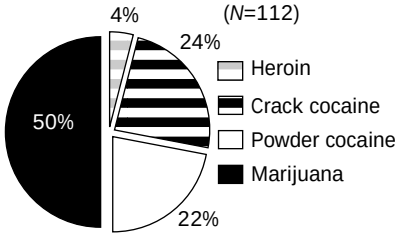
CINCINNATI PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 1,646,395
- Median age: . . . . . 35.1 years
- Race (alone):
  - White 84.1%
  - Black 13.0%
  - American Indian/ Alaska Native 0.2%
  - Asian/Pacific Islander 1.2%
  - Other race 0.4%
  - Two or more races 1.1%
- Hispanic (of any race): . . . 1.1%
- Unemployment rate: 2.9%
- Median household income: $44,248
- Families below poverty level with children <18 years: 11.1%

*Source: U.S. Census 2000**

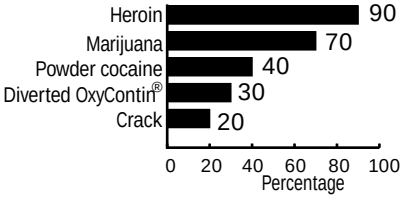
What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)



Note: Methamphetamine, methylenedioxymethamphetamine (MDMA or ecstasy), and abused OxyContin® (oxycodone hydrochloride controlled-release) percentages were less than one.

Source: Non-methadone treatment respondent

What drugs do clients in a methadone program use+? (Fall 2002)



+Includes any use, whether as a primary, secondary, or tertiary drug; methamphetamine use is reported as "very low."

Source: Methadone treatment respondent

**The census data in this table are provided as a frame of reference for the information given by* Pulse Check *sources. When possible, the data given by the law enforcement and epidemiologic/ethnographic sources reflect the metropolitan area.*

THE BIG PICTURE: WHAT'S CHANGED? (SPRING 2002 VS FALL 2002)

Two of three *Pulse Check* sources believe the illegal drug problem in Cincinnati is very serious[E,M], and one believes it is somewhat serious. Two of three sources consider the problem as somewhat worse[N,M], and one believes that it is stable.[E]

Respondents report several changes in the drug abuse scene:

- Crack and powder cocaine use in general declined slightly between spring and fall 2002.[E]
- OxyContin® "has already peaked in Cincinnati, so it's beginning to level off."[M]
- Diverted OxyContin® has received much media and law enforcement attention recently and is harder to obtain.[E]
- A for-profit methadone clinic opened nearby (in Indiana) with a more liberal methadone take-home policy. Since then, methadone diversion has increased, the diverted drug is now widely available on the streets, and methadone-related overdose deaths have increased (especially among young users [18–20 years]).[M]
- Violent crimes relating to drug sales and activity have increased.[N]

The greatest changes in drug abuse concern heroin:

- Historically, Cincinnati is a "pill-shooting town," but in the past few years heroin has emerged.[M]
- Heroin use has increased dramatically, especially among Whites.[E] The increase is most likely due to OxyContin® abusers switching to heroin use as diverted OxyContin® becomes less available.[E,M]
- Some OxyContin® abusers are switching to methadone or other prescription opiates when they can't obtain OxyContin®.[M]

- *Between spring and fall 2002, primary drug of abuse proportions among non-methadone treatment admissions remained relatively stable, with the exception of abused OxyContin®, which increased slightly.*[N]
- *Between spring and fall 2002, most drug use remained stable among methadone treatment admissions, with the exception of two decreases: crack use and OxyContin® abuse declined.*[M]

Most widely abused drug:

Marijuana[E,N]
Heroin[M]

No reported changes between spring and fall 2002[E,N,M]

Second most widely abused drug:

Crack[E,N]
Diverted OxyContin® and other prescription opiates[M]

No reported changes between spring and fall 2002[E,N,M]

Drug related to the most serious consequences:

Crack[E]
Heroin[N,M]

No reported changes between spring and fall 2002[E,N,M]

Drug related to the second most serious consequences:

Heroin and other opiates[E]
Crack[N]
Diverted OxyContin®[M]

No reported changes between spring and fall 2002[E,N,M]

New or emerging problems:

Heroin use increasing[E]
Diverted OxyContin®[N]

Sources: [E]Epidemiologic/ethnographic, [N]Non-methadone treatment, and [M]Methadone treatment respondents

Note: These symbols appear throughout this city profile to indicate type of respondent. The law enforcement source in Cincinnati did not respond.

