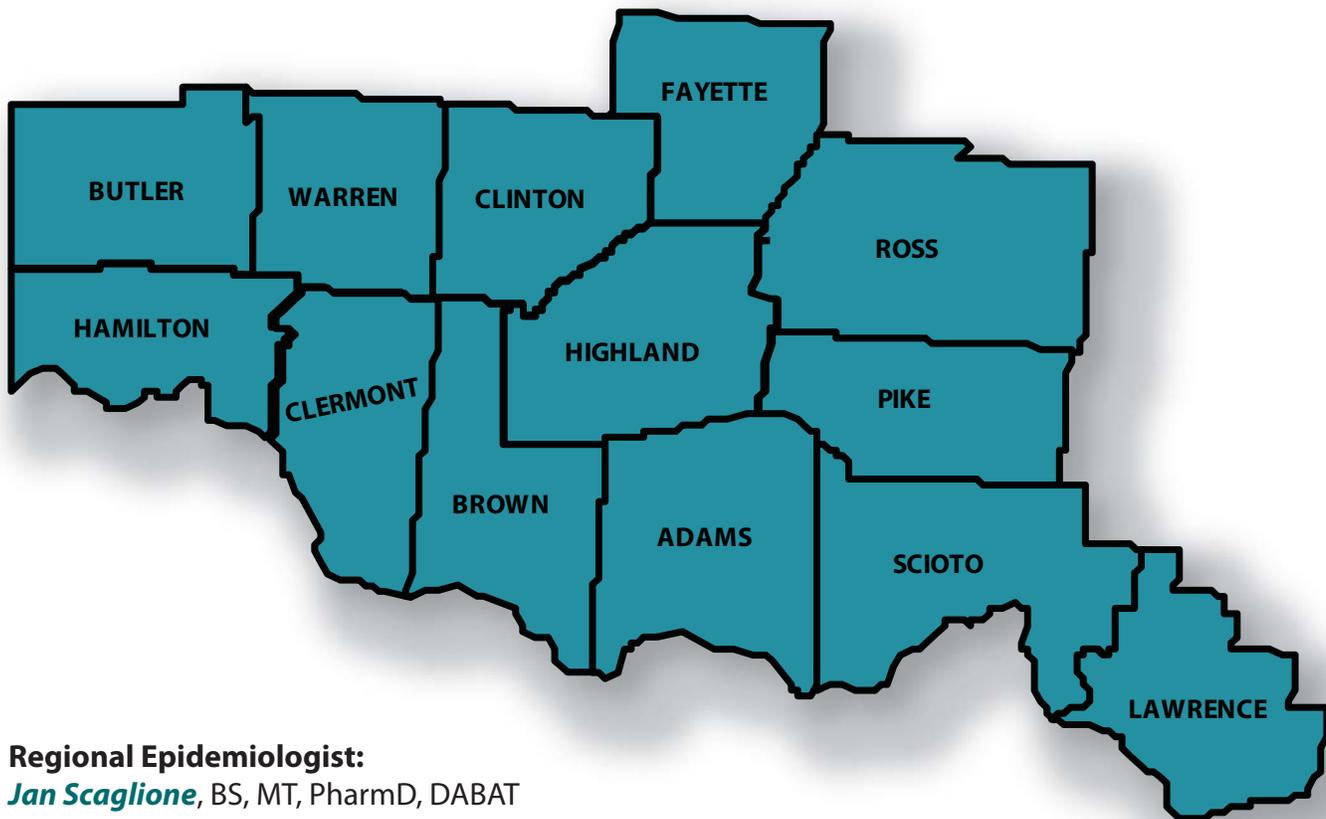


Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cincinnati Region

January-June 2011

John R. Kasich, Governor
Orman Hall, Director



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October 3, 2011

Dear Reader,

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is pleased to present its latest Ohio Substance Abuse Monitoring Network (OSAM) *Surveillance of Drug Abuse Trends in the State of Ohio* report covering the period January 1 - June 30, 2011. As you will see, this detailed document is full of qualitative data and first-hand accounts that accurately depict the drug abuse landscape in all regions of the state.

OSAM is a collaborative effort funded by ODADAS in association with stakeholders in the substance abuse and law enforcement community throughout Ohio. The primary mission of OSAM is to provide a dynamic picture every six months of substance abuse trends and newly emerging problems within Ohio's communities. The OSAM Network provides substance abuse professionals and policy makers with the information necessary to plan for alcohol and drug addiction prevention, treatment and recovery services, and to respond to previously unrecognized drug and alcohol problems among underserved populations.

Highlights of the June 2011 report include findings that opiates (prescription painkillers and heroin), cocaine and crack cocaine remain highly available in all regions. Evidence continues to show a progression from prescription opioid abuse to heroin abuse, earning the latter the reputation of being "one of the most available street drugs." In fact, OSAM researchers noted that many entrepreneurial dealers are now peddling prescription opiates in an effort to "cash in" on this increased demand.

For the first time OSAM tracked bath salts -- synthetic compounds that produce a high similar to a stimulant or hallucinogenic drug sold under labels such as *Cloud 9*, *Dove*, *Ivory Wave* and *Vanilla Sky* -- characterizing the substances as "highly available in all regions."

The report also examines patterns of abuse with Suboxone, an FDA-approved medication that has been proven to be effective in treating opioid addiction. Research has shown that most opiate-addicted clients relapse without a comprehensive treatment plan that includes medication-assisted treatment (MAT) and counseling. When appropriately used, Suboxone does not produce euphoria.

For opiate naïve individuals (those individuals who are not using heroin or prescription opiates), Suboxone has a potential for abuse when illegally diverted to the streets. ODADAS is committed to educating treatment providers and prescribers on the value of MAT and the importance of following established policies and practices designed to safeguard supplies and ensure successful outcomes for Ohioans with addiction.

I hope you find this report an informative and valuable tool as we continue to work together to promote health, safety and economic opportunity for all Ohioans.

