



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, the Hamilton County Crime Laboratory, the Hamilton County Coroner’s Office, the Scioto County Coroner’s Office and the U.S. Drug Enforcement Administration’s (DEA) Cincinnati office. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; 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	40
Gender (female), 2010	51.2%	51.1%	50.0%
Whites, 2010	81.1%	81.3%	80.0%
African Americans, 2010	12.0%	12.5%	10.0%
Hispanic or Latino origin, 2010	3.1%	2.3%	2.6% ²
High School Graduation rate, 2010	84.3%	88%	87.5%
Median Household Income, 2012	\$46,873	\$45,258	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2012	16.2%	17.4%	45.0% ⁴

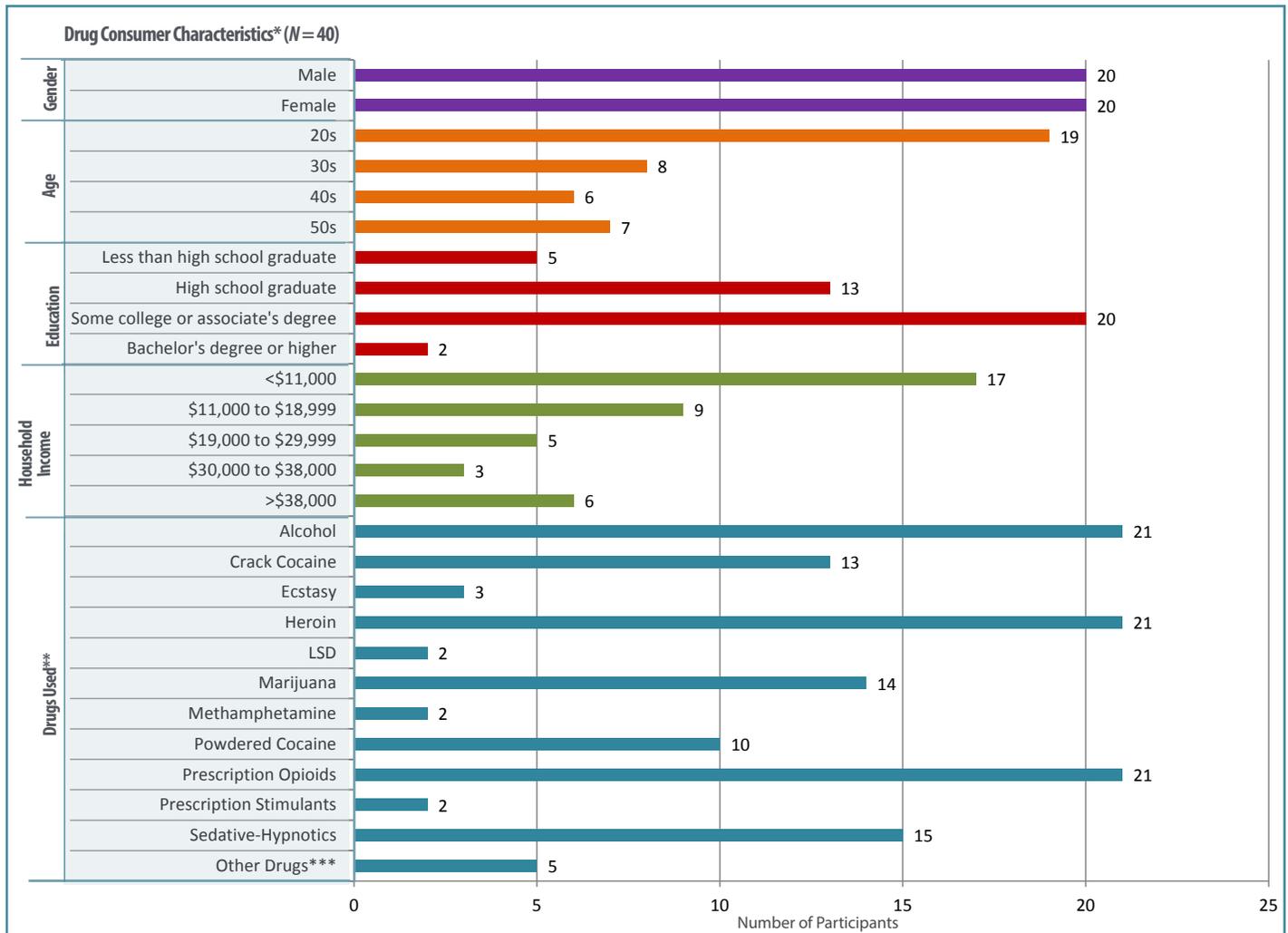
¹Ohio and Cincinnati region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January - June 2014.

²Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013.

⁴Poverty status was unable to be determined for 1 participants due to missing data and/or invalid data.

Cincinnati Regional Participant Characteristics



*Not all participants completed forms; numbers may not equal 40.

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

***Other drugs: DMT, DXM, ketamine, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics were highly available in the region. Increased availability existed for heroin, prescription stimulants and Suboxone®. Data also indicated likely decreased availability for synthetic marijuana.

