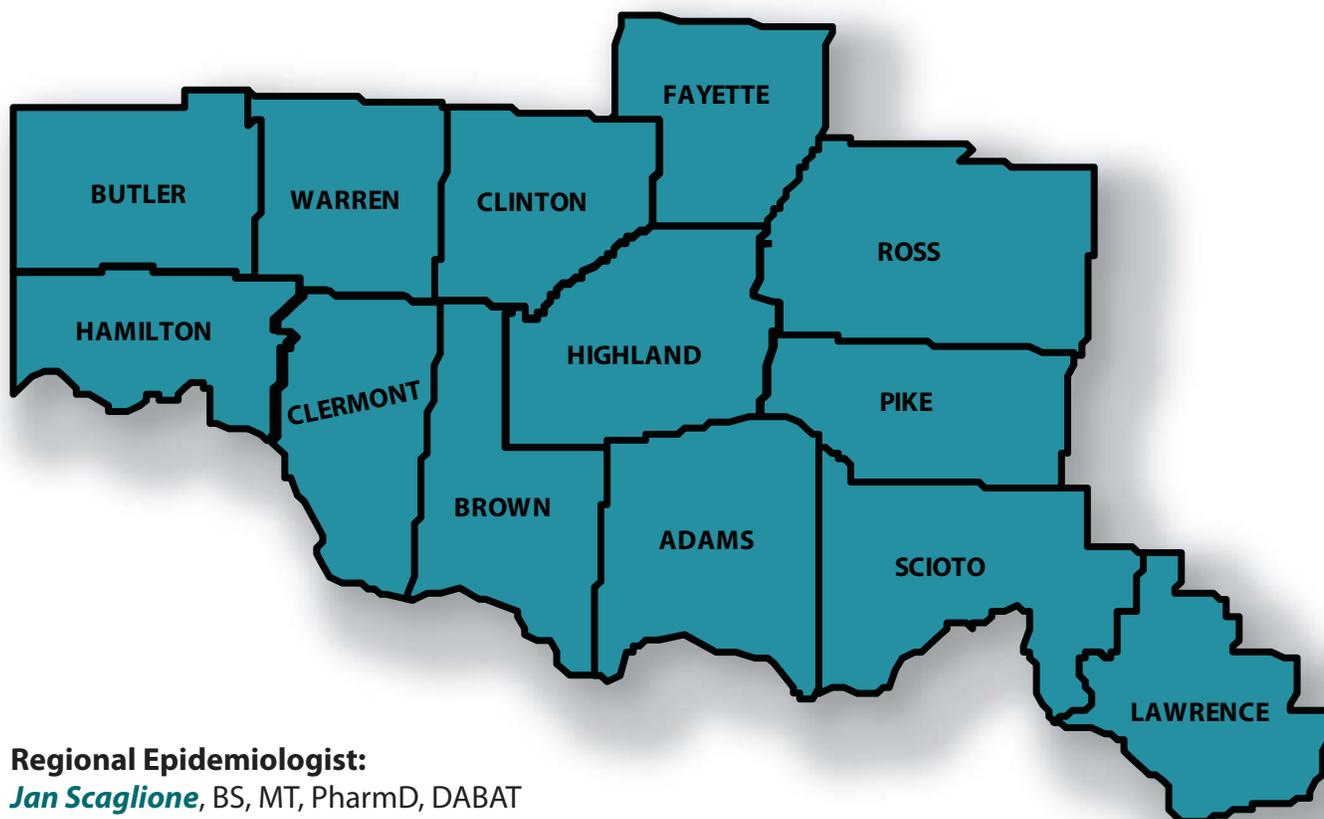


Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cincinnati Region

June 2011-January 2012

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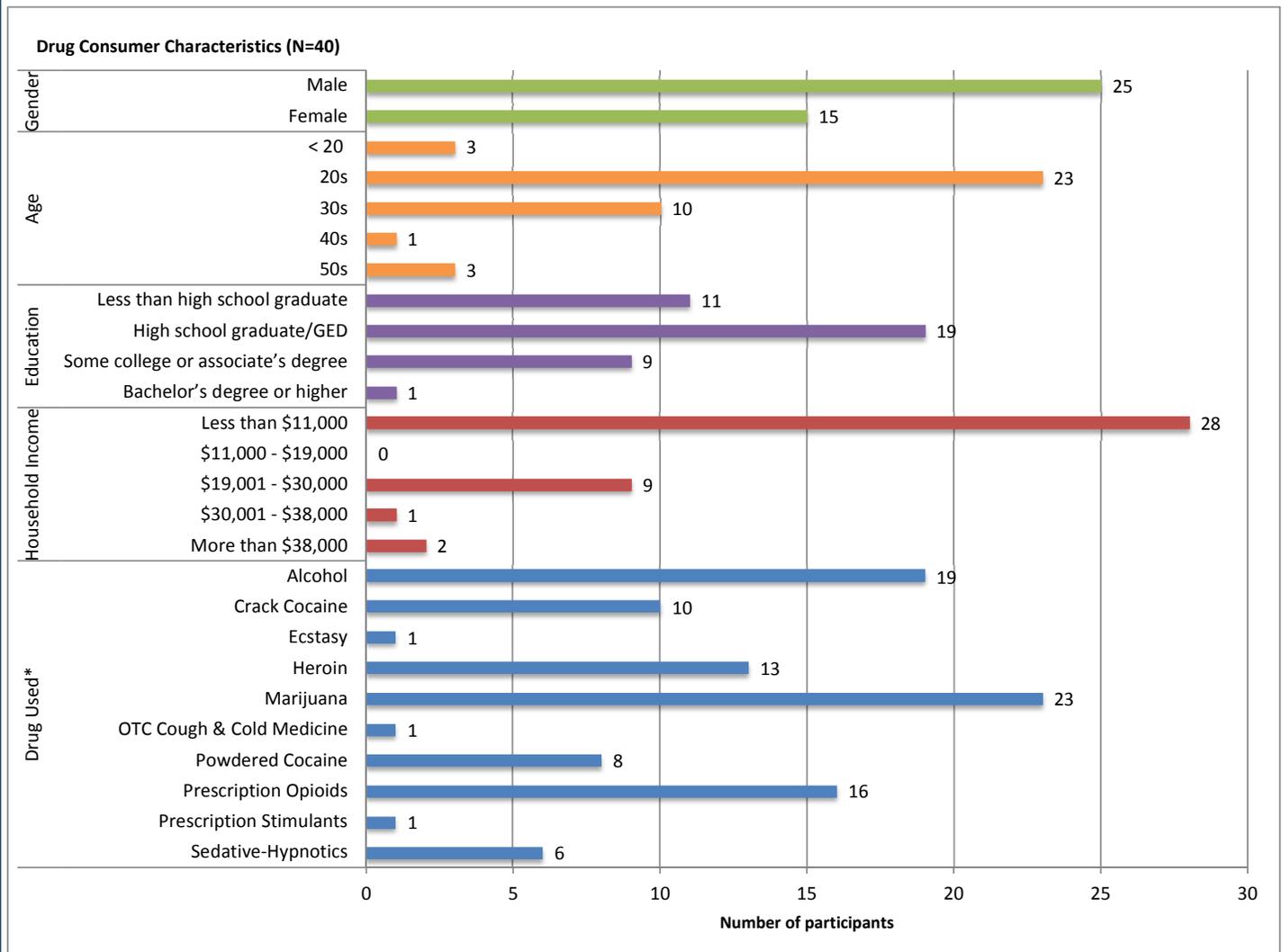
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Cincinnati Regional Profile

Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	40
Gender (Female), 2010	51.2%	51.1%	37.5%
Whites, 2010	81.1%	81.3%	42.5%
African Americans, 2010	12.0%	12.5%	37.5%
Hispanic or Latino Origin, 2010	3.1%	2.3%	5.0%
High school graduates, 2009-2010	84.3%	88.0%	72.5%
Median household income, 2010	\$45,151	\$43,997	Less than \$11,000 ²
Persons below poverty, 2010	15.8%	15.2%	72.5%

Ohio and Cincinnati statistics are derived from the U.S. Census Bureau.¹

Respondents reported income by selecting a category that best represented their household's approximate income for 2011.²



*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 located in Hamilton County. Participants were from Clermont, Hamilton and Warren counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Hamilton County Coroner's Crime Lab and the Bureau of Criminal Investigation (BCI) London Office, which serves Central and Southern Ohio. All secondary data are summary data of cases processed from January through June 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, all secondary 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 July through December 2011.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was moderately available in the region. Participants most often reported the drug's availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported powdered cocaine availability as highly variable throughout the region. Both law enforcement and treatment providers most often reported the drug's availability as '6'. Participants and treatment providers reported that the availability of powdered cocaine had remained the same during the previous six months. The Hamilton County Coroner's Crime Lab reported that the number of powdered cocaine cases it processes had also remained the same during the previous 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). Participants reported that the quality of powdered cocaine had decreased slightly during the previous six months. The Hamilton County Coroner's Crime Lab continued to cite levamisole (livestock dewormer) as commonly used to cut (adulterate) powdered cocaine. Participants reported that a gram of powdered cocaine sold for between \$35-100, depending on the quality and connection to the dealer. Participants reported that the most common way to use powdered cocaine remained snorting. First-time users were more likely to snort powdered cocaine, and then progress to smoking or injecting as use continued

or increased. A profile for a typical powdered cocaine user did not emerge from the data. Treatment providers described typical users of powdered cocaine as those with the means to afford it. Powdered cocaine continued to be diluted and then injected with heroin by some users in a "speedball."

Current Trends

Powdered cocaine is 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 '5'. Participants continued to describe some varied availability throughout the region: *"It ran like water [powdered cocaine was highly available]; Finding the powder [powdered cocaine] was harder ... I could find crack [crack cocaine] [more easily]."* Treatment providers most often reported the availability of powdered cocaine as '8'. A treatment provider stated, *"I haven't had any complaints about not being able to find it [powdered cocaine]."* Law enforcement most often reported the drug's availability as '4'. A law enforcement officer stated, *"We see it [powdered cocaine], but not as much as we used to."* Participants reported that the availability of powdered cocaine has either remained the same or has decreased slightly during the past six months. Both law enforcement and treatment providers believed that the availability of powdered cocaine has remained the same during the past six months. The Hamilton County Coroner's Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past 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 previous most common score was '2' or '3'. Participants reported that the quality of powdered cocaine was highly variable during the previous six months. A participant stated, *"[Powdered cocaine] it's coming straight from Colombia; the bricks are stamped."* Participants who described low quality cited the following substances used as cutting agents: baby laxative, baby powder, creatine and Mini Thin 25/50® (ephedrine-based weight loss product). A participant stated, *"I know some people that cut it [powdered cocaine] with that s*** from GNC ... critadine ... creatine."* The Hamilton County Coroner's Crime Lab continued to cite levamisole (livestock dewormer) as commonly used to cut powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow" and "girl." Participants listed the following as other common street names: "booger sugar," "fish scale," "powder," "snow," "soft," "white girl" and "ya-yo." Current street prices for powdered cocaine reportedly continue to vary depending on the

closeness of the connection the user has with the dealer. A participant stated, *"It [price of powdered cocaine] depends on who you know."* Participants reported that a gram of powdered cocaine sells for between \$50-70, and up to \$100; 1/8 ounce, or "eight ball," sells for between \$80-150; an ounce sells for \$500-600 with a good connection and between \$1,100-1,200 without a good connection; a kilogram sells for \$16,000-20,000. Both participants and law enforcement described cheaper kilogram prices if high quantities of the drug are purchased. A participant stated, *"It [powdered cocaine] gets cheaper the more you buy."* A law enforcement official corroborated this, stating, *"[Powdered cocaine pricing] it's a quantity connection-based price structure."* Participants reported that the most common way to use powdered cocaine remains snorting. Smoking is common among users who "rock up" powdered cocaine to manufacture crack cocaine, while intravenous injection is a common route among those users who are injectors of any drug. A participant reported, *"Once I started injecting, that's the only way I do it [powdered cocaine]."*

Participants described typical powdered cocaine users in terms of age as being in their late teens and older, citing users of powdered cocaine as young as 16 years of age. A typical age of first use is between 17-18 years of age, according to participants. A participant reported, *"I started [using powdered cocaine] when I was 16 [years old] ... I turned a lot of people on to it."* Treatment providers described the typical powdered cocaine user as primarily middle-class, blue-collared workers between 26-33 years of age. A law enforcement official stated that many college-aged individuals experiment with powdered cocaine and that the drug is more commonly encountered among, *"upper-class, suburban kids."* Participants reported that dealers of powdered cocaine are more likely to be African-American than any other race or ethnicity.

