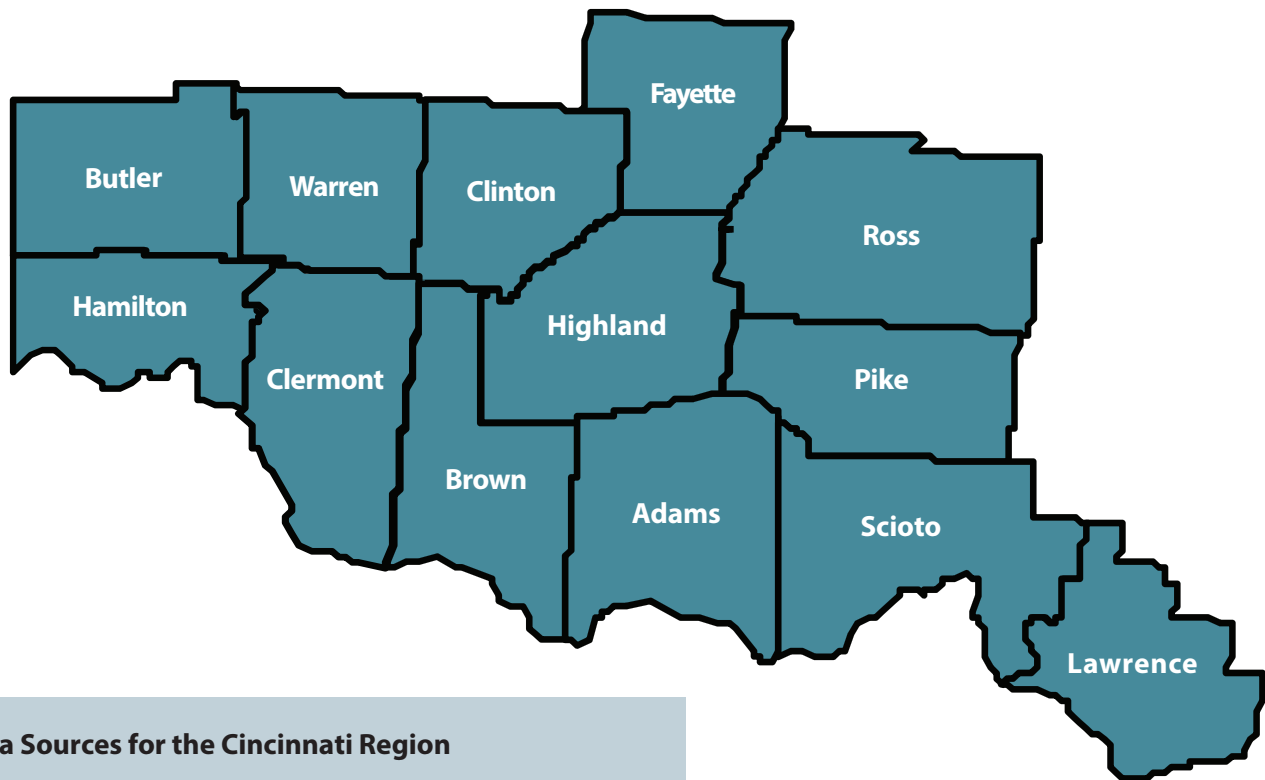




Drug Abuse Trends in the Cincinnati Region



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, Hamilton and Warren counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Hamilton County Coroner's Office, Scioto County Coroner's Office, 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 through June 2019. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2019.

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, 2019	11,689,100	2,065,636	34
Gender (female), 2019	51.0%	50.9%	67.6%
White, 2019	81.7%	81.2%	76.5%
African American, 2019	13.1%	13.3%	23.5%
Hispanic or Latino Origin, 2019	4.0%	3.2%	2.9% ²
High School Graduation Rate, 2014-18	90.1%	89.9%	70.6% ³
Median Household Income, 2018	\$54,533	\$51,777	Less than \$12,000 ⁴
Persons Below Poverty Level, 2018	13.9%	13.4%	87.0% ⁵

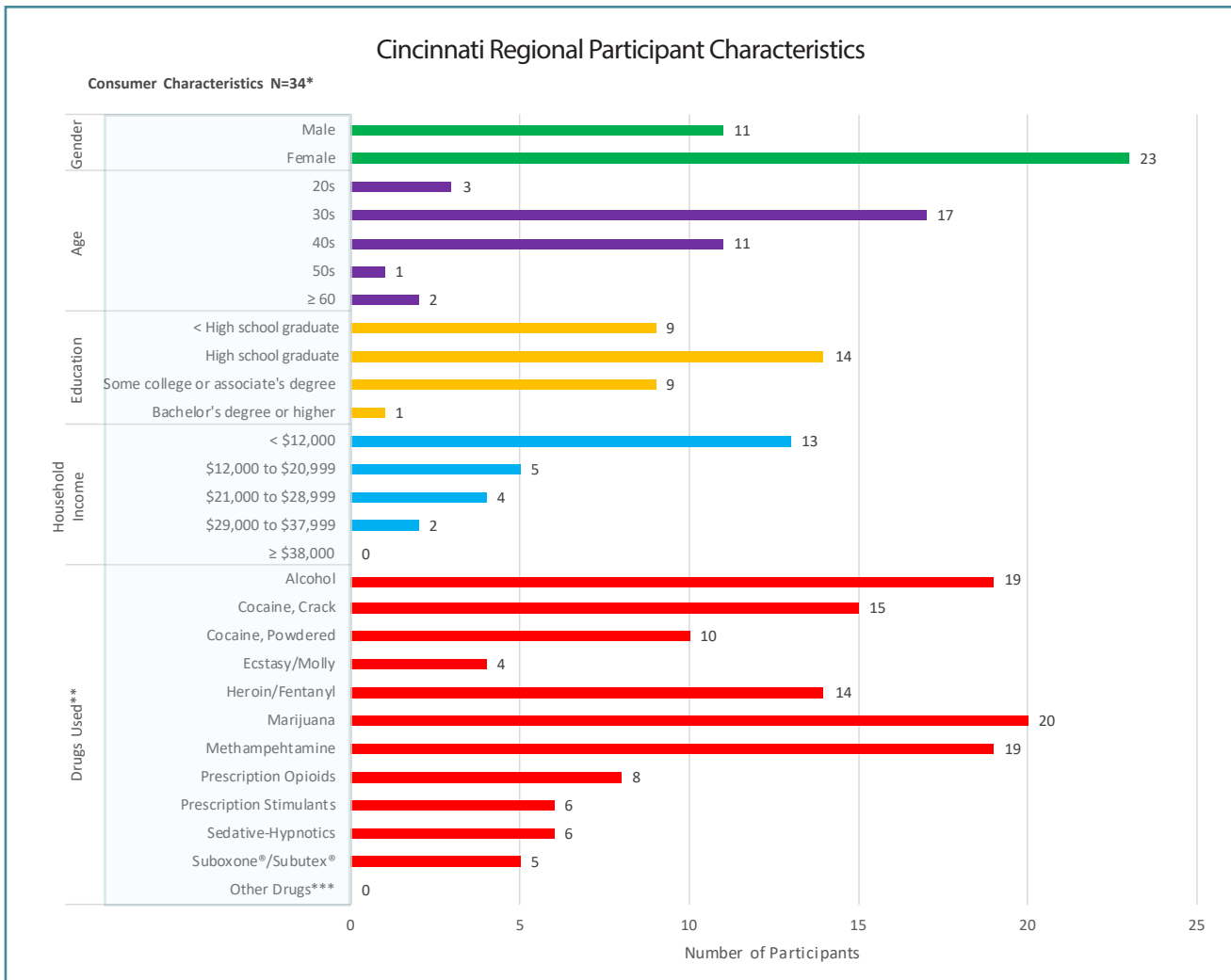
¹Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.