Black tar and brown powdered heroin were the most reported type of heroin in the region. Participants attributed the increased availability of heroin to increased demand for the drug as more users addicted to prescription opioids migrated to heroin use upon learning that the substance was widely available and cheaper than prescription opioids. The most common route of administration for heroin remained intravenous injection. Injection needles were reportedly obtained from people with diabetes, drug dealers and through Internet purchase. Drug dealers typically sold syringes for \$2 each. Community professionals described typical heroin users as young and white; participants reported that young people have easy access to heroin.

Participants and community professionals reported increased availability of Suboxone®. Suboxone® was obtained on the street through dealers, friends and family, as well as through legal prescriptions. Typical illicit users of Suboxone® were described as opiate addicts and young people. Community professionals added that females used this drug more often than males.

Participants and community professionals identified Adderall® as the most popular abused prescription stimulant in the region. The most common route of administration reported was oral consumption. Participants described typical illicit users of prescription stimulants as college students or young kids; community professionals described typical illicit users as young, white and male.

Lastly, participants and community professionals reported decreased availability of synthetic marijuana. 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 needed to pass a drug test.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '3' 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, *"You need to know someone [to obtain powdered cocaine]. Like, I get it from a friend of a friend."* Another participant explained that his dealer would bring him the substance: *"I had a white collar salesman that would bring [powdered cocaine] to my house. I'd call and he'd say, 'What time do you want me there?' He supplied a lot of attorneys and professionals."* Community professionals most often reported the drug's current availability as '6'; the previous most common score was '10'.

Corroborating data also indicated cocaine availability in the region. The Hamilton County Coroner's Office reported that cocaine was present at time of death in 21 percent of all drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate powdered cocaine versus crack cocaine. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested in Chillicothe (Ross County) when detectives searched a home and found 20 grams of cocaine, six grams of heroin, marijuana and Xanax® (www.nbc4i.com, Feb. 4, 2014). The Ohio State Highway Patrol (OSHP) found 124 grams of cocaine and two grams of marijuana when they pulled a vehicle over for a marked lanes violation in Scioto County (www.statepatrol.ohio.gov, June 11, 2014).

Participants reported that the availability of powdered cocaine remained the same during the past six months. A participant explained, *"There's not really a demand for [powdered cocaine] because crack [cocaine] is better and cheaper, so it's harder to find [powdered cocaine]."* Community professionals reported that availability has remained the same or has slightly decreased during the past six months. The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

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

Most participants rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants felt that powdered cocaine is often cut (adulterated) with substances which negatively affect the quality. Participants reported that powdered cocaine in the region is cut with Anbesol®, aspirin, baby laxative, baby powder, baking soda, isotol/mannitol (diuretics), powdered milk, NoDoz®, sugar, Tylenol® and vitamin B-12. A participant explained, "[Powdered cocaine is] real 'stomped on' (adulterated). It's easy to cut because of the color." Another participant expounded, "The more people [powdered cocaine] goes through, the more it gets cut." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, "This 'coke' (powdered cocaine) today is nothing like real coke from the '70s and '80s. This is shit."

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

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants agreed that price is dependent on quality. One participant commented, "We were always able to get good [quality] coke, but we paid more."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$45-100
	1/8 ounce (aka "eight ball")	\$225-350
	An ounce	\$700-1,000

According to Cincinnati DEA data, pricing for powdered cocaine is as follows: a gram sells for \$100; an ounce sells for \$1,200-1,500; a kilo sells for \$33,000-35,000. Participants disclosed that marijuana dealers often have cocaine for sale as well. Participants reported that the most common route of administration for powdered cocaine remains snorting. Other reported ways to use powdered cocaine are smoking and intravenous injection ("shooting").

Participants described typical users of powdered cocaine as split between younger (18-25 years of age) and older (40 years of age and older), college students, older black males, marijuana dealers, professionals, laborers, people who work 3rd shift and white males or females. A participant said, "The 'old schools' (older African-American males) always have the 'powder' (powdered cocaine), all over 50 [years of age]. We were all doing it ... the men and their ladies. They have coke parties." Then another participant remarked, "Anyone selling marijuana uses cocaine." Similarly, treatment professionals described typical users as younger and older groups, white, male or female. Treatment providers commented: "I think the females use (powdered cocaine) more than males do; It's younger people, like early adults; I think it's more older people, people old enough to remember the '80s." Law enforcement described typical users of cocaine generally as living in the inner city.