Reportedly, powdered cocaine is commonly used in combination with alcohol, heroin, marijuana, sedative-hypnotics and tobacco. A participant described the use of heroin in conjunction with powdered cocaine (speedball): *"I follow cocaine with heroin, but I will absolutely not mix them ... putting them together takes away from each buzz [high]."* A participant explained that the use of benzodiazepines or Seroquel® in conjunction with powdered cocaine helps with *"coming down"* from the cocaine high, and that the use of powdered cocaine with alcohol reportedly enhances the effect of alcohol. A participant added, *"You can drink more [alcohol] with cocaine along with it."*

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and treatment providers

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). The Hamilton County Coroner's Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months. Most participants rated the quality of crack cocaine as either '2' or '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The Hamilton County Coroner's Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for between \$40-60. Many participants also reported that they could easily purchase crack cocaine by the "rock" for between \$5-10. By far, the most common route of administration for this form of cocaine was smoking. Participants described first-time users of crack cocaine as getting younger, often 12-13 years of age. Treatment providers described crack cocaine as a social drug among younger users, appealing to this population because of the drug's low cost.

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 '9'. A treatment provider reported, *"We see more crack cocaine [users in treatment] ... there's a higher availability of crack than powder."* Law enforcement believed the drug's availability to be '10' in Hamilton County, but noted some geographic differences throughout the region. In Butler County, for instance, current availability was most often described as '6'. Media in the region reported on crack cocaine seizures and arrests during this reporting period. In October, during a routine traffic stop in Pike County, law enforcement found 100 grams of crack cocaine and 18 grams of powdered cocaine inside a fake coffee can (www.nbc4i.com, Oct. 13, 2011). Participants reported that while there has been variability in availability, overall availability of crack cocaine has remained the same during the past six months. A participant stated, *"[Crack cocaine] it's something that's gonna stay here."* Community professionals agreed that the availability of crack cocaine has remained the same during the past six months. The Hamilton County Coroner's Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past 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); the previous most common scores were '2' and '5'. Referring to the quality of crack cocaine, a participant stated, *"[Quality of crack cocaine] it's either really good or garbage."* Another

participant stated that quality is dependent on the time of month: *"First of month ... bad, middle of month ... better, end of month ... good quality ... it [crack cocaine] has cyclic quality."* Participants also reported commonly re-cooking crack cocaine with the intent to 'purify' the drug for smoking. One participant said, *"When you cook the crack down, it tastes better."* Participants stated that quality has either remained the same or has decreased slightly during the past six months. A participant said, *"[Quality of crack cocaine lately] it's been horrible; [dealers] they've been cuttin' it really bad with baking soda."* Participants reported the following substances as cutting agents for crack cocaine: baking soda, benzocaine (local anesthetic) and candle wax. Other substances sold to unsuspecting buyers in place of crack cocaine (aka fleecing) are reportedly the following: aquarium rocks, candle wax, drywall, gravel, macadamia nuts, Mini Thin 25/50[®] (ephedrine-based weight-loss product), peanuts, pool cue chalk and soap. The Hamilton County Coroner's Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "base," "butter," "melt," "rock candy" and "work." Participants reported that a gram of crack cocaine sells for between \$30-60; an ounce sells for \$1,000. Similar to powdered cocaine, higher quantity netted better pricing; a purchase of four ounces of crack cocaine reportedly saves the buyer \$200 an ounce. While there are a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking from a pipe. Similar to powdered cocaine, injectors of crack cocaine are primary injectors of other drugs, and comprise fewer than an estimated two percent of crack users. Participants stated that lemon juice or vinegar is most commonly used to break down crack cocaine for the purpose of intravenous injection.

A profile of a typical user of crack cocaine did not emerge from the data. Participants believed that typical users of crack cocaine are more likely to be in their later teen years and that users may start 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. One treatment provider said, *"In the 80s people started [crack cocaine use] younger ... but now it seems like users are older."* Law enforcement described encounters with individuals as young as 15 years of age with crack cocaine, but they said typical use begins at 18 years of age. Law enforcement also stated that they encounter crack cocaine use most often among African-Americans or among economically disadvantaged Whites.

Reportedly, crack cocaine is commonly used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A participant explained the rationale for using crack cocaine with other drugs: *"I won't smoke crack unless I have heroin to come down with."* Another participant described the use of Seroquel[®] for the same reason: *"Seroquel is great to come off the crack."*

Heroin Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and treatment providers 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 said to be available in the region, participants and law enforcement continued to name Mexican brown powdered heroin as most available. Participants in rural Lawrence and Jackson counties, however, reported black tar heroin as most available. Reportedly, the availability of heroin, regardless of type, had increased during the previous six months. The Hamilton County Coroner's Crime Lab reported that the number of heroin cases it processes had remained the same during the previous six months. Most participants generally rated the quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported heroin cut with fentanyl had been available in the previous six months, with several participants reporting of friends dying as a result. The Hamilton County Coroner's Crime Lab reported diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that Mexican brown powdered heroin was available in different quantities: filled capsules sold for between \$10-15 per capsule; baggies labeled with "TNT" or "WMD" containing 1/10 gram sold for between \$10-15 in rural areas and \$20 in the city of Cincinnati; a gram sold for between \$70-130; a gram of black tar heroin sold for between \$100-150. Participants reported that the most common way to use heroin continued to be intravenous injection. Participants also continued to describe typical users of heroin as male and White.

