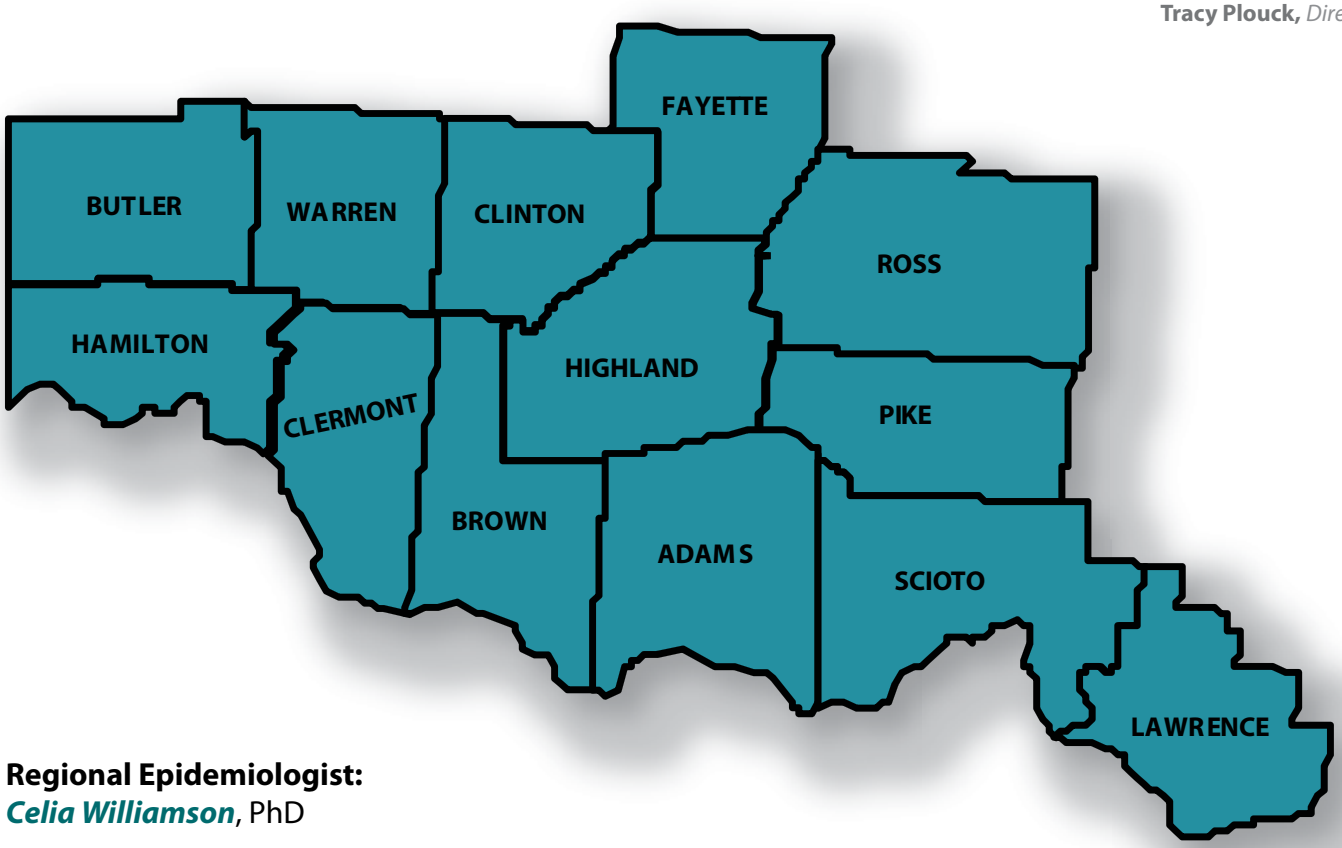
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cincinnati Region