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.' Participant comments on current availability included: "You can get crack [cocaine] anywhere; [The availability of crack cocaine is] as [high] as heroin right now; Any apartment building around here will have a crack dealer." Several participants reported that crack cocaine is common in very public spaces such as retail parking lots and gas stations. One participant stated, "I got crack outside (a major grocery store) one time. The guy came up to me and asked if I wanted to party. I asked him why he chose me and he said he could usually just tell which people would want to buy [crack cocaine]. I guess I was looking like a user at the time." Another participant shared, "A friend of a friend would bring [crack cocaine] to my house. He became good friends with my boyfriend. We would use together." Community professionals most often

reported current availability as '6;' the previous most common score was '10.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a woman following a traffic stop in Scioto County during which they seized half a pound of crack cocaine (www.statepatrol.ohio.gov, Jan. 9, 2014). Two men were arrested in Fayette County after they were pulled over and a K-9 officer alerted to the vehicle; a substantial amount of crack cocaine and heroin and a small amount of marijuana were seized (www.nbc4i.com, April 2, 2014). A successful two-day Scioto County drug blitz brought in a total of 12 arrests and seizure of 56 grams of crack cocaine, 117 grams of heroin, just over a pound of marijuana and 216 prescription opioid pills (www.wsaz.com, April 7, 2014).

Participants reported that the availability of crack cocaine has increased during the past six months. Several participants explained that the high availability is because heroin dealers are selling crack cocaine and commented: "Anyone who sells heroin has crack; Just walk downtown. The 'dope boys' (drug dealers) say, 'Tester, tester' (free samples available); Dope boys will approach you, they'll say, 'How you doin'? Do you need anything?'" Treatment professionals and law enforcement reported that availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. The crime lab does not differentiate powdered cocaine versus crack cocaine.

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

Participants most often rated the overall current quality of crack cocaine as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that crack cocaine in the region is cut with ammonia, baby laxatives, butane, ether, heroin, isotol (diuretic), NoDoz®, peroxide and vitamin B-12. 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	
		levamisole (livestock dewormer)

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Several participants noted switching to crack cocaine after powdered cocaine became too expensive, as a participant explained, "I turned to crack because the prices for 'coke' (powdered cocaine) are so high and crack is easier to find." Participants reported that they would buy based on how much they had to spend: "If I had \$20, the dope boy would give me a '\$20-rock' (1/10 gram piece of crack cocaine)." One participant shared, "A \$20- or \$30-rock is nothing ... they're like little pebbles ... I would get like four good hits off a \$20-rock and then have to go back [for more crack cocaine]." Another participant described trading the use of his house for crack cocaine when he didn't have money to pay for the drug: "I would let people 'cook' (manufacture crack cocaine) in my house and they would give me crack in exchange."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A gram	\$50-80
	1/8 ounce (aka "eight ball")	\$200-275

According to Cincinnati DEA data, pricing for crack cocaine is as follows: a "rock" for \$20; a gram sells for \$35-40; an ounce sells for \$1,000-1,200. Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject ("shoot") the drug.

Participants described typical crack cocaine users as 18-25 years of age or older than 40 years, black, white, male, female, middle and lower income. One participant stated, "Anyone who used [powdered cocaine] and is curious will use crack." Another participant shared, "My cousin is 19 [years old] and she got strung out on crack." Treatment providers described typical users of crack cocaine as 18-40 years of age, black and more often male. Law Enforcement described typical users as living more in the inner city.

Heroin



Heroin remains highly available in the region. Participants most often reported the current overall availability of the drug 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 described heroin availability as: *"It's everywhere, just make a phone call or walk down the street; it's as available as marijuana."* Community professionals most often reported current availability of heroin as '10'; the previous most common score was also '10.' Community professionals agreed with participants that brown powdered heroin is the most available type of heroin in the region. A law enforcement agent commented, *"Most of the heroin coming in is brown powder or 'tar' (black tar heroin) from Mexico."*

While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Participants also mentioned other types and colors of heroin as available: black tar, gray and white powdered. A participant remarked, *"You use the kind of heroin your dope boy has. If he has purple, you use purple. If he has gray, you use gray."*

Corroborating data also indicated heroin availability in the region. The Hamilton County Coroner's Office reported that heroin contributed to the cause of death in 51 percent of all drug-related deaths it processed during the past six months. The Scioto County Coroner's Office reported that heroin contributed to the cause of death in 29 percent of all drug-related deaths it processed during the past six months.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple was arrested in Chillicothe (Ross County) during a search of their home; heroin, drug paraphernalia, syringes and cash were seized (www.nbc4i.com, Jan. 22, 2014). A Clermont County 19-year-old overdosed and died in the presence of three other 'friends' who did not call and report his death until hours later after posting demeaning pictures of him on social websites (www.wlwt.com, Feb. 28, 2014). A man serving 13 years in a Kentucky prison is scheduled to spend another eight years in an Ohio prison for leading a large heroin operation in Brown County (www.wlwt.com, March 12, 2014). A couple was jailed after overdosing on heroin in a McDonald's play area in

Hamilton County (www.vindy.com, March 13, 2014). OSHP arrested a man in Hamilton County when troopers discovered 50 grams of heroin in his vehicle along with some crack cocaine packaged for sale (www.statepatrol.ohio.gov, March 28, 2014). Two men were arrested when Butler County Undercover Regional Narcotics (BURN) agents successfully executed a drug bust and seized one ounce of heroin, a heroin cutting agent and other drug related materials (www.wlwt.com, June 13, 2014).