Sincerely,

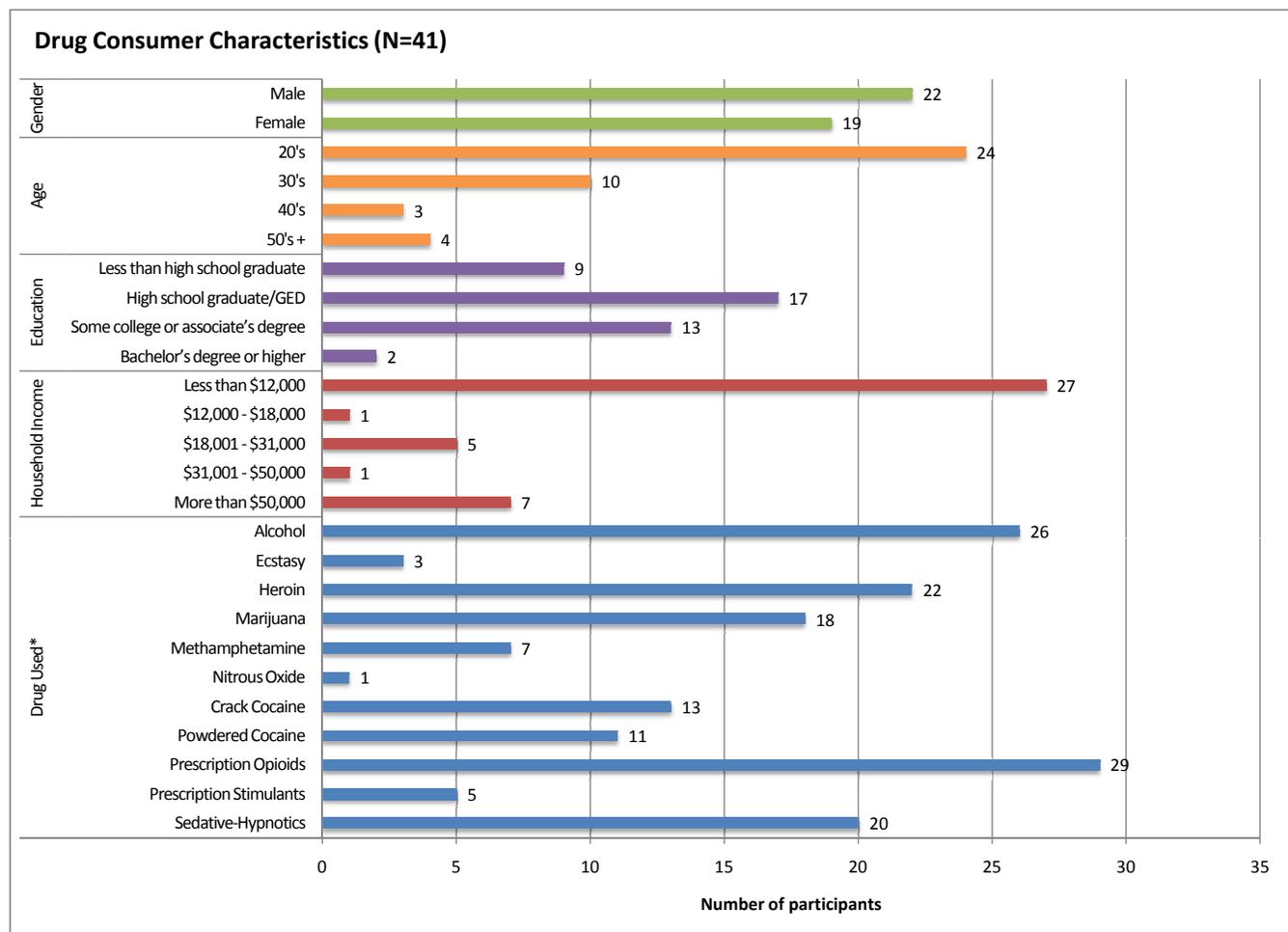
Orman Hall, Director

Regional Profile

Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,542,645	2,053,493	41
Gender (Female), 2009	51.2%	51.1%	46.3%
Whites, 2009	82.2%	83.2%	73.2%
African Americans, 2009	11.9%	12.6%	22.0%
Hispanic or Latino Origin, 2009	2.8%	2.0%	0.0%
High school graduates, 2008	83.0%	90.9%	78.0%
Median household income, 2009	\$45,467	\$41,672	Less than \$12,000 ²
Persons below poverty, 2009	15.1%	13.8%	53.70%

Ohio and Cincinnati statistics are derived from the U.S. Census Bureau¹.

Respondents reported income by selecting a category that best represented their household's approximate income for 2009².



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

Data Sources

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton and Lawrence Counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Hamilton County Crime Lab and Bureau of Criminal Identification and Investigation (BCI) London Office, which serves Central and Southern Ohio. All secondary data are summary data of cases processed from July to December 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants. In addition to the aforementioned data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2011.

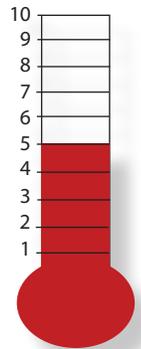
Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). The most common participant quality score for powdered cocaine was '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Many participants reported the use of powdered cocaine to "rock up" (manufacture) crack cocaine in order to ensure a better idea of the quality of the drug they smoked. According to BCI London crime lab, levamisole (livestock dewormer) was the cutting agent in 90 percent of powdered cocaine cases. The price of powdered cocaine reportedly depended heavily on the connection the user had with the dealer. Participants reported a gram of powdered cocaine ranged in price from \$25–\$40 if dealer was known and \$60–\$100 if dealer was unknown. Reportedly, the most common route of administration for this form of cocaine was intranasal inhalation (snorting). The typical user of powdered cocaine was described by many participants as a White, middle to upper class, working, professional male in his 20's–30's. Law enforcement stated that more White females between 18–30 years of age were using more powdered cocaine than in the past. Participants reported that powdered cocaine was often injected concurrently with heroin (a.k.a., "speedball").

Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability 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 '10'. Participants reported powdered cocaine availability as highly variable across Cincinnati. Both law enforcement and treatment providers most often reported the drug's current availability as '6'. A treatment provider reported, *"The availability [of powdered cocaine] is there. The interest is not there, unless you're talking about folks that are a little bit older, then there's interest."* Law enforcement cited increased drug seizure at the border between Mexico and the U.S. as a reason for lower availability. *WLWT News 5 Cincinnati* reported on several powdered cocaine busts by law enforcement over this current reporting period. In the City of Hamilton, police and federal agents seized two kilograms of powdered cocaine along with 700 grams of crack cocaine, believed to have come from Mexico (www.wlwt.com, March 17, 2011). Cincinnati police reported the arrest of a local man on federal charges of cocaine possession with the intent to distribute 55 pounds of powdered cocaine with an estimated street value of \$2.5 million. The police investigation revealed that the man traveled twice monthly over the past year to Chicago to obtain cocaine to distribute in Cincinnati. This cocaine seizure, *"will significantly impact the local supply of cocaine"* (www.wlwt.com, Feb. 24, 2011). Participants and treatment providers alike reported that the availability of powdered cocaine has remained stable over the past six months. A participant stated, *"Yeah, it [availability of powdered cocaine] hasn't changed much."* A treatment provider reported, *"It's [powdered cocaine] been harder to find for some people, some people it's not hard to find, depends on who you know, where you live."* Hamilton County Crime Lab reported that the number of powdered cocaine cases it processes has remained stable over the past six months.