June 2012 - January 2013

John R. Kasich, *Governor*
Tracy Plouck, *Director*



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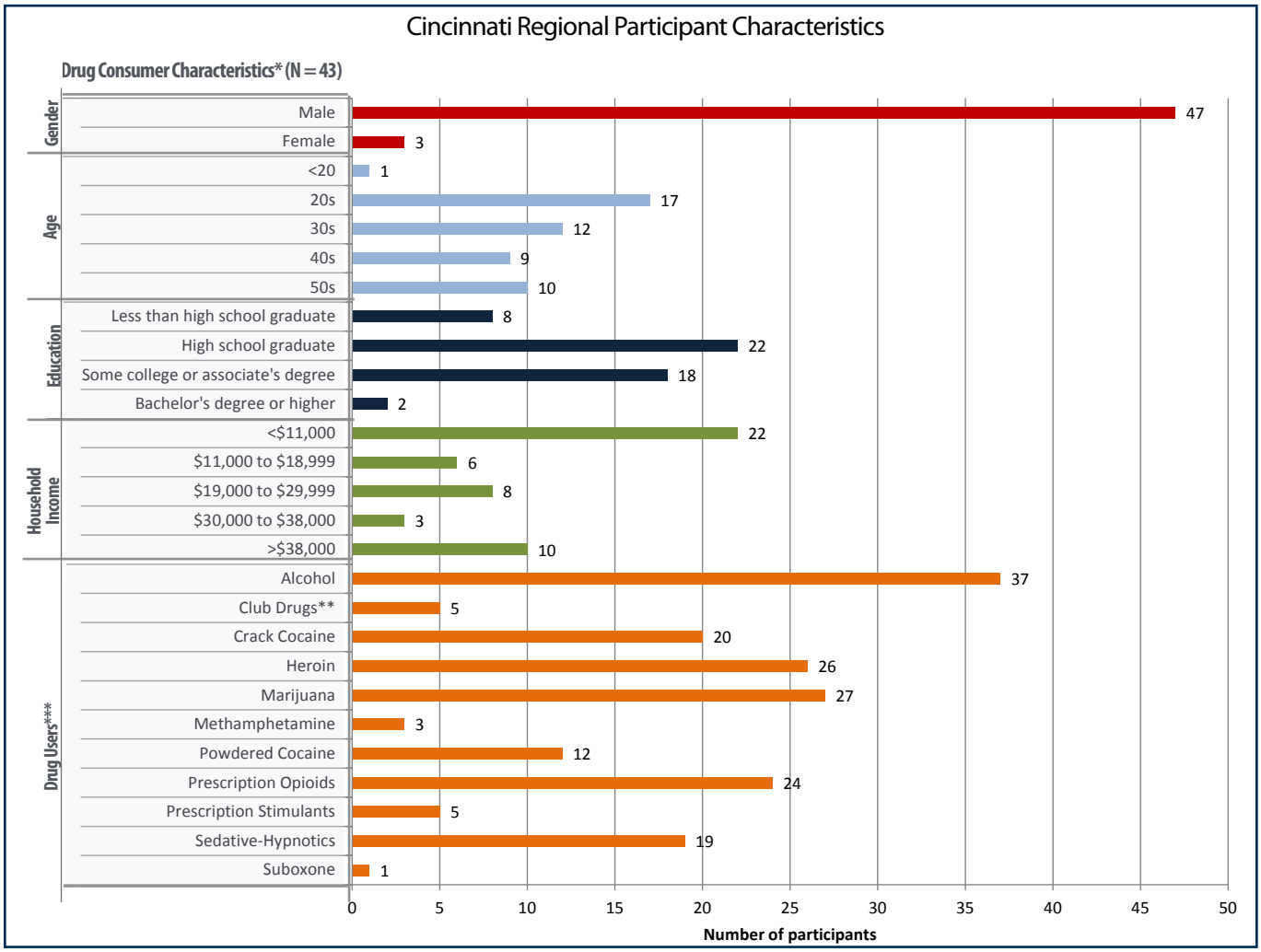
Indicator[1]	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	50
Gender (female), 2010	51.2%	51.1%	6.0%
Whites, 2010	81.1%	81.3%	67.3%
African Americans, 2010	12.0%	12.5%	30.6%
Hispanic or Latino origin, 2010	3.1%	2.3%	4.2%
High School Graduation rate, 2010	84.3%	88%	84.0%
Median Household Income, 2011	$45,803	$44,046	$11,000-$18,999[2]
Persons Below Poverty Level, 2011	16.3%	17.7%	56.0%[3]

[1]Ohio and Cincinnati statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.
[3]Poverty status was unable to be determined for 1 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers 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 the areas of Central and Southern Ohio. Secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

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, current secondary data correspond to the current reporting period of participants.

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 '5' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants from rural counties reported availability as '5,' while participants from urban Cincinnati reported availability as '10.' Community professionals most often reported availability as '5.' Participants and treatment providers most often reported that the availability of powdered cocaine had decreased during the previous six months; in contrast, law enforcement reported that availability had remained the same. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had decreased during the previous 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 BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in virtually every sample of powdered cocaine it processes. Participants reported that a gram of powdered cocaine sold for between $40-60, and up to $80 in rural areas; 1/8 ounce, or "eight ball," sold for between $150-200; an ounce sold for between $900-1,500. The most common route of administration for powdered cocaine remained snorting. Participants commented that the typical user of powdered cocaine was White and between the ages of 18-40 years. Treatment providers described typical users as middle- to upper-class and between the ages of 20-35 years.

Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Powder [cocaine] is hard to come by these days; powder is the hardest thing you can find."* Another participant reported, "*If you find powder … most everybody's cookin' it up [using it to manufacture crack cocaine] to sell it or just smokin' it [as crack cocaine]."* Treatment providers most often reported the drug's current availability as '6.' A treatment provider commented, "*[Powdered cocaine] it's not as popular as it has been in the past years."* The Drug Enforcement Agency (DEA), which investigates larger cases of drug importation and sales in the region, reported current availability of powdered cocaine as '9,' but along with participants and treatment providers, an agent commented, "*[Powdered cocaine] it's available, but the demand is down for that. I mean, if you want it, it's there. It's a lot more expensive. The prices have gone way up."* Another DEA agent who has worked in the region for over 10 years reported, "*When I came here in 2000, it [most available drug] was more crack [cocaine], then shifted to powder. Now it's heroin.*"

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In September, Chillicothe (Ross County) law enforcement executed a search warrant on a Chillicothe home and found a large amount of cocaine along with large amounts of heroin and money; three men were arrested at the home (www.nbc4i.com, Sept. 14, 2012). In January, officers with the Ohio Highway Patrol stopped a car traveling near Lucasville (Scioto County) for a traffic violation and arrested the car's two occupants after uncovering 15 grams of cocaine and 299 oxycodone pills (www.whiotv.com, Jan. 30, 2013).

Treatment providers and participants alike reported that the availability of powdered cocaine has remained the same during the past six months. A participant stated, "*It [powdered cocaine] used to be everywhere … before heroin came around a*

couple of years ago ... I think heroin just got so big that it started shuttin' it [powder cocaine] down." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut (adulterated) with B-12, baby formula, baby laxatives, baking soda, ibuprofen, or as one participant put it, "*any white powder*." Participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars.

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl," "soft," "white" and "white girl." Participants listed the following as other common street names: "blow," "coke" and "raw." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-90, depending on the quality; 1/16 ounce, or "teener," sells for between $100-200; 1/8 ounce, or "eight ball," sells for $200; an ounce sells for between $1,100-1,600.

Participants reported that the most common route of administration for powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately six would snort and four would intravenously inject the drug. However, participants were quick to point out that if a user prefers intravenous injection, they will inject any drug. A participant responded, "*People may even smoke it [powdered cocaine], but if you're talking about us, we're going to shoot [inject] it*."

