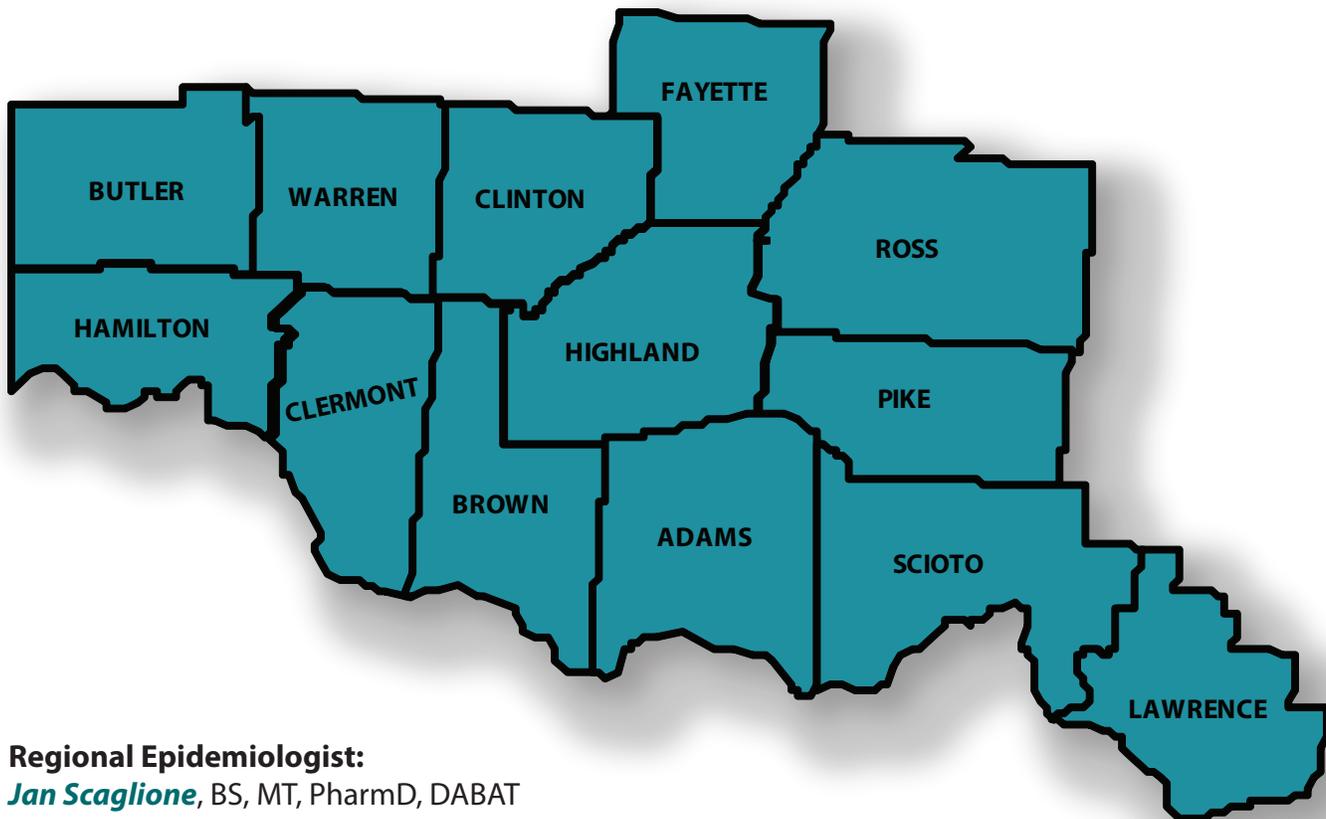


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Cincinnati Region

January-June 2012

John R. Kasich, Governor  
Orman Hall, Director



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# Cincinnati Regional Profile

Indicator <sup>1</sup>	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	40
Gender (Female), 2010	51.2%	51.1%	41% <sup>2</sup>
Whites, 2010	81.1%	81.3%	75.0%
African Americans, 2010	12.0%	12.5%	20.0%
Hispanic or Latino Origin, 2010	3.1%	2.3%	0.0%
High school graduates, 2009-2010	84.3%	88.0%	71.8% <sup>3</sup>
Median household income, 2010	\$45,151	\$43,997	Less than \$11,000 <sup>4</sup>
Persons below poverty, 2010	15.8%	15.2%	61.5% <sup>5</sup>

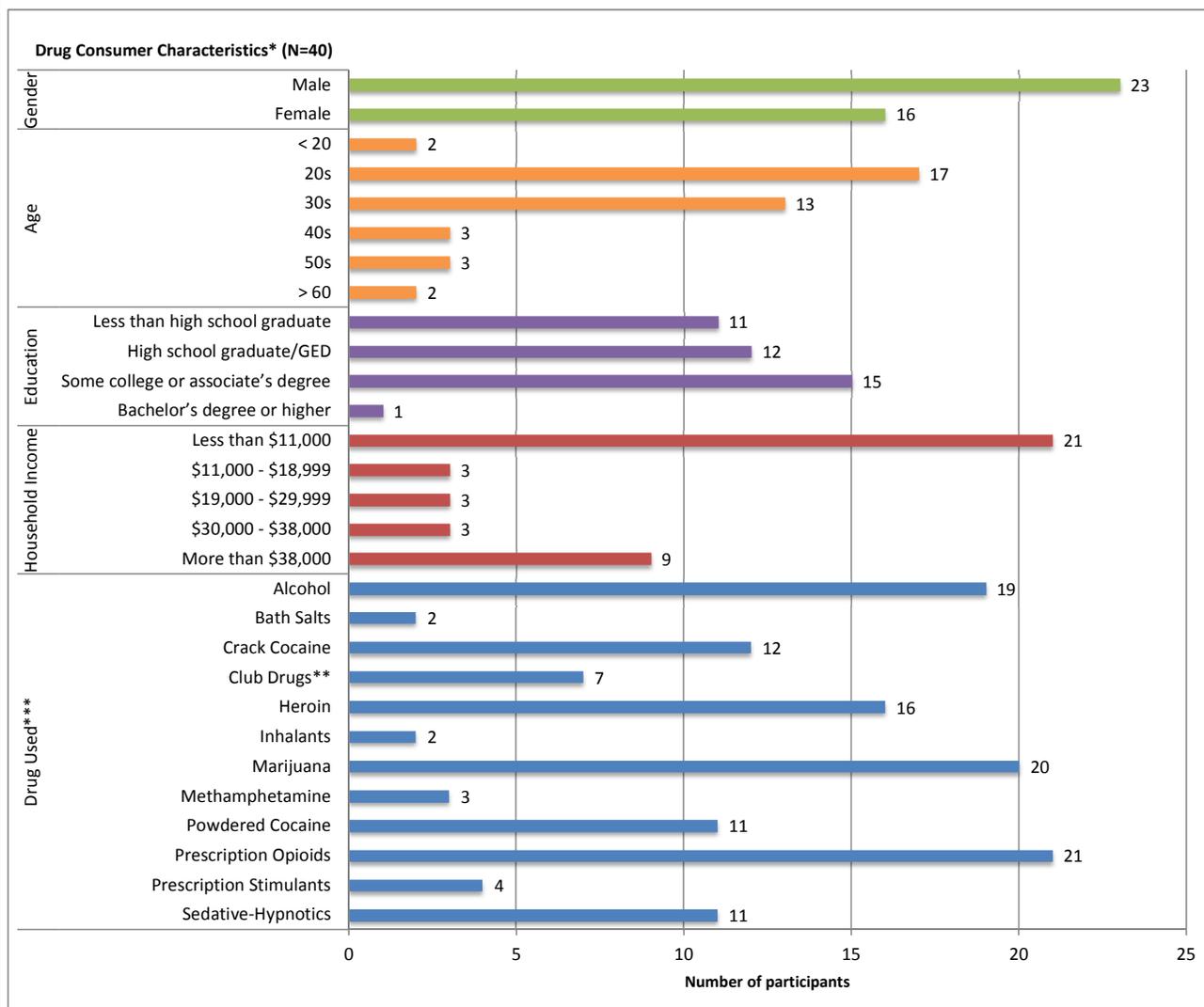
Ohio and Cincinnati statistics are derived from the U.S. Census Bureau.<sup>1</sup>

Gender was unable to be determined for one respondent due to missing data.<sup>2</sup>

Graduation status was unable to be determined for one respondent due to missing data.<sup>3</sup>

Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one respondent due to missing data.<sup>4</sup>

Poverty status was unable to be determined for one respondent due to missing or insufficient data.<sup>5</sup>



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

\*\*Club drugs refer to Ecstasy, Ketamine, LSD and psilocybin mushrooms.