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); the previous most common score was also '10.' While many types of heroin were described in the region, participants continued to name both white powdered and Mexican brown powdered heroin



as most available. Treatment providers also reported high overall heroin availability, most often reporting current availability as '9' or '10'; the previous most common score was '10.' Law enforcement most often reported availability of white powdered and Mexican brown powdered heroin as '10,' and black tar heroin as '1' or '4.'

Throughout the region, participants reported that the overall availability of heroin has increased during the past six months. A participant reported, "[Black] tar or powder [heroin] ... I used to have to get downtown [Cincinnati] every day from Clermont County ... now I can get it delivered to my door." Another participant reported, "Lately I've seen more white powder [heroin]." Participants also reported an increase in the availability of black tar heroin during the past six months. A participant stated, "[Black tar heroin] it's exceptionally more available." Treatment providers and law enforcement noted an increase in availability of heroin during the past six months. Law enforcement cited that the demand for heroin has been driven by the reformulation of OxyContin® (less desirable than in the past) and the high cost for prescription opioids. The Hamilton County Coroner's Crime Lab reported that the number of heroin cases it processes has increased during the past six months.

Most participants generally rated the current quality of heroin as '7' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants reported that the quality of heroin has been variable during the past six months. In general, substances cited as cutting agents for Mexican brown powder or black tar heroin included instant coffee and calcium powder. A participant stated, "They [dealers] cut it [heroin] with coffee ... you have to keep that bitter taste because if it doesn't have the bitter taste, then you know it's garbage." The Hamilton County Coroner's Crime Lab continued to cite diphenhydramine (antihistamine) as commonly used to cut heroin.

Current street jargon includes many names for heroin. The most commonly cited names were "boy" and "dog food." Participants listed the following as other common street names: "cheeva," "cheese," "China white," "cookies and cream" and "dope." Participants reported that a gram of powdered heroin sells for between \$100-150; black tar heroin sells in small balloons (1/10 gram) for between \$20-25. Law enforcement described heroin-filled capsules containing 1/10 gram selling for between \$10-20 per capsule or five capsules for \$100. Participants reported that the most common way to use heroin continues to be intravenous injection. To a lesser degree, participants also described smoking and snorting of

heroin. Participants cited that first-time heroin users or those described as, "needle-phobic" are more likely to snort or smoke heroin than intravenously inject. A participant commented, "I met someone who smoked it [heroin] for the first time a couple of months ago ... I was scared of that stuff ... needles ... I smoke it."

Participants continued to describe the typical heroin user as male and White. One participant said, "A lot of white boys use [heroin]." Participants stated that first-time heroin use typically occurs after prescription opioid use or abuse with the realization that heroin is, as one participant said, "cheaper; easier to get." According to participants, heroin use starts as young as 13-14 years of age. A participant reported, "Lots of young kids ... they told me heroin was the easiest to get ... prescription pills are overpriced; you can get high three to four times off \$20 heroin ... more economically feasible." Treatment providers also described the typical heroin user as White, and between 18-60 years of age, with more use being seen in the 18-25 age range. Treatment providers stated that increased use of heroin by young African-American males new to heroin is something that has changed during the past six months. Law enforcement reported higher use by Whites, aged 18-50 years, with dealers more likely to be African-American. Law enforcement also noted an increase in injection use during the past six months.

Reportedly, heroin is commonly used in combination with alcohol, crack cocaine, marijuana, powdered cocaine and sedative-hypnotics. Participants reported that both forms of cocaine are used with heroin to speedball. The use of methamphetamine and heroin together, while not common, was described as another form of speedball. A participant explained that speedball with methamphetamine makes, "the up and down lasts days."

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). Participants identified Lortab®, OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participants and community professionals also reported an increase in availability and use of Opana®. The success of abuse-deterrent technology in the new formulation OxyContin® had pushed users to the prescription opioids Opana® and OxyIR® ("perc 30"), as well as to heroin. Participants reported that the availability of prescription opioids had remained the same, at high levels, during the previous six months. Participants also stated that the diversion of the 40 mg wafers of methadone

from treatment centers had increased. The BCI London Crime Lab reported that the number of prescription opioid cases it processed had remained the same during the previous six months; however, noted increases in the number of lab-processed cases existed for Dilaudid®, Opana® and Percocet®. In addition to obtaining prescription opioids on the street from drug dealers, participants also reported obtaining them through legitimate prescriptions written by their physicians, through hospital emergency rooms and pain clinics. 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 remained oral ingestion. Participants continued to describe typical users of prescription opioids as more likely to be White than any other race or ethnicity. Treatment providers reported that users of prescription opioids were 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 in the homes of relatives or friends.

Current Trends

Prescription opioids 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'. Community professionals also described high availability of prescription opioids, rating overall availability as between '9' and '10'. Participants identified Lortab®, methadone, Percocet®, OxylR® (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 has remained the same, at high levels, during the past six months. Participants reported increases in the availability of Opana® and Roxicodone® during the past six months. A participant stated, "Opana's getting real big." Law enforcement reported increases in OxylR® and Opana® and attributed the increase to the reformulation of OxyContin®. A law enforcement officer reported: "OxylR's have increased ... mostly used by those further along in their addiction ... they use the OxylR 30 mg ... most dangerous ... also a large increase in Opana seen since the OxyContin reformulation." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

Many different prescription opioids are reportedly sold on the region's streets. Participants reported the following prescription opioids as available to street-level users

