6 for 5 mg \$15 for 10 mg
	Roxicodone®	\$25 for 30 mg

Participants reported obtaining prescription opioids for illicit use from elderly people and family members with prescriptions, oftentimes through theft. Participants stated: *“Take advantage of older people; People who are in pain management ... they sell it; I know a person who has had chronic back pain and has Vicodin® from three different physicians and this person sells them and has customers.”*

The most common route of administration for illicit use of prescription opioids is oral consumption. Participants estimated that out of ten illicit prescription opioid users, five would swallow and five would snort the drugs. A participant commented, *“I know a lot of people snort them.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants observed: *“Anyone would use them; There’s not a higher income, lower income discrepancy.”* Community professionals described typical illicit prescription opioid users as having access to treatment or money to purchase the drugs. One treatment provider shared, *“People who make a bit more money are purchasing them, middle to upper class.”* A law enforcement officer stated, *“One of the key factors is people who have health insurance....”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip (aka “strip”) form as ‘10’ and in pill form as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common general score was ‘10.’

While community professionals noted the filmstrip form of Suboxone® as more available than the pill form, treatment providers most often reported the current general availability of Suboxone® as ‘8,’ and law enforcement most often reported it as ‘2;’ the previous most common scores were ‘9’ and ‘3-4,’ respectively. Treatment providers stated: *“It is prescribed a lot. They will get extra. They may be prescribed two strips a day, but they will only take one [and sell the other]; They are in the prisons ... in the jails because they are easily transported; Very common because a lot of people are prescribed it ... use Suboxone® instead of heroin, and sometimes they walk the line between the two.”*

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while availability in pill form has remained the same. A participant remarked, *"There is a clinic that opened up next to us, so it is more available."* Community professionals reported that the general availability of Suboxone® has remained the same during the past six months. However, a treatment provider noted, *"A lot of treatment centers are starting to regulate it now versus in the beginning. Before people could just go and talk to someone for a few minutes then get a prescription."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg filmstrips and pills typically sell for \$15-20 each. Overall, participants reported that the price of Suboxone® has remained the same during the past six months. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through clinics and people who are prescribed it.

The most common routes of administration for illicit use of Suboxone® are oral consumption (sublingual, dissolving under the tongue) and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would orally consume and five would snort the drug. Participants mentioned: *"Snort it if in pill form; You can melt [the filmstrip] in a spoon and snort it."*

Participants described typical illicit Suboxone® users as white, young people and opiate users. Participants shared: *"A person who was trying to get well for the day; I took 'subs' (Suboxone®) and found them on the street for three months ... I didn't want to get back on heroin."* Community professionals described typical illicit users also as opiate users.

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 '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.' Participants stated: *"I can walk out the door and get it; Those are prescribed from doctors, so you have to know someone who's getting them."* Treatment providers most often reported the current availability of sedative-hypnotics as '6,' while law enforcement most often reported it as '7,' the previous most common scores were '8.' One law enforcement professional noted, *"Benzos' (benzodiazepines) are a problem."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 8.8% reported illicit use of benzodiazepines on one or more days. Hamilton County Coroner's Office reported that 10.9% of the 202 drug-related deaths it recorded this reporting period involved one or more benzodiazepine or sedative-hypnotic.

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A treatment provider commented, *"Culture scene with rap [music], most [rappers] are using Xanax®, bragging about it in their songs so all the kids are doing it."* A law enforcement representative reported, *"Xanax® is always an issue...."*

Participants and treatment providers reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants observed: *"Doctors are trying to get their patients off of it ... not prescribing it; I'm saying less because I had a prescription and I had a limited amount and no refills; Most people who are getting them aren't trying to get rid of them."*

Law enforcement reported that the availability of sedative-hypnotics has increased during the past six months. One law enforcement representative added, *"Increased because we have talked about the dangers of opioids, and doctors are saying maybe we can find something different. People with depression are being*

prescribed these meds thinking they are safe, this is what we worry about with the Heroin Coalition [in Hamilton County] ... the benzos. I sit on the death board (overdose fatality review board). In almost every single case, [the deceased] had benzos in their system."

BCI crime labs reported that the incidence of clonazepam (Klonopin®) cases they process from this region has slightly increased during the past six months, while the incidence of alprazolam (Xanax®) and diazepam (Valium®) cases has decreased or remained the same. BCI labs reported processing 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	Decrease
	 Law enforcement	Increase
	 Treatment providers	Decrease

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	
	Ambien®	\$4 for 5 mg
	Klonopin®	\$3-4 for 2 mg
	Valium®	\$3-5 for 2 mg
Xanax®	\$3-12 (dependent on dose amount)	

Participants reported obtaining these drugs for illicit use most often from doctors. The most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs.