\*\*\*Some respondents reported multiple drugs of use during 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 Brown, Clermont and Hamilton counties, with participants from Butler County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers, health educators and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London Office, which serves Central and Southern Ohio. BCI data are summary data of cases processed from July to December 2011. 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, BCI data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2012.

## Powdered Cocaine

### Historical Summary

In the previous reporting period, powdered cocaine was moderately to highly available in the region. Participants most often reported the drug's availability as either '5' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to describe variable availability throughout the region. Treatment providers most often reported availability as '8,' while law enforcement most often reported availability as '4.' Participants reported that the availability of powdered cocaine had either remained the same or had slightly decreased during the previous six months. Law enforcement and treatment providers alike believed that the availability of powdered cocaine had remained the same during the previous six months. Participants most often rated the quality of powdered cocaine as '5' or '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London crime lab cited levamisole (livestock dewormer) as the cutting agent in virtually every sample of powdered cocaine it processed during the previous six months. Participants reported that a gram of powdered cocaine sold for between \$50-70, and up to \$100. Participants reported that the most common route of administration for powdered cocaine remained snorting. Participants described typical powdered cocaine users in terms of age as being late teens and older, citing users of powdered cocaine as young as 16 years of age, with a typical age of first use between 17-18 years. Treatment providers described the typical powdered cocaine user as primarily middle-class, blue-collar workers between 26-33 years of age.

## Current Trends



Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as either '5' or '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 '5' or '10'. Those reporting availability as '5' were from more rural counties –

Clermont and Brown – and those reporting availability as '10' were from the urban city of Cincinnati. Participants stated, *"It [availability of powdered cocaine] went down ... people are*

*making it into crack [cocaine] immediately ... you have to tell the dealer you want powder [powdered cocaine]; It's harder for me to find [powdered cocaine] ... have to call 10-12 people [to locate powdered cocaine] ..."* Law enforcement and treatment providers most often reported the drug's current availability as '5'; the previous most common score was '8' for treatment providers and '4' for law enforcement. An officer stated, *"We're not coming across quantity [of powdered cocaine] ... don't know if it's availability or demand."* A treatment provider reported, *"The drug of choice is heroin ... heroin is cheaper now [than powdered cocaine], so people are switching."* Media outlets throughout the state reported on significant arrests during this reporting period involving cocaine trafficking in the region. In January, during a traffic stop on U.S. 23 in Pike county, the Ohio State Highway Patrol located 363 grams of cocaine with an estimated street value of \$25,000 ([www.abc6onyourside.com](http://www.abc6onyourside.com), Jan. 8, 2012). In April, Hanging Rock Police (Lawrence County), in association with other area law enforcement officers, arrested four individuals for felony possession of crack cocaine, powdered cocaine and oxycodone ([www.irontribune.com](http://www.irontribune.com), April 9, 2012). In May, the Ohio State Highway Patrol seized five kilos of cocaine worth more than \$420,000 during a traffic stop in Warren County; the cocaine was hidden in an electronic compartment behind an airbag in the car's dashboard ([www.nbc4.com](http://www.nbc4.com), May 1, 2012).

Participants most often reported that the availability of powdered cocaine has decreased slightly during the past six months. A participant stated, *"Lately [powdered cocaine] usage has declined quite a lot since heroin came back."* Law enforcement reported that availability of powdered cocaine has remained the same during the past six months, while treatment providers believed that there has been a significant decrease in the availability of powder cocaine. Law enforcement officials believed that desirability of powdered cocaine has dropped during the past six months. An officer

stated, “[Powdered cocaine] it’s out there... it’s not as popular [as other drugs].” The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ or ‘10.’ Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, headache powder and vanilla-flavored coffee creamer. A participant reported, “A lot more cutting it [powdered cocaine] ... stepping on [adulterating] it with vanilla creamer.” Participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, “[Current quality of powdered cocaine] it’s bad ... it’s garbage.” The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in virtually every sample of powdered cocaine it processes, while also citing the following substances as occasionally used to cut powdered cocaine: caffeine, inositol (B vitamin), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic), sorbitol (sweetener) and sucrose (table sugar).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were “girl,” “soft” and “white.” Participants listed the following as other common street names: “blow,” “white girl” and “ya-yo.” 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 between \$40-60, and up to \$80 in rural areas or if there is a poor connection to the dealer; 1/8 ounce, or “eight ball,” sells for between \$150-200; an ounce sells for between \$900-1,500. Participants reported that the most common way to use powdered cocaine remains snorting. Out of 100 powdered cocaine consumers, participants reported that approximately 50-75 would snort it, 10-50 would intravenously inject or “shoot” it, and another 5-10 would “rock it up” (form crack cocaine) and smoke it. A participant emphasized, “Most people start out snorting it [powdered cocaine].” Participants cited an increase in the number of people who inject powdered cocaine. Reportedly, those who inject powdered cocaine are also more likely to be users of heroin.

Participants described typical users of powdered cocaine as more likely to be White and between the ages of 18-40 years of age. The youngest age of first use was described as being between 14-15 years of age. Both law enforcement and treatment providers described the typical user of powdered cocaine as a professional from middle- to upper-class, ranging from 20-35 years of age, with disposable income to afford the expense of powdered cocaine.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics (benzodiazepines). According to participants, “speedball,” the term referring to the combination use of cocaine with heroin, is increasing among users of cocaine. A participant stated, “Shooting together [injecting heroin and powdered cocaine] is on the increase.” Participants also noted that marijuana along with prescription opioids and benzodiazepines are used in combination with powdered cocaine to “come down” from the stimulant high of cocaine. A participant stated, “[Marijuana] it’s like cigarettes ... to come down.” Another participant explained that alcohol in combination with powdered cocaine, “balances you out ... [you] can drink more [alcohol with powdered cocaine use] ...”

### Crack Cocaine

#### Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and law enforcement most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); treatment providers most often rated availability as ‘9.’ Participants and community professionals reported that overall availability of crack cocaine had remained the same during the previous six months. The Hamilton County Coroner’s Crime Lab reported that the number of crack cocaine cases it processes had also remained the same during the previous six months. Participants rated the quality of crack cocaine most often as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants also commonly reported re-cooking crack cocaine with the intent to ‘purify’ the drug for smoking. The Hamilton County Coroner’s Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine. Participants reported that a gram of crack cocaine sold for between \$30-60; an ounce sold for \$1,000. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remained smoking from a pipe. A profile of a typical user of crack cocaine did not emerge from the data. However, participants believed that typical users of crack cocaine were more likely to be in their later teen years, and that users started use as early as 16 years of age. In contrast, treatment providers described typical crack cocaine users as older individuals, between 35-45 years of age. Law enforcement also stated that they encountered crack cocaine use most often among African-Americans or among economically disadvantaged Whites.

