



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 (AOD) treatment programs in Clinton, Hamilton and Warren 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 Scioto County Coroner and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

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 reporting period of participants.

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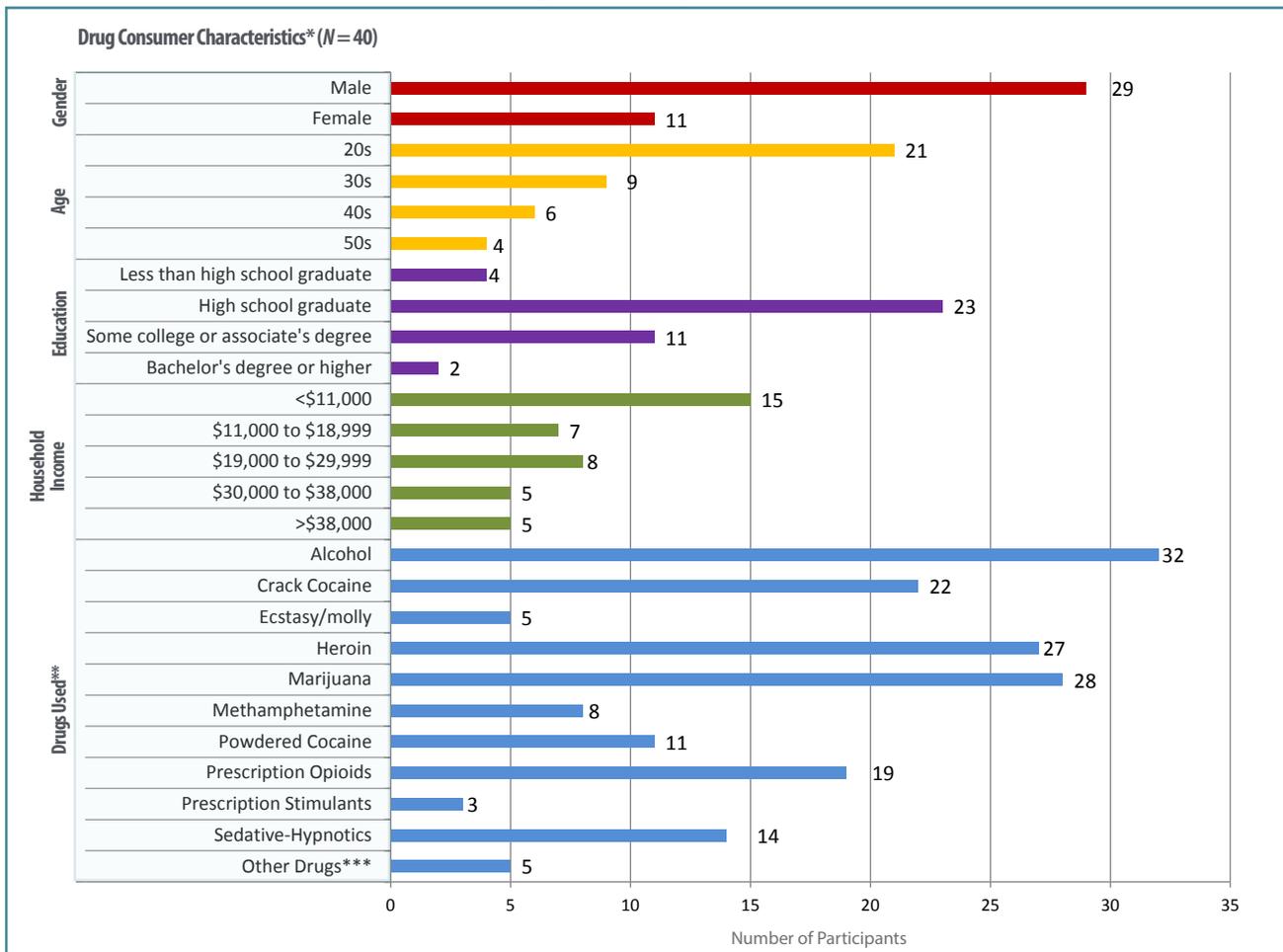
Regional Profile

Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	40
Gender (female), 2010	51.1%	50.5%	27.5%
Whites, 2010	83.2%	92.4%	75.0%
African Americans, 2010	12.5%	4.5%	17.5%
Hispanic or Latino origin, 2010	3.4%	1.6%	5.6%
High School Graduation rate, 2010	88.5%	84%	90.0%
Median Household Income, 2013	\$48,308	\$46,399	\$11,000 to \$14,999 ²
Persons Below Poverty Level, 2013	15.8%	17.4%	50.0%

¹Ohio and Cincinnati region statistics are derived from the most recent US Census, ; OSAM drug consumers were participants for this reporting period: July 2014- January 2015.