Two types of powdered cocaine users emerged from the data. Participants described those who snorted the drug as individuals who desired to be around people in a social setting. A participant described the powdered cocaine "snorter" as someone, "*that likes to go out*" because the drug is, "*definitely a social thing*." Those who preferred to inject powdered cocaine however, were typically intravenous drug users who prefer to, "shoot in private." However, participants noted that powdered cocaine is typically not the drug of choice for injectors, heroin is. Participants generally described the typical user of powdered cocaine as, "*older White males; people who go to gay clubs; professional people; people who can afford it*." While most treatment providers reported that there was not a "type" of person they were more likely to see having used powdered cocaine, some providers reported more recently seeing more African-American males coming into treatment who had experience with powdered cocaine.

Reportedly, powdered cocaine is used in combination with alcohol, heroin (aka "speedball"), marijuana, methamphetamine and sedative-hypnotics. Participants explained that alcohol or marijuana enhances the effectiveness/high of cocaine. Participants also reported use powdered cocaine with benzodiazepines to enable the user to later, "*come down*" and "*sleep*." In terms of marijuana, some participants reported that they've, "*seen people roll it [powdered cocaine] up in their weed [marijuana] and smoke it too*."

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained 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); community professionals most often reported availability as '5.' Participants most often reported that the availability of crack cocaine had remained the same during the previous six months, while community professionals reported that availability had decreased. The BCI London 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 '4' or '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for between $25-60; 1/8 ounce, or "eight ball," sold for between $150-200; an ounce sold for between $700-900. The most common route of administration for crack cocaine remained smoking. Participants described the typical crack cocaine user as African American, male and between the ages of 18-60 years. Treatment providers described typical users as African American, economically disadvantaged, unemployed, having only a high school education and between the ages of 25-55 years.

Current Trends

Crack cocaine remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants and community professionals commented that even though crack cocaine is still widely available, it is now being outpaced by heroin. A participant reported the sentiments of many others when he said, "*Heroin is the drug of choice now*." Reportedly, dealers who sell crack cocaine are now likely to also have other desirable drugs to sell such as heroin.

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In October, troopers from the Ohio State Patrol stopped a vehicle near Lucasville (Scioto County) after observing criminal indicators; a Portsmouth (Scioto County) woman was arrested for possession of 71 grams of crack cocaine and 75 grams of marijuana (www.nbci4.com, Oct. 5, 2012).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider reported, "*[Crack cocaine] it's less desirable because it's getting edged out by heroin*." A DEA agent commented, "*I'm sure you can get it [crack cocaine], but I don't even hear people talk about it now*." 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 current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with B-12, baking soda, benzene, ibuprofen and laxatives. Additionally, a participant commented that there is, "*a lot of counterfeit*," meaning that some crack cocaine being sold is devoid of any cocaine. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "butter" and "hard." Participants listed the following as other common street names: "milk," "rock," "white" and "yellow." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of crack cocaine sells for between $40-60, depending on the quality; 1/16 ounce, or "teener," sells for between $80-100; 1/8 ounce, or "eight ball," sells for $150; an ounce sells for $800. However, participants reported that most users purchase small quantities of crack cocaine at a time. As a participant put it, "*If I got $10, I'm running to the dope boy*." Another participant commented that throughout the day, "*You always buy more than you intend to*." Participants described crack cocaine users as spending almost every penny they have on more crack cocaine.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking, usually smoked in a "*crack pipe*." While participants most often reported that out of 10 crack cocaine users, all 10 would most likely choose to smoke the drug, a few participants s differed and reported they would intravenously inject. A participant reported, "*There are more people shootin' it [injecting crack cocaine] now than there used to be*." While many participants reported that anybody could be found smoking crack cocaine, they described typical users of crack cocaine as, "*urban*" and "*older*."

Reportedly, crack cocaine is used in combination with alcohol, heroin and sedative-hypnotics (Xanax®), primarily, "*to come down*" from the stimulant high of crack cocaine. Crack cocaine is also combined heroin (speedball) and combined with marijuana in a "joint" (cigarette).

Heroin

Historical Summary

In the previous reporting period, heroin remained 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). Participants reported brown powdered heroin as most available within the region. Participants and law enforcement reported that the availability of heroin had increased during the previous six months. The BCI London Crime Lab reported that the number of heroin cases it processes had increased during the previous six months.

Most participants rated the quality of heroin as '7' or '10'on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab reported that diphenhydramine

(antihistamine) was most often used to cut heroin. Participants reported that a gram of heroin sold for between $110-180; 1/4 ounce sold for between $400-550; an ounce sold for between $1,200-2,500. The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data, though some participants commented that typical users were between the ages of 15-60 years, with "younger" users more likely White and "older" users more likely African American.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants reported that heroin is as easy to find as crack cocaine, which has consistently been among the easiest drugs to find in Cincinnati. A participant stated, "*What I found recently in Cincinnati is [that] there is less crack [cocaine] and more heroin [available].*" Treatment providers commented, "*Cincinnati is a hot bed for heroin; [Heroin use] it's an epidemic.*" While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Participants also reported the availability of white powdered heroin to be high, rating its current availability as '10' as well; participants reported the availability of black tar heroin to be moderate, rating its availability as '5.' However, with the right connection and resources, one can obtain black tar heroin. The DEA, which investigates larger criminal enterprises, reported that they see more black tar heroin coming into the region.

Media outlets in the region also reported on heroin seizures and arrests this reporting period. In September, Washington Court House police and Fayette County Sheriff's officers executed three search warrants at a Washington Court House apartment complex and found an unspecified amount of heroin, marijuana, cash and weapons (www.nbci4.com, Sept. 27, 2012). In October, agents from the Southern Ohio Drug Task Force found 70 grams of heroin in Portsmouth (Scioto County) which led to the arrest of a Dayton man for felony possession of heroin (www.10tv.com, Oct. 30, 2012). In November, plainclothes police officers in Cincinnati bought heroin from three individuals, and when officers tried to arrest the individuals, they opened fire on police who returned fire, killing one of them (www.news.cincinnati.com, Nov. 23, 2012). In December, Chillicothe police arrested three people for possession of heroin and drug trafficking after executing two separate search warrants (www.nbci4.com, Dec. 12, 2012).