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

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

⁴Participants 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 two participants due to missing and/or invalid data.

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



*Not all participants filled out forms completely; therefore, numbers may not equal 34.

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

***No other drugs were reported.

Historical Summary

In the previous reporting period (January – June 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remained highly available in the Cincinnati region. Changes in availability during the reporting period included: increased availability for fentanyl, marijuana and methamphetamine; decreased availability for prescription opioids; and likely decreased availability for sedative-hypnotics.

Participants and community professionals agreed that fentanyl was extremely available in the region. Participants discussed the drug as being pushed on users in that fentanyl was adulterated into almost every other drug, including pressed into pill form and sold as prescription opioids and sedative-hypnotics. A treatment provider observed, *"We don't have a heroin problem anymore, we have a fentanyl problem."* Participants and community professionals also agreed that the availability of fentanyl had increased during the reporting period, due primarily to increased demand for the drug.

Corroborating data indicated that fentanyl was highly available in the Cincinnati region. Hamilton and Scioto counties' coroners' offices reported that 83.7% and 62.5%, respectively, of the drug-related deaths they recorded during the reporting period involved fentanyl/fentanyl analogues. In addition, ODPS reported seizing 78.6 lbs. of fentanyl from this region, and BCI crime labs reported that the incidence of fentanyl/fentanyl analogue cases they process from this region had increased during the reporting period.

While methamphetamine was available in crystal and powdered forms, reportedly, crystal methamphetamine (aka "ice") remained the more prevalent type in the region. A law enforcement officer confirmed, *"We are seeing so much ice. It is so cheap ... it is everywhere."* Participants and community professionals attributed the increased availability of methamphetamine during the reporting period to drug cartels bringing in greater amounts of the drug from Mexico to meet increasing demand. Participants and treatment providers reported that heroin users were switching drugs due to the overdose dangers of fentanyl that was mixed with or substituted for heroin. A participant said of

methamphetamine, *"It's safer."* However, participants noted fentanyl as an adulterant for methamphetamine.

Participants and community professionals discussed high and increasing availability of marijuana extracts and concentrates (aka "dabs"). BCI crime labs reported that the incidence of concentrated THC (oils, dabs) cases they process from this region had increased during the reporting period. Participants expressed a preference for dabs due to its higher potency. Comments included: *"Better than 'weed' (marijuana); [Dabs] are strong, they knock you out!"* Participants and community professionals described typical dabs users as teens and young adults aged in their 20s.

Lastly, law enforcement reported moderate availability of xylazine (animal sedative) in the region. They noted that the drug was resistant to Narcan®. Law enforcement also reported that the availability of xylazine had increased during the reporting period, and they described typical xylazine users as opioid users.

Current Trends

Powdered Cocaine




Powdered cocaine is highly available in the region. Participants and community professionals most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for participants, '2' for treatment providers and '5' for law enforcement. A participant remarked, *"You can get it anywhere."* However, other participants indicated that one would need to know *"the right people"* to obtain powdered cocaine. Likewise, a treatment provider stated, *"If you know where to look, [you can readily obtain powdered cocaine]."*

Corroborating data indicated that powdered cocaine is available in the Cincinnati region. Hamilton County Coroner's Office reported that 42.8% of the 208 drug-related deaths it recorded this reporting period involved cocaine, while Scioto County Coroner's Office reported that three of the 55 drug-related deaths it recorded

involved cocaine; the coroners' reports do not differentiate between powdered and crack cocaine. In addition, Ohio Department of Public Safety (ODPS) reported seizing 23.9 kilograms (52.7 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. Cincinnati and Norwood Police (Hamilton County) collaborated in arresting a man at a Cincinnati residence for possessing cocaine and more than 400 grams of fentanyl with the intent to distribute; U.S. Immigration and Customs Enforcement as well as Homeland Security also participated in the investigation and apprehension of the suspect, as the man had been deported to Mexico nine times previously (www.cincinnati.com, Oct. 24, 2019). The U.S. Attorney for the Southern District of Ohio indicted 37 people in connection with a narcotics and money laundering scheme involving downtown Cincinnati businesses where cash was hidden and transported to and from the Cincinnati area; during the investigation, U.S. Drug Enforcement Administration (DEA) agents seized 100 pounds of cocaine, 42 pounds of methamphetamine, 19 pounds of fentanyl, three pounds of heroin, 47 weapons, 12 vehicles and \$500,000 (www.fox19.com, Nov. 19, 2019). As part of the aforementioned drug trafficking investigation, DEA agents raided a downtown Cincinnati jewelry store and arrested two people connected with the store on charges related to cocaine and fentanyl trafficking (www.cincinnati.com, Nov. 15, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant responded, "There is always a source." Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased 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 '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants commented: "Quality is not as good because [powdered cocaine] is being cut (adulterated) with everything; [Quality] depends on who you get it from; It is hit or miss." Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baking soda and fentanyl. A participant stated, "They put fentanyl in [powdered cocaine] to get people addicted, and then [the user] gets sick and [the dealer] switches them to heroin." Other adulterants mentioned included: animal tranquilizers, aspirin, heroin, methamphetamine, sleeping pills and vitamin B-12. Participants explained: "[Dealers use] whatever makes it heavier; They cut it to conserve the drug." Overall, participants reported that the quality of powdered cocaine has decreased over the past six months.

