



Drug Abuse Trends in the Cincinnati Region



Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton and Lawrence counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, and the Scioto County Coroner’s office. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

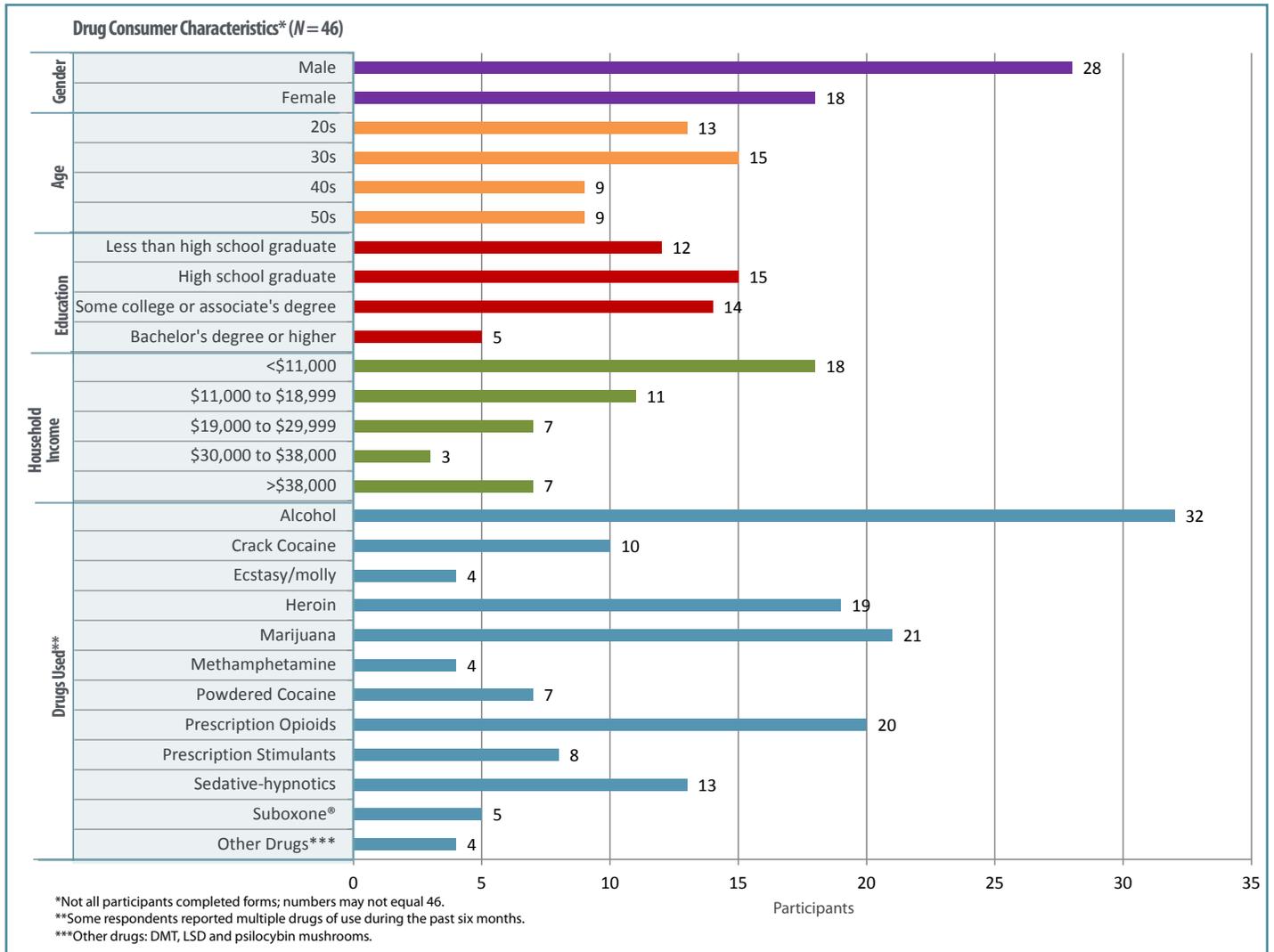
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	46
Gender (female), 2010	51.2%	51.1%	39.1%
Whites, 2010	81.1%	81.3%	65.2%
African Americans, 2010	12.0%	12.5%	23.9%
Hispanic or Latino origin, 2010	3.1%	2.3%	0.0%
High School Graduation rate, 2010	84.3%	88%	73.9%
Median Household Income, 2012	\$46,873	\$45,258	\$11,000 to \$14,999 ²
Persons Below Poverty Level, 2012	16.2%	17.4%	62.8% ³

¹Ohio and Cincinnati region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Participants reported income by selecting a category that best represented their household's approximate income for 2013.