#### 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'. A participant stated, "[Crack cocaine] it's all over." Both treatment providers and law enforcement most often reported the drug's current availability as '5'; the previous most common scores were '9' and '10'. Media outlets throughout the state reported on significant arrests during this reporting period involving crack cocaine trafficking in the region. In March, Chillicothe police (Ross County) seized more than 100 grams of crack cocaine and stolen guns after a traffic stop and search of a residence ([www.nbc4.com](http://www.nbc4.com), March 7, 2012).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported that availability of crack cocaine has decreased. A treatment provider stated, "The dealer doesn't have new users ... nobody wants it [crack cocaine]." Another treatment provider stated, "The ones [clients] that are using [crack cocaine] are the ones that have been using ... we're not seeing any new, young crack users." Law enforcement explained that crack cocaine decreased in availability along with powdered cocaine. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of crack cocaine as '4' or '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported that crack cocaine in the region is cut with baking soda and baby formula. A participant stated, "The quality [of crack cocaine] has gone down ... they [dealers] cut it when they cook it with baking soda." Participants reported that the quality of crack cocaine has decreased slightly during the past six months; many described seeing more "fleece" (substances sold as crack cocaine that have no actual drug content). Substances sold as fleece include the following: baby formula, baby laxative, candle wax, drywall, headache powder and Orajel®. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as commonly used to cut crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "butter," "hard" and "rock." Participants listed the following as other common street names: "dope" and "melt." Current street prices for crack cocaine were variable among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for between \$25-60, depending on the quality; 1/8 ounce, or "eight ball," sells for between \$150-200; an ounce sells for between \$700-900. Participants again explained that the price of crack cocaine is associated with one's connection to the dealer. A participant stated that

pricing "depends on who you know, how long you been going to them." In urban Cincinnati, crack cocaine sales to White individuals are associated with the use of a 'middleman' to buy the drug, as reported by a participant, "[You] gotta go through businessman ... only with crack ... go through a middleman ... no other drug ... both the dope boy and buyer pays the middleman." Reportedly, the use of a middleman guarantees better quality of the drug and decreased likelihood that a buyer is "fleeced," since the buyer wouldn't pay for the drug if the returned drug is not crack cocaine. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Of 100 crack cocaine consumers in Cincinnati, participants reported that approximately 90-100 would smoke it and 2-10 would intravenously inject or "shoot" it. In Clermont County, the number of participants who described injection of crack cocaine after breaking it down with lemon juice or vinegar was 20 out of 100 users, with 80 users smoking the drug. A participant explained, "I inject it [crack cocaine], but I use vinegar because you can't just put water in it." Approximately 60-90 percent of participants, regardless of demographics, reported re-rocking their crack cocaine to reduce the number of impurities. A participant stated, "If you know what you're doing, you're going to re-rock it."

Participants described typical users of crack cocaine as more likely to be African-American, male and between 18-60 years of age. A participant reported, "[Crack cocaine] it's a more older crowd ... you're looked down upon if you're a crack user." Participants from Clermont County described typical crack cocaine users as White, due to a larger number of Caucasians living in the area: "[Crack cocaine use] it's more White since less African-Americans live here, but it's all races." Treatment providers and law enforcement corroborated that a typical user of crack cocaine is more likely to be African-American, have only a high school education, be economically disadvantaged, between 25-55 years of age and unemployed. Reportedly, crack cocaine is used very commonly along with alcohol. A participant stated, "You gotta have beer [when using crack cocaine]." The use of heroin, marijuana and sedative-hypnotics (benzodiazepines) in combination with crack cocaine is reportedly also common, and the use of all these substances was described as similar to using with powdered cocaine: "[You] use 'em to come down," one participant stated.

### Heroin Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug's 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 continued to describe both white powdered and Mexican brown powdered heroin as most available. Throughout the region, participants and community professionals reported that the overall availability of heroin had increased during the previous six months; participants also noted an increase in the availability of black tar heroin. The Hamilton County Coroner's Crime Lab reported that the number of heroin cases it processes had increased during the previous six months. Most participants generally rated the quality of heroin as '7' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The Hamilton County Coroner's Crime Lab continued to cite diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that a gram of powdered heroin sold for between \$100-150; black tar heroin sold in small balloons (1/10 gram) for between \$20-25. Law enforcement also described heroin-filled capsules containing 1/10 gram selling for between \$10-20 per capsule. Participants reported that the most common route of administration for heroin continued to be intravenous injection. Participants also continued to describe the typical heroin user as male and White, and noted that heroin use started as young as 13-14 years of age. Treatment providers stated that increased use of heroin by young African-American males was something that had changed during the past six months.

### Current Trends



Heroin remains highly available in the region. Participants most often reported overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Community professionals also most often reported the current availability of heroin as '10'; the previous most common score was '9' or '10'. Media outlets throughout the state reported on significant arrests during this reporting period involving heroin trafficking in the region. In January, Hamilton police

(Butler County) arrested a man on drug charges including heroin trafficking when a search of the man's home uncovered 9.1 grams of heroin, a digital scale and marijuana ([www.wlwt.com](http://www.wlwt.com), Jan. 3, 2012). In February, Hamilton police arrested two men when a search of an apartment produced 10 ounces of heroin and about \$4,000 in cash ([www.wlwt.com](http://www.wlwt.com), Feb. 3, 2012). Also in February, Sharonville police (Hamilton County) arrested a suspected drug dealer at a local motel when they found 16 grams of heroin inside the man's rental car ([www.news.cincinnati.com](http://www.news.cincinnati.com), Feb. 3,

2012). In March, the Federal Bureau of Investigation and the Cincinnati police arrested five individuals, charging them with conspiracy to possess with the intent to distribute 100 grams or more of heroin ([www.fbi.gov/cincinnati/press-releases](http://www.fbi.gov/cincinnati/press-releases), March 29, 2012).

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available. Participants stated that the availability and use of brown powdered heroin has increased during the past six months. A participant stated, "There's lots more people using [brown powdered heroin]." In terms of black tar heroin, participants in Brown and Clermont counties reported its current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Cincinnati reported black tar heroin to be highly available, rating availability most often as '8'. There was no previously reported availability score for black tar heroin, indicating an increase in this form of heroin throughout the region during the past six months. Community professionals and law enforcement most often reported the current availability of black tar heroin as '10'; the previous most common score was '1' or '4'. Law enforcement stated "[We] used to see just capsules [with brown powdered heroin], but now we are seeing more of the other forms ... more are getting black tar [heroin]." Participants reported that the availability of white powdered heroin has remained the same during the past six months, while law enforcement reported that availability of white powder heroin has increased. A law enforcement official stated, "It was [more common to see] a brown color, now starting to see lighter shades of brown." Overall, participants reported that the general availability of heroin in the region has increased during the past six months. The BCI London Crime Lab reported that the number of brown powdered and black tar heroin cases it processes has increased during the past six months, while noting that the type of powdered heroin most processed is usually beige, brown or tan in color.

Most participants generally rated the quality of heroin as '7' or '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7' or '8'. Participants reported that powdered heroin (brown and white) in the region is cut with baby formula, cocaine or vanilla-flavored coffee creamer; black tar heroin is cut with instant coffee. A participant stated, "More [heroin] demand equals more cut." Participants reported that the quality of heroin has decreased during the past six months. A participant reported, "[Dealers] give you good shit [heroin] till you're hooked ... good dealers getting caught [arrested] ... leads to poor quality." According to the BCI London Crime Lab, heroin remains, "reasonably pure." However, when heroin is cut, the lab reported that diphenhydramine (antihistamine) is occasionally used.