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants discussed: "I trade my Suboxone® for a gram; [You pay a] higher price for better quality." Reportedly, the most common quantity of purchase for powdered cocaine is an "eight ball" (1/8 ounce). 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 (aka "point")	\$10
	A gram	\$80-120
	1/16 ounce (aka "teener")	\$120
	1/8 ounce (aka "eight ball")	\$150




The most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort and four would intravenously inject (aka “shoot”) the drug.

Participants and community professionals most often described typical powdered cocaine users as white people and people of middle to high socio-economic status. Participants commented: *“College students, people with money; Younger whites with money; People who like to ‘speed’ (use stimulant drugs); People who work third shift; Nurses.”* Treatment providers discussed: *“More affluent, white-collar; Young white males and middle-age white females; People in their 40s and 50s; People regardless of their race who sell drugs.”* Law enforcement stated: *“White males and females; Everyone.”*





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: *“No problem getting [crack cocaine], no matter the time of day; It is a common drug of choice.”* Community professionals most often reported the current availability of crack cocaine as ‘9’; the previous most common scores were ‘10’ for treatment providers and ‘5’ for law enforcement. Treatment providers commented: *“They walk up to a person on the street and ask if they have any [crack cocaine]. They usually can get it like that, from people they don’t know; You can go anywhere, it is so quick [to get crack cocaine].”* One law enforcement participant said, *“It is a lot easier to obtain [than other drugs].”*

Corroborating data indicated that crack cocaine is available in the Cincinnati region. ODPS reported seizing 4.1 kilograms (9.1 lbs.) of crack cocaine from this region during the past six months. 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 slightly increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ However, participants discussed current quality as variable. They said: *“[Quality] depends on who you get it from; It depends on your supplier. You got to know that [your supplier] knows how to cook (produce crack cocaine); You could get good quality, but it is hit or miss.”* Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda, fentanyl, heroin and methamphetamine. Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

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

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. Overall, participants reported that the price of crack cocaine has remained the same during the past six months. One participant remarked, *“Steady price for years.”*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10
	A gram	\$50-100
	1/16 ounce (aka “teener”)	\$120
	1/8 ounce (aka “eight ball”)	\$150-250
	1/2 ounce	\$450-600
	An ounce	\$1,200

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. Participants commented: *“Smoking is the most common; it is hard to break down into shooting form.”* However, a few participants discussed that crack cocaine can be broken down for shooting, saying: *“I’ve seen them use Kool-Aid® to break it down; You can mix it with lemon juice.”*

A profile for a typical crack cocaine user did not emerge from the data. Participants stated: *“[Typical crack cocaine users] are getting younger and younger; [Crack cocaine use] ranges from homeless to lawyers; Rich to poor.”* Treatment providers discussed: *“African Americans; Low income; [We] don’t get a lot of people who identify crack as their main drug of choice; More people using crack are also using heroin.”* Law enforcement commented: *“Male and female whites; In the city, it would be primarily African American [from] low-income areas....”*

Heroin

Heroin is moderately to 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.’ One participant remarked, *“It’s easier to get heroin than it is marijuana.”* Community professionals most often reported the current availability of heroin is ‘7;’ the previous most common score was ‘10.’ Law enforcement commented: *“[Heroin] is pretty easy to get; Higher (more available) than other drugs.”*




Corroborating data indicated that heroin is available in the Cincinnati region. Hamilton County Coroner’s Office reported that 15.4% of the 208 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 84.4% also involved fentanyl. Scioto County Coroner’s Office reported that seven of the 55 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported seizing 5.2 kilograms (11.4 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. Reading Police

(Hamilton County) arrested a woman and took her child into protective custody after the woman overdosed on heroin in her car at a gas station; officers found the child and a dog in the car’s backseat and marijuana in the glove box (www.local12.com, July 25, 2019). Hamilton County Heroin Coalition reported 24 overdose calls in a 24-hour period during the last weekend in July; seven of those calls resulted in hospitalization; the coalition reported that the surge in overdoses was fueled by fentanyl (www.local12.com, July 28, 2019). Ohio State Highway Patrol (OSHP) arrested a West Virginia woman during a traffic stop in Ross County for possession of heroin after a probable cause search recovered 129 grams of suspected heroin worth approximately \$12,900 (www.abc6onyourside.com, Aug. 15, 2019). OSHP arrested another West Virginia woman in Ross County after stopping her for speeding; troopers noticed drug paraphernalia in plain view while talking with the woman and conducted a probable cause search of her vehicle, recovering 46 grams of suspected heroin valued at \$4,600 (www.abc6onyourside.com, Sept. 9, 2019).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. In particular, participants discussed brown, gray, pink, tan and white powdered heroin as available. Participants described: *“It looks like chocolate; Like sand, like clumps of sand.”* Additional types of heroin mentioned included black tar heroin. Treatment providers reported white powdered heroin as most available, while law enforcement reported brown and white powdered as most available. A law enforcement officer stated: *“[We] haven’t seen black tar [heroin] in a while.”*

Participants reported that the availability of heroin has remained the same during the past six months, while community professionals reported that availability has decreased. A treatment provider clarified, *“Less available without fentanyl and more available with fentanyl.”* A law enforcement stated, *“[Heroin] has gotten harder to get because fentanyl replaced it.”* 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, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '0' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants emphasized that the current quality of heroin is extremely poor, thus fentanyl is added to boost heroin's potency. One participant stated, "When you compare [heroin] to fentanyl-heroin, regular (unadulterated) heroin is bad." Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. Additional cuts mentioned included: baby powder, bug spray, powdered sugar, prescription opioids (methadone), sedative-hypnotics (muscle relaxants) and vitamin D. A participant noted, "Anything with sedatives [is used to cut heroin] because heroin has a sleepy effect." Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol ● xylazine (animal sedative) 	

Reports of current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is gram. A participant stated, "It is a lot cheaper if you buy it by the gram." Participants did not agree on whether or not the pricing of heroin has changed during the past six months, as one participant said, "[Price] depends on the person [selling]."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$40-60
	A gram	\$100-120

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants commented: "Injecting is most common because it is quicker and goes into your bloodstream faster; Eventually they all will be shooting...."