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants commented: "Anybody; Used to be for a certain type of person, not anymore...." Treatment providers described typical illicit sedative-hypnotic users as younger and female.

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 discussed: "Legalized in more states; Easier to get, easier with all the dispensaries; I always know where to find 'weed' (marijuana)." Treatment providers remarked: "Clients say they can't do anything without having a 'blunt' (marijuana-filled cigar); We have an adolescent group. Most of them are here for marijuana use; We hear so much about the medicinal form, that it is good for you." A law enforcement officer noted, "Always available."

Participants 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 rated the current availability of marijuana extracts and concentrates as '5,' the previous most common score was '7-8.' One participant commented, "Mainly the crowd using the oils is the younger crowd ... young white folks...." Community professionals did not rate the current overall availability of marijuana extracts and concentrates; the previous most common score was '10.'

Corroborating data indicated that marijuana is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 67.1% reported using marijuana on one or more days. In addition, ODPS reported seizing 510.6 kilograms (1,125.8 lbs.) of marijuana from this region during the past six months. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A grand jury in Clermont County indicted nine people for trafficking in marijuana; all were alleged to have been involved in a large-scale operation that included money laundering (www.wcpo.com, Sept. 11, 2018). Cincinnati Police

arrested four men for trafficking in marijuana; officers recovered 168 pounds of marijuana after a pursuit by police led to a home in Cincinnati in which the men barricaded themselves before surrendering to SWAT officers (www.fox19.com, Sept. 18, 2018). Butler County Undercover Regional Taskforce executing a search warrant at a home in Fairfield recovered a large amount of marijuana, hash oil, vaping devices, cash and two stolen firearms; officers arrested a man for drug trafficking and drug possession (www.local12.com, Dec. 3, 2018).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has remained the same during the past six months. One participant observed, "Everyone selling loud (high-grade marijuana) now." Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. Participants added: "A lot of it is coming from the legal states; People are just saying, 'Well, let them smoke weed.' Because of the fentanyl epidemic [and overdose deaths], people don't care as much [about marijuana use]; Dabs is real popular; Availability of dabs has increased. It's more popular than just smoking a blunt; [Dabs] gives you a quicker, and a longer high than regular marijuana."

Community professionals reported that the general availability of marijuana has remained the same during the past six months. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

Marijuana	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 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. One participant stated, "It's off the hook (high quality)." Overall, participants indicated that the quality of high-grade marijuana has increased, while the quality of

low-grade marijuana has decreased during the past six months. One participant shared, "Reggie' (regular marijuana), you can get high but not high, high ... and [its high] don't last long."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a "dime bag" (\$10 amount) for low-grade and a gram for high-grade marijuana. Overall, participants reported that the price of low-grade marijuana has remained the same, while the price of high-grade marijuana has increased during the past six months. A participant stated, "The prices are going up exponentially, but you don't have to smoke as much. Old people like me just stick to [regular] weed ... not 'gas' (high-grade marijuana)."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/8 ounce	\$20
	1/4 ounce	\$50
	1/2 ounce	\$80-100
	An ounce	\$200-300
	High grade:	
	A blunt (cigar) or a gram	\$10-15
	1/8 ounce	\$20-25
	1/4 ounce	\$90
	An ounce	\$150-400
	Extracts and concentrates:	
	A gram	\$35

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 marijuana). Participants also described how to use extracts and concentrates, stating: "You can't eat [dabs]. It has to be smoked. Put a dab on a needle, you blow torch it, then you smoke (inhale the vapors); You're high for about 12 hours ..."

A profile for a typical marijuana user did not emerge from the data. A participant noted, "Everyone is smoking weed

these days, all ages." Law enforcement officers confirmed: *"Across the board; Anybody and everybody. Similar demographic to drinking alcohol."* For extracts and concentrates, a participant commented, *"It's a lot of younger kids ... high school, college."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants stated: *"People are really putting themselves out there ... a friend [of mine] got messages on Facebook asking for 'meth' (methamphetamine). She didn't know that person ... [dealers] are also using social media for buyers; Everyone talks about meth. Everyone is selling meth."* Treatment providers most often reported the current availability of methamphetamine as '9,' while law enforcement most often reported it as '10;' the previous most common scores were '10.' A treatment provider remarked, *"I have seen a few people at the other agency I work at that use heroin and crack but that is taking a back seat to meth."*