Most participants rated the quality of powdered cocaine as '2' or '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality), the previous most common score was '5'. The quality of powdered cocaine was reported as so poor that one participant asked, *"Can we do negatives [assign negative quality ratings]"?* Participants reported that the quality of powdered cocaine has slightly decreased over the past six months. Participants described the quality of powdered cocaine in many ways: *"It's all crap; it's gone down. It keeps goin' down; it's terrible."* Hamilton County Crime Lab continues to

cite levamisole (livestock dewormer) as commonly used to cut (adulterate) powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were “powder” and “ya-yo.” Participants listed the following as other common street names: “fish scale,” “girl,” “soft,” “white girl” and “ya.” Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for \$35–\$100, depending on the quality and connection to the dealer; 1/16 ounce, or “teener,” sells for \$75–\$110; 1/8 ounce, or “eight ball,” sells for \$150–\$200; an ounce sells for \$1,000–\$1,200. Participants reported that the most common way to use powdered cocaine remains intranasal inhalation (snorting). Out of 100 powdered cocaine users, participants reported that approximately 60–90 would snort it, 25–75 would “rock it up” and smoke it, and 10–50 would intravenously inject it. Injection of powdered cocaine was reported among those participants that inject drugs in general only, and is not viewed as a primary route of administration of powdered cocaine. Route of administration of powdered cocaine is closely tied to experience. First time users are more likely to snort powdered cocaine, and then progress to smoking or injecting as use continues or increases. A participant described the variability in route as dependent on where a person is at the time of drug administration in this way: “[Route] depends on where you’re at, what area you’re in, the location. Well, if you’re at the bar, you’re snorting it [powdered cocaine].”

A profile for a typical powdered cocaine user did not emerge from the data. Treatment professionals described typical users of powdered cocaine as those with the means to afford it: “It’s the money, I don’t know if education or whatever, you know what I mean, or employment makes a difference. It’s those with access to money that use powder [cocaine].” A participant, backed up by the group, described a specific demographic of those that inject powdered cocaine: “I think just to be real about it ... I think more White people shoot it [inject powdered cocaine].”

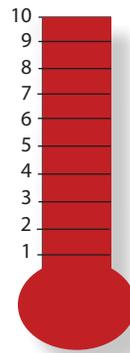
Reportedly, powdered cocaine is used in combination with alcohol, heroin (a.k.a., “speedballing” when injected together), marijuana and sedative-hypnotics. A participant reported, “It’s extremely common to use alcohol with cocaine. It’s mandatory ... It’s like the law ... like breathing, you got to come down.” Both alcohol and powdered cocaine were viewed by participants as substances used in social settings.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Universally, community professionals and participants reported crack cocaine availability as steady, with relatively little change during the past six months. Participant quality scores of crack cocaine varied from ‘1’ to ‘5,’ with the most common score being ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). According to BCI London crime lab, levamisole (livestock dewormer) was used as a cutting agent for crack cocaine. Participants reported a gram of crack cocaine ranged in price from \$50 to \$100. Many participants also reported that they can easily purchase crack cocaine by the “rock” for \$2–\$10. By far, the most common route of administration for this form of cocaine was smoking. Participants and treatment professionals could not agree on a typical crack cocaine user profile.

Current Trends



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.’ Treatment providers reported the drug’s current availability as ‘10,’ and they commonly said availability was, “Off the charts, it’s always off the charts ... [because it costs] less money for the drug [than for other street drugs].” Overall, participants reported that the availability of crack cocaine has remained stable over the past six months. In some of the more rural counties in the region (Ross County), availability of crack cocaine increased significantly from the previous six months. Media from the region reported on several drug arrests related to crack cocaine. In March, Hamilton County police found 260 grams of crack cocaine along with marijuana and other drug paraphernalia when they were serving an arrest warrant (www.wlwt.com; March 30, 2011). Law enforcement reported that availability of crack cocaine has decreased slightly over the past six months. Hamilton County Crime Lab reported that the number of crack cocaine cases it processes has remained stable over the past six months.

Most participants rated the quality of crack cocaine as either a '2' or '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported getting 'fleeced' or sold counterfeit crack cocaine that were subsequently identified to consist of the following substances: baking soda, candle wax, drywall, Orajel® mixed with flour, peanuts, rock salt and soap. Participants reported that the quality of crack cocaine has varied from stable to slightly decreased over the past six months: *"Ya gotta re-cook it [crack cocaine]; I used to smoke a lot a crack [cocaine] back in the '90s, and it [current quality] ain't even close. It's terrible now, that's why I just stopped."* Hamilton County Crime Lab continues to cite levamisole (livestock dewormer) as commonly used to cut (adulterate) crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock." Participants listed the following as other common street names: "base," "butter," "dope," "fire" and "melt." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that crack cocaine is most often purchased by the 'rock,' ranging from \$5–\$10 per rock. Participants also reported a gram of crack cocaine sells for \$40–60, depending on the connection with the dealer or race of the buyer. As one participant explained, *"The price also changes depending on your race ... If it's a Black dealer, and you're a White purchaser, you're gonna pay more."* Law enforcement reported that an ounce of crack cocaine sells for \$700–\$900.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration continues to be smoking through the use of a pipe. Most participants that used crack cocaine reported re-cooking (reprocessing) crack cocaine before use in order to remove impurities: *"Yeah, cause you cook it up, and it takes out all the other stuff, so it just leaves it more pure."* Out of 100 crack cocaine consumers, participants reported that approximately 90 would smoke it, and 10 would break it down with lemon juice or vinegar to intravenously inject or "shoot it." Similar to powdered cocaine, injectors of crack cocaine are typically injectors of other drugs. A participant explained, *"Smokers do not shoot [inject] crack [cocaine]."* The only reports of snorting crack cocaine came from participants who talked about individuals in jail who have no access to a pipe: *"I've seen people snort it [crack cocaine]. It will come down to a powder ... that's in the jail ... they don't have a pipe."*

A profile of a typical user of crack cocaine did not emerge from the data. Participants described first-time users of crack cocaine as getting younger; in rural counties of the region,

participants explained, *"The kids are starting [crack cocaine use] young ... [at] 13 years."* In the Cincinnati area, participants also reported that first-time users of crack cocaine are often in the 12 – 13 year-old age range. Treatment providers described crack cocaine as a social drug among younger users, appealing to this population because of its low cost.