The demand for heroin is reportedly high because the high cost of abusing prescription opioids encourages the user to seek a cheaper alternative such as heroin. A participant echoed the sentiments of others who graduated from prescription opioids to heroin when he said, "Pills [prescription opioids] started getting so expensive." Treatment providers reported, "*Our [treatment] population majority consists of heroin and prescription opiate users.*" Participants and treatment providers alike reported that the availability of brown and white powdered and black tar heroin has remained the same during the past six months. A participant clarified, "[*Availability of heroin] it's been a '10' [highly available] for five years.*" The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Participants with experience using the drug rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants reported that the quality of heroin has varied somewhat during the past six months. Participants reported that heroin in the region is cut with baby laxatives, benzodiazepines, cocaine, codeine, fentanyl, melatonin, powdered milk, sleeping pills, Trazadone®, vitamins or any white pill. The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog." Other street names include "bobby," "Bobby Brown," "pup" and "puppy." Participants reported that brown and white powdered or black tar heroin costs the same and is available in different quantities: "baggies" or "chunks" (1/10 gram) sells for between $10-20; a gram sells for between $120-140; 1/4 ounce sells for $600; an ounce sells for $2,500. Reportedly, in Cincinnati, heroin is typically provided in, "baggies" or sold in, "chunks." A participant reported, "*They [dealers] put it [heroin] in little sandwich baggies and tie it off. If it's chunky, they sometimes just put it in your hand.*"

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection, followed by snorting. Out of 10 heroin

users, participants reported that eight would inject and two would snort the drug. However, a participant was quick to point out that, "*the two that would snort it [heroin], will eventually get to shootin [injecting] it.*" When asked where participants got their needles to inject heroin, participants replied, "*diabetics or garbage cans.*" Another participant responded, "[*Local] pharmacy; you can just buy a bag of them [injection needles].*" However, another participant cautioned, "*But if you get busted with a needle, you're in trouble.*"

Participants and community professionals described typical users of heroin as White and between 18-70 years of age. Many female and male responders reported that women have an easier time obtaining, "*fronts*," meaning they are more likely to be provided heroin up front and are able to pay back their dealer at a later date. Reportedly men aren't provided this option. When asked why this service would be available to women, a participant responded, "*... because of the possibility of getting sex.*"

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. While some users prefer to use cocaine at the same time as heroin (aka "speedball"), other users prefer to use one drug before the other. A participant described, "*You do crack first, and then get speed going on … and then come down by doing heroin.*" However, most participants agreed that heroin simply goes best with more heroin.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals 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). Participants and treatment providers identified OxyContin®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of illicit use.

Generally, participants reported that the availability of prescription opioids had remained the same during the previous six, and also addressed the increased availability for Opana® and immediate-release oxycodone (Roxicodone® and OxyIR®). Treatment providers reported that overall availability of prescription opioids had remained the same or had increased slightly, while law enforcement reported that availability had remained the same. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months.

Reportedly, many different types of prescription opioids were sold on the region's streets. 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 and transporting the opioids back to Ohio.

Several participants described ways of consuming prescription opioids and noted variations in methods of use for different types of prescription opioids. However, the most common routes of administration were oral consumption and snorting. Treatment providers reported illicit prescription opioids use as most common among white individuals between the ages of 18-30 years. Law enforcement reported typical illicit users to be white and between the ages of 12-70 years. In addition, some participants commented that the age of first illicit use for prescription opioids was getting "younger."

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals 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). Participants identified Percocet® and Roxicet®, followed by Opana® and fentanyl, as the most popular prescription opioids in terms of illicit use; treatment providers identified Percocet®, followed by OxyContin®, as the most popular prescription opioids. However, some treatment providers thought the popularity of OxyContin® to be waning, as one treatment provider put it, "*You don't hear as many clients using 'oxy's' [OxyContin®] anymore …*" Another treatment provider added, "*They'll do that [OxyContin®] when they can't get anything else.*"

Despite the perceptions of some treatment providers, participants reported that users are not as likely to use the new formulation of OxyContin® (OxyContin® OP), and the old formulation (OxyContin® OC) can no longer be found on the streets of Cincinnati. A participant reported that the new formulation OxyContin® is, "*junk.*" Another participant commented, "T*hey [OxyContin® OP] got a wax coating on them, so you can't shoot [inject] them.*" In addition, some

participants and community professionals reported that methadone is moderately available for abuse in the region. Participants reported that methadone can be obtained in pill form or liquid form, with most users reporting getting the drug from a clinic. A participant reported, "*You can be put on the liquid at a methadone clinic and then sell your take homes*." The DEA reported Percocet®, Roxicet®, and to a lesser degree, higher dosage Vicodin® as the most desired prescription opioids in the region.

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In July, Ohio Attorney General Mike DeWine reported that 318 pounds of prescription drugs, including oxycodone, hydrocodone and methadone were collected from residents in Scioto County during a drug take back event (www.nbci4.com, July 24, 2012). In September, the Ohio State Highway Patrol arrested a man and a woman from Michigan after a traffic stop and short pursuit in Scioto County; the couple was arrested after troopers found 42 grams of heroin and 305 oxycodone pills (www.nbc4i.com, Sept. 27, 2012). Also in September, the Ohio State Highway Patrol seized OxyContin®, Percocet® and Xanax® during a traffic stop in Ross County (www.10tv.com, Sept. 29, 2012).