A profile of a typical heroin user did not emerge from the data. Participants and community professionals described typical heroin users as anybody. Participants stated: "Everybody; You never know; [Heroin] doesn't discriminate." Treatment providers said: "White, both male and female, and all ages; As far as race goes, it doesn't really matter, it is across the board; You touch [heroin], you're hooked." Law enforcement described: "Everybody; Male and female, white generally."

Fentanyl

Fentanyl remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants stated: "[Dealers are] cooking (adulterating) everything with fentanyl; It is easier to get fentanyl than marijuana." Treatment providers commented: "You can get free samples [of fentanyl] anywhere; You can go out to the street and get it."




Corroborating data indicated that fentanyl is available in the Cincinnati region. Hamilton County Coroner's Office reported that 82.2% of the 208 drug-related deaths it recorded this reporting period involved fentanyl and fentanyl analogues. Scioto County Coroner's Office reported that 85.5% of the 55 drug-related deaths it recorded this reporting period involved fentanyl and fentanyl analogues. In addition, ODPS reported seizing 9.4 kilograms (20.8 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. Several police agencies in Butler and Warren counties worked together in seizing one kilogram of fentanyl, enough fentanyl for 10,000 doses; law enforcement arrested several individuals for "major drug trafficking" (www.journal-news.com, July 22, 2019). Middletown Police (Butler County) announced the indictment of 11 individuals suspected of being involved in a drug trafficking operation, according to police, the ring trafficked heroin and fentanyl; the execution of a search warrant related to the indictments yielded unspecified drugs, \$3,000, two assault rifles (AR-15s) and five handguns (www.cincinnati.com, Aug. 27, 2019). Middletown Police arrested two men after seizing 400 grams of fentanyl, cash and a handgun during a raid, part of an ongoing narcotics investigation (www.journal-news.com, Sept. 27, 2019). Ross County Coroner's Office issued an alert after recording three overdose deaths over one weekend; the coroner reported that the overdose deaths were likely caused by the presence of an extremely potent opioid in the community, advising residents to call 911 and administer naloxone (opioid overdose reversal medication) in cases of suspected overdose (www.10tv.com, Oct. 6, 2019). The U.S. Attorney for the Southern District of Ohio indicted 11 people for making and/or distributing fake prescription pills containing fentanyl in Ohio and Kentucky; law enforcement arrested an owner of a construction company and real estate company in Green Township (Hamilton County) for trafficking in fentanyl-pressed pills and laundering drug profits to buy homes illegally (www.wvxu.org, Dec. 3, 2019).

There was no consensus as to a change in fentanyl availability during the past six months among participants and community professionals. Half of participants reported that the availability of fentanyl has remained the same, while half reported it has increased. Participants reporting increased availability cited an increase in drugs adulterated with fentanyl and an increase in overdose

deaths as reasons. They commented: "Everything is being cut with it; [Availability is] up 'cuz they are dying more off of it." Some treatment providers and law enforcement officers reported that the general availability of fentanyl has been up and down during the past six months. An officer said, "Before the holidays, there was a spike [in fentanyl arrests and seizures], but after the holidays, it was quieter ... and then it spiked up again." Other community professionals reported that availability has remained the same.

BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months; BCI crime labs reported that the incidence of carfentanil cases they process from this region has also increased during the past six months, although still few cases.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' One participant remarked, "Pretty much everyone falls out of it (aka "nods out") every time they do [fentanyl], so that's pretty good." Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agents for the drug as: baby powder, heroin, methamphetamine, Neurontin® (gabapentin), powdered sugar, sleeping pills and vitamin D. Participants summarized that the same cuts used to adulterate heroin are also used to adulterate fentanyl. Participants discussed: "Baby formula [makes] it weigh more (increases volume); Sleeping pills give the same side effect of 'dope' (heroin/fentanyl), and Neurontin® has the same side effects as doing fentanyl." Overall, participants reported that the quality of fentanyl has decreased during the past six months. Participants stated: "If it is too strong, people wouldn't buy it as much, so it's being cut more; It is getting worse and worse."

Current prices for fentanyl were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a 1/2 gram. 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	\$10-20
	1/2 gram	\$30
	A gram	\$50-60

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. When asked why intravenous injection is the most common route of administration, a participant responded, *“When I shoot it, I feel it more than when I snort it.”*

A profile of a typical fentanyl user did not emerge from the data. Participants described typical users as everyone and anyone. A treatment provider described typical fentanyl users as, *“White, both genders, all ages.”* A law enforcement officer described typical fentanyl users as, *“White males between 27 and 50 [years of age].”* However, the most common response among community professionals when asked to describe a typical fentanyl user was, *“Same as heroin.”*

Prescription Opioids



Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘2.’ However, participants explained that a user seeking prescription opioids would need to know where to obtain them. They commented: *“[Availability] depends on where you are; There are certain areas where [prescription opioids] are known [to be available]. I can go to 13th [Street] and get some ‘perks’ (Percocet®), some ‘weed’ (marijuana), and right across the street get a Colt 45 (malt liquor); Downtown [Cincinnati],*

in a two-block radius, [availability of prescription opioids] is a ‘10’ because all the old schoolers hang out there [and they have prescription opioids].” Treatment providers most often reported the current street availability of prescription opioids as ‘2,’ while law enforcement most often reported it as ‘6;’ the previous most common scores were ‘4’ for both treatment providers and law enforcement. Treatment providers commented: *“Pretty low; [Prescription opioids] are very expensive and hard to get.”*




Corroborating data indicated that prescription opioids are available for illicit use in the Cincinnati region. Hamilton County Coroner’s Office reported that 13.9% of the 208 drug-related deaths it recorded this reporting period involved prescription opioids. Scioto County Coroner’s Office reported that three of the 55 drug-related deaths it recorded this reporting period involved prescription opioids. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. The U.S. Attorney for the Southern District of Ohio announced the indictment of 11 doctors for allegedly running pill mills, overprescribing pain medication; federal prosecutors described people driving long distances to find these doctors and the number of patients for these doctors was “off the charts” (www.local12.com, Sept. 24, 2019).