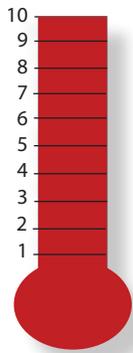
Reportedly, crack cocaine is commonly used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Participants said many of these other drugs help to "come down" from the high of crack cocaine. Several participants reported, *"Most people that I know that smoke crack [cocaine], [also] drink [alcohol]."*

Heroin

Historical Summary

In the previous reporting period, heroin was moderately available in the region. Participants most often reported the availability of brown and white powdered heroin as '8' and black tar heroin as '4' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Much of the heroin trafficked in the Cincinnati region was reportedly coming south from the Dayton region according to law enforcement. More heroin was said to be available in rural and suburban areas of the region than in the urban core of the city. Many dealers reportedly had switched from selling crack and powdered cocaine to selling heroin. BCI London crime lab reported an increase over the previous six months in the processing of powdered and black tar heroin cases. The most common participant quality score for heroin was '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Heroin available in the region was "very pure" according to the BCI London crime lab, but benzocaine (local anesthetic) and metamizole (analgesic and antipyretic) were occasionally used as a cutting agents. Participants reported that a gram of powdered heroin ranged in price from \$100 – \$200, depending on quality and connection to the dealer. Bags containing 1/10 gram of brown or white powdered typically sold for \$20. The most common route of administration for heroin was intravenous injection. Typical consumers of heroin were reportedly divided between two camps: younger predominantly White users and older Black users. The overall use of heroin was reported as increasing, and new users were more likely to be younger, White and often female. The switch to heroin from prescription opioid use was noted by community professionals as a growing problem. Participants reported the co-injection, or successive use, of cocaine with heroin ("speedball") as a common practice among heroin users.

Current Trends



Heroin remains highly available in the region. Participants most often reported overall heroin availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin were described in the region, participants and law enforcement continued to report Mexican brown powdered heroin as most available. A participant stated, *"Where I live the brown [powdered heroin] is a '10' [availability rating]."* Participants reported that the availability of brown and white powdered heroin has increased over the past six months,

most often reporting the availability of powdered heroin as '10'; the previous most common score was '8'. Reportedly, the availability of heroin, regardless of type, has increased over the past six months. Participants stated, *"It's an [heroin] epidemic, in suburbia ... city ... everywhere; All of it [types of heroin use] has gone up."* A law enforcement officer reported, *"Supply [of heroin] is up 1, 100 percent. It's hard keeping up with it."* Treatment providers also reported heroin's overall current availability as '10'. A treatment provider stated, *"Depending on the neighborhood ... it's [heroin availability] up there."* Law enforcement described an elaborate system for distribution where dealers are anonymous and names aren't used at any level of the trafficking process. Hamilton County Crime Lab reported that the number of heroin cases it processes has remained stable over the past six months.

Participants from rural areas in the region reported the availability of black tar heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, *"Like where I'm from [Lawrence County], tar [black tar heroin] is pretty easy to get."* In addition, media outlets reported on various drug busts on rural highways throughout the state and region. In April, ABC 6 News Columbus reported that a drug-detecting K-9 unit helped police officers bust four persons for possession of heroin after receiving a tip that individuals in Chillicothe (Ross County) were traveling to Columbus to buy heroin (www.abc6onyourside.com, April 6, 2011). Discussing the difference between brown powdered heroin and black tar heroin, a participant stated, *"Both are real good, but I think tar is best."* Overall, participants reported that availability of black tar heroin has increased over the past six months while also citing it as the predominant heroin type available in rural Lawrence and Jackson Counties.

Most participants generally rated the quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high

quality); the previous most common score was '6'. Participants reported that powdered heroin in the Cincinnati region is cut (adulterated) with cocaine. In addition, participants reported that there has been heroin cut with fentanyl in the past six months, with several reports of friends dying as a result. A participant reported, *"Lost four friends to fentanyl; fentanyl's some powerful stuff."* The Coroner's office in Cincinnati has seen a higher number of heroin-related deaths, but none were found with evidence of fentanyl. It is suspected that the heroin supply may have increased in potency, leading to more dire consequences to the user. Over the past six months, participants reported that the quality of heroin has stayed the same. Hamilton County Crime Lab reported diphenhydramine (antihistamine) as commonly used to cut heroin.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants listed the following as other common street names: "dog," "dope," "H," "pup," "puppy" and "smack." Participants reported that Mexican brown powdered heroin is available in different quantities: filled capsules sell for \$10–\$15 per capsule; baggies labeled with "TNT" or "WMD" containing 1/10 gram sell for \$10–\$15 in rural areas and \$20 in the City of Cincinnati; a gram sells for \$70 – \$130; an ounce sells for \$2,200–\$3,500, depending on quality; a kilo sells for \$45,000. Participants reported that black tar heroin is available in different quantities: a gram of black tar heroin sells for \$100–\$150; 1/4 ounce sells for \$450–\$550. Overall, participants reported that heroin pricing has decreased in the past six months as supply has increased over the same time frame.

Route of administration of heroin is closely tied to a user's experience with the drug. Participants reported that the most common way to use heroin continues to be intravenous injection. A participant stated, *"Shooting [heroin] is no doubt."* Out of 100 heroin users, participants reported that approximately 70–95 would intravenously inject it or "shoot it," 10 would snort it and another 5–10 would smoke it. If an individual was a first time user of powdered heroin, they would be more likely to snort heroin versus injecting it; thus, out of 100 new heroin users, 50–70 would reportedly use this route of administration. Black tar heroin is more likely to be injected than any other route of administration. However, there were several participants that described injecting heroin with first time use of the drug. When asked if they injected other drugs prior to injecting heroin, they answered in the negative. A participant stated, *"The first time I used it [heroin], I injected it ... it was black tar, and you can't snort black tar ... that was why I injected it."* Participants described getting needles primarily through one of two sources, neither of which involved getting them through a pharmacy.

Participants stated they obtained needles from people with diabetes that get them legitimately, and they also take them from healthcare facilities. A participant reported, *"You hug up to a diabetic to get needles ... diabetics sell needles ... can't get from the pharmacies anymore [for past year] ... they require a prescription."* Several participants had been employed in healthcare settings and had ready access to needles at work. Participants were asked whether or not they share needles with others if clean ones are not available, and responded, *"Cause like I said, you'll never go back to snorting it [heroin], so you'll do whatever for a needle ... well, maybe not, whatever,"* The reuse of needles was cited by participants as frequently done when a clean needle isn't available. A participant stated, *"Using dirty needles is getting bad,"* indicating that it was a commonplace occurrence and one that caused concern for safety.

A profile of a typical user of heroin emerged from the data. Participants continued to describe typical users of heroin as more likely to be male and White. A participant reported, *"I know when I was usin' [heroin] there was more dudes doing it."* Treatment providers described heroin use as being viewed as, *"glamorous, sexy, used by athletes, in the art scene, Hollywood celebrities, musicians, writers,"* and individuals are often, *"turned on [to heroin] by another person in a relationship setting."*

Reportedly, heroin is commonly used in combination with crack or powdered cocaine (a.k.a., "speedballs" when shot together), prescription opioids and sedative-hypnotics. Participants described concurrent use of methamphetamine with heroin; however, heroin use with methamphetamine was identified as more commonly practiced in rural areas of the region versus the City of Cincinnati. A participant stated, *"Best speedball in the world [combination of heroin and methamphetamine]."*