³Poverty status was unable to be determined for 3 participants due to missing data and/or invalid data.

Cincinnati Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, ecstasy, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Cincinnati region. Also highly available were methamphetamine, prescription stimulants and synthetic marijuana. Changes in availability included increased availability for heroin; likely increased availability for marijuana, methamphetamine and Suboxone®; and likely decreased availability for powdered cocaine.

Participants reported decreased availability of powdered cocaine and attributed this change to the ever-increasing prevalence of heroin in the region. Participants reported a decrease in the overall quality of powdered cocaine. Participants described snorting poor quality powdered cocaine as painful, thus many users will smoke poor quality cocaine. Treatment providers observed that powdered cocaine users were getting younger and said there was increased social acceptability for the substance.

Participants reported brown and white powdered heroin as the most available types of heroin in the region. The BCI London Crime Lab agreed. Participants and community professionals observed many users switching to heroin from prescription opioids due to the formula changes of the pills which made them more difficult to abuse. Respondents also noted substantially lower prices for heroin as another factor that drove users to progress from prescription opioids to heroin. Participants reported an overall decrease in quality of heroin and claimed that there was an increase in cutting heroin with other substances. The most common route of administration for heroin remained intravenous injection. Reportedly, needle sharing was a common practice in the region; and as a result of this practice, participants believed that Hepatitis C had increased throughout the region. Treatment providers agreed that the number of treatment clients with Hepatitis C had increased. Participants and community professionals also observed that heroin overdose rates had increased in the region. Participants linked overdoses to combining heroin use with the use of benzodiazepines. Participants also linked overdose deaths to users returning to heroin use after a period of sobriety. Participants expressed concern over calling for assistance when someone overdoses due to fear of law enforcement involvement. Participants described typical heroin users as white, primarily ranging in age from 18-26 years.

Participants reported an increase in availability of marijuana throughout the region, particularly availability of high-grade marijuana (aka “hydroponic”) due to an increase of individuals in the region who grew the drug indoors. The BCI London Crime Lab also reported that the number of marijuana cases it processes had increased during the reporting period.

Participants reported that methamphetamine was available in anhydrous and “shake-and-bake” forms. The BCI London Crime Lab reported that the methamphetamine they process was mostly the powdered, homemade, low quality type (aka “shake-and-bake”). Law enforcement reported an increase in methamphetamine availability. A participant explained the substance was advertised on Craigslist in “dating” profiles. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the report period. Participants most often reported high quality of methamphetamine.

Current Trends

Powdered Cocaine

Powdered cocaine is 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 ‘7-9’. A participant commented, *“You can find it [powdered cocaine] if you want it.”* Community professionals most often reported the drug’s current availability as ‘10’; the previous most common score was ‘8’. A treatment provider stated, *“[Powdered cocaine] it’s out there, just as available as always.”*

Media outlets reported on activities designed to heighten awareness of the drug issue in the region during this reporting period. Cincinnati hosted a showing of the documentary “How to Make Money Selling Drugs” (2012). The community was encouraged to attend the film and stay afterwards for a discussion with a four-expert panel on drug reform (www.news.cincinnati.com, Aug. 14, 2013). A Catholic school in Cincinnati (Hamilton County) began to conduct random drug screens of their students, testing for cocaine, marijuana, opiates, methamphetamine, ecstasy, MDE (methylenedioxyethylamphetamine; psychedelic) and PCP (phencyclidine); currently the program is voluntary, but officials are suggesting it become mandatory (www.news.cincinnati.com, Oct. 16, 2013).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