HEROIN

Heroin use has increased dramatically, especially among Whites.[E] *The increase is most likely due to OxyContin® abusers switching to heroin use as diverted OxyContin® becomes less available.*[E]

COCAINE

- Crack and powder cocaine use in general decreased slightly between spring and fall 2002.[E] Crack use among methadone treatment admissions also declined.[M]
- Although powder cocaine use in general declined, use among females and Whites increased.[E]

MARIJUANA

Marijuana use remains high, and it is considered the most widely abused drug by two of three sources.[E,N]

METHAMPHETAMINE

Methamphetamine use remains low.

MDMA (ECSTASY)

Ecstasy use remains relatively low.

ABUSED METHADONE

As reported in several other Pulse Check *cities, methadone diversion and abuse have increased:*

- Since a for-profit methadone clinic opened nearby (in Indiana) with a more liberal methadone take-home policy, methadone diversion has increased.[M]
- Diverted methadone is now widely available on the streets.[M]
- Methadone-related overdose deaths have increased (especially among young users [18–20 years]).[M]

ABUSED OXYCONTIN®

After peaking in the last several years, OxyContin® abuse is beginning to level off:

- Abuse declined slightly among methadone treatment admissions.[M] (By contrast, among non-methadone treatment admissions OxyContin® abuse increased slightly.[N])
- Diverted OxyContin® has received a lot of media and law enforcement attention recently and is harder to obtain.[E]
- Most primary OxyContin® abusers in the methadone treatment program are new to opiates and not addicted to heroin, but once addicted to OxyContin,® they often switch to heroin, methadone, or other prescription opiates if they can't obtain OxyContin®.[M]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* non-methadone treatment respondent's program, which operates at about 85 percent capacity (89 of 104 treatment slots filled) sees a variety of drug clients, most of whom use marijuana, followed by cocaine (crack or powder) (*see the pie chart of the first page of this chapter*). That source reports a slight increase in OxyContin® abuse between spring and fall 2002.[N]
- The methadone treatment respondent is with a facility that operates at its maximum capacity of 120 methadone maintenance clients.[M] Many of its clients have secondary and tertiary drug problems (*see bar chart of the first page of this chapter*).
- Methadone maintenance is available only in selected areas of the community; in fact, only one public methadone treatment center exists in Cincinnati.[E] Methadone treatment programs have large waiting lists, and treatment availability remained stable between spring and fall 2002.[E]
- The non-methadone treatment source notes several drug-related consequences as relatively high, including drug-related auto accidents (which have increased recently), high-risk pregnancies, drug overdoses, and tuberculosis.[N] The methadone treatment source notes that hepatitis C is very common and that awareness of it increased recently due to improved testing.[M] That source also notes that high-risk pregnancies have increased slightly between spring and fall 2002.

- Although comorbid disorders are relatively stable since spring 2002, several are reported as common, including antisocial or conduct disorders,[N,M] psychosis[N], mood disorders,[N,M] and suicidal thoughts/attempts[N]. The non-methadone source notes that the dual diagnosis program receives "more referrals than it can handle."[N]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and ecstasy. They were also asked to describe any emerging user groups and to report on how the drugs are used. As shown on the following pages, user characteristics vary by drug. Further, because of the different perspective each brings, the three sources sometimes describe quite different populations and use patterns for each drug. For example, all methadone clients are primary opiate users who may use drugs other than opiates in a secondary or tertiary manner.

- *Heroin use has increased dramatically between spring and fall 2002, especially among Whites.[E] The increase is most likely due to OxyContin® abusers switching to heroin use as diverted OxyContin® becomes less available.[E]*
- *New heroin users are more likely than the general heroin-using population to be of a higher economic status (middle versus low) and from the suburbs.[E]*
- *Many young methadone clients present as male-female couples.[M]*
- *Users new to treatment are more likely than the general methadone treatment population to be male (split evenly versus 60 percent female).[M]*

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	>30	18–30
Mean age (years)	38	41	28
Gender	Split evenly	60% male	60% female
Race/ethnicity	White	White	White and Black
Socioeconomic status	Low	Low	Low
Residence	Central city	Central city	Central city
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	None	High school
Employment at intake	N/A	Part time	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Injecting is the most common route of administration for heroin (known as "smack," "boy," and "H") in Cincinnati; however, among new heroin users, snorting predominates.[E,N,M]*
- *Sources report no other changes in heroin user or use characteristics between spring and fall 2002.*

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs taken	Diverted OxyContin® (as a substitute)	Marijuana	Powder cocaine (speedball) marijuana (sequentially)
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	Alone	Alone	In groups

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

Who's most likely to use cocaine?