Current street jargon includes many names for heroin. The most commonly cited names remain “boy,” “dog” and “dog food.” Participants reported that brown powdered heroin is available in different quantities: 1/10 gram sells for \$20 in a baggie or capsule; a gram sells for between \$120-180. In addition, participants in Cincinnati reported that a gram of brown powdered heroin could cost as little as \$100 if there is a close connection to the dealer. Participants reported that black tar heroin is available in different quantities: a gram sells for between \$110-180. Participants reported that a gram of black tar heroin is cheaper in Clermont County (\$110) than it is in Cincinnati (\$180). Where participants did not describe the particular form of heroin, but disclosed additional quantities, it was reported that 1/4 ounce sells for between \$400-550; an ounce sells for between \$1,200-2,500. Participants reported that the most common route of administration for heroin remains intravenous injection. Out of 100 heroin consumers, participants reported that approximately 70-99 would inject or “shoot” it, 1-30 would snort it, and five would smoke it. Reportedly, snorting of heroin occurs primarily among first-time users of heroin or those who dislike needles. A participant reported, “People that snort [heroin] always end up putting it [needles] in them ... I had someone do it [inject heroin] for me ... I hated doing it myself.”

Participants described obtaining needles from farm supply stores, pharmacies and people who have diabetes. First-time users are more likely than experienced injectors of heroin to use a clean needle. A participant stated, “When you first start [injecting heroin], you won’t use a dirty needle ... now I won’t wait for a clean needle ... so far gone, you will just use a dirty one, you don’t care.” Reportedly, syringes are also sold to users by heroin dealers: two syringes for \$5 and \$3-5 for one syringe; diabetics also reportedly sell syringes for similar prices. Participants noted a potential for an increase in infectious diseases with shared needle use, but their impression was that restrictions in place to obtain clean needles indicated a lack of caring by pharmacies and city managers. A participant reported, “They don’t want us to use ... so it’s our fault for getting an infectious disease.”

A profile of a typical user of heroin did not emerge from the data. Participants described typical users of heroin as between the ages of 15-60 years, with younger users – those younger than 35 years – more likely to be White, and older users more likely to be African-American. Participants reported that the age of first-time heroin use is decreasing with those as young as 12 years of age beginning use of heroin. Participants and treatment providers also reported that the drive to use heroin resulted from initial prescription opioid use. A treatment provider described, “They [heroin

users] usually start, you know, with a prescription [opioid]. They have a supply for whatever reason ... then they get hooked ... [then they realize] heroin’s cheaper.” Treatment providers and law enforcement reported on the switch from prescription opioids and increased use of heroin during the past six months. A treatment provider reported, “There has been more surveillance of doctors who prescribe pills [prescription opioids] without seeing people for a valid reason ... I think a number of doctors have been shut down in the area because of that, so I think the source of their pills was cut off.”

Reportedly, heroin is used very commonly in combination with marijuana. Other substances also commonly used in combination with heroin include alcohol, crack and powdered cocaine (“speedball”), methamphetamine (“speedball”), prescription opioids and sedative-hypnotics (benzodiazepines). A participant described the use of methamphetamine with heroin as “a way better buzz.” Reportedly, alcohol, benzodiazepines and prescription opioids are all used to intensify the effects of heroin.

### Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Community professionals also described high availability of prescription opioids, rating overall availability as between ‘9’ and ‘10’. Participants identified Lortab®, methadone, Percocet®, OxyIR® (immediate-release oxycodone), Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participants and treatment providers reported that the availability of prescription opioids had remained the same, at high levels, during the previous six months. Participants and law enforcement reported increases in Opana® and Roxicodone® availability. The BCI London crime lab reported that the number of prescription opioid cases it processes had remained the same during the previous six months. While there were a few reported ways of consuming prescription opioids, the most common route of administration remained oral ingestion. Participants reported that initial prescription opioid access was more likely from legitimate prescriptions written by physicians than from other sources. Once an individual became addicted, then other sources such as emergency rooms, pain clinics or street dealers became sources to obtain the pills. Participants described the typical user of prescription opioids as White – more than any other races/ethnicities, and also more likely to be female. Treatment providers and law enforcement both described users as predominantly

White, with no gender bias. Participants described first use as early as 12-13 years of age, which was corroborated by law enforcement.

### 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 also '10'. Treatment providers most often reported current availability as '10'; the previous most common score was '9' or '10'. Participants and treatment providers identified OxyContin®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. A treatment provider stated, *"The drug of choice is opioids over [powdered] cocaine, crack cocaine or alcohol."* Law enforcement most often reported prescription opioid availability as '6'. A law enforcement officer stated, *"Pills [prescription opioids] and heroin are off the hook."* Media outlets throughout the state reported on significant arrests during this reporting period involving prescription opioid trafficking in the region. In February, the Brown County Sheriff and four deputies arrested a family of four for selling hydrocodone, oxycodone and marijuana near Aberdeen ([www.maysville-online.com](http://www.maysville-online.com), Feb. 8, 2012). In March, Brown County deputies charged a Mount Orab man with two counts of allegedly trafficking drugs in bulk near juveniles; deputies seized a bag full of prescription drugs along with 21 guns and \$11,400 in cash ([www.maysville-online.com](http://www.maysville-online.com), March 6, 2012). Also in March, police in Aberdeen reported that an undercover sting operation resulted in the issuance of an arrest warrant for a local man who sold Lortab®, Suboxone® and marijuana from his home ([www.maysville-online.com](http://www.maysville-online.com), March 11, 2012); members of the Southern Ohio Drug Task Force arrested a Lucasville (Scioto County) man for trafficking in oxycodone, heroin, cocaine and hypodermic needles in the vicinity of juveniles ([www.wsaz.com](http://www.wsaz.com), March 15, 2012). In April, police in South Webster (Scioto County) seized nearly 4,000 oxycodone pills along with 39 different firearms and \$17,000 in cash ([www.wsaz.com](http://www.wsaz.com), April 2, 2012).

Participants reported that the availability of prescription opioids has remained relatively stable during the past six months. However, participants reported that the availability of a couple of prescription opioids has increased: Opana® and immediate-release oxycodone (Roxicodone® and OxyIR®). A participant stated, *"Everybody found out about them."* Treatment providers reported that the availability of prescription opioids has remained stable or has increased slightly during the past six months, while law enforcement reported that availability has remained stable. The BCI

London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with the following exceptions: an increase in cases of Opana® and a decrease in cases of OxyContin®.