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

Cincinnati Regional Participant Characteristics



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

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

***Other drugs: inhalants and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics remained highly available in the Cincinnati region; also highly available was powdered cocaine. Increased availability existed for heroin, prescription stimulants and Suboxone®; decreased availability existed for synthetic marijuana. Data also indicated possible decreased availability for synthetic marijuana.

Black tar and brown powdered heroin were reported as the most available heroin types in the region; however, the BCI London Crime Lab reported processing all types of heroin during the previous six months. Participants attributed the continuing increase in heroin availability to increased demand for the drug, as more users addicted to prescription opioids migrated to heroin use upon learning that the drug was widely available and cheaper than prescription opioids. The most common route of administration for heroin remained intravenous injection. Participants reported obtaining injection needles from people with diabetes, drug dealers and through Internet purchase. Reportedly, drug dealers would sell needles for \$2 apiece. Community professionals described typical heroin users as young and white. Participants acknowledged that young people had easy access to heroin.

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

Participants and community professionals identified Adderall® as the most popular and widely abused prescription stimulant. While participants reported a few ways of consuming prescription stimulants, the most common route of administration for illicit use was oral consumption. Participants described typical illicit users of prescription stimulants as young, white and male.

Finally, participants and community professionals reported availability of synthetic marijuana, but noted a decrease during the previous six months. Both participants

and community professionals mentioned that users obtained synthetic marijuana through the U.S. mail. Participants described typical synthetic marijuana users as teens and people who need to pass a drug test.

Current Trends

Powdered Cocaine

Powdered cocaine's availability is variable in the region. Participants most often reported the drug's current availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3.' Several participants noted the lack of demand for powdered cocaine: *"It's about supply and demand. Less people want [powdered cocaine] because most people use heroin; Once you start using heroin, you really don't want 'coke' (powdered cocaine) anymore. You don't want anything but heroin."* Another participant remarked, *"Dope boys' (drug dealers) make more money from heroin."* Treatment providers and law enforcement most often reported the drug's current availability as '1' and '8'; the previous most common score was '6.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a vehicle in Scioto County and found that the driver did not have a valid license and as he was asked to get out of the vehicle, the man threw 48 grams of cocaine into a nearby corn field; both driver and passenger were arrested (www.statepatrol.ohio.gov, Aug. 8, 2014).

Participants reported that the availability of powdered cocaine has decreased during the past six months. One participant shared her recent experience trying to buy cocaine: *"The dealers are telling me that it's harder to get, so they have less and charge more."* Another participant reasoned, *"[Powdered cocaine] has a longer boat ride. Cocaine comes from Mexico, so it has a lot further to come. Heroin comes from Dayton."* Treatment providers and law enforcement 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 increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxatives, baby powder, ethanol, mannitol (diuretic) and NoDoz®. Participants agreed that powdered cocaine is most frequently cut and commented: "By the time you buy [powdered cocaine], it's been stepped on (cut with other substances) so many times; I'm not sure what all it's cut with." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant stated, "Dope boys are about money. The more they step on it (cut powdered cocaine with other substances) and stretch it, the more money they make." Another participant noted, "People are getting greedy and want more money, so everyone stepped on it."

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

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants explained that price is dependent upon quality. One participant noted that price can be lower if the user is sharing with others and buying in bulk: "People are willing to share cocaine, it's probably one of the only hard drugs people are willing to share. So sometimes, it can be cheaper." Another participant explained that price is often better if you go to the same dealer and commented, "Someone you get from constantly, the price is better. Dealers are loyal. They get mad if you're not loyal." Still another participant divulged receiving powdered cocaine free with purchase of heroin: "If you buy heroin, one or two caps of cocaine come with it."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-120
	1/8 ounce (aka "eight ball")	\$200-325
	An ounce	\$1,000

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, half would snort and half would shoot the drug.