Participants and community professionals continued to identify methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A law enforcement officer stated, *“Percocet® and Vicodin® are pretty easy to get, but ... Percocet® is most available.”*

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. A participant commented, *“Doctors have stopped prescribing them.”* Treatment providers concurred with participants, with one provider saying, *“Doctors are getting stricter on giving out prescriptions, so it’s taken [prescription opioids] off the streets.”* Law enforcement observed: *“The biggest drop has been in OxyContin®; [Prescribing] regulations changed along with pharmacies being sued [have reduced the number of opioid prescriptions written/filled].”*

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine and tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence

of methadone and oxycodone (OxyContin®, Percocet®) cases has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®) 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	Decrease

Current street prices for prescription opioids were reported by participants with experience buying the drugs. Reportedly, prescription opioids sell for \$1-2 per milligram, with the exception of Vicodin® which sells for less. 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	
	Percocet®	\$5-7 for 5 mg \$15 for 10 mg
	Roxicodone®	\$60 for 30 mg
	Vicodin®	\$2-4 for 5 mg \$6 for 7.5 mg \$7-8 for 10 mg


Participants reported obtaining prescription opioids for illicit use from drug dealers and pain clinics. While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally consume the drugs. One participant stated, *“They pop the pill in their mouth ... chew it up and swallow.”* In addition, participants identified that some opioids are intravenously injected, commenting: *“[Route of administration] depends on which ones they are. The older ‘oxy’ (OxyContin® OC) you could shoot (intravenously inject) them, now they have a gel coating on them (an abuse deterrent); Yeah, I’ve seen [users shoot OxyContin® OC].”*

A profile of a typical illicit user of prescription opioids did not emerge from the data. One participant remarked, *“No typical user.”* Treatment providers described typical illicit prescription opioid users as white people of higher socio-economic status, aged 20s through 30s. Law enforcement described typical illicit use as across the board, white males and females, and people with health insurance. One treatment provider stated, *“Upper class individuals who don’t know how to navigate the streets.”*

Suboxone®

Suboxone® (buprenorphine) is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants commented: *“Everybody’s trying to get off heroin [and is prescribed Suboxone®]; It’s really easy to go to those [Suboxone®] clinics [and get a prescription].”* Treatment providers most often reported the current availability of Suboxone® as ‘9,’ while law enforcement most often reported it as ‘6,’ the previous most common scores were ‘9’ and ‘4,’ respectively.

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

Reports of current street prices for Suboxone® were varied among participants with experience buying the drug. Overall, participants reported that the street price of Suboxone® has decreased during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$8-30 for 8 mg
	Pill	\$8-25 for 8 mg

Participants reported obtaining Suboxone® for illicit use from drug dealers, through drug treatment centers and from people who have prescriptions. A participant shared, "I have had five different friends in one day asking, 'You want to buy any Suboxone'? I just got some from my doctor." Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption. Participants estimated that out of 10 illicit Suboxone® users, nine would orally consume and one would snort the drug. Participants and community professionals described typical illicit users of Suboxone® as people trying to get off heroin.




Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Treatment providers most often reported current street availability as '2-3' and '8,' while law enforcement most often reported it as '10,' the previous most common scores were '4' for both treatment providers and law enforcement. Treatment providers commented: "I haven't seen [a client for illicit sedative-hypnotic use] in the past six months; I very rarely do an assessment of a person whose substance of choice are 'benzos' (benzodiazepines)." However, a law enforcement officer noted, "Almost every one of our overdose deaths reviewed have benzos in them."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cincinnati region. Hamilton County Coroner's Office reported that 8.2% of the 208 drug-related deaths it recorded this reporting period involved one or more benzodiazepines or other sedative-hypnotics.

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Treatment providers reported: "Xanax® and Klonopin® is what I hear; I hear people saying they buy Xanax® off the street and they are more prescribed Klonopin®; People prefer Xanax® ... [but] Klonopin® is slightly more available."

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Treatment providers reported that the general availability of sedative-hypnotics has remained the same, while law enforcement reported increased availability. BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®) cases they process from this region has increased during the past six months. BCI labs reported processing very few cases of carisoprodol (Soma®) 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	No change

Participants were unable to report on current street prices for sedative-hypnotics. However, they reported that sedative-hypnotics are most often obtained for illicit use from people with prescriptions. In addition, a law enforcement reported, "In a recent suicide, [the man] was purchasing benzo powder over the Internet and making his own [benzodiazepine pills]. When we were looking into this case, we were surprised how much is bought over the Internet."

Participants reported that the most common route of administration for illicit use of sedative-hypnotics is oral consumption. One participant commented, "I don't like snorting my pills. I like taking them orally." Participants and community professionals described typical illicit sedative-hypnotics users as white people, college students and people experiencing anxiety and other mental health issues.

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: *"It's a '20' (extremely available); [Marijuana] is the most available [drug] out there; Now, they are giving out the medical [marijuana] cards which is making it more okay (socially acceptable to use marijuana)."*

Corroborating data indicated that marijuana is available in the Cincinnati region. ODPS reported seizing 514.6 kilograms (1,134.5 lbs.) of marijuana 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. Cincinnati (Hamilton County) city council decriminalized marijuana; anyone caught with less than three ounces or 100 grams of marijuana only faces a citation with no legal and financial penalties (www.wlwt.com, July 12, 2019). Scioto County Sheriff's Office responded to a complaint of marijuana plants growing in a field near a residence; upon investigation, officers located and seized 40 marijuana plants, an undetermined amount of processed marijuana and equipment used to grow marijuana from the nearby residence (www.portsmouth-dailytimes.com, Aug. 7, 2019). A 15-year-old student was charged with five counts of felonious assault after bringing marijuana-laced brownies to a Cincinnati school, sending four of five children who ate the brownies to the hospital (www.10tv.com, Aug. 23, 2019). Butler County Undercover Regional Narcotics Task Force and U.S. Postal Inspectors collaborated in performing several controlled deliveries of THC (tetrahydrocannabinol, the psychoactive component of marijuana) products followed by the execution of search warrants of two residences in Oxford and one in Hamilton; police seized a total of 952 THC vape cartridges, THC products disguised as lip balm and food items, as well as several pounds of marijuana and thousands of dollars in cash (www.wlwt.com, Oct. 21, 2019). A Pierce Township (Clermont County) man shot and killed two men at his apartment while selling them marijuana; the man alleged that the shooting victims took his "weed" without paying and then attempted to rob him (www.local12.com, Nov. 25, 2019).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was also '10.' Treatment providers most often reported the current availability of marijuana extracts and concentrates as '8-9,' while law enforcement most often reported it as '10'; the previous most common scores were '9.'