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 and prices are indicated in parentheses): methadone (aka "done" and "dose;" 5 mg sells for between \$2-5; 10 mg sells for between \$5-10), Opana® (aka "OP's," "panna" and "pandas;" 20 mg sells for between \$30-40; 40 mg sells for between \$50-80), OxyContin® (new formulation, aka "OP's," "oxy" and "oxy's;" 20 mg sells for between \$5-10; 40 mg sells for between \$10-20; 60 mg sells for between \$15-40; 80 mg, aka "beans," "big green apples" and "green beans," sells for between \$20-60), Percocet® (aka "512's" and "perc's;" 5 mg sells for between \$4-5; 7.5 mg sells for between \$6-7; 10 mg sells for between \$8-10), Roxicodone® or OxyIR®, both refer to immediate-release oxycodone products (aka "BB's;" 15 mg, aka "15's" and "perc 15's;" sells for between \$10-15; 30 mg, aka "perc 30's;" sells for between \$20-30), and Vicodin® (aka "V's," "V-cuts" and "vikes;" 5 mg sells for between \$1-3; 7.5 mg sells for between \$3-6; 10 mg sells for between \$7-10). 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 routes of administration are oral ingestion and snorting. The only prescription opioids described as being injected are Dilaudid®, immediate-release oxycodone, methadone liquid and the gel from fentanyl patches. Out of 100 prescription opioid consumers, participants reported that approximately 10-50 would orally ingest the drugs, and 50-90 would crush the tablets and snort the powder. Participants described using a cheese grater or automotive hose clamp to 'grate' the reformulated OxyContin® OP down to a powder to snort it. A participant reported, *"Have to scrape them [OxyContin® OP] with a cheese grater ... breaks down into powder ... used to have hose clamps in my car ... just shaves it into fine powder."*

In addition to obtaining prescription opioids on the street from dealers, participants continued to report obtaining them from hospital emergency rooms, pain clinics, stealing prescription pads, doctor shopping, buying bulk from online pharmacies, and traveling to Florida or Georgia to pain clinics there and transporting the opioids back to Ohio. A participant reported, *"I stabbed myself in the calf and was in a wheelchair in the ED [emergency department] ... they only gave me one Percocet®, that's all ... I was so mad I got up and walked out."* Participants also described getting prescription

opioids from pain clinics: *"You gotta have a sponsor [dealer – someone who covers travel expenses] ... go to Florida to get 'em [prescription opioids] ... I got 150 '30's,' 90 '15's' and 90 'xanibars' [Xanax®] ... all for \$1,000 ... the sponsor keeps the '30's,' and you keep the rest."*

A profile of a typical user of prescription opioids did not emerge from the data. However, participants reported that the age of first-time use of prescription opioids is getting younger, between 11-13 years of age. A participant reported, *"People start using pills earlier ... they're in the household ... first opiate after surgery."* Treatment providers reported that prescription opioid users are more likely to be White and between the ages of 18-30 years. A treatment provider stated, *"[Prescription opioid abuse] varies depending on the drug ... used by [high school] dropouts to professionals."* Law enforcement also reported that prescription opioid users are more likely to be White, but between 12-70 years of age. A law enforcement officer stated, *"As soon as they're tall enough to reach the medicine cabinet ... [prescription opioid abuse] runs the whole spectrum."* Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics (benzodiazepines). The effect of use with these three substances reportedly intensifies the effect of the opioid. Participants also reported the combination of prescription opioids with prescription amphetamines as producing effects that are, as one participant stated *"just like a speedball."*

### Suboxone® Historical Summary

In the previous reporting period, Suboxone® was moderately to highly available in the region. Participants most often reported availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers reported availability as '6' and law enforcement as '4.' Suboxone® was available both pills and sublingual film strips. Participants reported that Suboxone® availability was more likely from legitimate sources than through street purchase. Participants and law enforcement reported that availability had increased significantly during the previous six months. The BCI London crime lab reported that the number of Suboxone® cases it processes had remained the same during the previous six months. Participants reported that Suboxone® sold for between \$8-15 per pill or strip. While the Suboxone® strips were more likely to be put under the tongue as intended, the route of administration of pills included crushing the pill for snorting or dissolving in water for injection. The age range of Suboxone® users was reportedly between 20-40

years. Treatment providers reported that some abuse was described by clients; law enforcement also reported some abuse of Suboxone®.

### Current Trends



Suboxone® is highly available in the region. Participants reported the current availability of Suboxone® most often 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 reported, *"[Suboxone®] strips are more common [than the pill form]."* Treatment providers and law enforcement most often reported the drug's current availability as '2' or '3' in the urban setting, and law enforcement described availability most often as '4' or '6' in suburban areas. Law enforcement described an increase in Suboxone® availability. An officer reported, *"[Suboxone®] strips are being used ... prescribed ... hearing more about it ... people want it more."* Participants and treatment providers also reported that the availability of Suboxone® has increased during the past six months. A treatment provider stated, *"A few people coming into treatment have Suboxone® listed as their drug of choice ... addicts are trying it out on the street to wean off heroin."* The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has increased during the past six months.

Current street jargon includes few names for Suboxone®, including "boxon's," "strips," "stop signs" and "subs." Participants reported that a Suboxone® 8 mg tablet sells for between \$6-20; Suboxone® 8 mg strips sell for \$10-12 per strip. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Out of 100 Suboxone® consumers, participants reported that approximately 60-80 would dissolve them under the tongue, 20 would crush the tablets and snort them, and approximately 3-10 would either crush and dissolve the tablets or strips and inject them intravenously. A participant reported, *"Can shoot Subutex® ... you don't go through withdrawal ...."*

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from clinics, doctors, online pharmacy, or buying from people who are prescribed Suboxone® legitimately. A participant reported, *"Go to the doctor ... it takes \$500 to get you in, and \$400 each time and you get more [Suboxone®] ... might have to sell half the prescription to pay for more."* A profile for a typical Suboxone® user did not emerge from the data. Participants described typical users of Suboxone® as young as 16 years of

age, but more likely to be at least 22 years of age. Treatment providers most often described a typical Suboxone® user as White, between 18-30 years of age, and more likely male than female. Law enforcement noted an increase in doctors writing prescriptions for off-label use of Suboxone® for pain management to get past the 100-patient limit for addiction treatment. Reportedly, Suboxone® is used in combination with alcohol, marijuana and sedative-hypnotics (benzodiazepines); all drug combinations are commonly used to, “boost the high,” as one participant stated.

### Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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’ (highly available, extremely easy to get); treatment providers most often reported availability as ‘8.’ Law enforcement reported availability of Klonopin® as ‘5’ and availability of Valium® and Xanax® as ‘10.’ Both participants and community professionals reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI London Crime Lab also reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months. The most common route of administration remained oral ingestion. Participants described the typical user of sedative-hypnotics as most likely female and White, while citing first-time users of sedative-hypnotics as young as 14-15 years of age.

### Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current 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 also ‘10.’ A participant commented, “You hear about people using them [sedative-hypnotics] all the time.” Treatment providers most often reported current availability as ‘8,’ the previous most common score was also ‘8.’ Participants identified Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use; community professionals identified Xanax® as most popular. A treatment provider said, “Valium® is always around like aspirin.” Law enforcement most often described current availability as ‘6’ for Valium® and Xanax®; the previous most common scores for Valium® and Xanax® were ‘10.’

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. Treatment providers and law enforcement both reported that availability has either remained the same or has slightly increased during the past six months. A community professional stated, “Overall it seems easy for people to get them [sedative-hypnotics] . . . more prescriptions [are] getting written.” The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region’s streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin (aka “forget-me-nots,” “forgot-a-pins,” “kloddi’s,” “klonni’s” and “K-pins;” 0.5 mg sells for \$1; 1 mg sells for \$2; 2 mg sells for \$4), Soma® (aka “coma,” 350 mg sells for between \$2-4), Valium (aka “blues,” “V’s” and “V-cuts;” 5 mg sells for between \$1-3; 10 mg sells for between \$2-3), Xanax® (aka “bars,” “footballs,” “Lincoln logs,” “panty droppers,” “xani’s” and “xanibars;” 0.25 mg sells for \$0.50; 0.5 mg sells for \$1; 1 mg sells for between \$2-3; 2 mg sells for between \$3-5). In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining the drugs from legitimate prescriptions or someone they know who has a legitimate prescription. A participant explained, “My Mom sells her Xanax® all the time.” 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 are oral ingestion or crushing and snorting the tablets.