Participants described typical users of powdered cocaine as in their 20s or 30s, white, employed and more financially stable. A participant commented, "Cocaine is more of a rich man's drug." Other participants supported this comment and shared about professionals they knew who used powdered cocaine: "My lawyer used coke ... he lost his license; I partied with a pharmaceutical rep who used cocaine all the time."

Community professionals described typical users of powdered cocaine as white. A community professional noted the difference between powdered cocaine and crack cocaine users: "We just talked to a gentleman [who is] educated [and] works. [Powdered cocaine] just helps keep him going and get everything done. Typically, when it passes over to crack there are different demographics."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's 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.' Treatment providers and law enforcement professionals most often reported the drug's current availability as '9'; the previous most common score was '6.' A treatment provider stated, "There are areas of this county you can smell [crack cocaine] cooking, so it's available." A law enforcement professional stated, "For those who want [crack cocaine], it's available as ever."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers seized 54 grams of crack cocaine, a gram of heroin and

two ecstasy pills during a traffic stop in Scioto County; the driver and passenger were subsequently arrested (www.statepatrol.ohio.gov, July 8, 2014). A Chillicothe (Ross County) man faced drug charges after deputies executed a search warrant and found crack cocaine and prescription opioids in his residence (www.nbc4i.com, Jan. 28, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One participant stated, "You can always find crack in the city (Cincinnati). [Dealers] offer samples even." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. One participant explained that he re-cooks crack cocaine to improve the quality of the drug: "I re-cook it to purify it. I get a little less but it's much better [quality]." Participants reported that crack cocaine in the region is cut (adulterated) with baking soda and Drano®. 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) ● benzocaine (local anesthetic)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Again, participants explained that price is dependent upon quality, and as with most drugs, a participant noted, "The price went down the more you buy." Participants noted that dealers will sell just about any amount of crack cocaine: "Shit, you can get crack from \$2 on up; Anything from a quarter to a nickel to a penny, they got a rock for you."

One participant suggested that dealers will trade items for crack cocaine and explained, "You can trade anything ... watches, rings, sex ... for crack. Or you can trade other drugs ... marijuana, pain pills."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	\$10
	A gram	\$50-75
	1/8 ounce (aka "eight ball")	\$250-300
1/2 ounce	\$600	

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. One participant noted, "Once people start using needles, everything is used with needles." Another participant stated, "It takes a lot of time to get [crack cocaine] ready to shoot. You have to break it down with vinegar or lemon juice, so it just depends on what you're looking for."

Participants described typical users of crack cocaine as ranging in age from 30-60 years, people with less money and 'dope boys' (heroin dealers). A participant commented, "The demographic has changed. There's some ... using crack now because they can't get powder (cocaine). I was in a nice part of town and no one had a crack pipe, but this business guy had one. A guy you would never expect." One participant reported that people who use crack cocaine are usually looking for other substances and explained, "Crack is what you get when you can't get what you want. [They say,] 'I can't get heroin, so I'll do a little crack.'"

Community professionals described typical users of crack cocaine as older, involved with legal issues and typically using other drugs besides crack cocaine. A treatment provider commented, "A lot of ladies and men in their 30s and 40s." Another treatment provider explained, "By the time they get to that stage [of using crack cocaine], they're more involved in the legal system, maybe some family or job problems (too)."

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. While many types of heroin are currently available in the region, participant and community professional groups reported white and brown powdered heroin as the most available type throughout the region. A participant shared, "[Brown powder heroin] is always available so it's the most common, but you use what the dealers have. If they have pink heroin, you're using pink heroin." A treatment provider stated, "I hear about the tar (black tar heroin), but not as often as the brown powder. The 'caps' (capsules of brown powdered heroin) ... that's what I hear about most often." Similarly, a law enforcement officer said, "We see brown powder [heroin] most frequently." Another officer added that the brown powdered heroin they see is coming into the United States from Mexico.