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

Participants most often reported the current quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '1-2.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxatives, benzodiazepines, creatine, heroin, Tylenol® and Vitamin B-12. Participants explained: "Today's cocaine isn't like coke [cocaine] from 20 years ago. It's garbage compared to that; it depends on who's making it and what it's mixed with; Where it comes from makes a difference: Chicago, Florida, down South, it just depends." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Participants reported that the most common way to use powdered cocaine is snorting. Other common ways

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● diuretics (mannitol, sorbitol) ● levamisole (livestock dewormer) ● lidocaine and other local anesthetics

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$40-100
	1/8 ounce (aka "eight ball")	\$200-260
	an ounce	\$1,000

mentioned are smoking and intravenous injection (aka "shooting").

Participants described typical users of powdered cocaine as white, middle aged with money. A participant commented, "Mainly male professionals —lawyers and business people [typically use powdered cocaine]." Community professionals also described typical users of powdered cocaine as often white and male.

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: "You just have to walk down certain streets to get it [crack cocaine]; It's pretty easy to find; It's everywhere." Several participants suggested that crack is more available than powdered cocaine. Community professionals most often reported the drug's current availability as '10'; the previous most common score was '8.' A treatment provider stated, "All people have to do is go downtown [Cincinnati] to obtain crack cocaine."

Participants reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers varied in their responses, although many of them reported that the availability of crack cocaine has remained the same during the past six months, others felt that availability has decreased. A treatment provider stated, "[Crack cocaine] it's less available, restricted to certain areas 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.

Participants most often reported the current quality of

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

crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that crack cocaine in the region is cut with ammonia, baby laxatives, heroin, hydrogen peroxide and vitamins. Participants commented: "A lot of time, you won't know what is in it [crack cocaine]; You can tell by the color and smell if it's good [or] if it's been messed with too much." Many participants noted that the quality of crack cocaine depends on the area where they buy it, with the downtown area having the most consistent quality. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● levamisole (livestock dewormer)

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram of crack cocaine sells for \$10, depending on the quality. Participants explained: "However much money you have, they [dealers] have a rock [of crack cocaine] for you; They don't measure it out, they just break you off a rock. They do it by sight; I know places where dealers don't turn down no money, you know? So, they'll sell as low as \$2."

Participants reported that the most common route of administration for crack cocaine remains smoking. Other common methods include snorting and intravenous injection (aka "shooting"). A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as: "Black; urban; older; male; poor; female; young white women." Community professionals also described typical users of crack cocaine as a wide mix of individuals including African-American males and women in their 20s. A treatment provider commented, "Crack is cheaper than power cocaine, and we're seeing a lot of young females move towards crack."

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: "You can get heroin anywhere; It's everywhere." A participant acknowledged young people have access to the substance: "I get it [heroin] from my students." While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. However, law enforcement contradicted participants' responses and reported the availability of brown powdered heroin as most available.

Participants most often reported black tar heroin's current availability as '10'; the previous most common score was '2'. A participant noted, "Black tar [heroin] is coming in from the South, you see more of it now." Participants most often reported brown powdered heroin's current availability as '9'; the previous most common score was '10'. Participants most often reported white powdered heroin's current availability as '6'; participants did not report on the availability of white powdered heroin in the previous reporting period. A participant commented, "It's pretty tough to find the Asian white stuff [white powdered heroin]."

Corroborating data also indicated that heroin is available in the region. The Scioto County Coroner's Office reported that at least 25 percent of all drug-related deaths it processed during the past six months involved heroin. Media outlets reported on heroin seizures and arrests in the region during this reporting period. Four individuals were arrested in what is believed to be the largest heroin bust in Scioto County; more than one pound of heroin as well as cash was found stashed on Ohio Department of Natural Resources property in West Portsmouth (www.wsaz.com, Aug. 8, 2013). Ohio State Highway Patrol (OSHP) troopers arrested two individuals near Lucasville (Scioto County) after a traffic stop in which 15 grams of black tar heroin were found inside their vehicle (www.wsaz.com, Aug. 8, 2013). OSHP seized 33 grams of heroin and arrested two women after stopping a vehicle in Scioto County (www.statepatrol.ohio.gov, Sept. 27, 2013). A young woman crashed her vehicle into a building in Winton Hills

(Hamilton County) because she was overdosing on heroin (www.news.cincinnati.com, Oct. 17, 2013). OSHP troopers stopped a driver and found two kilos of heroin in the rear of the vehicle; two people were arrested (www.statepatrol.ohio.gov, Nov. 9, 2013). Six people were indicted for trafficking heroin between Cincinnati and Portsmouth (Scioto County); more than 100 grams of heroin were seized in the operation (www.herald-dispatch.com, Dec. 10, 2013).