Prescription Opioids Historical Summary

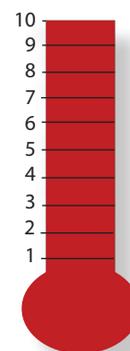
In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported street availability of these drugs in the range of '8' to '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants described some prescription opioids as more readily available than others. They reported methadone and Ultram® high in availability. Reportedly, OxyContin® OC was less available as it had been replaced by the less desirable OxyContin® OP, a new formulation of OxyContin® which rendered the drug difficult to abuse. Law enforcement

expressed concern of potential increase in heroin use if the new formulation of OxyContin® was determined too difficult to abuse. Media reports confirmed the widespread availability of prescription opioids over the previous six months. Eight "pill mills" in Scioto County were alleged to prescribe opioids to anyone who could pay; many believed these clinics fueled the prescription opioid epidemic in the region. While it was possible to gain access to prescription opioids through street level drug dealers in the region, reportedly, it was more common for users to get these opioids from people that had prescriptions for them. The most common routes of administration of prescription opioids were swallowing and intranasal inhalation (crushing and snorting of the powdered content). Overwhelmingly, both participants and professionals described the abuse of prescription opioids as beginning with legitimate use for pain conditions. The first time user was reportedly younger than the first time user of other drugs, beginning as early as 13 years of age.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of prescription opioids 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 in the range of '8' to '10'. Participants identified Lortab®, OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. A participant reported, *"You can get Vicodin® anywhere."* In addition, media outlets reported on various drug busts involving prescription opioids in the region over the past six months. In March, *The Oxford Press* reported that the Butler County Sheriff arrested three Harrison residents for operating an elaborate illegal prescription opioid scheme throughout Southwest Ohio. The trio allegedly used hundreds of aliases and fraudulent prescriptions to obtain thousands of doses of prescription opioids (mostly oxycodone) from multiple pharmacies across the region (www.oxfordpress.com; March 30, 2011). In April, *NBC 4 News* reported that a Pike County traffic stop turned up 198 oxycodone pills with an estimated street value of \$6,000 (www.nbc4i.com; April 21, 2011).

Participants identified Opana® as the prescription opioid whose popularity has risen the most in the past six months in terms of availability and use. A participant reported, *"For me it's [Opana® availability] a '10' ... Wow."* Oxymorphone (i.e.,



Opana[®]), an active metabolite of oxycodone, is a more potent narcotic, and has been increasing in both desirability and availability after the reformulation to a deterrent-enhanced OxyContin[®]. Treatment providers and law enforcement also reported an increase in availability and use of Opana[®]. Participants and law enforcement both reported that the change in formulation of OxyContin[®] has changed abuse patterns for users. OxyContin[®] was reformulated to reduce abuse by addition of deterrents in the fall of 2010, making it more difficult for the drug to be snorted or crushed and injected by users. Participants reported, *"They're [OxyContin[®]] OP's now ... you can still get it, but people just don't want it anymore; Demands gone down ... it [OxyContin[®] OP] gels up [when crushed]."* The success of the deterrents in the new formulation has led users away from OxyContin[®] to the prescription opioids Opana[®] and oxycodone ("perc 30"), along with heroin. Law enforcement described that the new formulation of OxyContin[®] as, *"hard to get rid of [sell] ... prices down"* at the street level. Prices for OxyContin[®] dropped as a result of lower desirability of the reformulated product. Participants reported that the availability of prescription opioids has remained stable at high levels over the past six months. Treatment providers and law enforcement reported that availability of prescription opioids has either remained stable or slightly increased over the past six months. Participants described that the diversion of the 40 mg wafers of methadone from treatment centers has increased over the past six months. BCI London crime lab reported that the number of prescription opioid cases it processes has remained stable over the past six months; however, noted increases in the number of lab processed cases existed for Dilaudid[®], Opana[®] and Percocet[®].

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to the street-level user (Note: When reported, current street names are indicated in parentheses): Dilaudid[®] (2 mg sells for \$4; 4 mg sells for \$7–\$10; 8 mg sells for \$10–\$20), methadone (a.k.a., "done," "dose," "doughnut," "liquid" and "met;" 5 mg tablet sells for \$5; 10 mg tablet sells for \$7–\$12; liquid sells for \$0.50–\$1 per milligram; 40 mg wafers sell for \$20–\$40), Opana[®] (20 mg sells for \$15–\$30; 40 mg sells for \$35–\$60), oxycodone (Roxicodone[®], a.k.a., "oxy IR" and "roxi's;" 15 mg, a.k.a., "15's;" sells for \$7–\$15; 30 mg, a.k.a., "30's" and "perc 30's;" sells for \$15–\$30), OxyContin[®] (a.k.a., "big dogs" and "oxy's," and by milligram strength, "80's" and "60's"), OxyContin[®] OC (*old* formulation, a.k.a., "OC's" and "Old Coins;" 80 mg sells for \$50–\$75), OxyContin[®] OP (*new* formulation, 40 mg sells for \$15–\$20; 60 mg sells for \$30; 80 mg sells for \$20–\$40), Percocet[®] (a.k.a., "5's," "10's," "perc's" and "sets;" 5 mg sells for \$3–\$5; 7.5 mg sells for \$5–\$8; 10 mg sells for \$7–\$10), Vicodin[®] (a.k.a.,

"vikes;" 5 mg sells for \$1–\$3, 7.5 mg sells for \$3–\$5; 10 mg sells for \$5–\$8).

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them through legitimate prescriptions written by their physicians, through hospital emergency rooms or pain clinics. Participants reported, *"I can go to the emergency room and get Vicodin[®] right now; Pain clinics will give you a drug screen first thing ... make sure you have the pain pill in your system ... give you a prescription for more pills for \$120–\$240 ... will also get a benzo [benzodiazepine] and muscle relaxer ... can only go to certain pharmacies to fill ... it's trial and error ... some won't fill the prescription."* Participants continued to describe getting prescription opioids from pain clinics in the region, as well as from Florida pain clinics in particular. A participant reported, *"A lot of people go to Florida with MRIs to get pain pills ... cost \$250 for the MRI, gotta get ahead of time ... doctor gets cash."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration remains oral ingestion (swallowing). Specific prescription opioids reportedly administered by injection include Dilaudid[®], immediate release oxycodone ("oxy IR" or Roxicodone[®]). Immediate release prescription opioids are more likely to be snorted if they are single entity products. A participant reported, *"Snorting all the ones [prescription opioids] that you can except for Vicodin[®]."*

A profile of a typical user of prescription opioids emerged from the data. Participants continued to describe typical users of prescription opioids as more likely to be White than other race/ethnicities. A participant reported, *"I'd say it's [prescription opioid user] more White than other races."* Treatment providers reported that users of prescription opioids are more likely to be White and female. Participants described first-time users to be as young as 11–12 years of age, and more likely to obtain prescription opioids from medicine cabinets in their home or the homes of relatives or friends: *"Kids raiding their grandparent's medicine cabinet [for prescription opioids] ... oh, yeah."* Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics.