Participants reported that the general availability of heroin has increased during the past six months, yet specifically mentioned decreased availability of black tar heroin and an increase in gray colored powdered heroin. A participant stated, *"The tar is harder to find now. Mainly the Mexicans have it."* Additionally, several participants discussed a shift in heroin availability from the inner city to suburban areas as one participant explained, *"Heroin is moving into the suburbs. It's not as available in the inner city anymore. You know, [law enforcement is] trying to clean it up and the drugs move out to the suburbs."* Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider stated, *"We're seeing less of the tar ... [users] say it's not as pure and so they're not using it."* The Hamilton County Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

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

Participants most often continued to rate the overall 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.' Several participants reported seeking out gray heroin, as a participant stated, *"There's gray [colored heroin] out there. It's really good. It's cut with fentanyl!"* A treatment provider reported, *"The white [powdered heroin] is the purest. That's what clients are talking about most."* However, a participant suggested that white powdered heroin is less desirable because it tends to be cut with more agents and stated, *"You don't see the white stuff as much. It gets 'stomped on' (adulterated). They cut it with anything."* Other participants also noted variability in the quality of white

powdered heroin, as one participant commented, "It depends on how stomped on it is ... how much [dealers] cut it up before they sell it. You can get bad stuff because they cut it so much." Participants reported that black tar heroin is often cut with coffee and cocoa powder whereas brown and white powdered heroin are cut with aspirin, baby laxatives, creatine, fentanyl, melatonin, Tylenol® and Xanax®. Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	●	Cocaine
	●	Diphenhydramine (antihistamine),
	●	Fentanyl
	●	Lidocaine (local anesthetic)

Current street prices for heroin were consistent among participants with experience buying the drug. Participants reported the following pricing in general for all types of heroin. Participants added that small amounts of heroin, typically 1/10 gram amounts, are folded into corners of a piece of paper to keep the heroin from sticking to the baggie in which the drug is packaged. A participant disclosed that she often travels outside the region to purchase heroin and explained, "We go to Dayton to get heroin. It's cheaper there. It's 1/10 gram for \$10. It's because of the [Highway] 75 through there."

Heroin	Current Street Prices for Heroin	
	1/10 gram (aka "folds" or "papers")	\$20
	1/2 gram	\$50-75
	A gram	\$90-140
	An ounce	\$2,700

According to Cincinnati DEA data, pricing for black tar heroin is as follows: a gram sells for \$100-200; an ounce sells for \$2,000-2,500; a kilogram sells for \$80,000-85,000. Participants reported that the most common route of administration for heroin remains intravenous injection ("shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would smoke the drug. A male participant stated, "Shooting heroin is totally acceptable among young people, high-school age kids."

In addition to obtaining injection needles from dealers, participants also reported getting them from diabetics and local pharmacies. Participants commented: "You can buy [needles] from dope boys, usually two [needles] for five dollars; I get them from diabetics I know. Sometimes diabetics will sell them to you or sometimes give them to you. Same price, about two dollars apiece; I just buy them at the pharmacy." One participant bragged, "I always got (needles) from the pharmacist. You get to know the pharmacy workers. I told them I was creative and I used the needles to glue mosaic tiles down. They would just give them to me." Additionally, participants reported that users will often re-use needles and commented: "This is disgusting, but if you go down ... where people use [heroin] you can find [needles] on the street. I know people who go down there and re-use those; I know a girl who would get old needles out of sharps containers where she worked." Still another participant disclosed, "There's an underground needle exchange here, but you have to know about it. It's like, there's that guy who carries needles. You can't carry too many around because that has legal implications."

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as everyone and anyone. A participant stated, "Everyone from high-school kids to older people use heroin." A male participant from the downtown area reported, "I could walk down the street this second and get heroin from a white kid, a black kid or a middle-aged man." Participants suggested heroin is becoming more of a suburban drug for young people in their teens and twenties, as one participant noted, "[Heroin use is] more popular in the suburbs now, young kids are using it. Like high-school age." Almost all participants noted the link between prescription opioids and heroin use. Participants remarked: "It's all the people who got prescribed pain pills and then got cut off or couldn't afford them no more. Heroin is cheaper and easier to get; Anyone who used 'oxy's' (OxyContin®) is using heroin now."

Likewise, treatment providers and law enforcement were unable to identify typical characteristics of a heroin user. Treatment providers reported: "Heroin use is widespread. There is no typical user anymore; We're seeing more teens - young men and women under 20 [years old] entering treatment." A law enforcement officer commented, "I'd say [heroin users could be] anyone under about 50 [years of age]."