Participants reported that the availability of marijuana and of marijuana extracts and concentrates has remained the same during the past six months. Community professionals reported that the availability of marijuana has remained the same, while the availability of marijuana extracts and concentrates has increased during the past six months. A law enforcement officer observed, *"We see more extracts through vaping ... vaping has increased."* Treatment providers discussed: *"Higher demand because people can smoke (vape dabs) and it doesn't smell; Vaping has increased [because dabs] are easier to obtain, easier to use, and easier to avoid detection [than smoking marijuana]."* BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (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	No change
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current quality of marijuana and of marijuana extracts and concentrates as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were also '10.' However, one participant stated, and others agreed, *"Quality [of marijuana] varies depending on a user's relationship with a dealer and location of purchase."* Regarding the current quality of marijuana extracts and concentrates, a participant remarked, *"Extracts and concentrates are high quality because they are 98 to 99% THC."* Overall, participants indicated that the overall quality of marijuana has increased during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase for marijuana is a gram. One participant commented, *“People don’t have much money now [to buy amounts larger than a gram].”* Overall, participants reported that the price of marijuana has decreased during the past six months.

		Current Prices for Marijuana	
		Marijuana	High grade:
A blunt (cigar)	\$10		
A gram	\$10-20		
1/4 ounce	\$70-180		
1/2 ounce	\$160-175		
An ounce	\$200-350		
Extracts and concentrates:			
Vape pen cartridge	\$40-60		

The most common route of administration for marijuana remains smoking, while the most common routes of administration for extracts and concentrates are smoking/vaping and oral consumption. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug; and of 10 extract and concentrate users, five would smoke/vape and five would orally consume the drug. Participants commented: *“There are edibles (food products made with marijuana), you can make butter and every dish you make you can use that butter; I’ve heard a lot about gummy bears [infused with THC]; You can consume it through brownies.”*

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. A participant declared, *“Marijuana users are teenagers, people from 30- to 70-years old ... everyone.”* However, participants and treatment providers described typical marijuana extract and concentrate users as young people and people of higher socio-economic status. Law enforcement could not describe typical marijuana extracts and concentrate users because, as one officer explained, *“We don’t see them much.”*

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: *“Methamphetamine is cheaper and [its high] lasts longer [than cocaine]; [Methamphetamine] is just so popular right now; It’s everywhere.”* Treatment providers most often reported the current availability of methamphetamine as ‘8,’ while law enforcement most often reported it as ‘7;’ the previous most common scores were ‘10’ for both treatment providers and law enforcement. One treatment provider remarked, *“The demand for ‘meth’ (methamphetamine) has increased.”*

Corroborating data indicated that methamphetamine is available in the Cincinnati region. Hamilton County Coroner’s Office reported that 14.9% of the 208 drug-related deaths it recorded this reporting period involved methamphetamine. Scioto County Coroner’s Office reported that 32.7% of the 55 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 32.2 kilograms (70.9 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. A common pleas judge in Wilmington sentenced a man and his girlfriend each to four years in prison for making methamphetamine in Clinton County (www.wnewsj.com, July 2, 2019). OSHP arrested a Michigan man during a traffic stop and probable cause search on Interstate 75 in Warren County, seizing three handguns, 28 grams of methamphetamine, 10 grams of marijuana and 10 grams of alprazolam pills (www.abc6onyourside.com, July 18, 2019). After law enforcement made two undercover purchases of methamphetamine from a Cincinnati man, law enforcement executed a search warrant of the man’s home and seized 444 grams of crystal methamphetamine and two firearms (www.fox19.com, July 19, 2019). Middletown Police (Butler County) responded to a gas station on report of a man robbing a person at gunpoint and stealing his motorcycle; officers, acting on a tip, located the alleged robber at a Middletown home where they arrested him and recovered five guns, more than 11 ounces of methamphetamine, two stolen motorcycles and two stolen cars (www.journal-news.com,

Aug. 1, 2019). OSHP arrested a man in Warren County for possession and trafficking in methamphetamine after troopers seized 369 grams of the drug worth \$37,000 during a traffic stop (www.wltv.com, Aug. 13, 2019). OSHP arrested a Columbus (Franklin County) man for possession and trafficking in methamphetamine during a traffic stop in Ross County after seizing 90 grams of suspected methamphetamine worth approximately \$6,750 (www.abc6onyourside.com, Sept. 5, 2019). Federal prosecutors in Adams County indicted nearly two dozen people connected to a drug ring for conspiracy to sell methamphetamine in Adams, Brown and Highland counties; one of the alleged conspirators was a Clermont County attorney (www.local12.com, Oct. 25, 2019). Aberdeen Police (Brown County) responded to the village's middle school on reports of a white substance found following a Christmas concert; police announced via a Facebook post that the substance tested positive for methamphetamine and encouraged the public to contact police with information (www.wcpo.com, Dec. 11, 2019).

Participants reported that methamphetamine is available in powdered and crystal forms in the region. However, participants indicated crystal methamphetamine as the more prevalent form of the drug. Powdered methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants discussed: "All there is available is 'ice' (crystal methamphetamine); In the country (rural areas), there is some shake-and-bake; Ice is more common."