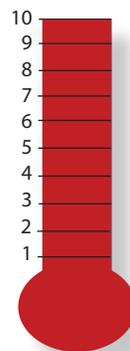
Suboxone[®] Historical Summary

In the previous reporting period, Suboxone[®] was moderately available in the region. Participants most often reported

street availability of Suboxone® as '7' or '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants reported the availability of Suboxone® as higher than in the past. Participants and community professionals alike attributed the increase in street availability to increased use by physicians and clinics, prescribing or dispensing Suboxone® for legitimate purposes. Participants stated that initial use often resulted from legitimate prescribing, but then they would obtain Suboxone® from friends, other users or street dealers. Participants reported prices for Suboxone® 8 mg to range from \$7–\$20, with the most frequently reported price being \$10–\$15. Most participants reported the use of street-purchased Suboxone® to be for primary prevention of withdrawal from prescription opioids or heroin. Participants reported both sublingual and intranasal inhalation (i.e., snorting) as primary routes of Suboxone® administration. When Suboxone® was used for abuse purposes, consumers were less likely to use it in combination with other drugs.

Current Trends

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7' or '8'. Participants and community professionals reported that the availability of Suboxone® has increased over the past six months. Law enforcement described Suboxone® as an emergent problem in jails. Reportedly, Suboxone® is being shipped to the incarcerated under stamps or children's crayon drawings (crushed, mixed into a paste and covered by the stamps/drawings) so much so that some jails now only accept metered post cards. BCI London crime lab reported a decrease in the number of Suboxone® cases it processed over the past six months.



Current street jargon includes several names for Suboxone® including "oranges" and "stop signs." Participants reported that Suboxone® 2 mg sells for \$5 and Suboxone® 8 mg sells for \$8–\$25. Subutex®, containing just buprenorphine, sells for \$10 for 2mg and \$15–\$20 for 8 mg. Most often participants continued to report taking Suboxone® by either sublingual or intranasal inhalation (snorting). A participant stated, "For a buzz ... can snort Suboxone®, as long as you don't have other opiates in the system." There were also a few reports of use of the Suboxone® film this reporting period. Participants reported sublingual film use, with a few reports

of intravenous use, although a participant stated, "You can't shoot em [Suboxone®]. If you shoot em, it's gonna make you sick as hell."

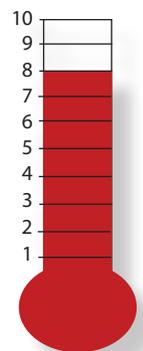
In addition to obtaining Suboxone® on the street from dealers, participants also reported getting Suboxone® from pain clinics, specific Suboxone® clinics and physicians trained to prescribe the drug. If street dealers have Suboxone®, they are more likely to be primary heroin dealers according to participants. A profile for a typical Suboxone® user did not emerge from the data. Community professionals were not aware of Suboxone® users other than those who use it as a result of drug treatment. Participants did not name other drugs as being used in combination with Suboxone®.

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (i.e., benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants reported that availability of Klonopin®, Valium® and Xanax® were '8'; Ativan® and Soma® were '5' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). BCI London crime lab reported that the number of sedative-hypnotic cases it processed remained stable. Participants reported a few ways of consuming sedative-hypnotics, with the most common routes of administration being oral consumption and intranasal inhalation (snorting). No profile of a typical user emerged from the data; however, participants reported first time users of sedative-hypnotics to be as young as 12 to 13 years of age, which was attributed to widespread availability of sedative-hypnotics in the home of parents and other family members.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. Participants and law enforcement most often reported current availability of Xanax® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common participant score was also '8'. Treatment providers rated the drug's current availability as a '10'. Participants, law enforcement and treatment providers reported that the



availability of sedative-hypnotics has remained stable over the past six months. BCI London crime lab reported that the number of sedative-hypnotic cases it processes have remained stable over the past six months; however, a noted increase in sedative-hypnotics occurred for Xanax®.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to the street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (a.k.a., "K's," "k-cuts" and "k-pins;" 0.5 sells for \$1, 1 mg sells for \$2–\$3, 2 mg sells for \$3–\$4), Valium® (a.k.a., "blues," "roaches," "V's" and "V-cuts;" 5 mg sells for \$1–\$3, 10 mg sells for \$2–\$5), Xanax® (a.k.a., "bananas," "footballs," "peaches," "purples" and "xani's;" 0.5 mg sells for \$1–\$2, 1 mg sells for \$1–\$3, 2 mg, a.k.a., "bars," "Lincoln logs" and "xani bars;" sells for \$3–\$6). While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain oral ingestion and intranasal inhalation (snorting). A participant explained, "*Eating them [sedative-hypnotics] and snorting them [are more common] ... people do shoot [inject] Xanax® a lot.*" Injection of sedative-hypnotics was only reported among those who injected other drugs.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, the Internet, pain clinics and by robbing pharmacies. A participant reported, "*It's a lot harder to rob pharmacies now ... People go to West Virginia and Ashland, Kentucky to rob pharmacies now ... They doctor shop ... The further east you go, the more they doctor shop ... all the way out to Jackson County to doctor shop ... I know people who'll drive two hours just to go get a script [prescription].*" Participants also described how they convince doctors to write a prescription for the drugs: "*You just tell them [doctors] that you're anxious ... You just look it up on the Internet like what I'm supposed to be like feeling ... Like I'd go and memorize it [symptoms] before I went to the doctor.*"

A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants described typical users of sedative-hypnotics as more female than male, but otherwise typical use could not be defined. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, marijuana and prescription opioids. A participant described how taking Xanax® impaired his judgment, "*when I was under the influence of Xanax®, I would take anything ... It didn't really*

matter." Treatment providers described the amnesic effect of sedative-hypnotics in combination with alcohol as desirable among some users: "*They think that if you drink and take a Xanax®, you don't remember anything the next day, so it's the big thing to do in college ...*"

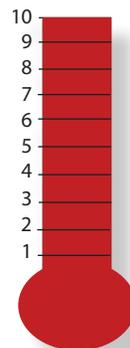
Marijuana

Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants reported that marijuana was one of the easiest drugs to obtain, citing the close proximity to Kentucky, where outdoor grows were common, along with an increase in indoor grow operations in the region. BCI London crime lab reported that the number of marijuana cases it processed remained steady. Participants reported that the quality of marijuana varied with the most common quality score being '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that for commercial-grade marijuana, a "blunt" (single cigar) sold for \$10 and an ounce ranged in price from \$50–\$140; for high-grade marijuana, an ounce ranged in price from \$200–\$600. The most common route of administration for marijuana was smoking. Overall, participants and professionals alike were unable to define any particular group of people that use marijuana more frequently. First time users of marijuana were younger than what participants reported for any other drug use, as young as 8–10 years of age.