Corroborating data indicated that methamphetamine is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 11.8% reported using methamphetamine on one or more days. Hamilton County Coroner's Office reported that 13.9% of the 202 drug-related deaths it recorded this reporting period involved methamphetamine. Scioto County Coroner's Office reported that four of the 34 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 194.8 kilograms (429.5 lbs.) of methamphetamine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 114 grams of methamphetamine during a traffic stop on Interstate 75 in Warren County after a K-9 officer alerted to the presence of drugs in the vehicle; officers arrested one man for possession and trafficking in a controlled substance (www.statepatrol.ohio.gov, Aug. 6, 2018). A judge with U.S. Southern District Court heard

guilty pleas from seven individuals involved a conspiracy to smuggle methamphetamine into the Chillicothe Correctional Institution (Ross County); among those facing sentencing were three inmates and a former correction officer (www.chillicothe Gazette.com, Aug. 15, 2018). While conducting a traffic stop for a lane violation on State Route 73 near Middletown (Butler County), OSHP seized 70 grams of methamphetamine and two firearms; officers arrested a man for felony possession and trafficking in methamphetamine (www.cincinnati.com, Aug. 20, 2018). A Deputy of the Lawrence County Sheriff's Department responded to a shoplifting call in Fayette Township and arrested a man for misdemeanor theft and felony possession of methamphetamine (www.hearld-dispatch.com, Oct. 25, 2018).

While participants reported that methamphetamine is available in crystal and powdered forms throughout the region, they noted that crystal methamphetamine remains more prevalent. 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. A participant observed, *"Every once in a while, you hear about shake-and-bake."*

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Participants commented: *"You can walk down the street and get it ... right in the parking lot here; There is just so much of it; [Law enforcement is] cracking down so much on heroin, that they're letting up on crack downs on methamphetamine; Everyone's trying to get off dope (heroin) so they start doing meth, they are strung out on meth."*

A treatment provider shared, *"A lot of clients are using meth and heroin ... for a 'speedball' (concurrent or consecutive stimulant and sedative highs)."* A law enforcement officer explained, *"The cartels have synthesized and made [crystal methamphetamine] more pure, and they are actually putting it out with heroin, so the information we are getting is the cartels will give you heroin, but you must take the methamphetamine as well."* 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 '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants stated: *"It always got me high; Big 'chards' (crystal methamphetamine) is better than 'shakes' (shake-and-bake) ... shakes is 'cut' adulterated."*

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: bath salts (synthetic cathinones), brake fluid, carfentanil (horse tranquilizer), fentanyl, hornet killer, morphine and rat poison. Participants remarked: *"People put fentanyl in it; I see meth or 'fleece' (a rip-off substitute for methamphetamine)... I had tested positive for morphine when I didn't do anything but meth."* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. One participant noted, *"Quality has decreased because everyone and their brother is doing it ... so many people want it, so they just cut the crap out of it to make it go farther."*

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

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

Reportedly, the most common amount of purchase is an "eight ball" (1/8 ounce).

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and Crystal:	
	1/2 gram	\$20-50
	A gram	\$35-80
1/8 ounce (aka "eight ball")		\$60-80

The most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, eight would inject and two would snort the drug. A participant observed, *"The longer you use it, the more likely you are to inject it."*

A profile for a typical methamphetamine user did not emerge from the data. While some participants and community professionals continued to describe typical methamphetamine users as white people from rural areas, many respondents noted that methamphetamine users are anyone. Participants commented: *"I have seen homeless people, black people, lawyers, across the board; Gay men are using ice; Lower income families are using ice; Single moms got a couple kids, you need to stay up [are using ice]."* Treatment providers shared: *"Appalachian, young men 18 to 20s, city and rural; Caucasian 20s and 30s; Very seldom hear African Americans using meth."* A law enforcement officer commented, *"Now [methamphetamine] is starting to make its way into the city."*

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 '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.' Treatment providers most often reported the current street availability of prescription stimulants as '5,' while law enforcement most often reported it as a '4,' the previous most common scores were '5.' A law enforcement officer remarked, *"Not heard too*

much about Adderall® or Ritalin®. Usually, when you hear that, it is in schools ... not too much dealing on the street." Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months.

BCI crime labs did not report any cases of methylphenidate (Ritalin®) for this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®).

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

Participants did not report obtaining prescription stimulants for illicit use; therefore, they could not report current pricing information or route of administration for illicit use. Treatment providers described typical illicit prescription stimulant users as young people. A treatment provider shared, "Younger people are taking it. Some college students ... older people are going to meth."

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2' and of "molly" (powdered MDMA) as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '3-4' and '7,' respectively. Community professionals did not report on the current availability of ecstasy and molly; the previous most common availability scores were '8.' A treatment provider stated, "Molly and ecstasy, not so much [available]." Law enforcement commented: "Haven't heard much about that in a long time; See it occasionally at concert venues."

Participants reported the availability of ecstasy/molly has remained the same during the past six months. BCI

crime labs reported processing 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	No change
	 Law enforcement	No comment
	 Treatment providers	No comment

Reports of current prices for ecstasy were consistent among participants with experience buying the drug; participants did not report current pricing for molly. Overall, participants reported that the price of ecstasy has remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$6
	Medium dose (aka "double stack")	\$12

Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants and community professionals described typical ecstasy and molly users as young people. A law enforcement officer added, "Predominantly college students."