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 also '10'. Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals most often reported current availability as '8'; the previous most common score was '10'. Community professionals identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids. A treatment provider expressed concern over medical prescribing practices: *"Kids are being prescribed these medications [opioids] when they go in for dental surgery or a sprained ankle. It's out of control."* Another treatment provider confirmed, *"People are coming in with legitimate 'scripts' (prescriptions) for this stuff [opioids]. It's not like they're getting it off the street."* A law enforcement officer commented, *"Opiates are still overprescribed . . . it's a universal problem."* Another officer added, *"There's still bad doctors out there who will just write for whatever the patient asks for and writes for large amounts."*

Corroborating data also indicated prescription opioid availability in the region. The Hamilton County Coroner's Office reported that prescription opioids were present at time of death in 41 percent of all drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two teens in Scioto County and seized 150 oxycodone pills that were admittedly concealed on one of the individuals (www.statepatrol.ohio.gov, Jan. 15, 2014). OSHP arrested a motorist in Warren County when the officer observed a marijuana cigarette on the center console and discovered 805 hydrocodone pills in the vehicle (www.statepatrol.ohio.gov, May 20, 2014). A Scioto County man was sentenced to 14 years in prison after he was caught running a pill mill in southern Ohio (www.wdtn.com, May 21, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months and often attributed the decrease to changing prescribing patterns of regional physicians. A participant explained, *"[Prescription opioids are] a little harder to get now, doctors are being more careful, but all you have to do is go to a pain specialist."* Community professionals reported that availability of prescription opioids has remained the same dur-

ing the past six months. The Hamilton County Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 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 these drugs. Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone (pill form)	\$1 per mg
	methadone (liquid form)	\$15 (quantity unspecified)
	Norco®	\$1 per mg
	Opana® (old formulation)	\$80-100 for 40 mg
	Opana® (new formulation)	\$0.50 per mg
	Percocet®	\$1 per mg
	Roxicodone®	\$30-50 for 30 mg
Vicodin®	\$3 for 5 mg	
	\$5-6 for 7.5 mg \$8 for 10 mg	

In addition to obtaining prescription opioids on the street from dealers or by obtaining a prescription from a doctor, more often participants reported getting these pills from family and friends either by stealing, buying or for free. A participant shared that despite new controls in prescribing, *"There's still a lot of bad doctors out there, pill pushers."* Other participants agreed and added that sometimes users travel outside the region to obtain these pills. A participant divulged, *"In Kentucky you can get prescribed almost anything, they've got those pill mill things."* Several participants admitted that it is more difficult to do, but they are still able to obtain prescriptions from doctors, as one participant explained, *"Doctors have to treat your pain. I had*

a doctor tell me he wasn't going to give me painkillers and so I told him to put in writing because I have a right to have my pain treated. He gave me a script. That's how you get around it." Another participant shared, "My grandma was in hospice and there were a lot of leftover pills. I just took those."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration are oral consumption and intravenous injection ("shooting"). Participants estimated that out of 10 illicit prescription opioid users, six would shoot and four would orally ingest the pills.

A profile for a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as everyone, anyone who's been in pain, middle-class professionals and high-school students. Participant comments included: "It's everyone, across the board; Anyone from 14 years [old] to 90-years [old] is using [prescription opioids]." Likewise, community professionals were unable to identify any typical characteristics of illicit prescription opioids users.

Suboxone®



Suboxone® is highly available in the region. Participants most often reported street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.' Participants in urban areas noted that Suboxone® is highly available on the street.

Participants posited: "A lot of people are getting [prescribed Suboxone®] because they're on Medicaid; Where [prescription opioids] are scarce, there's more people on Suboxone®."

Community professionals most often reported current availability as '9'; the previous most common score was '8.' A law enforcement officer stated, "[Opiate treatment clinics are] prevalent ... They're not limiting their patient load. They're the mirror image of pill mills." An officer further explained concerns with how Suboxone® clinics are operating: "We went to tour one treatment center. They had pre-written scripts for Suboxone® ... You're supposed to observe a person for 24 hours before prescribing Suboxone® to make

sure they're not in withdrawal. That wasn't happening."

Although participants reported an increase in overall availability of Suboxone® during the past six months, several participants noted less availability in rural areas only. One participant shared about recent fluctuations in availability and commented, "The [Suboxone®] pills aren't around as much, but they're giving pills out on [State Route] 93 again, so they're getting more available." Community professionals also reported increased availability of this drug during the past six months. A treatment provider commented, "There are more treatment centers and they're prescribing more Suboxone®." The Hamilton County 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 the 8 mg sublingual form of the drug currently sells for \$20-25. In addition to obtaining Suboxone® on the street from dealers and opiate treatment centers, participants also reported getting it from people who sell their Suboxone®. Participants commented: "A lot of people who get prescribed Suboxone® sell it to buy heroin; It's so easy to get a script at a treatment center."

While there were a few reported ways of consuming Suboxone®, participants reported the most common routes of administration for illicit use are intravenous injection ("shooting") and oral consumption. Participants estimated that out of 10 illicit Suboxone® users, eight would shoot and two would orally ingest the drug. A participant explained, "The [Suboxone®] pills are more rare, but they're easier to shoot. You can shoot the strips, but you have to work on it a little first."

Participants and community professionals described typical illicit users of Suboxone® as heroin addicts who are self-medicating, men and women of all ages. A treatment provider commented, "[Those using Suboxone®] find [Sub-

oxone®] on the street [from dealers or people selling their prescriptions] to try and get clean. They're really desperate to stop using heroin."