Participants and treatment providers reported that the availability of methamphetamine has increased during the past six months. Both groups of respondents discussed opiate users switching to methamphetamine to avoid experiencing withdrawal symptoms. Participants said: "From personal experience, I went from [heroin] to meth ... without the withdrawals; A lot of people are using it to get off heroin." Treatment providers stated: "It goes back to the fentanyl being mixed in with heroin ... people are starting to go to other drugs, like meth, because of that fear [of overdosing on fentanyl]; The availability is increasing because the demand is there." Participants, too, attributed increased availability of methamphetamine to increased demand for the drug and more drug dealers capitalizing

on this demand. Participants commented: "[Methamphetamine is] more available because it is in more demand; Everyone is trying to make money [by selling methamphetamine]." Law enforcement reported that the general availability of methamphetamine has remained the same during the past six months. 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	No change
	 Treatment providers	Increase

Participants most often rated the current overall quality of methamphetamine as '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed variability in current quality. One participant explained, "[Quality of methamphetamine] depends on who you go through, depends on what they 'step on' (adulterate) it with." Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: battery acid, bug spray, fentanyl, gasoline, MSM (methylsulfonylmethane, a joint supplement), Neurontin® (gabapentin), Seroquel® (antipsychotic medication) and sleeping pills. Participants shared: "When cut with bug spray, it makes people hallucinate; When I smoked meth with MSM, it made me feel like it was heroin." Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant stated, "It's worse [quality] because of what it is cut with, like bug spray."

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 were varied among participants with experience buying the drug. Participants discussed pricing based on location of purchase and the dealer. They said: “[You get] a better price in Middletown [Butler County] ... in Lebanon [Warren County] it’s \$40 to \$50 a gram, in Mason [also Warren County] it’s \$60 [a gram]; It’s dealer’s choice ... I want a \$20 [of methamphetamine], the dealer gives me how much they want [to]; If you know your dealer, you get a better price.” Participants reported that the most common amount of purchase for methamphetamine is an “eight ball” (1/8 ounce) or an ounce.

Methamphetamine	Current Prices for Methamphetamine	
	A gram	\$20-60
	1/8 ounce	\$60
	1/4 ounce	\$70-100
	An ounce	\$200-400

Participants did not agree on a most common route of administration for methamphetamine, the routes mentioned included intravenous injection (aka “shooting”), smoking and snorting. A participant commented, “Some people like the burn of snorting [methamphetamine].” Another participant explained “hot railing” (a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) as another route of administration for methamphetamine.

Participants and community professionals continued to describe typical methamphetamine users as white people of lower socio-economic status living in rural areas, as well as long-time drug users. However, a few participants commented that anyone could be a methamphetamine user. These participants remarked: “Across the board; Anybody; Everyone.” Treatment providers described typical methamphetamine users as: “Lower middle-class, white; More common in areas that are not as metropolitan as Cincinnati, you go to the smaller towns you can find more [methamphetamine use].” Law enforcement discussed: “Someone who has been an addict for a while then they turn to meth; Most don’t start with meth, they might start with




marijuana, end up getting a taste of heroin, then someone gives them meth....”

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ Participants stated: “[Prescription stimulants are] hard to find if you are not prescribed them; Most people that do get them legally are needing them....”

Treatment providers most often reported the availability of prescription stimulants for illicit use as ‘8,’ while law enforcement most often reported it as ‘3;’ the previous most common scores were not reported for treatment providers and ‘4’ for law enforcement. A treatment provider shared, “I hear a lot of people saying [doctors] prescribe Adderall® to kids a lot and parents don’t give it to them ... or all of it to them.” One law enforcement officer remarked, “It is not something you see on the street.”

Participants and treatment providers identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. One participant declared, “Adderall® is most common.” Participants reported that the street availability of prescription stimulants has decreased during the past six months. A participant stated, “They’re tightening down on every prescription that can possibly be sold on the street.” Community professionals did not discuss changes in the street availability of prescription stimulants during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) from this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were varied among participants with experience buying these drugs.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$3-8 for 30 mg
Ritalin®	\$5-10 for 30 mg	

Participants reported obtaining prescription stimulants for illicit use from doctors, drug dealers and people with prescriptions for the drugs. A participant shared, *"My nephew is on Adderall® and my sister ... won't give him his weekend dose ... she will sell them."* The most common routes of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the drugs. A participant stated, *"If it's a tablet, people will snort it, and the capsules with the beads ... people just [orally consume] them."*

Participants and treatment providers described typical illicit prescription stimulants users as college students, women who want to lose weight and users who enjoy a stimulant high. A participant remarked, *"People who use other stimulants."* A treatment provider noted, *"More women, middle-aged ... they say it helps with energy and weight-loss..."*




Ecstasy

Ecstasy (methylenedioxymethamphetamine: 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 and of "molly" (powdered MDMA) as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' for ecstasy and '8' for molly. Participants discussed: *"[Ecstasy/molly] is hard to find; It's more available in Dayton than 'Cincy' (Cincinnati); I don't even know where to get it."*

Treatment providers most often reported the current availability of ecstasy and of molly as '7,' while law

enforcement most often reported the current availability of both as '3;' the previous most common scores were not reported by treatment providers and '1' for ecstasy and '6' for molly for law enforcement. Treatment providers discussed: *"If I went to a club tonight, I could find [ecstasy/molly]; It is more available on [college] campuses, at parties, festivals and concerts..."* A law enforcement officer stated, *"[We] don't see too much of [ecstasy/molly] anymore."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months, while community professionals reported that availability for both has remained the same. One participant remarked, *"It's very hard to get now."* BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has increased during the past six months.

Ecstasy/Molly	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 ecstasy/molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Reportedly, ecstasy/molly is sometimes adulterated with other substances including heroin and methamphetamine. A participant observed, *"Molly is cut (adulterated) with a little bit of everything ... cocaine, heroin, meth [and] Seroquel®."* Reports of current prices for ecstasy and molly were reported by participants with experience buying the drugs.

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

The most common routes of administration for ecstasy/molly remain oral consumption and snorting. A participant commented, *"You get a faster high by snorting it."* Participants and community professionals continued to describe typical ecstasy/molly users as high school and college students, as well as those who like to party.

Participants reported that the most common route of administration for LSD is oral consumption. Participants estimated that out of 10 LSD users, all 10 would orally consume the drug. In addition, a participant mentioned, *"You can put [liquid LSD] in your eyes, like eye drops."* Participants described typical LSD users as "hippies."