Other Drugs in the Cincinnati Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]), kratom (mitragynine), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported that the incidence of synthetic cathinones ("bath salts") they process from this region

has slightly decreased during the past six months, although still very few cases.

Hallucinogens

Participants did not report on the current availability of hallucinogens. One treatment provider reported the current availability of LSD 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 not reported. The treatment provider reported that the availability of LSD has increased during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has remained the same during the past six months, although still very few cases. The treatment provider described typical hallucinogen users as males aged 20s.

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Participants did not report on the current availability of kratom. One treatment provider reported the current availability of kratom 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. The provider shared, *"You can go right down to the smoke shop here [and obtain kratom]... It is the cure all. It helps you stay awake, it helps with your back pain ... helps with opioid withdrawal."* The provider reported that the availability of kratom has increased during the past six months, and attributed increased availability to, *"Increased advertising."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is available for illicit use in the region. Participants most often reported the drug's current street 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.' Community professionals did not report on the current availability of Neurontin®. Participants reported that the street availability of Neurontin® has increased during the past six months.

A participant shared, *"It's increased because it took over (replaced) the pain meds."* Reportedly, Neurontin® 600 mg

sells for \$1-2 per pill. The most common route of administration for illicit use of Neurontin® is oral consumption. However, one participant added, *"Some people have snorted it."* A profile for a typical Neurontin® user did not emerge from the data. One participant stated, *"You are prescribed it after you're off heroin."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is 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 stated: *"You could go to the [gas station] and get it along with everything else you wanted; A lot of my friends are OD'ing (overdosing) on it."* Community professionals did not report on the current availability of synthetic marijuana. However, law enforcement stated: *"We haven't seen too much with that; We don't deal with synthetic marijuana."*

Participants and community professionals did not report on a change in availability for synthetic marijuana during the past six months. BCI crime labs reported processing very few cases of synthetic cannabinoids from this region during the past six months. The most common route of administration for synthetic marijuana is smoking. A profile for a typical synthetic marijuana user did not emerge from the data.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remain highly available in the Cincinnati region. Changes in availability during the past six months include: increased availability for fentanyl and methamphetamine.

While the availability of heroin has remained high, participants reported that the availability of heroin has decreased during the past six months. Participants explained that heroin has been supplanted by a cheaper alternative, fentanyl. However, participants noted gray powdered heroin, believed to contain fentanyl, as the

most available and popular heroin type in the region. Respondents discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. A participant shared, *“They put brown sugar in [fentanyl] and act like it’s real heroin.”* A treatment provider remarked, *“It’s not even really heroin in this area . . . it’s mainly fentanyl.”*

Corroborating data indicated that fentanyl is highly available in the Cincinnati region. Hamilton County Coroner’s Office reported that 77.7% of the 202 drug-related deaths it recorded this reporting period involved fentanyl; Scioto County Coroner’s Office reported that 58.8% of the 34 drug-related deaths it recorded this reporting period involved fentanyl. In addition, Ohio Department of Public Safety (ODPS) reported seizing 30.3 kilograms (66.7 lbs.) of fentanyl from this region during the past six months.

Reportedly, although the high produced from fentanyl does not last as long as the high produced by heroin, many users now prefer fentanyl for its potency over heroin. One participant remarked, *“I know more people who just don’t want heroin, they want fentanyl.”* Law enforcement also discussed fentanyl as an additive to other illicit drugs such as crack cocaine and methamphetamine. A treatment provider stated, *“[Fentanyl] is in everything.”*

Participants and community professionals reported that the availability of crystal methamphetamine has

increased during the past six months. Participants discussed that law enforcement efforts have been focused on opiates, and as a result dealers and users are switching focus to methamphetamine and other stimulant drugs. Participants also reported individuals using methamphetamine to come off heroin. One participant started, *“Everyone’s trying to get off dope (heroin) so they start doing meth, they are strung out on meth.”*

Treatment providers discussed an increase in users simultaneously using heroin and methamphetamine to “speedball” (concurrent or consecutive stimulant and sedative highs). Law enforcement attributed the increase in methamphetamine availability to drug cartels forcing the drug on users in the region. An officer reported, *“The cartels will give you heroin, but you must take the methamphetamine as well.”* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. ODPS reported seizing 194.8 kilograms (429.5 lbs.) of methamphetamine from this region during the past six months.

Lastly, participants reported high current availability of Neurontin® (gabapentin) for illicit use as well as high availability of synthetic marijuana (synthetic cannabinoids); treatment providers discussed increased availability and use of kratom (mitragynine) during the past six months.