Characteristic	Crack			Powder cocaine		
	E	N	M	E	N	M
Age group (years)	>30	>30	18–30	>30	18–30	>30
Mean age (years)	38	39	NR	34	NR	NR
Gender	Split evenly	69% male	Split evenly	54% female	60% male	Split evenly
Race/ethnicity	Black	Black	White and Black	White	White	White and Black
Socioeconomic status	Low	Low	Low	Middle	Low	Low
Residence	Central city	Central city	Central city	Central city	Central city	Central city
Referral source	N/A	Criminal justice	Criminal justice	N/A	Criminal justice	Individual
Level of education completed	N/A	None	High school	N/A	High school	High school
Employment at intake	N/A	Unemployed	Unemployed	N/A	Part time	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Crack and powder cocaine use decreased slightly between spring and fall 2002.[E] Crack use among methadone treatment admissions also declined.[M]*
- *Powder cocaine use among females and Whites increased.[E]*
- *Marijuana is often taken in combination with crack and powder cocaine.[E,N] Alprazolam (Xanax®) is often taken sequentially after cocaine.[M] And crack and powder cocaine are often used interchangeably.[N]*
- *Among methadone treatment admissions, most powder cocaine is injected with heroin in a speedball.[M]*

Who's most likely to use marijuana?

Characteristic	E	N	M
Age group (years)	All	18–30	18–30
Mean age (years)	23	NR	NR
Gender	60% male	Split evenly	60% female
Race/ethnicity	Black	White and Black	White and Black
Socioeconomic status	Low	Middle	Low
Residence	Central	Central city	Central city and suburbs
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	High school	High school
Employment at intake	N/A	Full time	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *As in most* Pulse Check *cities, marijuana use in Cincinnati cuts across demographics.*
- *Marijuana (known by many slang terms, a new one of which is "chronic") is smoked in blunts and joints.[E,N,M]*
- *About 80 percent of marijuana-using adolescents are male, but there is a shift toward more female use.[E]*
- *Sources report no other changes in user or use characteristics between spring and fall 2002.*

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

The epidemiologic respondent associates marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

- Drug-related arrests[N]
- Automobile accidents[N]
- Deteriorating family and social relationships[N]
- Poor academic performance[E,N]
- School absenteeism, truancy, and dropping out of school[E,N]

Who's most likely to use methamphetamine?

Characteristic	N
Age group (years)	>30
Mean age (years)	35
Gender	Split evenly
Race/ethnicity	White
Socioeconomic status	Low
Residence	Central city
Referral source	Criminal justice
Level of education completed	None
Employment at intake	Unemployed

Sources: [N]Non-methadone treatment respondent

- *Methamphetamine use in Cincinnati is very low.*[N,E]
- *Most methamphetamine is smoked, and users are adults older than 30.*[N]
- *Sources report no changes in user or use characteristics between spring and fall 2002.*

WHO'S MOST LIKELY TO USE ECSTASY?

- Ecstasy use is relatively low and stable. Most users are young, White adults (18–30 years old) of middle income who live in the suburbs.[E]
- Ecstasy users are not showing up in public treatment. But the drug is a common "recreational drug," often taken with other club drugs.[E]

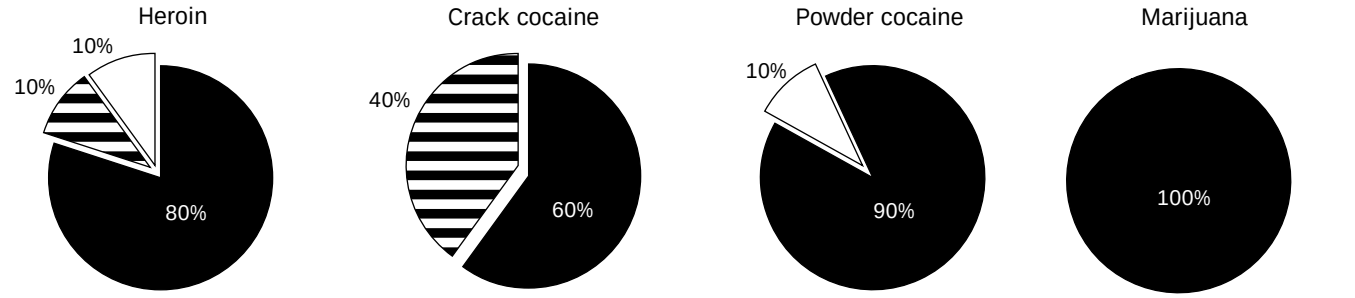
Who's most likely to abuse OxyContin®?

