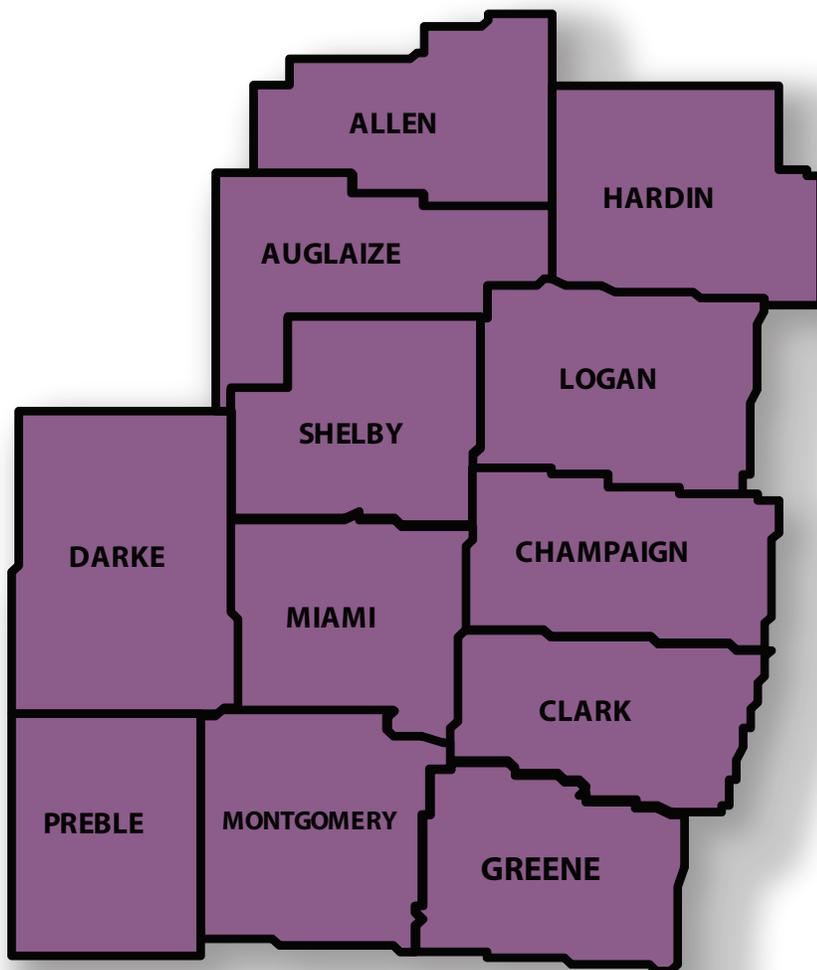


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Dayton Region

January-June 2012

**John R. Kasich**, Governor  
**Orman Hall**, Director



**Regional Epidemiologist:**  
*Tasha Perdue*, MSW

**OSAM Staff:**  
*R. Thomas Sherba*, PhD, MPH, LPCC  
OSAM Principal Investigator

*Rick Massatti*, MSW  
Research Administrator,  
OSAM Coordinator

## Dayton Regional Profile

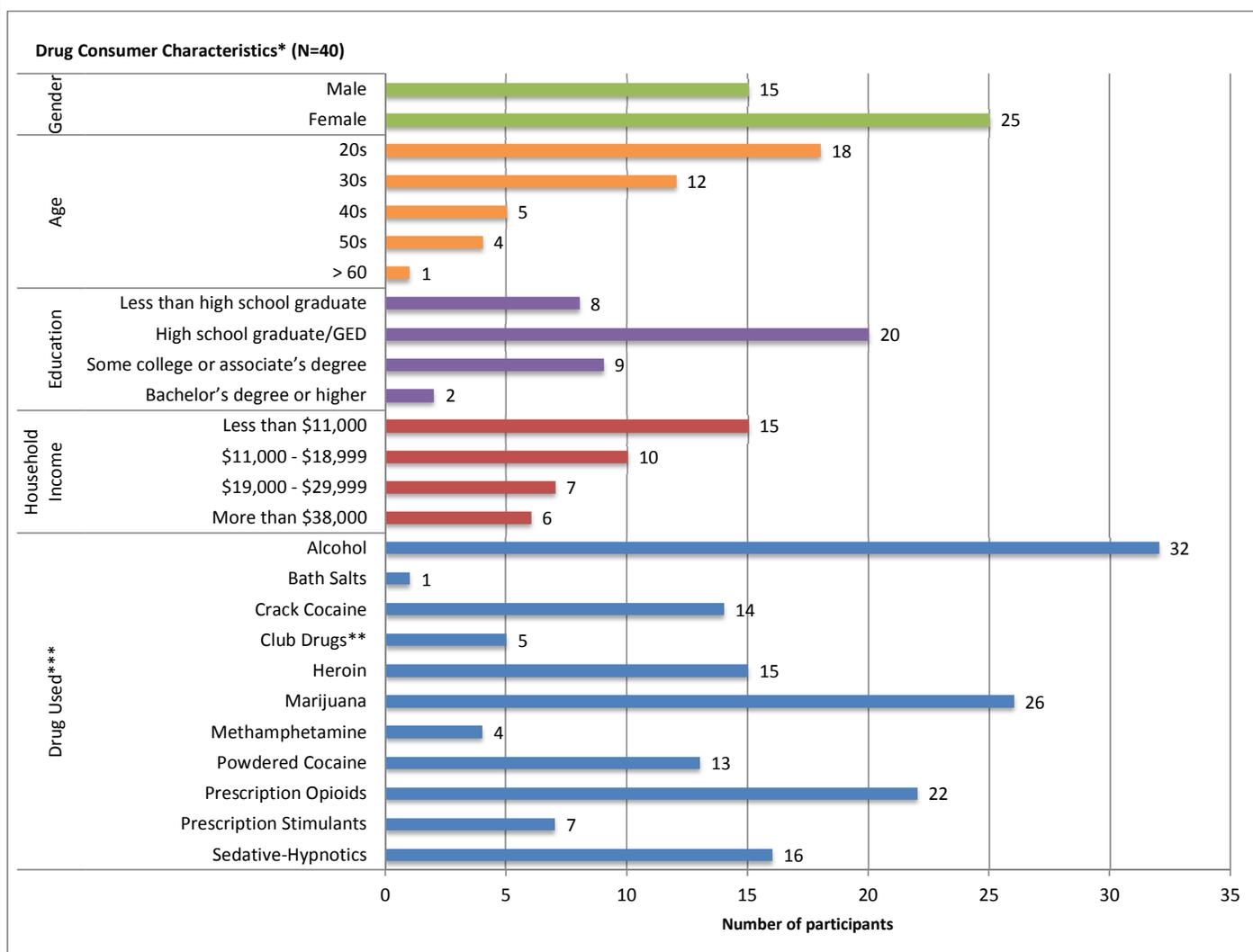
Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	40
Gender (Female), 2010	51.2%	51.2%	62.5%
Whites, 2010	81.1%	83.1%	75.0%
African Americans, 2010	12.0%	11.3%	15.0%
Hispanic or Latino Origin, 2010	3.1%	2.0%	0.0%
High school graduates, 2009-2010	84.3%	88.1%	79.5% <sup>2</sup>
Median household income, 2010	\$45,151	\$45,115	\$11,000 - \$18,999 <sup>3</sup>
Persons below poverty, 2010	15.8%	15.6%	57.9% <sup>4</sup>

Ohio and Dayton statistics are derived from the U.S. Census Bureau.<sup>1</sup>

Graduation status was unable to be determined for one respondent due to missing data.<sup>2</sup>

Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for two respondents due to missing data.<sup>3</sup>

Poverty status was unable to be determined for five respondents due to missing or insufficient data.<sup>4</sup>



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

\*\*Club drugs refers to Ecstasy and psilocybin mushrooms

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

## Data Sources

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 Allen, Hardin, Logan, Miami and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Logan County Family Court, the Miami Valley Regional Crime Lab and the Montgomery County Juvenile Court. All secondary data are summary data of cases processed from July to December 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2012.

## Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '7'. Participants reported that the availability of powdered cocaine had remained the same during the previous six months. The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes had increased during the previous six months. Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants closer to Dayton reported better quality, while those in more rural areas reported that powdered cocaine was cut (adulterated) more. The Miami Valley Crime Lab continued to cite levamisole (livestock dewormer) as a common cutting agent for powdered cocaine. Street prices for powdered cocaine were variable among participants with experience buying powdered cocaine, depending on quality and location of the buyer. Participants reported that 1/10 gram of powdered cocaine, or "cap," sold for \$10; a gram sold for between \$30-95. Reportedly, the most common unit of purchase for powdered cocaine was by the gram. Participants continued to report that the most common routes of administration

for powdered cocaine were snorting and intravenous injection. A profile for a typical powdered cocaine user did not emerge from the data. However, powdered cocaine was said to have an elite status, with participants and community professionals identifying those in higher socio-economic classes as more likely to use powdered cocaine.

## Current Trends

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants in both rural areas and those within Dayton city limits reported that powdered cocaine is "easy to get." Participants in rural areas stated: *"[Powdered cocaine is] either a phone call or a drive down the highway away; Even if you don't know the right people, the people you do know, know them [cocaine dealers]."* A participant in a rural area commented, *"You can get it [powdered cocaine] through drive-thrus [drive-thru beverage stores] ... there's convenience stores, like corner stores. If you know the right person, ask the right question, you can get it ... you don't have to know who they are."* A participant in Dayton reported, *"You don't even have to know where to go. Just walk down the street and someone's gonna offer it [powdered cocaine] to you."* Another participant commented, *"Even the drug dealers that are forming the crack, you got them using the powder. They using they own product. There's a lot of people that be snorting cocaine."* Community professionals most often reported the drug's current availability as '9'; the previous most common score was '7'. Community professionals agreed that the majority of the powdered cocaine in the community is used to make crack cocaine. A treatment provider discussed, *"Powdered cocaine is available. I think they usually get it in powder and transform it to crack [cocaine]."* Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months, although law enforcement identified that current availability is a little lower due to increased demand for heroin. The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported that powdered cocaine in Dayton is cut with baby laxatives, baking soda and creatine. Other

less-reported substances include: ammonia, ether, ex-lax<sup>®</sup>, methamphetamine, powdered sugar, Sudafed<sup>®</sup>, Tylenol<sup>®</sup> and Vicodin<sup>®</sup>. A participant reported, "They [dealers] cut it [powdered cocaine] with all kinds of shit." Participants continued to agree that quality depends on from whom you obtain powdered cocaine, with a participant discussing, "It [quality of powdered cocaine] depends on who you get it from. It [quality] can be '10' [high quality]; it can be a '5'; it can be '7'; it can be '1' [poor quality]." Another participant explained, "If you're going to the same person [dealer], you can normally keep it [quality of powdered cocaine] the same. You know, around the same, like it's normally either good or bad. But if you're going to, you know, various amounts of people, yeah, they'll cut it all the way down with laxatives and all kinds of stuff." Participants reported that the quality of powdered cocaine has varied during the past six months, with some respondents in rural areas and within Dayton believing that quality has remained the same, and others reporting that it has decreased, reporting that dealers are "cutting it more ..." A participant explained, "By the time it [powdered cocaine] get up here from down there, by that water, by Miami and everything, it's stepped on [cut with other substances] 10-12 daggone times." The Miami Valley Crime Lab continued to cite levamisole (livestock dewormer) as a common cutting agent for cocaine in addition to benzocaine (local anesthetic). (Note: the crime lab no longer makes distinctions between crack and powdered cocaine).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "girl," "snow," "soft" and "white." In addition, participants listed the following as other common street names: "bitch," "Christina Aguilera," "Frosty the Snowman," "Fruity Pebbles," "nose candy," "powder," "Richard," "skiing," "skirt," "ya-yo" and "yank." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that 1/2 gram of powdered cocaine sells for between \$25-40, depending on quality; a gram sells for between \$40-120; 1/16 ounce, or "teener," sells for between \$80-120; 1/8 ounce, or "eight ball," sells for between \$120-300; 1/4 ounce, or "quarter," sells for \$350; an ounce sells for \$600; a kilo sells for \$17,000. Participants continued to report a gram as the most common way to buy powdered cocaine. Participants also continued to report that the most common ways to use powdered cocaine remain snorting and intravenous injection. Out of 10 powdered cocaine consumers, participants reported that approximately five to seven would snort and three to five would intravenously inject or "shoot." When discussing routes of administration,