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 Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. However, a participant stated, "The only reason anyone uses Klonopin® is because they can't find Xanax®." Community professionals most often reported current availability as '9'; the previous most common score was '8'. Community professionals also identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Corroborating data also indicated sedative-hypnotic availability in the region. The Hamilton County Coroner's Office reported that sedative-hypnotics opioids were present at time of death in 45 percent of all drug-related deaths it processed during the past six months.

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer suggested that over-prescribing patterns are the reason for high availability of these drugs, commenting, "[High availability] isn't even from the street. It's legal prescriptions ... millions of doses are prescribed each year." The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months with the exception of increased number of cases for Xanax® and Ambien®.

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

Current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. A participant explained, "The more [sedative-hypnotics] you buy at one time, the better the price is." Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 5 mg
	Valium®	\$2 for 5 mg \$2-3 for 10 mg
	Xanax®	\$0.50-1 for 0.5 mg \$3 for 1 mg \$5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting prescriptions from primary care doctors, emergency room physicians and psychiatrists. A participant explained that sedative-hypnotics prescriptions are easy to come by and remarked, "Just go to the doctor and get a script." Another participant added that prescriptions are not only easy to obtain, but they are also inexpensive and shared, "A script for 120 pills costs me about \$19 with my insurance." Another participant explained that benzodiazepines are often prescribed to inmates and commented, "Ativan® is prescribed in jail now." Participants reported that users often steal sedative-hypnotics from family and friends. Others shared that family members or friends would freely give their pills away or sell their scripts. A participant disclosed, "I had a friend who had [sedative-hypnotics] prescribed, but didn't use them ... so I just bought them off her."

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 for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would orally ingest and three would snort the drugs.

Participants described typical illicit users of sedative-hypnotics as more often female (housewives, women with children who need to relax), people who use stimulants and often middle class. A male participant divulged, "My [friends] and I keep [sedative-hypnotics] around 'cause it makes girls forget what they're doing." Community

professionals also commented that females are more often typical illicit users of sedative-hypnotics than males.

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 for both respondent groups were also '10'. Several participants admitted growing their own marijuana and many agreed: *"A lot of people are just growing their own [marijuana] now in their yards or basements; In the country, people grow their own."* Treatment providers commented on the prevalence of marijuana use: *"This is a drug everyone uses; There's a wider range of people who use marijuana."* A law enforcement officer commented on the source of marijuana they more often seize: *"The marijuana we're seeing in the area is from Mexico."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized two pounds of hydroponic marijuana and marijuana cigarettes when they pulled over a vehicle in Hamilton County (www.statepatrol.ohio.gov, Jan. 29, 2014). OSHP seized about 2.5 pounds of marijuana when they pulled over a man in Butler County for registration and marked lanes violations (www.statepatrol.ohio.gov, Feb. 25, 2014). Three people were indicted in Warren County as part of a marijuana distribution ring in southwest Ohio; they were caught because they received many packages (up to 12 pounds per container) of marijuana from Mexico (www.daytondailynews.com, May 20, 2014). OSHP arrested a man in Warren County after discovering 10 pounds of marijuana butter, three marijuana chocolate bars, 18 marijuana gummies, two marijuana plants and three pounds of hydroponic marijuana in his vehicle (www.statepatrol.ohio.gov, May 22, 2014). Three pounds of marijuana was found in the rear passenger floorboard of a vehicle that was stopped by OSHP troopers in Hamilton County; the driver was subsequently arrested (www.statepatrol.ohio.gov, June 2, 2014). The owner of pit bulls that mauled a 6-year-old was indicted on marijuana drug trafficking charges; the dogs were trained to guard the drug trafficking operation (www.wlwt.com, June 13, 2014). Two Cincinnati teens are facing charges as adults after they entered a house to steal marijuana and fatally stabbed the home's resident (www.wlwt.com, June 13, 2014).

Participants and community professionals reported that the overall availability of marijuana has remained the same during the past six months. Nevertheless, several participants commented on the increasing amount of high-grade (high-quality) marijuana available in the area. A participant reported, *"There's a lot more high-grade [marijuana] out there now. There's more demand and [dealers] can charge more, so it's easier to find."* The Hamilton County 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 current overall quality of marijuana as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. 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 commented on the availability of the different grades of marijuana: *"There's a lot of high-grade marijuana available now; Low-grade [marijuana] is less out there now. It doesn't do anything for you if you're used to smoking 'kush' (high-grade marijuana)."* Another participant explained that lower grade marijuana is often sprayed with chemicals to mimic higher grade product: *"Dealers spray [low-grade marijuana] with stuff or dip it in stuff to make you think it's better, but it's just for taste. They sell that [chemical additive] stuff in head shops. The weed isn't better."*

Current street prices for marijuana were consistent among participants with experience buying the drug. Participants noted that the price of marijuana depends on the quality desired. Participants reported commercial grade marijuana as the cheapest form of marijuana.