Overall, participants reported the general availability of heroin has increased during the past six months. A participant shared, “[Heroin] *it’s everywhere. It’s because so many people got prescribed pain pills and got addicted but can’t afford a pill habit.*” Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider commented: *“I can find heroin down the street; You can find it on Jr. high school campuses.”* The BCI London Crime Lab reported that the number of heroin cases it processes remained the same during the past six months; the lab reported processing all types of heroin.

Heroin	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often reported the general quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ Participants reported that heroin in the region is cut with baby laxatives, coffee, powdered sugar and vitamins. Overall, participants reported that the general quality of heroin has varied during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  diphenhydramine (antihistamine),  mannitol (diuretic)  sugar 	

Current street prices for heroin were variable among participants with experience buying the drug. Participants reported the following pricing in general for all types of heroin.

Heroin	Current Street Prices for Heroin	
	1/10 gram (aka “folds” or “papers”)	\$10-30
	a gram	\$90-120

While participants reported a few ways of using heroin, the most common route of administration remains intravenous injection (aka “shooting”). Other common methods reported include snorting and smoking. Participants reported obtaining injection needles from diabetics, drug dealers and through Internet purchase. Reportedly, dealers often sell needles for \$2 apiece.

A profile of a typical heroin user did not emerge from the data. A participant responded, *“Everybody uses heroin. Anyone who has been on painkillers. Old people. Young people. All races. Everybody.”* A participant added, *“Real young people sellin’ it.”* Community professionals described typical users of heroin as young and white. Treatment providers noted a stigma in the black community for coming in for treatment due to cultural shame.

Prescription Opioids

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 ‘8.’ Participants identified methadone, OxyContin®, Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Treatment providers most often reported current availability as ‘10,’ while law enforcement professionals most often reported current availability as ‘6;’ the previous most common score for community professionals was ‘8.’ Community professionals identified OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated that prescription opioids are available in the region. The Scioto County Coroner’s Office reported that at least 25 percent of all drug-related

deaths it processed during the past six months involved prescription opioids (most involved morphine).

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. A man was arrested after being stopped by OSHP in Scioto County when troopers discovered an open bottle of liquid codeine, several empty codeine syrup bottles and 91 oxycodone pills (www.statepatrol.ohio.gov, Nov. 9, 2013). Two women were stopped near Lucasville (Scioto County) and arrested after law enforcement discovered more than 4,500 prescription opioid pills and a half kilo of heroin in their vehicle (www.nbc4i.com, Dec. 5, 2013). Media also reported on an increase of older white women dying from prescription opioid overdose; in Portsmouth (Scioto County), women blame overdose death rates on the toll of American society and how they are increasingly overwhelmed by responsibilities, which lead to feelings of failure and depression, which lead to addiction (www.nytimes.com, July 3, 2013).

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months		
		Participants	No Change
		Law enforcement	No Change
		Treatment providers	No Change

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana® (old formulation)	\$2 per mg
	Opana® (new formulation)	\$0.25 per mg \$10 for 40 mg
	Percocet®	\$1 per mg
	Roxicet®	\$4-5 per pill
	Vicodin®	\$1 per mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them through personal prescriptions, from individuals with prescriptions, from "pill mills" (certain pain clinics) and by going over the Ohio/Kentucky border to obtain prescriptions. While there were a few reported ways of consuming prescription opioids, the most common route of administration is oral consumption. Other methods of administration include intravenous injection and snorting. A treatment provider noted the progression of routes of administration in younger clientele: *"They [clients] say they're eatin' them [Roxicodone®] in grade school, snortin' them in middle school and shootin' them by high school."*