Participants continued to describe typical users of sedative-hypnotics as most likely female and White. Participants also said that while there is a wide age range of users between 12-65 years of age, abuse of sedative-hypnotic typically occurs between 18-35 years of age. A participant talked about the age of first use: “As young as 12-13 years old . . . in high school [sedative-hypnotics use] it’s more popular . . .” Law enforcement also reported first use of sedative-hypnotics to be around 12 years of age. An officer stated, “Anybody that can reach the medicine cabinet will get these [sedative-hypnotics].” Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, marijuana and prescription opioids. Participants reported that it is common to use heroin in combination with sedative-hypnotics as well. A participant reported, “Combination of benzo’s [benzodiazepines] and heroin . . . is carnage [potentially deadly] . . . more common to abuse [both drugs] . . .”

## Marijuana

### Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants and community professionals most often reported the availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement described an increasing number of shipments of high-grade marijuana being transported by mail. Participants and community professionals reported that the availability of marijuana had remained the same during the previous six months. Participants reported that low-grade marijuana was the cheapest form: a blunt (cigar) sold for \$15; an ounce sold for between \$75-120. High-grade marijuana sold for significantly more: a blunt sold for between \$30-40; an ounce sold for between \$225-500. The most common route of administration continued to be smoking. A profile for a typical marijuana user did not emerge from the data; respondents typically said marijuana was popular among men and women of all races and ages. Participants described first-time users to be as young as 10-11 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 stated, "*Marijuana's a side dish ... it's always there.*" Both law enforcement and treatment providers most often reported the drug's current availability as '10'; the previous most common score was also '10'. A treatment provider remarked, "*[Marijuana's availability] it's a 10 ... especially with that loud [high-grade marijuana] ... everywhere you go you smell it.*" Several media outlets reported on marijuana seizures in the region during this reporting period. In March, the Butler County Sheriff's Office seized more than 500 pounds of marijuana worth an estimated \$600,000 ([www.wlwt.com](http://www.wlwt.com), March 8, 2012). In April, during a traffic stop, the Ohio State Highway Patrol found 538 pounds of marijuana worth an estimated \$2.1 million ([www.wnewsj.com](http://www.wnewsj.com), April 5, 2012).

Participants reported that the availability of marijuana has remained stable, at high levels, during the past six months. A participant commented, "*You can buy it [marijuana] at the corner store.*" Treatment providers and law enforcement both also reported that availability of marijuana has remained stable at high levels during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana ranged from '6' to '10' with the most common score being '8' for medium- or commercial-grade marijuana and '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for all forms of marijuana. Participants rated low-grade marijuana quality with a score of '0'. Several participants explained that the quality of marijuana depends on whether the user buys low-grade, mid-grade (commercial grade), or high-grade (hydroponically grown) marijuana. A participant explained that the demand for high-quality marijuana is increasing: "... *don't see cheaper stuff [marijuana] anymore, more demand for higher-dollar marijuana.*" Law enforcement believed the quality of marijuana is increasing. An officer said, "*The quality [of marijuana] is much better [now].*"

Current street jargon includes countless names for marijuana. The most commonly cited names were "dirt," "home-grown" and "schwag" for low-grade marijuana; "middies," "reg," "reggie" and "regular" for commercial-grade marijuana; "chronic," "dank," "dro," "kush" and "loud" for high-grade marijuana. The price of marijuana continues to depend on the quality desired. Participants reported low-grade marijuana as the cheapest form: a joint (cigarette) sells for \$2; a blunt (cigar) sells for \$5; a gram sells for between \$5-10; 1/4 ounce sells for between \$25-30; an ounce sells for between \$40-100; a pound sells for between \$800-1,000. Commercial-grade marijuana sells for slightly higher prices; a gram sells for between \$5-15; 1/4 ounce sells for between \$25-40; an ounce sells for between \$120-150; a pound sells for between \$1,300-1,600. Higher quality marijuana sells for significantly more: a blunt sells for \$15; a gram sells for between \$10-40; an ounce sells for between \$280-600; a pound sells for \$2,000-5,000. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 100 marijuana consumers, participants reported that 100 would smoke it, and five would also use it in baked goods.

A profile for a typical marijuana user did not emerge from the data. Participants continued to describe typical users of marijuana as men and women of all races. A participant commented, "*[Marijuana use] it's White, it's Black, it's everybody.*" Participants reported age of first use of marijuana as between 12-13 years of age. Reportedly, marijuana is used in combination with powdered and crack cocaine (aka "primo" or "woolie").

## Methamphetamine

### Historical Summary



In the previous reporting period, methamphetamine availability was variable in the region. Participants most often reported the drug's availability as '2' and '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) in the City of Cincinnati and surrounding community, but reported availability as '10' in the more rural areas of the region (Clermont County). Participants believed the higher rural availability was due to the manufacturing of methamphetamine in these areas. Law enforcement said that most methamphetamine was locally produced using anhydrous ammonia and pseudoephedrine. Law enforcement also stated that labs were typically small scale and mostly limited to the "one-pot" method (methamphetamine production in a single sealed container, such as a two-liter soda bottle). Participants noted that the overall availability of methamphetamine had decreased during the past six months, and cited that lower availability of precursor chemicals needed to manufacture methamphetamine as the driving force behind the decline. Law enforcement also believed that there was a decrease in methamphetamine availability, and attributed the decrease to lower pseudoephedrine availability with increased scrutiny by pharmacies using MethCheck® (pseudoephedrine sales tracking system) to limit sales to individuals involved in "buying groups." Reportedly, a gram of methamphetamine sold for between \$100-175. Delivering a box of pseudoephedrine to the methamphetamine cook reportedly netted the buyer \$30 in cash or 1/2 gram of the finished product. Participants continued to describe the typical user of methamphetamine as male and White.

### Current Trends

Methamphetamine availability remains variable in the region. Participants most often reported current availability of the drug as '2' or '3' in the city and urban areas and '10' on the east side of Cincinnati and in rural counties, such as Brown and Clermont 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' and '4' in the urban center and '10' in rural areas. A participant from a rural area explained, "Every trailer park you go to ... every other trailer is cooking it [methamphetamine]." Participants reported that methamphetamine is available in powder and crystal forms. Treatment providers most often reported the drug's current availability as '10'; the previous most

common scores were '2' and '4' in the city and '8' in rural communities. Law enforcement most often reported the drug's current availability as '7'. Media outlets throughout the region frequently reported on methamphetamine seizures during this reporting period. In March, methamphetamine was seized in Adams, Clinton, Pike and Scioto counties; four of the seizures occurred in mobile labs and the other three occurred in home-based labs. Labs in cars or trucks were typically associated with the "one-pot" method of manufacturing methamphetamine ([www.wsaz.com](http://www.wsaz.com), March 28, 2012). In one example, the Ohio State Highway Patrol found the equipment to manufacture methamphetamine (lithium batteries, boxes of Sudafed®, rubber tubing and other paraphernalia) during a traffic stop ([www.chillicothe Gazette.com](http://www.chillicothe Gazette.com), March 7, 2012).

Participants reported that the availability of methamphetamine has remained stable during the past six months. Participants frequently talked about "shake-and-bake" or "one-pot" methamphetamine. A participant said, "There's no decrease anywhere ... [dealers are making] shake-and-bake [methamphetamine] while driving." Treatment providers reported that availability of methamphetamine has slightly increased during the past six months. A treatment provider explained, "I'm seeing more coming into treatment for meth [methamphetamine] ... through drug court too ... most from the rural areas." Law enforcement also reported a slight increase in the availability of methamphetamine during the last six months. An officer reported, "Seeing the red-phosphorus method ... [and] more one-pot methods ... trading of pseudoephedrine for meth." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab also reported processing white to off-white powdered methamphetamine most often and crystal methamphetamine occasionally, and noted that the one-pot method of manufacturing the drug appears to be increasing.