Current Street Prices for Marijuana		
Marijuana	low grade:	
	a blunt (single cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$25
	1/2 ounce	\$90
	an ounce	\$90-150
	high grade:	
	1/4 ounce	\$100-150
	an ounce	\$200-275

According to Cincinnati DEA data, pricing for marijuana is as follows: an ounce of domestic high-grade sells for \$350 and a pound sells for \$4,500-7,000; a pound of domestic low-grade sells for \$1,000-1,100; a pound of "BC bud" (high-grade marijuana from British Columbia, Canada) sells for \$4,000-5,000; a pound of Mexican (low-grade) marijuana sells for \$800-1,100. Participants reported that the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. One participant admitted, "I like to eat [marijuana]. I make myself some good brownies or something and eat it up." Participants and community professionals agreed there is no typical profile of a marijuana user.

Methamphetamine

Methamphetamine remains moderately available in the region. Participants most often reported the drug's current availability as '2' or '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 '7'. Participants reported that methamphetamine is most available in powdered form; however a handful of participants reported some crystal methamphetamine availability in the Cincinnati area. One participant disclosed, "I've seen crystal [methamphetamine] around in the suburbs." An-

other reported, "The 'dope boys' (drug dealers) have crystal sometimes. It's coming in from out of state. It's still pretty rare." Community professionals most often reported the drug's current availability as '4,' the previous most common score was '5'. Professionals suggested methamphetamine is most prevalent in rural areas. A law enforcement officer stated, "[Methamphetamine is] more prevalent in rural areas, Eastern Ohio and Northern Kentucky is where we see it."

Participants from across the region commented about the production of "one-pot" or "shake-and-bake," which means users are producing 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), people who make methamphetamine ("cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. A participant commented, "The stuff [powdered methamphetamine] is easy to get."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A major methamphetamine bust led to the arrest of 18 individuals in Ross County and surrounding Indiana counties; detectives in Indiana were able to connect individuals back to a manufacturing lab in Butler County ([www.fox19](http://www.fox19.com), Feb. 18, 2014). Another large methamphetamine bust occurred when two people were arrested at a home in which five active and 40 inactive meth labs were discovered; this was the largest meth bust to date for Lawrence County (www.wsaz.com, April 4, 2014).

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

Participants reported that the availability of methamphetamine has remained the same or has slightly increased during the past six months, while community professionals reported that availability has remained the same. The Hamilton County Crime Lab reported that the number of methamphetamine cases it processes has remained the same during the past six months.

Participants most often rated the current overall quality of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Participants most often rated the current overall quality of crystal methamphetamine as '10'. A participant noted that methamphetamine is often cut with other substances and shared, "It's cut with bath salts or sometimes cocaine." Participants reported that the quality of methamphetamine has remained the same or has slightly increased during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug; however, participants were unable to provide pricing for crystal methamphetamine. Several participants reported that methamphetamine is often given in exchange for ingredients, as one participant shared, "You can buy a box of Sudafed® for \$13 and get a half gram [of methamphetamine] in exchange." In addition to obtaining methamphetamine from a dealer, participants reported that users often make their own. One participant stated, "It's so easy to make [methamphetamine] now, and cheap. People make it and sell to friends or family."

Methamphetamine	Current Street Prices for Powdered Methamphetamine	
	1/4 gram	\$25-50
1/4 ounce	\$120	

According to Cincinnati DEA data, pricing for methamphetamine is as follows: a gram sells for \$100-200; 1/8 ounce ("eight ball") sells for \$500-800; an ounce sells for \$2,500-3,000; a kilogram sells for \$40,000-50,000. Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection ("shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. One participant added, "Some people 'parachute' [methamphetamine] ... put it in a [piece of] coffee filter and then swallow it or put it up their ass ('plugging')."

Participants described typical users of methamphetamine as rural, white, middle aged and employed outside the home. A participant explained, "People who make meth usually have normal jobs and make the meth for themselves or side money."

Participants reiterated that methamphetamine is more of a rural drug, as one participant stated, "Let me put it this way, meth is not an inner city drug." Community professionals also described typical methamphetamine users as rural. A treatment provider added, "[Methamphetamine use] seems like a couple thing, or a family thing; they all use together."

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported prescription stimulant current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. Community professionals most often reported prescription stimulant current availability as '8'; the previous most common score was '10'. Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Participants and community professionals reported that the availability of these drugs has remained the same during the past six months. The Hamilton County Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

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

Current street prices for prescription stimulants were consistent among participants with experience buying the drugs.

Prescription Stimulants	Current Street Prices for Powdered Cocaine	
	Adderall®	\$2 for 10 mg \$5-10 for 30 mg \$10-20 for 30 mg XR (extended-release form)

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from primary care doctors, psychiatrists, college health centers and from friends and family members with prescriptions. While there were a few reported ways of using prescription stimulants, participants reported the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would orally ingest and one would snort the drugs.

Participants described typical illicit users of prescription stimulants as young, high-school and college students as well as women who want to lose weight. A female participant admitted that stimulants helped her manage her schedule along with her children's schedules and stated, "They're like 'mommy's little helpers.'" Community professionals similarly described typical illicit users of prescription stimulants as young, college aged and female.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; "K2" and "Spice") remains available in the region. However, participants most often reported the drug's current availability as '1' 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.' Community professionals

most often reported the drug's current availability as '3,' the previous most common score was '4.'