Participants rated black tar heroin's availability as '2' (previous most common score was '10'), while community professionals rated it as '5' (previous most common score was '6'). Participants suggested that black tar heroin is more available in urban areas of the region, as one participant explained, "The Mexicans sell [black tar heroin], if you go to that area [of the inner city]." A rural participant said, "I haven't seen black tar around here."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two women were arrested when OSHP stopped them for a marked lanes violation in Scioto County and a drug-sniffing canine alerted to the vehicle; 100 grams of heroin were seized (www.statepatrol.ohio.gov, July 3, 2014). The Butler County Undercover Regional Narcotics Unit arrested three individuals when the unit executed two search warrants in one evening; they seized approximately 5 grams of heroin at each location, as well as marijuana from the second location (www.wlwt.com, July 14, 2014). Ross County deputies discovered heroin during a traffic stop with the assistance of their K-9 Officer (www.nbc4i.com, July 14, 2014). New Richmond (Clermont County) Police Chief shared how overwhelmed the village is with heroin trafficking; the community has responded and many want to help addicts and law enforcement efforts

(www.local12.com, July 21, 2014). A drug raid in Waverly (Pike County) led to the arrest of four individuals and removal of a 7-month-old boy; heroin trafficking was one of the many charges (www.nbc4i.com, Aug. 7, 2014). Two young children called out of a window to their neighbor for help, who entered the house, found their mother overdosed (OD) on heroin and used Narcan® to begin reversing the OD until EMS arrived (www.wlwt.com, Jan. 15, 2015). Two men were arrested during a traffic stop in Scioto County; one man, who had 11 grams of heroin, was also wanted in Gallia County (Athens OSAM region) for drug trafficking and possession charges (www.wsaz.com, Jan. 26, 2015).

Participants and community professionals reported increased availability of brown and white powdered heroin during the past six months, while participants also indicated decreased availability of black tar heroin. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants reported that most users in the region are seeking white powdered heroin due to the high potency of the drug. A participant explained, "The white heroin has fentanyl in it. People look for it." The danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger, as a participant remarked, "That's the most potent ... I've had in 12 years. We try to find [fentanyl-cut heroin] even though it's dangerous. I hear someone OD'd (overdosed) on something strong like that and I try to find it." Another participant agreed, "I'd look for [strong heroin], but do it slow ... if I don't overdose, then I'd do more." Several participants shared stories of friends who died using fentanyl-cut heroin. One participant shared,

"It's killing people - cutting [heroin] with fentanyl. My baby's dad ... He overdosed [and] they did open heart surgery. He's a vegetable now." The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Participants reported that brown and white powdered heroin is cut with apple cider vinegar, baby laxatives, melatonin, morphine and vitamin B-12. In addition, white powdered heroin is thought to be cut with fentanyl, powdered cocaine, prescription opioids (Percocet®) and muscle relaxers. Participants reported that black tar heroin is cut with dark sodas and marijuana resin. Participants reported that the general overall quality of heroin has increased during the past six months, with the exception of black tar heroin quality which reportedly has decreased.

Heroin	Cutting Agents Reported by Crime Lab	
	●	caffeine
●	diphenhydramine (antihistamine)	
●	fentanyl	
●	mannitol (diuretic)	
●	triacetin (glycerin triacetate, a food additive)	

Reports of current street prices for heroin were consistent for small quantities, but variable for larger quantities among participants with experience buying the drug. Further, participants shared that the prices are the same for any form of the drug and a participant explained, "You buy what the dealer has, so the prices don't vary. If you look for something, it might cost a little more, but it's usually just about what the dope boys have."

Heroin	Current Street Prices for Powdered or Black Tar Heroin	
	1/10 gram (capsule, aka "cap")	\$10
	A gram	\$60-120
	An ounce	\$1,900-2,200

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 users would

shoot the drug. A participant purported, "If you're using heroin, you're shooting it. Eventually, everyone moves to using the needle."

Clean needle availability varies throughout the region as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. In addition to buying needles from pharmacies, participants reported purchasing needles from dealers, friends and family. Participants also divulged that many users will steal them from stores, homes and medical facilities. Still other participants said it is common practice to reuse needles from other users or merely finding them on the ground and reusing those.

One participant purchased needles at a pharmacy and commented, "I can buy 100 needles for about \$20." Another participant shared, "The dealers will sell [needles] to you for about \$2 each." Still another participant recently sold a used needle to another user and shared, "I told him I had used it and I told him I have Hepatitis. He didn't care. He paid me \$10 for it." There is one needle exchange program that some participants were aware of in the region, but, reportedly, it has opened and closed several times over the last year or so and its location changes each time it reopens.

A profile of a typical user of heroin did not emerge from the data. Participants described typical heroin users as everybody. One participant illustrated, "There are 13 people in this unit. Only two aren't here for heroin." Another participant stated, "Everyone is using heroin, from young kids to my grandma."