Participants and treatment providers alike reported that because of the continued easy access to prescription opioids, the availability of these drugs has generally remained the same during the past six months. However, participants reported that Opana® is not as available as previously. A participant commented that abuse of Opana® used to be, "*through the roof,*" but there have been, "*a lot of busts with pain clinics in Ohio prescribing that freely*." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids (aka "beans" or "biscuits") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (50 mg patch sells for $20; 75 mg patch sells for $25), Opana® (20 mg sells for $10; 40 mg sells for $20), OxyContin® OP (aka "oxy;" 40 mg sells for $15; 60 mg sells for $20; 80 mg sells for between $20-40), Percocet® (5 mg sells for between $3-5; 10 mg sells for $10), Roxicodone® (aka "Perc 30's;" 30 mg sells for between $25-30) and Vicodin® (5 mg sells for between $1.50-3).

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 snorting and intravenous injection. Out of 10 prescription opioids abusers, participants reported that approximately eight would snort and two would intravenously inject the drugs. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them by buying prescriptions from others and getting them from doctors and pain clinics. A participant described the illegal activity of writing prescriptions: "*There are so many scams out there [that] it's ridiculous. I mean … I know guys that are writing scripts [prescriptions] by the hundreds, printing these scripts. I mean … they're getting their initial script from a doctor, but they can reprint scripts with different names on them for pharmacies everywhere*." A treatment provider, reporting on how users will obtain the drug from doctors and pain clinics, reported, "*You have to go through the dance. You got to imitate someone with chronic pain. You have to find a compliant doctor and all that*." Treatment providers also reported that both users and dealers may even venture out of state to obtain prescription opioids.

A profile of a typical illicit user of prescription opioids did not emerge from the data. While a few participants described a typical illicit user as a young White male, other participants reported that typical illicit users are, "*everybody*." A participant commented that anyone could be involved because after all, "*What's not to like? The only thing you don't like is the destruction it [prescription opioids abuse] causes in your life*." Treatment providers described typical illicit prescription opioids users entering treatment during the past six months as middle-class individuals in their mid-30s. Reportedly, prescription opioids are most often used in combination with alcohol, marijuana, sedative-hypnotics and, "*anything*" to enhance the effect of the drug.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained moderately to 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); community professionals most often reported availability as between '2' and '6' depending on area within region. Participants and community professionals most often reported that the availability of Suboxone® had increased during the previous six months. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that a Suboxone® 8 mg tablet sold for between $6-20; 8 mg strips sold for between $10-12. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Out of 10 Suboxone® users, participants reported that approximately 6-8 would dissolve them under the tongue, while the rest would either crush the tablets and snort them or crush and dissolve the tablets or strips for intravenous injection. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from clinics, doctors, online pharmacies or from people who were prescribed Suboxone® legitimately.

Participants described typical illicit users of Suboxone® to be as young as 16 years of age. Treatment providers most often described typical illicit users 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.

Current Trends

Suboxone® is highly available in the region. Participants and community professionals most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Suboxone®] they're everywhere now*." Another participant reported that heroin users use Suboxone®, "*so [they] don't get sick*." A treatment provider commented, "*[Suboxone®] it's going up ... [opiate users] they'll use this until they can get to the heroin or get into treatment*."

Participants and treatment providers reported that the availability of Suboxone® has remained the same during the past six months. However, a treatment provider thought availability has increased, as she pointed out, "*More doctors are able to prescribe it [Suboxone®] now*." The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Participants did not identify any street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for $10. While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration remains sublingual. However, a participant reported melting the strips and injecting them intravenously, stating, "I was eating them [Suboxone®] and shooting them."

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting them while incarcerated. A participant reported, "People are getting them [Suboxone®] in prison." Participants described the typical illicit user of Suboxone® as someone addicted to heroin or prescription opioids who does not want to experience symptoms related to opiate withdrawal.

Reportedly, Suboxone® is used in combination with marijuana, powdered cocaine and sedative-hypnotics (Xanax®). However, participants stated that the majority of users do not combine Suboxone® with other substances.

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained 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); community professionals most often reported availability as '8.' Reportedly, many different types of sedative-hypnotics were sold on the region's streets. Participants identified Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals identified Xanax® as most popular.

Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining the drugs from legitimate prescriptions or from someone they

knew who had a legitimate prescription. 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 were oral consumption and snorting. Participants continued to describe typical illicit users of sedative-hypnotics as female, White and between the ages of 18-35 years. Law enforcement reported age of first illicit use to be about 12 years.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals 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). In order of popularity, participants and community professionals identified Xanax®, Valium and Klonopin® as the most desired sedative-hypnotics in terms of illicit use. However, community professionals reported that sedatives-hypnotics are often not the drug of choice for many users. A treatment provider commented, "*Those [users] that come in [for treatment] … they're using it [sedative-hypnotics] with something else. It's not their drug of choice*."

Participants and treatment providers alike reported that the availability of sedative-hypnotics has remained the same during the past six months. Several reports from participants suggested the continued ease with which one can obtain sedatives-hypnotics from a doctor. A participant stated, "*Anybody can go to a doctor and get Xanax®*." The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "forget-me-nots," "goofballs" and "sillies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. 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® (0.5 mg sells for between $0.50-1.50; 1 mg sells for between $1-3; 2 mg sells for between $2-6) and Xanax® (0.25 mg, sells for between $0.25-0.50; 0.5 mg, aka "footballs," sells for between $0.50-1; 1 mg, aka "blues" and "footballs," sells for between $2-4; 2 mg, aka "xanibars," sells for $5). Prices varied for Valium® with some participants reporting that the prices are consistent with Xanax®.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately five would orally ingest and five would snort the drugs. A participant reported on why someone would prefer to snort sedative-hypnotics, saying, "*They hit you faster.*" In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from doctors and people with prescriptions.

Participants continued to describe typical illicit users of sedative-hypnotics as women and, "*White suburban people*." Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin and methamphetamine. Participants who used sedative-hypnotics with other drugs called them, "forget-me-nots" because, as one participant put it, "*They [combination of sedative-hypnotics with other drugs] make you forget and black out*."