(Note: When reported, current street names and prices are indicated in parentheses): methadone (aka "dones;" 5 mg sells for between \$2-5; 10 mg sells for between \$6-10), Opana® (aka "OP's;" 20 mg sells for \$20; 40 mg sells for between \$35-40), OxyContin® (aka "hillbilly heroin" and "oxy's;" 40 mg sells for between \$20-30; 60 mg sells for between \$45-50, 80 mg, aka "green beans;" sells for between \$60-70), OxylR® (immediate release oxycodone and Roxicodone®, aka "IR's;" 15 mg, aka "perc 15;" sells for between \$12-15; 30 mg, aka "perc 30;" sells for between \$23-30), Percocet® (aka "P's," "perc's" and "pumpkins;" 5 mg sells for between \$3-5; 7.5 mg sells for between \$5-6; 10 mg sells for between \$7-10) and Vicodin® (aka "coffins," "V's" and "vikes;" 5 mg sells for between \$2-4; 7.5 mg sells for \$5; 10 mg sells for between \$6-10). While there were a few reported ways of consuming prescription opioids, the most common route of administration remains oral ingestion. Participants cited immediate-release oxycodone products as most likely to be snorted. Attempts to bypass the abuse-deterrent technology of the newly formulated OxyContin® included freezing the tablets, followed by cooking them in a microwave. Injection of prescription opioids was said to occur among users that inject other drugs.

Participants reported that initial access to prescription opioids is more likely from legitimate prescriptions written by physicians than from other sources. Once an individual becomes addicted, then other sources such as emergency rooms, pain clinics or street dealers are often used to obtain prescription opioids. Treatment providers also observed that addiction to prescription opioids is more likely to occur after legitimate use for a pain-related condition. A participant reported, "You can get 'em [prescription opioids] from Texas, Florida, Louisiana, and Mexico ... dealers, pill mills, doctor shoppers". Another participant described obtaining prescription opioids from older people who have legitimate prescriptions, "Can get them [prescription opioids] from older people who sell to younger people ... either they have a different drug they like or they hold back some and just sell part of it." A law enforcement official corroborated this statement: "Older people are selling prescriptions ... to pay rent, heating bills ... elderly sell the pills [prescription opioids] to younger people, maybe selling only one-half of the prescription." Obtaining prescription opioids from emergency rooms was noted as being more difficult now than in the past. One participant said, "Can't get [prescription opioids] as easy from ED [emergency departments] ... can't get as many [as in the past]."

Participants described the typical user of prescription opioids as White more than any other race or ethnicity, and also more likely to be female. A participant reported, "Girls do more prescription drugs." Treatment providers and law enforcement both described users as predominantly

White males and females. A participant described first use as early as 12-13 years of age, which was corroborated by law enforcement. Participants described first use access as, *"From the medicine cabinet or pharm [prescription drug exchange] parties with high school kids."* Law enforcement stated that an increase in pharmacy robberies is related to the theft of prescription opioids. Reportedly, prescription opioids are commonly used in combination with alcohol and sedative-hypnotics. Participants described the use of prescription opioids with crack cocaine, heroin and marijuana as less common.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® was 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). Participants and community professionals reported that the availability of Suboxone® had increased during the previous six months. Law enforcement described Suboxone® as an emerging problem in jails. The BCI London Crime Lab reported a decrease in the number of Suboxone® cases it processed during the previous six months. Participants reported that Suboxone® 2 mg sold for \$5, and 8 mg sold for between \$8-25; Subutex® (containing only buprenorphine), 2 mg sold for \$10, and 8 mg sold for between \$15-20. Most often participants continued to report taking Suboxone® either sublingually (by dissolving it under the tongue) or by snorting. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting Suboxone® from pain clinics, Suboxone® clinics and physicians trained to prescribe the drug. If street dealers had Suboxone®, they were more likely to be primarily heroin dealers. 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 used the drug as part of substance abuse treatment.

Current Trends

Suboxone® is moderately to highly available in the region. Participants most often reported the current availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Both pill and film strip formulations are available. A participant stated, *"[Suboxone®] pills and strips are widely available."* Participants reported that Suboxone® availability is more likely to be from legitimate sources than through street purchase. A participant stated, *"Get [Suboxone®] from people that get them legit ... some off street dealers."* Treatment providers

described moderate availability of Suboxone in the region, reporting the drug's current availability as '6'. A treatment provider stated, *"A lot of people are trying it [Suboxone®] before trying to get their own prescription ... they hear that it's quicker [acting] than methadone."* Law enforcement reported the availability of Suboxone® as '4', noting an increase in availability during the past six months. A law enforcement officer stated, *"It [Suboxone®] wasn't there, but now it is ... most people on it have it legitimately."* Participants reported that Suboxone® availability has increased significantly during the past six months. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®, including "signs," "strips" and "subs." Participants reported that Suboxone® sells for between \$8-15 per pill or strip. While the Suboxone® strips are more likely to be put under the tongue, the route of administration for the pills also includes crushing the pill for snorting or dissolving it in water for injection. A participant noted, *"To use it [Suboxone® for injection] ... gotta be like 30 hours out [30 hours since last opiate use]."*

A profile for the typical illicit user of Suboxone® did not emerge from the data. However, law enforcement described more Whites than African-Americans as selling and trafficking prescription opioids, including Suboxone®. The age range of Suboxone® users is reportedly between 20-40 years. Treatment providers reported that some abuse was described by clients: *"I don't know how they [clients] are abusing it [Suboxone®], but they are; Some abuse it [Suboxone®] ... some take it to see if they want to use it to get off opioids ... others use it therapeutically to avoid dope sickness."* A law enforcement official also reported some abuse of Suboxone®: *"[Those with prescriptions] they're selling [Suboxone®] for abuse purposes or to replace what they had [for those already in a Suboxone® program]."* Similar to other prescription opioids, Suboxone® is reportedly used in combination with alcohol, marijuana and sedative-hypnotics.