Community professionals described typical heroin users as younger adults, females and those of low socio-economic status. A treatment provider shared, "The scariest thing we're seeing is young adolescent users starting with heroin at 15 or 16 years of age." Another treatment provider explained, "If anything, [typical user age categories are] getting broader - older and younger. Older people who are addicted to pills also use heroin." One treatment provider explained, "People who are more financially able can cover [their cost of addiction and] get a lawyer to avoid legal problems." A treatment administrator explained a recent clinic audit showed the primary diagnosis for clients was 50 percent opiate addiction and 50 percent alcohol addiction. The same audit showed that opiate addiction occurs equally in males and females at this particular clinic.

Prescription Opioids

Prescription opioids are moderately available in the region. Participants most often reported the current availability of these drugs 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'. Treatment providers most often reported current availability as '7', while law enforcement reported current availability as '9'; the previous most common score for both groups was '8'. A treatment provider reported, "One student explained that her status in the school depended on her peers knowing she purchased pills (prescription opioids)." A law enforcement officer reported, "Pills are still available on the streets." Participants and community professionals alike identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated the presence of prescription opioids in the region. The Scioto County Coroner reported that over 50 percent of the 11 drug overdose deaths it processed during the past six months involved at least one prescription opioid (two deaths involved fentanyl). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested two individuals in Scioto County after being pulled over for speeding and discovering 1,673 oxycodone pills and 179 oxymorphone on the car's passenger (www.statepatrol.ohio.gov, July 26, 2014).

Participants reported that the availability of prescription opioids has decreased during the past six months. One participant explained, "Heroin is more available and cheaper [than prescription opiates]." Another participant purported, "People only use opiates when they can't shoot heroin, to avoid getting sick." Community professionals reported that availability has remained the same during the past six months. However, a law enforcement officer noted, "[Opioids are] harder to get a prescription for." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drug.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$15 per liquid dose (quantity unspecified)
	Percocet®	\$5-6 for 5 mg \$10 for 10 mg
	Roxicodone®	\$12-13 for 15 mg \$30-35 for 30 mg
Vicodin®	\$2-3 for 5 mg \$5-7 for 10 mg	

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from friends or by prescription. A participant explained, "People just fake injuries and go to the hospital [to obtain opioids]. I've seen all kinds of things, it's ridiculous." A treatment provider reported, "[Clients] talk about getting [prescription opioid pills] from Canada and ordering them off the Internet."

While there were a few reported ways of consuming prescription opioids, generally, the most common routes of administration for illicit use remain oral consumption and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, eight would swallow and two would inject the pills. One participant explained, "It depends on what [specific pill] you have. Some things are easier to eat 'cause cooking them down takes a lot of work."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as everyone. One participant explained, "Eventually, people move to heroin. Unless they refuse to shoot. Then they stay with pills." Another reported, "Anyone will use pills, it's just that most people prefer heroin." Community professionals described typical illicit users also as everyone. A treatment provider explained, "Most people don't think [prescription opioids are] dangerous because they're prescribed. So, they don't understand that they can get addicted."

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant explained, "There are nine Suboxone® clinics in the area. If I drive thirty minutes in any

direction, I'm good." Community professionals most often reported current availability also as '10'; the previous most common score was '9'.

Participants reported that the availability of Suboxone® has increased during the past six months. Participants suggested the increase in availability is due to how easily a user can obtain a prescription. One participant explained, "Anyone can get a script for the strips (Suboxone® sublingual film). I have one. Some people take it, some take half and sell the rest ... other people sell their whole dose or trade it for heroin."

Community professionals also reported an increase in availability of Suboxone® during the past six months, suggesting the increase is a result of the number of Suboxone® clinics that are in the region. A treatment provider reported, "There are new [Suboxone®] clinics all the time. We prescribe it here [at our treatment facility]." A law enforcement professional reported, "[Suboxone® clinics are] hard to regulate, so new clinics pop up and then close down or move." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-25 for 8 mg
	tablet	\$15-20 for 8 mg
	Subutex®	\$10-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug from friends or through prescription from a clinic. While there were a few reported ways of consuming Suboxone®, the most common route of administration for illicit use is intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, nine would shoot and one would sublingually consume the drug. One participant reported, "The VA (Veteran's Administration) has a form of Subutex® that you can shoot now, it doesn't gel up."