Marijuana

Historical Summary

In the previous reporting period, marijuana remained 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). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings for the quality of marijuana ranged from '6' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Law enforcement believed the overall quality of marijuana had increased. Participants reported that quality depended upon whether the user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form:

a blunt (cigar) or two joints (cigarettes) sold for $5; a gram sold for between $5-10; an ounce sold for between$40-100; a pound sold for between $800-1,000. High-grade marijuana sold for significantly more: a blunt or two joints sold for $15; a gram sold for between $10-40; an ounce sold for between $280-600; a pound sold for between $2,000-5,000.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants continued to report that use stretched across all demographic categories. Participants reported first use of marijuana as typically occurring between 12-13 years of age.

Current Trends

Marijuana remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*Marijuana is always available … always has been*." Another participant commented that marijuana is so prevalent one could almost, "*close [their] eyes and walk into a pile of it*."

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In July, Warren County prosecutors reported that a 17-year-old high school student was charged with running a $20,000 a month operation selling high-grade marijuana to students in Mason (www.daytondailynews.com, July 16, 2012). In August, Ohio Attorney General Mike DeWine reported that BCI agents in a helicopter found over 1,200 marijuana plants in the beginning stages of growth in Pike County believed to be tied to a Mexican drug cartel (www.nbci4.com, Aug. 16, 2012). In November, undercover sheriff's deputies in Fairfield (Butler County) seized 937 pounds of marijuana after intercepting the large shipment from Mexico; the price of the marijuana was estimated at $1.1 million (www.nbci4.com, Nov. 7, 2012).

Participants and treatment providers alike reported that the availability of marijuana has remained the same 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. Current quality scores for marijuana varied. Several participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often scored the overall quality of commercial-grade marijuana a '7'and that of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality).

Current street jargon includes countless names for marijuana. The most commonly cited names were "weed" and "kush." Participants listed the following as other common street names: "regular" for commercial-grade marijuana; "bubblegum," "chronic," "dro," "high power," "higher power," "loud," "Obama," "pressure," "purp," "purple" and "strawberry" for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $10; 1/4 ounce sells for between $20-25; an ounce sells for between $80-100; a pound sells for $1,100. High-grade marijuana sells for significantly more: a blunt or two joints sells for $20; an ounce sells for $300; a pound sells for between $3,000-4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that all 10 would most likely smoke the drug. A profile for a typical marijuana user did not emerge from the data.

Participants and community professionals alike continued to describe typical users of marijuana as, "anybody." Reportedly, marijuana is used in combination with alcohol, sedative-hypnotics and, "everything" to enhance the effect/high of the marijuana.

Methamphetamine

Historical Summary

In the previous reporting period, the availability of methamphetamine remained variable within the region. Participants most often reported the drug's availability as '2' or '3' in urban areas and '10' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported overall availability as '10,' while law enforcement most often reported overall availability as '7.' Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported a slight increase in availability.

The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months.

The crime lab also reported having seen an increase in powdered methamphetamine, and suggested that "one-pot" or "shake-and-bake" methamphetamine was becoming more popular. "One-pot" or "shake-and-bake" refers to production of methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location. 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). Participants reported that a gram of methamphetamine sold for between $50-70, with a price of up to $120 if the buyer was unknown to the cook.

The most common routes of administration for methamphetamine were smoking, snorting and intravenous injection. Participants reported that the typical users of methamphetamine were White males between the ages of 18-34 years.

Current Trends

Methamphetamine availability remains variable in the region. Participants and community professionals alike reported low availability in the City of Cincinnati and high available in rural areas around Cincinnati. Participants and community professionals most often reported the drug's availability as '1' or '2' in the city and '10' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported more methamphetamine in Hamilton County, toward Harrison, and somewhat on the east side of Cincinnati. Participants reported that methamphetamine is available in powdered and crystal forms.

Participants from the Cincinnati area commented about the production of "one-pot" or "shake and bake" methamphetamine. A participant stated, "*Bathtub meth [one-pot methamphetamine] is just cooked up in somebody's shed. It's white power or crystal meth that looks like broken glass. It might be brown, brownish white or white.*" A treatment provider reported, "*Meth is not what they [users] want [in Cincinnati]. It's more of a rural thing.*" Another treatment provider reported, "*We don't get a lot of meth users [in treatment] ... [Methamphetamine] It's not big in the city. [When we do], we see people using it with something else.*" A participant reported, "*[Methamphetamine] it's in the rural areas like Clermont and Butler [counties].*" Another participant reported, "*You can't find any meth in the city. If you do find it, it's because some cowboy dropped it out of his pocket.*"

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In December, Fayette County Sherriff's deputies found a methamphetamine lab in a Washington Court House home (www.nbci4.com, Dec. 11, 2012). In January, police in Middletown (located in Butler and Warren counties) reported finding what they call a "significant" methamphetamine lab in the basement of a home (www.whiotv.com, Jan. 28, 2013). Participants and community professionals alike reported that the availability of methamphetamine has remained the same during the past six months. In reporting on why methamphetamine availability is consistently high in the rural areas, a participant responded, "*It only costs $10 to make 3 grams [of methamphetamine].*" The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants were unable to report on the current quality of powdered or crystal methamphetamine. Even though participants weren't sure about the current quality of methamphetamine in Cincinnati, a participant commented, "There ain't no good meth around here. That's for sure." Participants generally reported that available methamphetamine in the city has consistently been of poor quality. Current street jargon includes a few names for methamphetamine. The most commonly cited name was "meth." Current street prices for methamphetamine were varied among participants. A few participants with experience buying methamphetamine reported that crystal or powdered methamphetamine sells for $50 a gram. A treatment provider reported that methamphetamine seems to be, "*more for personal consumption than for resale.*"

While there were several reported ways of using methamphetamine, the most common routes of administration remain smoking, snorting and intravenously injection. Participants could not determine the most popular way to use methamphetamine.