Characteristic	E	M
Age group (years)	>30	>30
Mean age (years)	35	32
Gender	60% female	60% female
Race/ethnicity	White	White and Black
Socioeconomic status	Low	Middle
Residence	Central city	Central city and suburbs
Route of administration	Oral and snorting	Injecting and snorting
Other drugs taken	Heroin (as a substitute) marijuana or club drugs (in combination)	Heroin or other prescription opiates (as substitutes)

Sources: [E]Epidemiologic/ethnographic respondent; [M]Methadone treatment respondent

- *OxyContin® abuse has received much media and law enforcement attention recently, and the diverted drug has become harder to obtain.*[E]
- *OxyContin® abuse "has already peaked in Cincinnati, so it's beginning to level off," and methadone treatment admissions declined between spring and fall 2002.*[M]
- *By contrast, OxyContin® admissions to the non-methadone treatment program increased slightly between spring and fall 2002, although these admissions are relatively low.*[N]
- *Many OxyContin® abusers users have switched to heroin because diverted OxyContin® is more expensive and more difficult to obtain than heroin.*[E]
- *Most primary OxyContin® abusers in the methadone treatment program are new to opiates and not addicted to heroin. But once addicted to OxyContin® they often switch to heroin, methadone, or other prescription opiates if they can't obtain OxyContin®.*[M]
- *OxyContin® is often abused at concerts and nightclubs.*[E]
- *Abusers are increasingly younger and White.*[E]
- *Most abusers snort or use the drug orally; some inject the drug.*[E]
- *Marijuana and other club drugs are often used in combination with the drug.*[E]

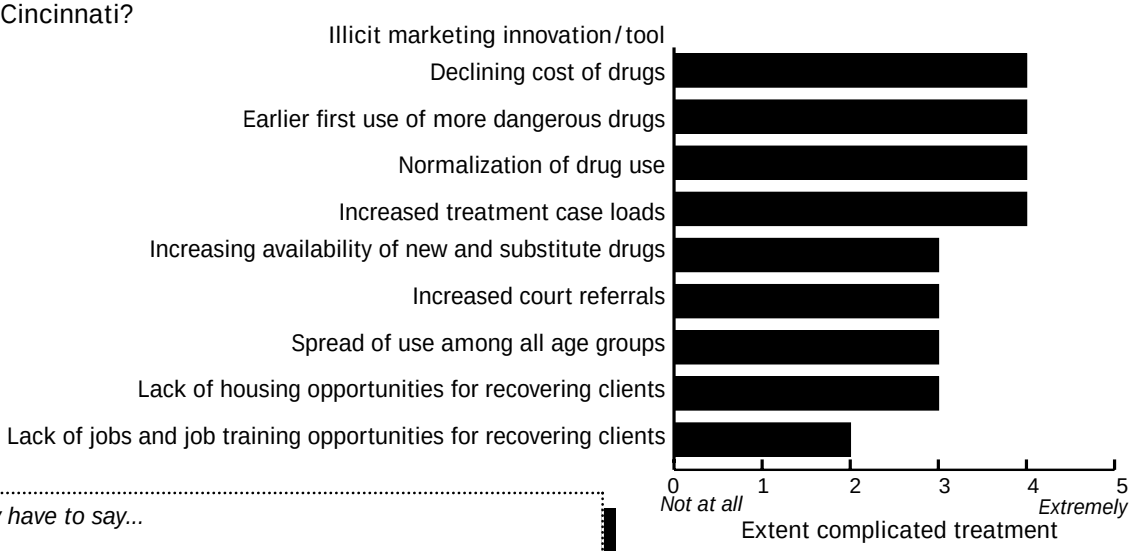
Beyond cash: What else is accepted in exchange for drugs?



- *As in nearly all* Pulse Check *cities, cash is the most common currency exchanged for illegal drugs in Cincinnati.*[M]
- *The practice of exchanging sex for crack cocaine is relatively high; at an estimated 40 percent of all exchanges,*[M] *it appears more common than in most other* Pulse Check *cities (although this estimate is based on the response of only one source).*

Source: Methadone treatment respondent

Drug marketing innovations and drug users' characteristics: To what degree have they complicated treatment efforts in Cincinnati?



Source: Methadone treatment respondent

What they have to say...

- *Increasing availability of new and substitute drugs: New opioids (especially OxyContin®) have complicated methadone treatment.*[M]
- *Declining cost of drugs: Heroin is more available, and its price has declined.*[M]
- *Earlier first use of more dangerous drugs: Over the past 5 years, heroin users have become younger.*[M]
- *Normalization of drug use: The increased use of marijuana and club drugs, especially among the younger population, may be due to the perceived acceptance of illegal drug use.*[M]
- *Increased court referrals: New drug courts in the last 10 years have increased the number of people in treatment and made treatment more complex.*[M]

SEPTEMBER 11 FOLLOWUP

None of the three Cincinnati *Pulse Check* sources believes that the September 11 attacks and their aftermath have had any effects on the drug abuse problem.[E,N,M]