Participants described typical illicit users of Suboxone® as heroin users and people trying to detox from heroin or avoid withdrawal symptoms when they cannot get heroin. One participant shared, "I've used the strips to not get sick." Treatment providers also described typical illicit users as heroin users who are attempting to detox. A treatment provider explained, "A lot of clients get on Suboxone® to detox and get into treatment."

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'. One participant stated, "I could get 'benzos' (benzodiazepines) all day, everyday." Another participant suggested that prescriptions for sedative-hypnotics are easily obtained: "If you have a traumatic past, like me, you can get them." Participants identified Ambien®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals most often reported current availability of sedative-hypnotics as '7'; the previous most common score was '9.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Participants reported that the availability of sedative-hypnotics has increased during the past six months. One participant explained, *“People like to use [sedative-hypnotics] with heroin and heroin is big right now.”* Contrarily, treatment providers and law enforcement reported that availability has decreased during the past six months. A treatment provider supposed, *“They’re not using [sedative-hypnotics] as often because they’re afraid of overdosing.”* A law enforcement professional reasoned a decrease in prescribing has led to a decrease in availability and commented, *“Doctors are not prescribing as often, especially in primary care.”* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, Ambien® has little to no street value.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 1 mg \$2 for 5 mg
	Xanax®	\$0.50-1 for 0.5 mg \$3 for 1 mg \$5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends who have prescriptions or by obtaining a prescription from a physician. A participant remarked, *“It’s easy to get a prescription, and it’s easy to get [sedative-hypnotics] on the street.”*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drug. A profile of a typical illicit sedative-hypnotic user did not emerge from the data. Participants described typical illicit users as everyone. Community professionals had similar difficulty in describing a typical illicit user, as one professional commented, *“There are no typical users, anyone with an anxiety disorder or who has any anxiety at all.”*

Marijuana

Marijuana remains highly available in the region. Participants most often reported the current 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.’ One participant noted, *“It’s harvest season now, so [marijuana is] pretty available.”* Community professionals most often reported the drug’s current availability as ‘10;’ the previous most common score was also ‘10.’ A treatment provider remarked, *“I think [marijuana is] always available, isn’t it?”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Springdale (Hamilton County) man was arrested for giving a 12-year-old marijuana and then having sex with her (www.wlwt.com, July 3, 2014). A vehicle was stopped by OSHP in Warren County and a drug-sniffing canine alerted troopers to two pounds of marijuana (www.statepatrol.ohio.gov, Aug. 1, 2014). The Ohio eradication program, which removes marijuana plants and crops growing illegally throughout the state, seized 964 marijuana plants from Scioto County and 14 plants from Hamilton County during the past year (www.cleveland.com, Aug. 8, 2014). Chillicothe Police (Ross County) began investigation into a case in which 34 marijuana plants were found in an area park; the marijuana plants, ranging in height from one to five feet tall, were subsequently confiscated to be destroyed (www.nbc4i.com, Aug. 11, 2014).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. However, a participant noted, *“I can find heroin easier than I can find weed (marijuana).”* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased 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 rated the current overall quality of marijuana as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. However, participants reported that the quality of marijuana varies greatly. One participant stated, "[Marijuana] *all gets me high, some a little more, some a little less.*"

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). Several participants indicated that high-grade marijuana is most available. One participant stated, "*It's hard to find reggie (low-grade marijuana) anymore.*" However, another participant retorted, "*I can find reggie all day.*" Others reported growing their own or having friends who grow high-quality marijuana.

Reports of current street prices for marijuana were variable among participants with experience buying the drug. Participants added that price continues to be dependent upon quality. Participants reported low-grade marijuana as the cheapest form, but a participant commented, "*I can't afford weed (marijuana) anymore. I've been looking for a 'dime bag' (\$10 worth).*" Several participants noted they purchase higher quality marijuana through the mail from California and Colorado. Another participant divulged, "*I just order [marijuana] from the Internet.*"

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (single cigar) or two joints (cigarettes)	\$3
	1/4 ounce	\$20-25
	An ounce	\$80-100
	A pound	\$700-800
	High grade:	
	A blunt (single cigar) or two joints (cigarettes)	\$10
	An ounce	\$280-320
A pound	as high as \$5,000	

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant replied, "*Is there some other way to use it?*" Participants and community professionals continued to agree that there is no profile of a typical marijuana user.