Participants described typical users of methamphetamine as White and living in rural areas. A treatment provider reported, "T*here are different social groups … some white people like meth for whatever reason ... a lot of black people don't mess with it ... the black people we've talked to wouldn't touch that. They think it makes you crazy*." Reportedly, methamphetamine is used in combination with alcohol and heroin.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were moderately to 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 '5,' and law enforcement most often reported availability as '6.' Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of illicit use.

While participants did not report a change in availability, community professionals reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Participants reported the following prescription stimulants as available to street-level users: Adderall® (30 mg sold for between $4-5), Concerta® (27 mg sold for $2.50; 36 mg sold for between $2-3) and Ritalin® (sold for between $2-3 per pill). The most common routes of administration for prescription stimulants were oral consumption and snorting.

In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from others who were prescribed them. Participants described illicit prescription stimulants use as most common among Whites, young people and college students.

Current Trends

Prescription stimulants remain moderately to 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), while treatment providers most often reported current availability as '4.' Participants explained that if the drug is desired, it can be easily found; however, a user would need to know someone with the drug. A participant commented, "It [availability of prescription stimulants] depends on who you know and if it's your drug of choice … then [availability] it's a '10.'" A treatment provider commented, "*I know guys that have relapsed over that [prescription stimulants use]. They found out they were ADHD [attention deficit-hyperactivity disorder], and then started to use it, and then abuse it*."

Participants and treatment providers alike reported that the availability of prescription stimulants has remained the same during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Reportedly, Adderall® is the most highly available prescription stimulants in the region. Current street prices for Adderall® were consistent among participants with experience buying the drug. Adderall® 15 mg and 20 mg sells for $1; 30 mg sells for $3. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from others who were prescribed them. A participant reported, "*A lot of high school kids have them [prescription stimulants]*."

While there were several reported ways of using prescription stimulants, the most common routes of administration remain oral consumption and snorting. Participants described typical illicit users of prescription stimulants as high school and college students who use the drugs to study. Reportedly, prescription stimulants are used in combination with alcohol and marijuana when the user wants to stay awake and/or continue to consume alcohol. A participant stated, "*Some use it [prescription stimulants] just to keep drinking [alcohol]*."

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '3' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '3.' The BCI London Crime Lab reported that the number of bath salts cases it processes

had increased during the previous six months. In addition, the crime lab reported that as soon as one drug was banned (MDPV) another chemical analogue was likely to take its place (alpha-PVP).

Participants reported that bath salts were sold in vials or baggies: 500 mg sold for between $16-20; a gram sold for between $30-40. Participants reported several ways of using bath salts: oral consumption, intravenous injection, smoking and snorting. Participants described bath salts use as most common among Whites between the ages of 30-45 years.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, there was no consensus among participants as to the current level of availability. Some participants reported current availability of bath salts as '3,' while other participants thought current availability to be higher at between '6' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability of bath salts included: "*[Availability] was a '10' when they [retailers] sold it [bath salts] on the shelves; I think [availability] it's higher if you know people that use it. They know where to get it; I still know stores I can go to and get it.*"

Overall, participants reported that bath salts remain available in Cincinnati and that no matter what the perceived level of availability, all agreed, availability was higher before bath salts was banned in 2011. Treatment providers most often reported the drug's current availability as '10,' but they reported that desirability for the drug has dramatically decreased. A treatment provider reported, "*[Bath salts use] it was rampant. You could buy it at the corner store ... Now it's just not as popular as it once was.*" The DEA reported that there may have been a decline in the use of bath salts, but that the drug remains obtainable to those who desire it. Treatment providers reported that availability of bath salts has decreased during the past six months. A treatment provider stated, "*[Bath salts use] it seemed to be a trend, experimental use.*" The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Participants reported that new street names for bath salts have emerged to help circumvent the law; bath salts may be sold under names like "*incense*" or "*plant food.*" Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts are distributed in little baggies and sell for between $20-40 per gram. Participants reported that there are several ways of using bath salts: smoking, snorting and intravenous injection. Although participants couldn't identify which mode of administration is most popular, a participant reported, "*Well, I'd rather shoot it [inject bath salts] than smoke it.*"

In addition to obtaining the drug on the street, participants continued to report that bath salts remain available at select convenience stores. A profile for a typical bath salts user did not emerge from the data. Participants described typical users of bath salts as, "*anybody who likes doing drugs; people who like to speed.*" It was unknown to participants whether regular users combined bath salts use with other substances. However, participants who had experimented with the drug reported using it with alcohol and marijuana.

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained available in the region; however, participants and law enforcement reported variable availability. Despite the legal ban of its sale in 2011, law enforcement reported that synthetic marijuana continued to be 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.*"

The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The crime lab also reported that as soon as one drug was banned (JWH-018) another chemical analogue was likely to take its place (AM2201). Participants reported that synthetic marijuana sold for $15 for 500 mg; a gram sold for between $10-40.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains 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). Treatment providers didn't assign an availability score for synthetic marijuana current availability. However, a treatment provider commented, "We don't hear much about it [synthetic marijuana]." Another treatment provider reported, "*They took it off the market [legislation banned its sale], but [synthetic marijuana] it's readily available*." A participant also reported, "*[Synthetic marijuana] it's back on the market*." A DEA agent rated current availability as '2.'

Participants and treatment providers alike reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. New street names for synthetic marijuana have emerged to help circumvent the law; participants said synthetic marijuana may be sold under names like "incense" or "spice."

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for $10; however, users couldn't identify the quantity that they had purchased in the past. Despite legislation enacted in October 2011, synthetic marijuana continues to be available in smaller, non-corporate convenience stores.

While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking. Out of 10 synthetic marijuana users, participants reported that all 10 would most likely smoke the drug. Participants described typical users of synthetic marijuana as individuals who are afraid they may be tested for drugs. A participant reported, "*A lot of people on probation like smoking it [synthetic marijuana] 'cause you can't test for it*." Reportedly, synthetic marijuana is used in combination with alcohol.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained highly available in the region. Participants most often reported the drug's availability as '8' or '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 '10.' Participants most often reported that the availability of Ecstasy had remained the same during the previous six months, while treatment providers reported increased availability.