A profile for a typical illicit user of prescription opioids did not emerge from the data. A participant summed up the opinions of other participants: *"Everyone from young kids to old folks [abuse prescription opioids]."* Likewise, a community professional summed up the opinions of other professionals: *"There is no typical user. All kinds of people are abusing these medications."*

Suboxone®



Suboxone® is moderately to highly available in the region. Participants reported the street availability of Suboxone® as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, *"The strips [Suboxone® sublingual film form] are pretty easy to find."* Community professionals most often reported current availability as '8'; the previous most common score was split: treatment providers reported a '10', while law enforcement reported a '4'. A treatment provider explained, *"People are usin' it [Suboxone®] one day and takin' a pain pill the next day. They're sellin' Suboxone®"*

right out there ... in the parking lot. Seriously. It's everywhere they're selling it ... Every parking lot around."

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. A treatment provider stated, "Suboxone® is on the rise. We're seeing young women abusing Suboxone®." A DEA professional explained how he was recently approached by a boy on his bicycle asking if the agent would like to buy Suboxone®. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg pill sells for \$25. Most often, participants reported taking Suboxone® orally. However, one participant noted, "You can eat it, snort it or inject it. The strips aren't hard to use [abuse] either." In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through legal prescriptions and from buying it from friends and family members with prescriptions. A participant stated, "You can buy it [Suboxone®] from people who get it from clinics." Participants described typical illicit users of Suboxone® as addicts and young people. Community professionals described typical illicit users of Suboxone® as young and more often female.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants identified Xanax® as the most popular

sedative-hypnotic in terms of widespread use. Participants commented: "It's not hard to get a [sedative-hypnotic] prescription; All you have to do is go to an ER [hospital emergency room]; Benzos [benzodiazepines] are pretty easy to find on the street."

Community professionals also most often reported current availability as '10;' the previous most common score was '7.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals commented: "Many times, doctors are prescribing or over-prescribing these medications [sedative-hypnotics]; We've had lots of clients get benzos through pill mills; People can go to Kentucky and find doctors willing to prescribe to them because the prescribing laws are different there."

Corroborating data also indicated that sedative-hypnotics are available in the region. The Scioto County Coroner's Office reported that at least 25 percent of all drug-related deaths it processed during the past six months involved sedative-hypnotics (Valium® and Xanax®). A media outlet reported on sedative-hypnotic seizures and arrests in the region during this reporting period. Two individuals were placed in Ross County Jail by OSHP when they were stopped and found to have 100 Xanax® pills and four ounces of heroin (www.statepatrol.ohio.gov, Oct. 14, 2013).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

Sedative-Hypnotic	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	No Change
	 Treatment providers	No Change

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets and current street prices were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotic	Current Street Prices for Sedative-Hypnotic	
	Klonopin®	\$1 per mg
	Valium®	\$1 per mg
	Xanax®	\$2 per mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends or family members with prescriptions, prescribed by doctors or in emergency departments. While participants reported a few ways of consuming sedative-hypnotics, the most common route of administration is oral consumption. Some participants also mentioned crushing and snorting these drugs.

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. A minority of participants reported that females are more likely to use sedative-hypnotics than males. Community professionals were unable to identify a typical illicit user of these drugs.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. A participant quipped, "Everyone uses weed [marijuana], what kind you want?" A treatment provider commented, "[Marijuana] it's so prevalent; I don't worry about it too much on a clinical level." Another treatment provider reported, "I could walk outside right now and find weed. Easy."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Two men were arrested in Scioto County when OSHP located a pound and a half of marijuana in their vehicle (www.wsaz.com, Aug. 8, 2013). Law enforcement found 1,200 marijuana plants during a helicopter search in Pike County; the plants, be-