Methamphetamine

Methamphetamine continues to vary in availability throughout the region. Participants most often reported current availability of the drug as '2' in urban areas and as '9' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was either '2' or '7' respectively. Participants reported that methamphetamine is available in powder and crystal forms. Participants from rural communities 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 (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Treatment providers most often rated the drug's current availability as '6'; the previous most common score was '4'. Community professionals also indicated availability varies depending on location. A treatment provider commented, "*People who want [methamphetamine] know right where to go.*" A law enforcement officer stated, "*[Methamphetamine is] more concentrated in rural areas.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ross County Sheriff's Office worked in conjunction with the U.S. 23 Major Crimes Task Force to execute a warrant and seize materials used in the manufacturing of methamphetamine (www.nbc4i.com, July 14, 2014). Three men were arrested in Ross County when the sheriff's office responded to citizen concerns at a home and discovered a methamphetamine operation (www.nbc4i.com, Aug. 19, 2014). An anonymous tip led the Butler County Sheriff's Office and Butler County Children Services to a home in Morgan Township where three children were found among a large scale methamphetamine lab, chemicals and other drug paraphernalia; four adults were arrested

(www.19actionnews.com, Jan. 9, 2015). OSHP arrested two people when they stopped a pickup truck for a traffic violation in Portsmouth (Scioto County) and found a tank of anhydrous ammonia (used for making methamphetamine) in the back of the vehicle, as well as methamphetamine and Suboxone® on the driver (www.wsaz.com, Jan 21, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months. One rural participant stated, "You just have to know where to go. You don't buy [methamphetamine] from dealers; you have to know who's making it." An urban participant stated, "I go to gay clubs to buy [methamphetamine]." Treatment providers and law enforcement professionals also reported that availability of methamphetamine has remained the same during the past six months. One professional suggested that methamphetamine is not the main drug of concern in the region and commented, "There's so much law enforcement concentration on heroin that meth (methamphetamine) is going under the radar." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current street prices for methamphetamine were variable among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Powdered Methamphetamine	
	1/2 gram	\$40-60
	An ounce	\$1,800-2,900

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would shoot and three would smoke the drug.

Participants described typical users of methamphetamine as younger (aged 20s or 30s), white, third-shift workers, truck drivers, people who live in rural areas, college students, gay men and people with less money. Community professionals described typical methamphetamine users as young, white and rural.

Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported the current availability of these drugs 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 '8.' Community professionals most often reported current availability as '8;' the previous most common score was also '8.' Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread use. A treatment provider reported, "[Illicit use of prescription stimulants is] more of a kid thing. I don't hear a lot of adults abusing these kinds of stimulants." One participant questioned, "Why would you buy [prescription stimulants] when you could buy crack (cocaine) or meth (methamphetamine)?"

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

the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

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 not known among participants who reported that prescription stimulants are rarely sold on the streets. One explained, "That's not anything you get from a dealer." Participants continued to report that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drug.

Participants described typical illicit users of prescription stimulants as teenagers and college students. A participant remarked, "[Prescription stimulants are] something college kids and angry moms mess with." Community professionals described typical illicit users as teens and young adults

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is moderately available throughout the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1.' Community professionals most often reported current availability as '6,' the previous most common score was '4.'

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

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

Participants were unable to provide pricing for synthetic marijuana due to their lack of personal experience buying the drug during the past six months. Despite legislation enacted in October 2011, synthetic marijuana continues to be available. One participant explained, "You wouldn't get [synthetic marijuana] from a dealer. You just have to know where to go. Lots of head shops sell it."

Participants continued to report that the most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as young (teenagers) and individuals on probation. A participant commented, "[Synthetic marijuana is] a thing young people, like high school kids, do." Another participant added, "I've heard of people on probation using [synthetic marijuana] so they can drop clean (pass a drug test)."

Community professionals described typical synthetic marijuana users similarly as teenagers and those on probation. A treatment provider commented, "[Synthetic marijuana] is a drug I hear about from adolescents." Another professional stated, "It's mainly people who need to drop clean for some reason."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability is variable depending on the form of the drug. Participants most often reported the current availability of ecstasy tablets as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1.' One participant remarked, "No one wants to use ecstasy [tablets] when they could do 'molly' (powdered MDMA)." Participants most often reported the current availability of "molly" (presumed to be powdered MDMA) as '6,' the previous most common

score was '4.' A participant noted, "[Molly is] *something kids use in clubs ... it's not really mainstream.*"

Community professionals most often reported current availability of ecstasy as '3' and current availability of molly as '6,' the previous most common scores were '3' and '8' respectively.