Current Trends

Marijuana 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'. A participant echoed a response heard by many others, "*People will come up to you at red lights to sell [marijuana].*" Treatment providers most often reported the drug's current availability as '10', and many said that marijuana availability was "*off the charts.*" Law enforcement reported that over-the-road truckers transport a lot of the marijuana into the region from Mexico by way of Indianapolis, Indiana. Participants and treatment providers reported that the availability of marijuana has remained stable at high levels over the past six months. Law



enforcement described an increase in the number of indoor-grow operations for marijuana: *"It's big ... We have had a huge increase in indoor manufacturing and production of marijuana ... Indoor grows are off the chart ... We think it's tied to the economy because there's people out of work ... They're looking for an income."* Hamilton County Crime Lab reported that the number of marijuana cases it processes has remained stable over the past six months.

Participant quality scores of marijuana varied from '7' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Law enforcement described the quality of marijuana as a '10'. A law enforcement officer stated, *"The quality and purity [of marijuana] is so unbelievable, it's off the chart."*

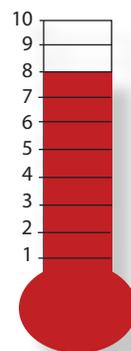
Current street jargon includes countless names for marijuana. The most commonly cited names were "dro," "nuggets," "piff" and "pot." Participants listed the following as other common street names: "brown," "dirt," "downtown brown" and "schwag" for low-grade marijuana; "commercial press," "mids," "middies," "reggie" and "regular" for mid-grade marijuana; "blueberry," "kush," "hydro," "purple haze," "northern lights" and "white rhino" for high-grade or hydroponically-grown marijuana. The price of marijuana depends on the quality desired. Participants reported commercial grade marijuana is the cheapest form: a blunt (single cigar) sells for \$10; a gram sells for \$10; 1/8 ounce sells for \$20–\$25; an ounce sells for \$100–\$150; a pound sells for \$1,000–\$1,100. Higher quality marijuana ("hydro") sells for significantly more: a blunt (single cigar) sells for \$20; a gram sells for \$15–\$25; 1/8 ounce sells for \$50; an ounce sells for \$300–\$450; a pound sells for \$2,500–\$5,000. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants described baking marijuana into brownies, but this was a less common route of administration.

A profile for a typical marijuana user did not emerge from the data. Participants continued to describe typical users of marijuana as, *"anyone and everyone; as young as 9 years up to 70 years."* Treatment providers also commonly said, *"I think it's anybody and everybody; There is no typical marijuana user."* Reportedly, marijuana is used in combination with alcohol, crack cocaine and powdered cocaine. The use of marijuana with crack and powdered cocaine was reported as common, with the term "primo" being used to describe lacing marijuana joints or blunts with cocaine.

Methamphetamine Historical Summary

Methamphetamine was moderately available in rural areas around the region, but rarely found in the City of Cincinnati. Participants most often reported the availability of methamphetamine as '7' in rural areas (Brown and Clermont Counties) and '0' in Cincinnati on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Methamphetamine was available in both powdered and crystal forms that were locally produced. Participants commonly reported the quality of methamphetamine as high, most often rating overall quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A gram of powdered or crystal methamphetamine sold for \$80–\$100. Reportedly, the most common route of administration of methamphetamine was smoking. Participants described the typical user of methamphetamine as a White male, in his 30's–40's, and of lower socioeconomic class.

Current Trends



Methamphetamine is moderately to highly available in the region. Participants most often reported the availability of methamphetamine as '8' in rural areas of the region on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7' in rural areas. Participants continued to report low availability in the City of Cincinnati. Participants reported that methamphetamine continues to be primarily available in powdered or crystal forms and continues to be locally produced and not brought into the region from outside sources. Treatment providers and law enforcement most often reported the drug's current availability as '5'. Law enforcement reported that lab busts and cleanups had increased in the region over the past year. Participants reported that the availability of methamphetamine has increased over the past six months. A participant stated, *"It [methamphetamine availability] had been a '4' or '5'; but now is at '8' [availability rating]."* Treatment providers also reported that the availability of methamphetamine has increased over the past six months: *"There's more demand [for methamphetamine]. It's cheap to make ... seeing a rise ... increase coming into city [Cincinnati] from rural areas."* Hamilton County Crime Lab reported that the number of powdered and crystal methamphetamine cases it processes has remained stable over the past six months.

Most participants rated the quality of powdered or crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Over the past six months, participants reported that the quality of methamphetamine has remained stable to slightly increasing.

Current street jargon includes a few names for methamphetamine. The most commonly cited names continued to be "crank," "crystal," "ice" and "meth." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of locally produced methamphetamine sells for \$60–\$100, with powdered methamphetamine being on the low end of that range and crystal methamphetamine being on the high end of that range. Reportedly, the most common route of administration of methamphetamine remains smoking. Other routes of administration that were cited as less common include intranasal inhalation (snorting) and intravenous injection (shooting). Similar to other injected drugs, methamphetamine was administered through injection by those that used injection as a primary route of administration for other drugs.

A profile for a typical methamphetamine user emerged from the data. Participants described typical users of methamphetamine as White, in their mid-to-late 20's. Reportedly, methamphetamine is used in combination with heroin, (a.k.a., "speedball"). A user said the heroin–methamphetamine speedball was, "the best speedball ever" (as opposed to the heroin–crack cocaine speedball).

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy [methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants reported geographic variation in availability, with citations of high availability within Cincinnati and moderate availability in areas outside of Cincinnati. Ecstasy sold for \$7–\$20 per tablet, with some dealers charging upwards of \$30 for a tablet in the suburbs. Most participants were aware that tablets sold as Ecstasy were often mixed with other drugs and that buyers were not guaranteed a pure product. Participants described the most common routes of administration for Ecstasy to include swallowing the tablets

or inserting them into the rectum. Participants described the typical user of Ecstasy as young, between the ages of 18 to 25 years of age, with first use starting as young as 15 years of age.

Current Trends

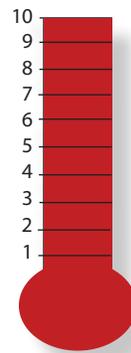
Ecstasy [methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants and treatment providers reported that the availability of Ecstasy has remained stable over the past six months. As one treatment provider explained, "MDMA [Ecstasy] is very easy to get ... college scene, any club, bar scene, gay or lesbian scene." BCI London crime lab reported that the number of Ecstasy cases it processes has remained stable over the past six months. The crime lab also reported that Ecstasy pills usually contain multiple active substances including 5-MeO-DiPT (psychedelic and hallucinogenic drug; a.k.a., foxy methoxy), BZP, MDM, MDMA, P-FPP, TMFPP, caffeine, ketamine and methamphetamine.

No slang terms or common street names were reported for Ecstasy. Participants reported that users most often used the term "Ecstasy" or referred to the picture imprinted on Ecstasy tablets when speaking of the drug. Reportedly, common pictures on Ecstasy tablets are lightning bolts, naked ladies, pistols, Playboy® bunnies, Scooby Doo, Star of David and Transformers. Participants reported a "single stack" (low dose) Ecstasy tablet sells for \$8–\$25; a "double stack" (moderate dose) sells for \$15; a "triple stack" (high dose) sells for \$20–25. A profile for a typical Ecstasy user did not emerge from the data.