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Several participants reasoned that the low quality and negative side effects associated with synthetic marijuana has led to decreased demand for the drug. One participant explained, "No one is using [synthetic marijuana] 'cause of the bad side effects. It makes people go crazy. I ended up in the hospital 'cause of hallucinations after using that." Another participant explained, "You can smoke the tiniest little pinch [of synthetic marijuana] and it would give you a marijuana buzz ... if you smoke too much, it will make you go nuts. It gave me amnesia. I couldn't remember my name or where I lived." The Hamilton County Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

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

Only one participant had experience buying synthetic marijuana and reported that the drug sells for \$85 for three grams. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from head shops and gas stations. One participant explained, "[Synthetic marijuana is] *still in head shops, but you have to know what you're asking for. It was on the wall behind the counter and I asked for K2, but they said they didn't have it. It was called 'Hawaiian Spice.'*" A mother reported, "I've never bought [synthetic marijuana], but I know it's out there because my son smokes it all the time."

Participants reported the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all users would smoke the drug. Participants described typical users of synthetic marijuana as high-school aged, people on probation and military personnel. A participant noted, "If you can't find [marijuana], [synthetic marijuana] is alright." Community professionals also described typical synthetic marijuana users as teens and college aged.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable depending on the form of the drug. Participants most often reported the current availability of ecstasy tablets as '1' 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 reported the current availability of "molly" (perceived as pure MDMA in a crystalized powder form) as '10,' the previous most common score was '4.' Community professionals most often reported current availability of ecstasy tablets as '3' and current availability of molly as '8,' the previous most common scores were '10' for both forms.

Participants reported decreased availability for ecstasy tablets and increased availability for molly during the past

six months; whereas community professionals reported no change in availability for either form of the drug. The Hamilton County Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Ecstasy/Molly	Reported Availability Change of Ecstasy during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No Change
	 Treatment providers	No Change
	Reported Availability Change of Molly during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No Change
 Treatment providers	No Change	

Several participants perceived molly to be of higher quality than the pressed ecstasy tablets. One participant remarked, "Why would you use ecstasy when you could use 'pure' molly?" Current street prices for molly were consistent among participants with experience buying the drug: a gram of molly sells for \$80-100. Participants reported obtaining molly most often from friends for free at clubs or outdoor concerts. A participant stated, "I never paid for [molly], my friends had it." Another participant stated, "You can get [molly] in clubs or at parties. People just ask, 'You seen Molly?' or 'Where's Molly?' If you know what they're talking about you buy, if not, they just say, 'Who's Molly?'" Participants did not have current pricing information for ecstasy tablets.

While there were a few reported ways of consuming ecstasy and molly, participants reported the most common route of administration remains oral consumption for both forms of the drug. Participants estimated that out of 10 ecstasy or molly users, eight would orally ingest, one would snort and one would smoke the drug. A participant added, "You can crush [ecstasy tablet] up, put it in a [piece of] coffee filter and swallow it. That's what we did." Another participant stated, "Some people 'candy bomb' ... they put [molly or crushed ecstasy pill] in a [piece of] coffee filter and, you know, stick it up their butt."

Participants described typical ecstasy and molly users as under 30 years of age, people who attend music festivals and clubs. A participant stated, "A lot of college kids and hipsters use [ecstasy and molly]. You can always find it on campuses." Several participants explained that heroin dealers often use molly, as one participant reported, "Dope boys use Molly. They always have it." Community professionals also described typical users of ecstasy as high-school and college students, under 30 years of age.

Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (dimethyltryptamine [DMT – a psychedelic compound], 2C-I and 2C-E series [synthetic psychedelic compounds] and lysergic acid diethylamide [LSD]) as well as mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests).

A participant briefly commented on DMT: "A lot of people at festivals are using [DMT] ... younger people. I was buying [marijuana] off this guy at a concert and his girlfriend had DMT. I was surprised 'cause you don't see it around much."

Another participant discussed LSD availability and reported its current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). That participant suggested an increase in LSD use in urban areas, the blotter paper form. The informant reported poor quality of LSD and said it sells for \$5-10 per hit (dose). Typical users are younger people who enjoy live music and the rap scene, and some teens. The Hamilton County Crime Lab reported that the number of LSD cases it processes has increased during the past six months.

A participant also briefly discussed other synthetic psychedelic compounds in the region referred to as 2C-I and 2C-E and explained, "They're research chemicals. They give you a real clear-headed trip, visual like Photoshop® for your brain. I can order it off the Internet right now."

Law enforcement mentioned kratom in the Cincinnati area and commented, "We got reports that opiate addicts are using [kratom] with heroin or opiates. It comes in many forms: teas, powders and in food form. You can buy it over the Internet."

Media outlets also reported on other drugs including anabolic steroids and psilocybin mushrooms in the region this reporting period. OSHP seized a small amount of psilocybin mushrooms and a pound of marijuana after pulling over a man for a marked lanes violation in Warren County (www.statepatrol.ohio.gov, May 15, 2014). A former corrections officer was sentenced to four years for trafficking illegal steroids in Warren County (www.wlwt.com, March 12, 2014).

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.