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 decreased during the past six months.

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

Participants were unable to provide pricing for ecstasy tablets due to their lack of personal experience buying this form of the drug during the past six months. Reports of current street prices for molly were consistent among participants with experience buying the drug. Molly typically comes in capsule form. Reportedly, a capsule of molly sells for \$5 and a gram sells for \$80-100.

While there were a few reported ways of consuming ecstasy and molly, generally, the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy or molly users, all 10 would orally ingest the drug.

Participants and community professionals described typical ecstasy users as adolescents and college-aged. Participants were more descriptive of typical molly users and described them as young, white, college-aged and concert or club goers. One participant stated, "*Dope boys (drug dealers) will use molly.*" Community professionals described typical molly users as young.

Other Drugs in the Cincinnati Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts and hallucinogens (LSD [lysergic acid diethylamide] and psilocybin mushrooms).

Bath Salts

 Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the current availability of these drugs as '3' on a scale of '0' (not available, impossible

to get) to '10' (highly available, extremely easy to get); participants did not report on bath salts in the last report. Community professionals most often reported current availability as '5'; community professionals did not report on bath salts in the last report. A treatment provider stated, "[Bath salts are] *around. I really don't hear much about them from adult clients.*" Another treatment provider added, "*Clients pretty much know to stay away from [bath salts]. They have a bad reputation.*"

Participants reported that the availability of bath salts has decreased during the past six months, while community professionals reported that availability has remained the same. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Current street prices for bath salts were unknown among participants as none had experience using the drug during the past six months. Despite legislation enacted in October 2011, bath salts continue to be available. One participant shared, "[Bath salts are] *available like in gas stations or head shops or online, but no one would want to use them ... kids maybe.*" Participants and community professionals described typical bath salts users as young (high school or college age).

Hallucinogens

A participant shared that she has heard her 25-year-old daughter talk about using LSD. The participant shared, "*She*

said she was going to some concert where everyone was going to be using LSD, like they're hippies or something. They don't know anything about being a hippie." The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months. One participant reported on psilocybin mushrooms: *"Mushrooms are making a comeback. Young people use them ... you can't tell what will happen while you're on them."* The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has decreased during the past six months.

Lastly, one participant reported on the increasing availability of synthetic amphetamines on the Internet, stating, *"There's all sort of new amphetamines on the Internet, coming from other countries. They're not illegal because of how the laws are written. It's mostly younger people I know that's using them."*

Conclusion

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

While many types of heroin are currently available in the region, participant and community professionals reported white and brown powdered heroin as the most available types throughout the region. Law enforcement reported that the brown powdered heroin they see is coming into the United States from Mexico. Participants suggested that black tar heroin is more available in urban areas of the region.

Participants reported that most users seek white powdered heroin due to the high potency of the drug, explaining that this type of heroin often contains fentanyl. The danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger. Several participants shared stories of friends who died using fentanyl-cut heroin. The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 users would shoot the drug. Clean needle availability varies throughout the region as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. Participants said it is common practice to reuse needles from other users or merely find them on the ground and reuse those. Participants described typical heroin users as everybody, while community professionals described typical heroin users as younger adults, females and those of low socioeconomic status.

Participants reported that the availability of Suboxone® has increased during the past six months and suggested the increase is due to how easily a user can obtain a prescription. Community professionals also reported an increase in availability of Suboxone® during the past six months, suggesting the increase is a result of the increased number of Suboxone® clinics in the region. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

While there were a few reported ways of consuming Suboxone®, the most common route of administration for illicit use is shooting. Participants described typical illicit users of Suboxone® as heroin users trying to detox from the drug or trying to avoid withdrawal symptoms when they cannot get heroin. Treatment providers also described typical illicit users as heroin users who are attempting to detox.

Lastly, bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues) remain available in the region, although participants reported that availability has decreased during the past six months. Treatment providers explained that they do not hear about bath salts use among their adult clients; they believed clients stay away from bath salts use due to the bad reputation of the drug. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Participants and community professionals described typical bath salts users as young (high school or college age).