Prescription Stimulants

Historical Summary

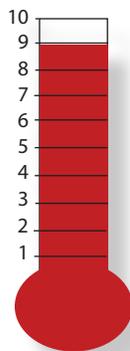
In the previous reporting period, prescription stimulants (Adderall® and Ritalin®) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Prices for prescription stimulants included the following: Adderall® sold for between \$3–\$5 per pill and Ritalin® sold for \$1.50 per



pill. Participants reported that the most common routes of administration were oral ingestion (swallowing) or crushing tablets for intranasal inhalation (snorting). Professionals reported that prescription stimulants were more likely to be used by White or Asian individuals between the ages of 20 years to early 30's, and while both genders use these substances, the typical user was said to be more likely female.

Current Trends

Prescription stimulants (Adderall® and Ritalin®) remain highly available in the region. Participants most often reported the availability of these drugs as '9' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get); the previous most common score was '10'. There was consensus among participants that prescription stimulants are popular among college students: *"You can easily find it [prescription stimulants] on the college campus; Adderall's big, college primarily."* Treatment providers most often reported the current availability of these drugs as '7'. Participants and treatment providers reported that the availability of prescription stimulants has remained stable over the past six months. BCI London crime lab reported that the number of prescription stimulant cases it processes has also remained stable over the past six months.



No slang terms or common street names were reported for prescription stimulants. The following prescription stimulants are available to the street-level users: Adderall® (20 mg sells for \$3–5; 30 mg sells for \$5–\$8). A profile for a typical prescription stimulants user emerged from the data. Participants described typical users of prescription stimulants as more likely to be enrolled on a college campus than anywhere else in the community. Treatment providers agreed and described prescription stimulant users as young adults between 18–26 years of age and again more likely to be enrolled on a college campus.

Other Drugs

Historical Summary

In the previous reporting period, participants and professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: ketamine, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], over-the-counter (OTC) and prescription cough medicines and synthetic marijuana ("K2" and "Spice"). LSD and psilocybin mushrooms were moderately available in the region.

Participants most often reported LSD's availability as '5' and psilocybin mushrooms as '7' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Professionals reported that the typical user of LSD and psilocybin mushrooms was more likely to be White, less than 30 years of age and comprised of both males and females. Ketamine was mentioned as being used in the MSM (men who have sex with men) community by both White and Black males less than 30 years of age. Reportedly, synthetic marijuana was being used by a few participants for recreational use. Participants said synthetic marijuana was growing in popularity among many users. A few participants reported use of prescription cough medicines that contain codeine and OTC cough medicines containing dextromethorphan (DXM) (Robitussin® DM).

Current Trends

Participants and 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. A few participants reported use of drugs such as dextromethorphan (DMX) (Robitussin® DM, Coricidin® HBP cough/cold) among high schoolers as well as inhalant abuse from air dusters in the same population. A treatment provider said, *"Air duster inhalants are very popular with high school students."* Treatment providers also reported abuse of the Coricidin® HBP cough/cold product as college aged young adults reportedly took enough to produce hallucinations. A treatment provider explained, *"I remember people taking Coricidin® 'cause it made them trip, like, I think if you take it with alcohol, it can make you hallucinate."*

Bath salts (synthetic compounds that can produce a high similar to a stimulant or hallucinogenic drug) are highly available in the region. These compounds commonly contain methylone, mephedrone or MDPV. The generic term, bath salts, is in and of itself deceiving because they are not substances meant to be put in a bath, but rather meant to be abused by people looking for a "legal" high. Readily available from drug stores, head shops and some convenience marts, bath salts were legally sold during this reporting period. Several participants and treatment providers said bath salts were highly available in the region. Participants in rural areas cited high bath salts availability in adult stores. Treatment providers described learning recently about the abuse of these products from complications seen in users (difficulty breathing or losing the ability to function "normally"). BCI London crime lab reported that the number of bath salts cases it processes has increased over the past six months. The crime lab also reported most forms of bath salts contain MDPV and methylone, which is a relative of a chemical often found in Ecstasy, MDMA. While these products have been

banned in a number of states in the U.S., they have not been controlled on a federal level at this point. Increasing reports of significant adverse effects, including death, have been reported with abuse of these bath salts. Treatment providers described that individuals on probation found these products attractive since they could be abused for a high and do not show up in current drug screens. Law enforcement reported that the use of bath salts has been implicated in several deaths in the state.

Conclusion

Bath salts, crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the region. Noted increases in availability over the previous six months exist for heroin, methamphetamine and Suboxone®. Availability of all types of heroin (brown and white powdered and black tar) has increased from the previous reporting period. The Hamilton County Coroner's office saw a higher number of heroin-related deaths. While participants believed that many of these heroin deaths were related to heroin adulterated with fentanyl, the coroner's office did not corroborate these reports. It is suspected that the heroin supply may have an increased potency, leading to more dire consequences to the user. Methamphetamine availability also appears to be on the rise, and participants and treatment providers reported higher demand for the drug throughout the region. Participants mentioned using methamphetamine to "speedball" with heroin. Every group interviewed unanimously agreed that availability of Suboxone® has increased over the past six months. Law enforcement said Suboxone® is a problem in jails; the drug is being shipped surreptitiously (under stamps) so often that some jails now only accept metered post cards. While crack cocaine availability remains high, so do the number of reports of poor quality. Participants continued to report that they either "re-rock" crack cocaine to make it more potent or seek out powdered cocaine to manufacture their own crack cocaine. Prescription opioids remain popular throughout the region. Treatment providers and law enforcement said Opana® is increasing in both desirability and availability, due in part to the reformulation of OxyContin® OC. Participants identified hydrocodone-containing opioids (Lortab® and Vicodin®) and oxycodone-containing opioids (OxyContin® IR, Percocet® and Roxicodone®) as the most popular prescription opioids in terms of widespread use. Marijuana availability continues to remain high and stable in the region. Law enforcement described an increase in the number of indoor-grow operations for marijuana, which create higher quality plants for purchase. Ecstasy availability also remains high in the region. BCI London crime lab reported that Ecstasy pills usually contain multiple active substances including

5-MeO-DiPT (psychedelic and hallucinogenic drug; a.k.a., foxy methoxy), BZP, MDM, MDMA, P-FPP, TMFPP, caffeine, ketamine, and methamphetamine. Finally, bath salts are highly available in the region. Treatment providers described recently learning about the abuse of these products from complications seen in users (difficulty breathing or losing the ability to function "normally"). BCI London crime lab reported most forms of bath salts contain MDPV and methylone, which is a relative of a chemical often found in Ecstasy, MDMA. Law enforcement reported that the use of bath salts has been implicated in several deaths in the state.