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 '8' 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 '10'. Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it

processed had remained the same during the previous six months; however, there was an increase in the number of cases processed for Xanax®. Participants reported several ways of consuming sedative-hypnotics, with the most common routes of administration being oral ingestion and snorting. Participants described typical users of sedative-hypnotics as more often female than male, but otherwise a typical user could not be defined.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of these drugs (especially Ativan®, Klonopin®, Valium® and Xanax®) 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 '8.' Treatment providers most often reported current availability as '8.' Law enforcement reported current availability of Klonopin® as '5,' and current availability of Valium® and Xanax® as '10.' Law enforcement reported that they do not encounter much Ativan® on the street. Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. Both treatment providers and law enforcement also reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab also 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, prices are indicated in parentheses): Klonopin® (aka "Crazy K's," "K's" and "KP's," 1 mg sells for between \$0.50-1; 2 mg sells for \$2), Valium® (aka "blues," "V's" and "V-cut," 5 mg sells for \$1-2; 10 mg sells for between \$2-4) and Xanax® (aka "candy bars," "diving boards," "footballs," "Lincoln Logs," "logs" and "xani's," 1 mg sells for between \$2-3; 2 mg sells for \$5). While there were a few reported ways of consuming sedative-hypnotics, the most common route of administration remains oral ingestion. Less common routes of administration include crushing and snorting and intravenous injection after dissolving in liquid.

Participants described the typical user of sedative-hypnotics as most likely to be female and White, while citing first-time users of sedative-hypnotics as young as 14-15 years of age. A participant explained, "*Middle-schoolers use these [sedative-hypnotics].*" Participants described access to young users through medicine cabinets or friends as more likely than obtaining sedative-hypnotics from street dealers. Both law enforcement and treatment providers believed that

females, aged 20-60 years, are most likely to use sedative-hypnotics. According to participants, sedative-hypnotics are commonly used in combination with alcohol, heroin and prescription opioids (methadone) to "boost" the high. Treatment providers also reported that alcohol, marijuana and prescription opioids are commonly used in combination with sedative-hypnotics.

Marijuana

Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants and treatment providers 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). Law enforcement reported that over-the-road truckers transported a lot of the marijuana into the region from Mexico by way of Indianapolis, Indiana. The Hamilton County Coroner's Crime Lab reported that the number of marijuana cases it processed had remained the same during the previous six months. Participant quality scores of marijuana varied from '7' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that for commercial-grade marijuana, a "blunt" (cigar) sold for \$10, and an ounce sold for between \$100-150; for high-grade marijuana, a blunt sold for \$20, and an ounce sold for between \$300-450. The most common route of administration for marijuana continued to be smoking. Participants and community professionals reported that marijuana use was common among all groups of people.

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 is not a drug,*" meaning that the drug is so widely available that one would think marijuana to be legal. Treatment providers most often reported the drug's current availability as '10,' but they often gave much higher numbers to denote the extreme availability of the drug. One treatment provider said, "*[Availability of marijuana] it's a '20' [extremely available].*" Law enforcement also most often reported the availability of marijuana as '10.' Law enforcement described an increasing number of shipments of high-grade marijuana being transported by mail. Media outlets reported on several marijuana seizures in the region during this reporting period. In September, *USA Today* reported that a Cincinnati Bengals football player was arrested for receiving two and a half pounds of marijuana from California. Inside the player's

home, authorities also found six more pounds of marijuana and other drug paraphernalia. Law enforcement believed the player's residence was set up as a distribution center for a local drug ring (www.usatoday.com, Sept. 22, 2011). Also in September, *The Plain Dealer* reported on a marijuana seizure near the border of Pike and Scioto counties. Local law enforcement used helicopters to search for the marijuana plants and discovered 10 plots, or 565 plants, worth more than \$500,000. Officials believed Mexican cartels were growing highly potent marijuana in Ohio because of the temperate climate and good soil; however no one has been arrested in connection with the growing operation (www.cleveland.com, Sept. 29, 2011).

Participants and community professionals reported that the availability of marijuana has remained the same, at high levels, during the past six months. A treatment provider stated, "*The grades and varieties [of marijuana] have increased, but [marijuana] availability is about the same.*" A law enforcement official corroborated this belief: "*[Marijuana] it's all over the board ... it's never going to go away.*" The Hamilton County Coroner's Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months. Most participants generally rated the quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score varied from '7' to '10'. Participants described higher availability of high-grade marijuana in the region, accounting for the higher quality rating. Law enforcement and treatment providers corroborated the higher availability of high-grade marijuana in the region.

Current street jargon includes countless names for marijuana. The most commonly cited names were "bud," "dro," "green," "pot" and "weed." Participants listed the following as other common street names, primarily related to the potency of the drug: "dirt" and "downtown brown" for low-grade marijuana; "reggie," "regular" and "middies" for commercial-grade marijuana; "chronic," "dro," "flame," "kind bud," "kush," "loud," "medical trees" and "schwag" for high-grade or hydroponically grown marijuana. In addition, several high-grade strains were described by participants as having been available during the past six months: "AK-47," "blueberry," "blueberry nugget," "diamond kush," "G-13," "Jack the Ripper," "Maui wowie," "northern lights," "purple haze," "white rhino," "white Russian" and "white widow." The price of marijuana depends on the quality desired. Participants reported that low-grade marijuana is the cheapest form: a blunt sells for \$15; a gram sells for \$5; an ounce sells for between \$75-100; a pound sells for between \$700-800. A gram of commercial-grade marijuana sells for between \$8-10; an ounce sells for between \$100-120; a pound sells for between \$1,000-1,500.

High-grade marijuana sells for significantly more: a joint sells for between \$25-30; a blunt sells for between \$30-40; a gram sells for between \$20-35; 1/4 ounce sells for between \$90-100; an ounce sells for between \$225-500; a pound sells for \$5,000. While there were several reported ways of consuming marijuana, the most common route of administration continues to be smoking. Participants described eating marijuana by adding to butter, cookies or brownies as a less common route of administration.

A profile for a typical marijuana user did not emerge from the data. Participants commonly said statements such as, "*Everybody loves Mary Jane [marijuana].*" Participants described first time users to be as young as 10-11 years of age. Similarly, treatment providers described first time users of marijuana to be as young as 10-13 years of age, with people using marijuana up into their 70s. Law enforcement stated that traffickers of marijuana are usually people 14-15 years of age, but are more typically people ages 18-50 years. No gender or ethnic bias was noted by any of the groups interviewed. Participants stated that marijuana is commonly used in combination with alcohol, cocaine and tobacco.