Most participants rated the quality of crystal methamphetamine as '10' and powdered methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' for both forms of methamphetamine. A user explained why quality is so high: "I think it's the competition out there ... more people are cooking ... they want their shit to be better obviously ... the better the cook, obviously, the better the meth." Participants reported that the quality of methamphetamine has increased slightly during the past six months because "cooks" are becoming better at manufacturing the drug.

Current street jargon includes a few names for methamphetamine. The most commonly cited names remain "crank," "crystal" and "ice." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for between \$25-30 in areas where large amounts of the drug are manufactured, but in general a gram sells for between \$50-70, with a price of up to \$120 to a user not known by the cook. While there were several reported ways of using methamphetamine, the most common routes of administration are smoking, snorting and intravenous injection. Out of 100 methamphetamine consumers, participants reported that approximately 30 would intravenously inject it, 30 would smoke it, another 30 would snort it and 10 would use multiple methods. A participant mentioned "hot railing" (heating the end of a glass pipe and then snorting methamphetamine through the pipe) as popular among users that snort the drug: *"Hot rails is where it's at if you're going to snort it [methamphetamine] ... burns really bad ... it's like razor blades up your nose ...."*

Participants described typical users of methamphetamine as White males between the ages of 18-35 years, with first-time use reported as young as 17 years. Reportedly, methamphetamine is commonly used in combination with heroin (aka "speedball"). A participant explained his preference for the heroin and methamphetamine speedball: *"I've mixed a lot of meth with heroin 'cause meth is way stronger than cocaine ..."*

## Ecstasy

### Historical Summary

In the previous reporting period, Ecstasy 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' (highly available, extremely easy to get). Treatment providers most often reported the drug's availability as '6,' however, law enforcement most often rated availability as '2.' The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months; however, the lab noted an appreciable increase in the number of cases containing the designer drug 5-MeO-DiPT (foxy methoxy). Participants reported that Ecstasy sold for between \$5-10 per tablet; four grams of Molly, the purest form of Ecstasy, reportedly sold for \$225. The most common route of administration was oral ingestion. A profile for a typical Ecstasy user did not emerge from the data.

### Current Trends

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants reported current availability of the drug as '8' or '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.' Treatment providers most often reported the drug's current availability as '10,' the previous most common score was '6.' A treatment provider stated, *"They're still using Ecstasy ... that's really big in the urban core."* Participants reported that the availability of Ecstasy has remained stable during the past six months, while treatment providers reported that availability has increased. The BCI London Crime Lab reported that the number of Ecstasy cases it processes has stayed the same during the past six months. In addition, the lab reported that Ecstasy tablets contain a variety of substances including cathinones, dimethyltryptamine (DMT) and benocyclidine (psychoactive drug), which is usually in tablets with 5-MeO-DiPT and caffeine.

Current street jargon includes several different names for Ecstasy. The most commonly cited name was "sals." Participants listed the following as other common street names: "Molly," "rolls" and "sass," and common imprints on Ecstasy pills included blue dolphins, four-leaf clovers and superman. Participants reported that an Ecstasy tablet sells for between \$6-20. While there were several reported ways of using Ecstasy, the most common route of administration remains oral ingestion.

A profile for a typical Ecstasy user did not emerge from the data. Participants described typical users of Ecstasy as between the ages of 19-35 years. A participant said, *"It's the young club scene ... none of the older people do it [Ecstasy]."* Reportedly, first-time use of Ecstasy typically occurs between the ages of 15-16 years. Participants said Ecstasy is used in combination with alcohol.

## Prescription Stimulants

### Historical Summary

In the previous reporting period, prescription stimulants 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' (highly available, extremely easy to get). Treatment providers most often reported availability as '4,' and law enforcement most often reported availability as '5.' The BCI London Crime Lab reported that the number of prescription stimulant cases it processes had remained the same during the previous six months with one exception: the number of Adderall® cases had decreased. Community professionals described the typical prescription stimulant user as White, aged late-teens to early-20s, coinciding with the typical age of a college student.

### Current Trends

Prescription stimulants remain highly available in the region. Participants rated the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common

score was '10'. Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of widespread use. Treatment providers most often reported current availability as '5'; the previous most common score was '4'. Law enforcement most often reported current availability as a '6'; the previous most common score was '5'. Participants reported that the availability of prescription stimulants has remained stable during the past six months, while treatment providers reported that availability has slightly increased. Law enforcement also described increased street diversion of prescription stimulants. An officer explained, *"Addiction level is high [to prescription stimulants] ... they're becoming more popular."* The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. The following prescription stimulants are available to street-level users: Adderall® (30 mg sells for between \$4-5), Concerta® (27 mg sells for \$2.50; 36 mg sells for between \$2-3) and Ritalin® (sells for between \$2-3 per pill). In addition to obtaining prescription stimulants on the street from dealers, participants also continued to report getting them from others who have legitimate prescriptions. A participant said, *"Kids get put on 'em [prescription stimulants] ... then they start abusing them."* While there were several reported ways of using prescription stimulants, the most common routes of administration are oral ingestion or snorting. Participants described typical users of prescription stimulants as White and young, between the ages of 17-25 years. A participant explained, *"[Prescription stimulants] it's a White drug ... absolutely, and it's the younger one ... college age."* A law enforcement officer also discussed the drug's popularity at college: *"Mostly they're students using them [prescription stimulants]."*

## Other Drugs

### Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, cough and cold over-the-counter (OTC) medications, inhalants and synthetic marijuana. Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remained highly available in the region. Participants and community professionals agreed that synthetic drugs continued to be highly available even though they were scheduled as controlled substances and banned for sale in October 2011. The BCI London Crime Lab and the Hamilton County Coroner's Crime Lab reported the number of bath salt cases they process had increased during the previous six months. In addition, the BCI London Crime Lab noted that since the ban on the sale of bath salts

went into effect, the formally scheduled substances of MDPV and methylone were almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs took their place. Synthetic marijuana ("K2" and "Spice") was highly available in the region. Much like bath salts, participants and community professionals described high availability of synthetic marijuana, even after the statewide ban of these products went into effect. Treatment providers reported use of synthetic marijuana by individuals attempting to pass drug testing. The BCI London Crime Lab and the Hamilton County Coroner's Crime Lab reported that the number of synthetic marijuana cases they process had increased during the previous six months. Participants reported low to moderate use of inhalants, citing the use of computer duster, nitrous oxide, Freon, paint and Pam® cooking spray as common products abused. Community professionals reported overall low inhalant abuse among their clients. Participants reported abuse of OTC and prescription drugs containing dextromethorphan (Robitussin® DM, Coricidin® HBP cough/cold) as very common. Law enforcement reported little incidence of abuse for this class of drugs. Community professionals also described prescription promethazine-codeine syrup as something that individuals in the 18-25 year age group abused during the past six months.