lieved to be part of a Mexican drug cartel operation, were seized and burned (www.herald-dispatch.com, Aug. 17, 2013). There was a marijuana summit (open to the public) in which community professionals in Cincinnati (Hamilton County) gathered together for a discussion on marijuana regulation (www.kypost.com, Aug. 20, 2013). A teenage boy was sentenced as part of a large high-grade marijuana drug ring in Lebanon (Warren County) in which he was in charge of six other teens who helped sell the drug in area high schools (www.bigstory.ap.org, Oct. 22, 2013). A man was arrested for cultivating marijuana in West Chester Township (Butler County); law enforcement seized more than four pounds of marijuana sent by mail from California as well as 190 marijuana plants growing in his home (www.dispatch.com, Nov. 26, 2013). A total of nearly 20 pounds of marijuana in two separate packages were sent from Mexico to two Ironton (Lawrence County) residents where they were intercepted by U.S. postal workers and the Lawrence County Drug Task Force (www.herald-dispatch.com, Dec. 11, 2013).

Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. A participant commented, "There's always weed around, you can always find it." The BCI London Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

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

Participants most often reported the overall quality of marijuana as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '1-5' for low-grade marijuana and '8-10' for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often reported the quality of low-grade marijuana as '2' and the quality of high-grade marijuana as '10'. Several participants spoke of medical marijuana. A participant shared,

"The medical weed comes from out West like from smoke shops and stuff... it's higher in THC [tetrahydrocannabinol], the medical stuff is because it's so scientific the way that they grow it now." Participants reported marijuana is often laced with crack by individual users and dealers will lace it with heroin or embalming fluid (aka "wet").

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 that low-grade marijuana is the cheapest form of marijuana; high-grade marijuana sells for significantly more.

		Current Street Prices for Marijuana	
Marijuana	low grade:		
	a blunt (single cigar) or two joints (cigarettes)		\$5
	1/4 ounce		\$20-35
	an ounce		\$90-120
	high grade:		
	a blunt or two joints		\$20
	1/8 ounce		\$50-60
	an ounce		\$280-400
	1/4 pound		\$800
	a pound		\$3,000-4,500

Participants reported obtaining medical marijuana from dealers they know. One participant said, "You have to know someone who gets it, who sells it." Treatment providers said they could obtain regular marijuana in the parking lot. While participants reported a few ways of consuming marijuana, the most common route of administration remains smoking. A less common method is oral consumption in edibles. Participants and community professionals agreed there is no typical profile of a marijuana user. A participant commented, "Everyone smokes weed, even grandmas!"

Methamphetamine

Methamphetamine is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants explained: "You need to know someone to find meth [methamphetamine]; it would take two phone calls." Community professionals most often reported current availability as '5'; the previous most common score was '3'. Law enforcement professionals commented: "We're not hearing too much about meth; it seems more prevalent in the rural areas and across the border [in Kentucky]."

A media outlet reported on methamphetamine seizures and arrests in the region during this reporting period. Five people were arrested after a search was conducted in a Laurelville (Ross County) residence where methamphetamine materials were found (www.nbc4i.com, Oct. 17, 2013).

Participants reported that the availability of methamphetamine has decreased during the past six months. A participant commented, "[Methamphetamine] it's a little harder to find. Need to go out of the city." Community professionals reported methamphetamine availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

Participants rated the quality of powdered methamphetamine (aka "shake-and-bake") as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. A participant shared, "[Quality of methamphetamine] it just depends on who's cookin'." Participants explained that methamphetamine is cut with "anything and everything, whatever is around." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	crystal methamphetamine:	
	a gram	\$100
	powdered methamphetamine:	
a gram	\$40-50	

While participants reported a few ways of consuming methamphetamine, the most common route of administration of powdered methamphetamine is snorting. Participants mentioned other common methods of administration to include intravenous injection and smoking.

Participants described typical users of methamphetamine as white, rural and young. A participant shared, "[Typical methamphetamine users] *it's mainly people who live outside the city, out in more rural places.*" Community professionals described typical users of methamphetamine as most often from rural areas and of lower socioeconomic status.