Methamphetamine Historical Summary

In the previous reporting period, methamphetamine was 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). Participants continued to report low availability of methamphetamine in the City of Cincinnati. Participants also reported that methamphetamine was available in powdered and crystal forms, and continued to be locally produced. Treatment providers and law enforcement most often reported the drug's availability as '5'. The Hamilton County Coroner's Crime Lab reported that the number of powdered and crystal methamphetamine cases it processed had remained the same during the previous six months. Most participants rated the quality of powdered and crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) and reported that quality had either remained the same or increased slightly during the previous six months. Reportedly, a gram of locally produced methamphetamine sold for between \$60-100, with powdered methamphetamine on the low end of that range and crystal methamphetamine on the high end. Participants reported that smoking was the most common route of administration for methamphetamine. Participants described typical users of methamphetamine as White, in their mid-to-late 20s. Reportedly, methamphetamine was sometimes used in combination with heroin (speedball).

Current Trends



Methamphetamine availability remains variable in the region. Participants most often reported methamphetamine'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); the previous most common score was '8' in rural areas. Participants believed the higher rural availability is due to the manufacturing of methamphetamine in these areas. A

participant explained, *"They make it [methamphetamine] up in Clermont County."* Treatment providers and law enforcement also reported availability of methamphetamine in the city most often as '2' and '4,' and law enforcement also reported higher availability of '8' in rural communities. Participants and law enforcement cited that most methamphetamine is locally produced using anhydrous ammonia and pseudoephedrine. Law enforcement also stated that the labs discovered are typically small scale and mostly limited to the "one-pot method" of manufacture, where users (aka "cooks") produce the drug in approximately 30 minutes at nearly any location by mixing common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine (typically found in some allergy medications) in easily obtained containers, such as two-liter plastic soda bottles.

Participants noted that there has been an overall decrease in the availability of methamphetamine during the past six months, and cited that lower availability of precursor chemicals to manufacture methamphetamine as the driving force behind the move of methamphetamine manufacture out of the city. Treatment providers also believed there has been a decrease in methamphetamine availability during the past six months. A treatment provider stated, *"There was so much [media] coverage on the dangers [of methamphetamine manufacture and use] ... and it [methamphetamine availability] seemed to decrease after that."* Law enforcement also believed that there has been 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." The Hamilton County Coroner's Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months (The BCI London Crime Lab reported a

decrease in methamphetamine cases). Participants rated the general quality of methamphetamine most often as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.'

Current street jargon for methamphetamine includes "crank," "crystal," "dope," "meth" and "shards." A gram of methamphetamine reportedly sells for between \$100-175. Delivering a box of pseudoephedrine to the methamphetamine cook reportedly nets the buyer \$30 in cash or 1/2 gram of the finished product. A participant stated, *"In a seven-hour drive, you can hit up 12 counties to find pseudo [pseudoephedrine] to make meth."* Participants continued to describe smoking as the most common route for methamphetamine administration. Snorting of methamphetamine is a less common route of administration, and intravenous injection was noted to occur primarily among those users who inject other drugs.

Participants continued to describe the typical user of methamphetamine as more likely to be male and White; they described first-time users as late teens, approximately 18 years of age, but the typical user was described as, *"early-20s up to the 40s."* A treatment provider noted, *"Couples tended to use it [methamphetamine] together."* Law enforcement reported higher methamphetamine use among poor or Appalachian communities. Reportedly, methamphetamine is often used in combination with alcohol, heroin and marijuana.

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 and treatment providers 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). The BCI London Crime Lab reported that the number of Ecstasy cases it processed had remained the same during the previous six months. The crime lab also reported that Ecstasy tablets usually contained multiple active substances including 5-MeO-DiPT (psychedelic and hallucinogenic drug; aka foxy methoxy), BZP, MDM, MDMA, P-FPP, TMFPP, caffeine, ketamine and methamphetamine. Reportedly, common pictures on Ecstasy tablets were lightning bolts, naked women, pistols, Playboy® bunnies, Scooby Doo, the Star of David and Transformers. Participants reported a "single stack" (low dose) Ecstasy tablet sold for between \$8-25; a "double stack" (moderate dose) sold for \$15; a "triple stack" (high dose) sold for between \$20-25. A profile for a typical Ecstasy user did not emerge from the data.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants most often reported the current availability of Ecstasy 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 the drug's current availability as '6'. In contrast, law enforcement did not report high availability of Ecstasy, citing current availability most often as '2'. Participants reported that the availability of Ecstasy has remained the same during the past six months. The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months; however, the lab noted an appreciable increase in the number of cases containing the designer drug 5-MeO-DiPT (foxy methoxy).

Current street jargon includes several different names for Ecstasy. The most commonly cited names were "Ecstasy," "Molly" and "X." Common pictures reported on Ecstasy tablets are Osama bin Laden, four-leaf clovers, the Kool-Aid® man, lightning bolts, President Barack Obama, Pikachu, pistols and rainbows. Participants reported that Ecstasy sells for between \$5-10 per tablet. Four grams of Molly, the purest form of Ecstasy, reportedly sells for \$225. The most common route of administration is oral ingestion. Less common routes of administration include crushing and snorting of the tablets or intravenous injection after dissolving in liquid. A profile for a typical Ecstasy user did not emerge from the data.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were highly available in the region. Participants most often reported availability of these drugs as '9' 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 '7'. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes had remained the same during the previous six months. Participants and treatment providers described typical users of prescription stimulants as young adults between 18-26 years of age and likely to be enrolled on a college campus.

Current Trends

Prescription stimulants are moderately to 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); the previous most common score was '9'. Treatment providers

most often reported the drug's current availability as '4'; the previous most common score was '7'. A treatment provider reported, "I think [prescription stimulants] it's available on the streets because friends are giving it to friends." Law enforcement most often reported the availability of prescription stimulants as '5'. A law enforcement officer cited, "[Prescription stimulants] they're still out there ... but not as popular as [other] street drugs." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months with one exception; the number of Adderall® cases has decreased.