### Current Trends

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: anabolic steroids, bath salts, hallucinogens [lysergic acid diethylamide (LSD), psilocybin mushrooms, DMT (dimethyltryptamine) and salvia divinorum] and synthetic marijuana. Anabolic steroids are relatively rare in the region. Participants did not report an availability score for anabolic steroids, but law enforcement reported street availability as '4' or '5' and fitness center availability as '8' or '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement reported use of anabolic steroids by athletes who primarily purchased the drugs through the Internet, so the sale is, as on law enforcement official stated, *"not as obvious"* as a transaction with a dealer on the street. Participants reported purchasing anabolic steroids from the Internet where a vial of testosterone sells for \$150; 150 tablets sells for \$200, enough for a 10-week cycle of anabolic steroid use. Law enforcement reported typical users of anabolic steroids as White males between the ages of 18-40 years who are involved in bodybuilding. Hallucinogens [lysergic acid diethylamide (LSD), psilocybin mushrooms, DMT (dimethyltryptamine) and salvia divinorum] are available in the region. LSD (aka "acid") is rarely to moderately available in the region. Participants reported the availability of the drug as '2' to '5' in urban areas and

'10' in rural Clermont County on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). LSD was reported to be available on a seasonal basis, with higher availability expected in the autumn months. Treatment providers and law enforcement did not report availability of LSD during the past six months. The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months. Participants described blotter paper or gel dots as the most available form, and each 'hit' sells for between \$5-10. A profile for a typical user of LSD did not emerge from the data. First-time use of LSD was reported to be as young as 14 years of age. Psilocybin mushrooms (aka "shrooms") are rarely to highly available in the region. Participants reported the availability in a range from '2' to '5' in urban areas and '4' to '10' in rural counties, such as Brown and Clermont. A participant discussed the availability of psilocybin mushrooms in the area: "A lot of people grow them [psilocybin mushrooms] around here ... but down south in Kentucky there's a lot of shrooms ... wherever there's cow pastures." Similar to LSD, psilocybin mushrooms are reportedly available on a seasonal basis. Treatment providers and law enforcement did not report availability of psilocybin mushrooms during the past six months. Law enforcement reported that psilocybin mushrooms are more likely to be available in the late summer or early autumn. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months. Participants described dried psilocybin mushrooms as the most available form of the drug, although spores to grow them are reportedly available for \$8 per vial of spores; 1/8 ounce of dried psilocybin mushroom material sells for between \$20-30; 1/4 ounce sells for between \$40-60; 1/2 ounce sells for between \$70-80. Several participants mentioned DMT (dimethyltryptamine), which is a synthetic hallucinogenic tryptamine, along with salvia divinorum as being available, but not widely used. Participants reported both substances were found on the Internet or through someone else who had purchased them. The BCI London Crime Lab reported that cases of powdered DMT and cases of salvia divinorum have increased during the past six months.



Synthetic marijuana ("K2" and "Spice") availability remains variable in the region. Participants from Brown County most often reported the current availability of synthetic marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), but other groups of participants indicated availability as much lower, although they did not provide a score; previously, participants most often said synthetic marijuana was highly available. The sale of synthetic marijuana was banned in October 2011, but participants

and law enforcement reported that it is still available. Law enforcement reported that synthetic marijuana is sold in convenience stores, stored under the counter and sometimes given to consumers free of charge with the intent to get them "hooked on it," as one law enforcement official stated. In January, the *Ironton Tribune* reported on an arrest related to synthetic marijuana in Lawrence County; law enforcement seized an estimated \$20,000 worth of synthetic marijuana from a tattoo parlor and retail shop ([www.irontontribune.com](http://www.irontontribune.com), Jan. 12, 2012). The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. The crime lab also reported that as soon as one drug is banned (JWH-018) another chemical analogue is likely to take its place (AM2201). Participants reported that 500 mg sells for \$15; a gram sells for between \$10-40. A participant compared pricing of regular marijuana to synthetic marijuana: "Marijuana is much cheaper than Spice."



Bath salts (synthetic compounds containing methylene, mephedrone or MDPV) are rarely to highly available across the region. Participants reported the drug's current availability as '3' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previously, participants most often said bath salts were highly available. The sale of bath salts was banned in October 2011, but participants and law enforcement reported that they are still available. A participant said, "[Obtaining bath salts] it's so easy ... just one phone call away." On the other hand, law enforcement reported the availability of bath salts as '3'. An officer reported, "Not sure of the sources, but [we're] definitely seeing them [bath salts]." In April, regional media reported on a large seizure of bath salts in Warren County. According to law enforcement, two men were distributing bath salts made in China to convenience stores throughout the country; law enforcement seized more than \$500,000 worth of bath salts ([www.wlwt.com](http://www.wlwt.com), April 4, 2012). The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. In addition, the lab reported that as soon as one drug is banned (MDPV) another chemical analogue is likely to take its place (alpha-PVP). Law enforcement reported that users are aware of the negative health outcomes associated with ingestion. An officer said, "People are getting scared of them [bath salts] ... the education is that they're dangerous." Participants described adverse reactions to the use of bath salts. A participant explained, "Bath salts tore my stomach up ... [I] had diarrhea ... it made me ultra-paranoid." Participants reported bath salts are sold in vials or baggies: 500 mg sells for between \$16-20; a gram sells for between \$30-40. While there were several reported ways of using bath salt products, the most common routes of administration include oral

ingestion, intravenous injection, smoking and snorting. A participant with experience injecting bath salts said, "*Shooting them [bath salts] is like meth times one thousand.*" A profile of a typical user did not emerge with the data. Participants reported that consumers of bath salts are more likely to be White and range in age from 30-45 years.

### Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics remain highly available in the Cincinnati region. Noted changes in availability during the past six months exist as follows: increased availability for heroin and Suboxone®; likely increased availability for bath salts, methamphetamine and synthetic marijuana; likely decreased availability for powdered cocaine. Overall, participants and community professionals reported that the general availability of heroin in the region has increased during the past six months; BCI London Crime Lab also reported that the number of brown powdered and black tar heroin cases it processes has increased. Treatment providers and law enforcement reported on the switch from prescription opioids as the reason for increased heroin use. Participants reported that age of first-time heroin use is decreasing with those as young as 12 years of age beginning use. The most common route of administration for heroin remains intravenous injection. While participants and community professionals reported that the availability of prescription opioids has remained relatively stable during the past six months, participants reported that availability has increased for Opana® and immediate-release oxycodone (Roxicodone® and OxyIR®); the BCI London Crime Lab also reported an increase in Opana® cases. Participants and community professionals reported that the availability of Suboxone® has increased during the past six months; the BCI London Crime Lab also reported that the number of Suboxone® cases it processes has increased. In addition to obtaining Suboxone® on the street from dealers, participants also reported legitimately obtaining the drug from clinics, doctors, online pharmacies, or buying from people who are prescribed Suboxone®. Treatment providers most often described a typical Suboxone® user as White, between 18-30 years of age, and more likely male than female. Law enforcement noted an increase in doctors writing for off-label use of Suboxone® for pain management to get past the 100-patient limit for addiction treatment. While methamphetamine availability remains variable in the region, participants most often reported current availability as '10' in rural counties like Brown and Clermont or on the east side of Cincinnati. Participants reported that methamphetamine is available in powder and crystal forms. Law enforcement and treatment providers reported a slight increase in the availability of methamphetamine, and the BCI London Crime Lab reported that the number of methamphetamine cases it processes has

increased during the past six months. Participants described typical users of methamphetamine as White males between the ages of 18-35 years, with first-time use reported as young as 17 years. Reportedly, methamphetamine is used very commonly in combination with heroin ("speedball"). Although sales of synthetic marijuana and bath salts were banned in October 2011, participants and law enforcement reported that they remain available. Law enforcement reported that these drugs are sold in convenience stores, stored under the counter and sometimes given to consumers free of charge with the intent to get users, "*hooked on it,*" as one law enforcement official stated. The BCI London Crime Lab reported that the number of bath salts cases and the number of synthetic marijuana cases it processes have increased during the past six months. The crime lab also reported that as soon as one drug is banned (MDPV; JWH-018) another chemical analogue is likely to take its place (alpha-PVP; AM2201). Lastly, participants and community professionals noted decreases in the availability of powdered cocaine during the past six months. The BCI London Crime Lab also reported that the number of powdered cocaine cases it processes has decreased. Law enforcement believed that desirability of powdered cocaine has decreased during the past six months as other drugs became more popular.