The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months. The crime lab cited the following substances as commonly used to cut Ecstasy: benocyclidine (psychoactive drug), caffeine, cathinones and dimethyltryptamine (DMT). Participants reported that Ecstasy tablets sold for between $6-20. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data, though some participants commented that the typical user of Ecstasy was between the ages of 19-35 years.

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 drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "*[Ecstasy] it's here big time in the city [Cincinnati]*." However, another participant noted, "*You gotta have a connection. [It's] not like you can drive around to find it [Ecstasy]. You're gonna have to know somebody*." Treatment providers most often reported the drug's current availability as '8.' However, a treatment provider commented, "I think [Ecstasy] it's used more often than we know. [Users] they're just not coming into treatment for it."

Participants and treatment providers alike reported that the availability of Ecstasy has decreased during the past six months. A participant commented, "*Beans' [Ecstasy] are not so easy to come about recently*." The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes several different names for Ecstasy. The most commonly cited name was "X." Other common street names include: "beans," "cut-outs," "rolls" and "transformers." Current street prices for Ecstasy were variable among participants with experience buying the drug. However, participants commonly reported that the prices for Ecstasy have dropped dramatically from just a few years ago. As one participant put it, "It *[price of Ecstasy] went down a lot*

in the past few years. I remember paying $20 a pill." Participants most often reported that a "single stack" (low dose) tablet sells for $8; "double stack" or "triple stack" (higher doses) sell for between $10-20.

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. Participants described typical users of Ecstasy as African Americans, club goers, hippies, urban youth and "younger" people. Participants explained that users of Ecstasy like to use it to enhance the night club experience or to enhance a sexual experience. A few participants reported that Ecstasy can be found in nightclubs, as one participant reported, "*[Ecstasy] it's big time in the gay club.*" Another participant responded, "*There's certain clubs you can walk into, and [Ecstasy use] it's wide open on the dance floor or in the bathroom.*" Reportedly, Ecstasy is used in combination with alcohol and marijuana.

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: anabolic steroids and hallucinogens [lysergic acid diethylamide (LSD), psilocybin mushrooms, DMT (dimethyltryptamine) and salvia divinorum]. Anabolic steroids were relatively rare in the region. Participants did not rate availability. Law enforcement most often reported the drug's street availability as '4' or '5,' and availability in fitness centers as '8' or '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that on the Internet a vial of testosterone sold for $150; 150 tablets of anabolic steroids sold for $200. Law enforcement described the typical anabolic steroid users as White males aged 18-40 years with an interest in body building.

Hallucinogens were available in the region. LSD was rarely to moderately available; psilocybin mushrooms were most available in the dried form, while fresh mushrooms became more available in late summer months; several participants mentioned DMT, 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 who had purchased them. Overall, participants most often reported hallucinogen availability as '2' to '5' in urban areas and '10' in rural communities. Treatment providers most often reported availability as '5' and law enforcement as '6.' The BCI London Crime Lab reported that the number of LSD, DMT and salvia divinorum cases it processes had increased during the previous six months, while the number of psilocybin mushroom cases had remained the same.

Participants reported that LSD sold for between $5-10 per "hit" (dose). A profile for a typical user of LSD did not emerge from the data. First-time use of LSD was reported to occur as young as 14 years of age. Spores to grow psilocybin mushrooms were reportedly available for $8 per vial; 1/8 ounce of dried psilocybin mushroom material sold for between $20-30; 1/4 ounce sold for between $40-60; 1/2 ounce sold for between $70-80.

Current Trends

Participants and community professionals listed other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD)]. Participants with experience using LSD reported it is as occasionally available. A participant stated that all hallucinogens, "*come in waves.*" Another experienced participant agreed by reporting, "*It [availability of hallucinogens] comes and goes.*" When it is available, participants most often reported availability 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 current availability as '6.' The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased.

In addition to the aforementioned hallucinogens reported, BCI London Crime Lab noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Current street jargon includes a couple of names for LSD. The most commonly cited names were "acid" and "blotter acid." Participants reported that when LSD is available, the street price is anywhere between $5-10 a hit. The most common route of administration for LSD is oral consumption. Participants described typical users of LSD as, "people in their 20's or later teens; new age hippies." Treatment providers reported that hallucinogens such as LSD are, "more recreational and youth oriented."

Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Cincinnati region; also highly available is Suboxone®. Changes in availability during the past six months include: likely decreased availability for bath salts and Ecstasy.

The demand for heroin reportedly remains high because the high cost of abusing prescription opioids encourages users to seek a cheaper alternative such as heroin. While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. However, the Drug Enforcement Agency (DEA), which investigates larger criminal enterprises, reports that they see more black tar heroin coming into the region.

Participants and community professionals most often reported the current street availability of Suboxone® as '10' (highly available). Treatment providers noted more doctors being able to prescribe Suboxone® than previously; they also reported opiate addicted individuals as using the drug until they can get heroin or into treatment. Participants agreed, describing the typical user of Suboxone® as someone addicted to heroin or prescription opioids who does not want to experience symptoms related to opiate withdrawal.

Methamphetamine availability remains variable in the region. Participants and community professionals alike reported low availability in the City of Cincinnati and high available in rural areas around Cincinnati. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Availability of Ecstasy remains high in the region, though participants and treatment providers alike reported that the availability of Ecstasy has decreased during the past six months. Participants described typical users of Ecstasy as African Americans, club goers, hippies, urban youth and "younger" people. Participants explained that users of Ecstasy like to use it to enhance the night club experience or to enhance a sexual experience.

Lastly, participants across the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops), although these outlets are more discrete about whom they sell to, not openly advertising the drug's continued availability. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while the number of bath salts cases has decreased. Treatment providers reported that availability of bath salts has decreased during the past six months. While the DEA reported that there may have been a decline in the use of bath salts, they also reported that the drug remains obtainable to those who desire it.