Participants reported the following prescription stimulants as available to street-level users: Adderall® (5 mg sells for \$2; 10 mg sells for \$3; 20 mg sells for between \$5-8; 30 mg sells for \$10), Concerta® (18 mg sells for \$2; 36 mg sells for \$4; 54 mg sells for \$6), and Vyvanse® (70 mg sells for \$7). 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.

Other Drugs

Historical Summary

In the previous reporting period, 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: bath salts (synthetic compounds containing methylone, mephedrone or MDPV), inhalants and over-the-counter (OTC) cough medicines. Bath salts were highly available in the region. Treatment providers began to see clients abusing bath salts, and talked about some of the health complications, such as difficulty breathing, seen in users. The BCI London Crime Lab reported that the number of bath salts cases it processed had increased during the previous six months. The crime lab also reported that most forms of bath salts contained MDPV and methylone, a relative of a chemical often found in Ecstasy. Treatment providers said individuals on probation found these products attractive because they could be abused and did not show up in drug screens. Law enforcement reported that the use of bath salts was implicated in several deaths in the state. A minority of participants reported inhalant abuse among youth in high school, but did not provide any further information about inhalant abuse. Participants also reported abuse of OTC cough and cold medicines containing dextromethorphan (Robitussin® DM, Coricidin® HBP cough/cold). Treatment providers reported that users took high doses of OTC medicines to hallucinate. Participants and treatment providers reported that young adults in high school and college were most likely to abuse OTC cough and cold medicines.

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. Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain highly available in the region. Participants and community professionals agreed that these synthetic drugs continue to be highly available even though they were scheduled as controlled substances and banned for sale in Ohio in October 2011. A participant described the effects produced by bath salts as being, "as strong as cocaine." Another participant stated, "I heard people went to the nut ward and everything [after using these drugs]." The most common route of administration is snorting, with other routes (smoking, injecting, ingesting) seen as less common ways to abuse bath salts. The BCI London Crime Lab and the Hamilton County Coroner's Crime Lab reported the number of bath salts cases they process has increased during the past 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 are almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs have taken their place. Synthetic marijuana is 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 in October. Treatment providers reported use of synthetic marijuana by individuals attempting to pass drug testing. A treatment provider explained, "It's hard to catch synthetic drug abuse because drug screens are expensive for them ... they [users] boldly tell you they're using because they know it won't show up on a normal drug screen." The BCI London Crime Lab and the Hamilton County Coroner's Crime Lab reported that the number of synthetic marijuana cases they process has increased during the past six months. More recent data from the BCI London Crime Lab indicated that the five formally scheduled substances are almost never seen anymore; rather dozens of non-controlled structural analogs have taken their place.

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 low inhalant abuse among their clients, but described computer duster products as most commonly used for inhalant abuse. 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. Participants described the ingestion of OTC cough and cold medicines as, "Robo-trippin'; sippin' on the syrup." Community professionals

also described prescription promethazine-codeine syrup as something that individuals in the 18-25 year age group have abused during the past six months. Reportedly, the street jargon, or slang, associated with the mixing of the pharmaceutical cough syrup and Jolly Ranchers candies is 'sizzurp.' While none of the participants mentioned steroid abuse, media reported on a steroid ring in Warren County. According to the *Toledo Blade*, steroids were imported from China, processed in Tennessee and later brought into Ohio. A grand jury indicted 32 people on various drug charges, and law enforcement, "seized more than \$600,000 in steroids, about \$300,000 in cash and vehicles, and a number of assault rifles and other firearms" (www.toledoblade.com, Nov. 7, 2011).

Conclusion

Bath salts, crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Cincinnati region; also highly available is synthetic marijuana, which was not reported on during the past reporting period. An increase in availability exists for heroin; a likely decrease in availability exists for methamphetamine. Throughout the region, participants and community professionals reported that the overall availability of heroin has increased during the past six months. A participant reported, "[Black] tar or powder [heroin] ... I used to have to get downtown [Cincinnati] every day from Clermont County ... now I can get it delivered to my door." Law enforcement cited that the demand for heroin has been driven by the reformulation of OxyContin® and the high cost for prescription opioids. Participants reported that the most common way to use heroin continues to be intravenous injection, and law enforcement believed injection use has increased during the past six months. Participants stated that first-time heroin use occurs as young as 13-14 years of age, typically after prescription opioid use or abuse. Participants and treatment providers reported that the availability of prescription opioids has remained the same, at high levels, during the past six months. Participants reported availability increases for Opana® and Roxicodone®; law enforcement reported increases for OxyIR® and Opana®, and attributed the success of abuse-deterrent technology in the new formulation of OxyContin® as having pushed users to these drugs. Participants and treatment providers observed that addiction to prescription opioids is more likely to occur after legitimate use for a pain-related condition, or for adolescents from access through medicine cabinets and "pharm parties." Once an individual becomes addicted, then other sources such as emergency rooms, pain clinics or street dealers are used to obtain prescription opioids. Participants also continued to describe buying prescription opioids from older people who have prescriptions. Methamphetamine availability remains variable in the region. Participants and community professionals reported the availability of methamphetamine in the city to be low, while describing

high availability in rural communities. Participants and law enforcement cited that most methamphetamine is locally produced using anhydrous ammonia and pseudoephedrine. Law enforcement also stated that the labs discovered are typically small-scale and mostly limited to the “one-pot” method of manufacture. Law enforcement believed the decrease in methamphetamine is linked to lower pseudoephedrine availability with increased scrutiny by pharmacies using MethCheck® (pseudoephedrine sales tracking system). Participants and community professionals agreed that bath salts and synthetic marijuana continue to be highly available even though they were scheduled as controlled substances and banned for sale in Ohio in October 2011. The BCI London Crime Lab and the Hamilton County Coroner’s Crime Lab reported that the number of bath salts and synthetic marijuana cases they process have increased during the past six months. In addition, the BCI London Crime Lab noted that since the ban on these designer drugs went into effect, the formally scheduled substances are almost never seen any more; rather dozens of non-controlled analogs have taken their place.