Prescription Stimulants



Prescription stimulants 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 most often reported current availability as '10'; they did not rate availability in the previous report. Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread use. A treatment provider stated, "*It is prescribed way too easily. It seems like all my clients are prescribed Adderall®.*"

Participants and community professionals reported that the general availability of prescription stimulants has increased 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.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
 Treatment providers	Increase	

Current street prices for prescription stimulants were variable among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Powdered Cocaine	
	Adderall®	\$5-10 for 30 mg \$10-20 for 30 mg XR

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting the drugs from friends and family who have prescriptions or from doctors. While there were a few reported ways of consuming prescription stimulants, the most common route of administration is oral consumption. Participants described typical illicit users of prescription stimulants as college students or young kids. Community professionals described typical illicit users of prescription stimulants as young, white and male, as well as mothers of children with stimulant prescriptions.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains 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); the previous most common score was '9'. Participants explained: "*You can buy it [synthetic marijuana] in stores, they sell it under different names; They don't sell K2 anymore, but they sell things just like it with other names; People will mail it to you from other places.*" Community professionals most often reported the drug's current availability as '4'; the previous most common score was '10'. A treatment provider commented, "*People can't buy it [synthetic marijuana], but they have it mailed.*"

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant commented, "[Synthetic marijuana] *it's a little harder to find, but it's still in stores.*" The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. Note: While participants and community professionals did not provide data regarding bath salts this reporting cycle, the BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Participants indicated poor quality of synthetic marijuana. Several mentioned getting migraines from smoking the substance. Other participants mentioned variable quality. Several participants agreed with a participant who explained, "*There's different kinds of that stuff [synthetic marijuana] too because I smoked it twice. The first time I laughed for 20 minutes and didn't know why I was laughin'. Then the second time I flipped out. Freaked out ... I was just like panicking ... just paranoia.*"

Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$35-50 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." Participants commented: "*Head shops' still sell K2; In the smoke shops they make it [market it] like it's an incense.*" As mentioned previously, both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail.

While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking. Participants described typical users of synthetic marijuana as teens and people who normally use marijuana but temporarily switch to synthetic marijuana to

pass a drug test. Treatment providers described typical synthetic marijuana users as younger, college-aged and white.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains highly available in the region. Participants most often reported the drug's current availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants most often reported the availability of powdered MDMA (aka "molly") as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants did not differentiate between the two substances in the previous reporting period. Community professionals most often reported the current availability of ecstasy and molly as '10'; the previous most common score was '9' generally.

Participants and community professionals reported that the availability of ecstasy and molly 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.

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

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

Current street prices for ecstasy and molly were consistent among participants with experience buying the drug.

Ecstasy	Current Street Prices for Ecstasy
	\$6-15 for a low dose (aka "single stack")
Molly	Current Street Prices for Molly
	\$7-8 per capsule (about 1/10 gram)

While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is oral consumption. Participants described typical users of ecstasy as teenagers, college students and white. Participants commented: "[Ecstasy/molly] *it's a big college thing, college kids are always looking for it; The easiest place to find ecstasy is on a college campus.*" Community professionals described typical users of ecstasy as younger.

Conclusion

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

While many types of heroin are currently available in the region, black tar and brown powdered heroin are the most available heroin types; however, the BCI London Crime Lab reported processing all types of heroin during the past six months. Participants attributed the continuing increase

in heroin availability to increased demand for the drug, as more users addicted to prescription opioids migrate to heroin use upon learning that the drug is widely available and cheaper than prescription opioids. The most common route of administration for heroin remains intravenous injection. Participants reported obtaining injection needles from people with diabetes, drug dealers and through Internet purchase. Reportedly, drug dealers often sell needles for \$2 apiece. Community professionals described typical users of heroin as young and white. Participants also acknowledged that young people have easy access to heroin.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through legal prescriptions and buying it from friends and family members with prescriptions. Participants described typical illicit users of Suboxone® as opiate addicts and young people. Community professionals described typical illicit users of Suboxone® as young and more often female.

Participants and community professionals identified Adderall® as the most popular widely abused prescription stimulant. While participants reported a few ways of consuming prescription stimulants, the most common route of administration is oral consumption. Participants described typical illicit users of prescription stimulants as college students or "young kids." Community professionals described typical illicit users of prescription stimulants as young, white and male.

Lastly, although synthetic marijuana remains available in the region, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail. Participants described typical users of synthetic marijuana as teens and people who need to pass a drug test.