Kratom

Kratom (mitragynine, a psychoactive plant substance) is highly available in the region. Participants and treatment providers 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 scores were '10' and not reported, respectively. One treatment provider shared, *"I am hearing [about kratom] a lot. We actually had a conversation about it in my [treatment] group [recently] ... you can go to any gas station and buy it."* Treatment providers reported that the general availability kratom has increased during the past six months. Participants did not report on a change of availability for kratom.

Participants reported obtaining kratom from smoke shops and through Internet purchase. Participants noted that the most common route of administration for kratom is oral consumption. A participant said the packing for kratom includes instructions on how to make kratom into a tea. Participants and treatment providers described typical kratom users as people in recovery for opiate addiction. One participant clarified, *"Someone who needs help with withdrawal."* A treatment provider reported, *"Someone who is in recovery from opiate addiction [or] who is on probation and doesn't want to go to jail. A lot of drug tests don't have [kratom] on their panel."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly 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), while treatment providers most often reported it as '8'; the previous most common scores were not reported. One participant remarked, *"[Neurontin®] is awesomely available."* Treatment providers shared: *"Patients who are prescribed it, are prescribed high doses, so they have a lot on hand to share;*

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 OTCs (over-the-counter medications, i.e. dextromethorphan [DXM], cough medicine). In addition, BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has slightly increased during the past six months, although it remains low.

Hallucinogens

Hallucinogens are highly available in the region. Participants most often reported the current availability of LSD as '9-10' on a scale of '0 (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One participant stated, *"Doing meth and 'acid' (LSD) go hand and hand."* Participants reported that the availability of LSD has remained the same during the past six months. Community professionals did not report on hallucinogens. BCI crime labs reported that the incidence of LSD cases they process from this region has increased during the past six months.

Participants most often rated the current overall quality of LSD as '7' on a scale of '0 (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Overall, participants indicated that the quality of LSD has decreased during the past six months. A participant stated, *"[The high, aka 'trip'] doesn't last as long [as previously]."* Reportedly, a single dose (aka "a hit") of LSD typically sells for \$5-10. Overall, participants reported that the price of LSD has remained the same during the past six months.

I think it is being used instead of prescription opiates for pain.” A law enforcement officer noted, “[Neurontin®] is used with opiates, often mixed in fentanyl and heroin.” Participants and community professionals reported that the availability of Neurontin® has remained the same during the past six months.

Participants reported obtaining Neurontin® for illicit use from doctors, drug dealers and people with prescriptions for the drug. Reportedly, Neurontin® 800 mg most often sells for \$1. The most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug.

Participants and community professionals described typical illicit Neurontin® users as opiate users who most often use the drug to alleviate withdrawal symptoms. One participant shared, *“Someone offered it to me because they could tell I was sick (experiencing withdrawal symptoms).”* A treatment provider added, *“People who used to use heroin but don’t use it anymore, use [Neurontin® illicitly] to try and get the high effect ... [they] do not want to go back to heroin.”*

OTCs

Dextromethorphan (DXM, i.e. Robitussin®) is moderately available for illicit use in the region. Community professionals most often reported the current availability of DXM for illicit use as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were not reported. Treatment providers described typical illicit Robitussin® users as adolescents. Law enforcement described typical illicit OTC users generally as someone with a drug addiction regardless of drug of choice. An officer commented, *“OTCs are a fill in (substitution for other drugs when other drugs are unavailable).”*

Conclusion

Crack cocaine, fentanyl, marijuana and methamphetamine remain highly available in the Cincinnati region; also, highly available are hallucinogens, kratom (mitragynine), Neurontin® (gabapentin) and powdered cocaine. Changes in availability during the past

six months include: increased availability for marijuana and methamphetamine; and decreased availability of prescription opioids.

Heroin is moderately to highly available in the region. Participants reported that the availability of heroin has remained the same during the past six months, while community professionals reported that availability has decreased. A treatment provider clarified, *“Less available without fentanyl and more available with fentanyl.”* A law enforcement officer stated, *“[Heroin] has gotten harder to get because fentanyl replaced it.”* However, BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months. Participants emphasized that the current quality of heroin is extremely poor, thus fentanyl is added to boost heroin’s potency.

Participants and community professionals reported high current availability of fentanyl. Participants stated: *“[Dealers are] cooking (adulterating) everything with fentanyl; It is easier to get fentanyl than marijuana.”* Corroborating data indicated that fentanyl is highly available in the region. Hamilton County Coroner’s Office reported that 82.2% of the 208 drug-related deaths it recorded this reporting period involved fentanyl and fentanyl analogues; Scioto County Coroner’s Office reported that 85.5% of the 55 drug-related deaths it recorded involved fentanyl and fentanyl analogues.

There was no consensus as to a change in fentanyl availability during the past six months. Half of participants reported that the availability of fentanyl has remained the same, while half reported it has increased. Participants reporting increased availability cited an increase in drugs adulterated with fentanyl. Some treatment providers and law enforcement officers reported that the general availability of fentanyl has been up and down during the past six months, while others reported that it has remained the same. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months.

Corroborating data indicated that marijuana is highly available. ODPS reported seizing 514.6 kilograms (1,134.5 lbs.) of marijuana from this region during the past six months. Community professionals reported that the availability of marijuana extracts and concentrates (aka “dabs”) has increased during the past six months. They

attributed increased availability to increased demand for oils and dabs as vaping has become more popular due to users being able to avoid detection of cannabis use by vaping which does not emit the strong smell of smoking marijuana. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

Participants and treatment providers reported that the availability of crystal methamphetamine has increased during the past six months. Both groups of respondents discussed opiate users switching to methamphetamine to avoid experiencing withdrawal symptoms. Thus, participants and community professionals attributed increased availability of methamphetamine to increased demand for the drug and more drug dealers capitalizing on this demand. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Participants discussed variability in the current overall quality of methamphetamine. Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported fentanyl as a cutting agent for the drug. Participants and community professionals continued to describe typical methamphetamine users as white people of lower socio-economic status living in rural areas, as well as long-time drug users.

Lastly, Neurontin® is highly available for illicit use in the region. One participant remarked, “[Neurontin®] is *awesomely available*.” Participants and community professionals described typical illicit Neurontin® users as opiate users who most often use the drug to alleviate withdrawal symptoms.