a participant explained, "It all depends on what crowd you are around. You can be around 10 people that all snort, you can be around nine people that shoot." Participants discussed a progression from snorting to injecting powdered cocaine, with a participant reporting, "[Route of administration] depends on how long you've done it [used powdered cocaine]. The people I know would be shooting it up." When discussing personal preference for routes of administration a participant reported, "All depends on how much into the needle you are. If they use the needle before, they are going to use the needle all the time." A participant also commented, "Heroin addicts would shoot it. Opiates [prescription opioid users] would snort."

A profile for a typical powdered cocaine user did not emerge from the data. Participants continued to describe typical users of powdered cocaine as "everybody." However, some participants reported that younger individuals are using powdered cocaine more frequently, with one stating, "Younger people like the coke [cocaine] more, 18-30's." Another participant commented on differing perceptions between powdered and crack cocaine: "The younger crowd like, 22-26 [years old], they are coming out and drinking and snorting a little bit of cocaine. And to them, it's like, 'ew, crack and heroin, that's horrible,' but it's okay to sniff a little bit of coke." In discussing the use of powdered cocaine by younger age groups, a participant commented on the ease of access to the drug: "When I was younger, we'd use to have to drive a ways away to get some [powdered cocaine], and now it's five minutes, 10 minutes away." Other participants continued to believe that certain socio-economic classes were more likely to use powdered cocaine. A participant stated, "[Powdered cocaine] that's a rich man's high. You gotta have money to keep doing that." Stigma for powdered cocaine is low, as a participant discussed, "There's not as much stigma on coke as there is crack and heroin and stuff. Coke is a classy drug." Treatment providers described a typical powdered cocaine user as: "partying college students; ... more with Caucasians, specifically men." A law enforcement official agreed, "I think you will find powdered cocaine among the White male and female, fairly affluent party types ... more of the upper-class." However, a community professional differed in opinion and explained, "It doesn't discriminate. However, I've come to find out in the last few months [that] the dealers are buying the powder more than the actual user, 'cause they're the ones that are converting it to crack." Participants and treatment providers agreed that powdered cocaine is more of a "party" type drug.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics.

Participants reported that it is common to use other substances with powdered cocaine, with a participant reflecting, *"I've never seen anybody just use it [powdered cocaine] by itself."* Another participant agreed, *"I think the only time I ever wanted coke was when I was drunk anyway. And then take some sort of opiate or benzo [benzodiazepine] to come down."* Speedballing, mixing heroin with powdered cocaine, was reported as a popular practice, with participants explaining, *"Your heart will race for one minute and then it will slow down and then race back up."* Speedballing will provide the user with, *"two different buzzes"* and is used because *"[Speedballing] it's a better buzz,"* as one participant stated. Another participant discussed the practice of smoking "primos" [marijuana laced with powdered cocaine]: *"Primo keep you level. Just snorting powder ... it have you jittery ... high and fast-paced moving. You on the go like you drunk [sic] 20 cups of coffee somewhere."*

### Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Both groups also agreed that crack cocaine was more available than powdered cocaine. While the availability of crack cocaine remained the same during the previous six months, community professionals thought White users were moving to heroin. Most participants rated the quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The Miami Valley Regional Crime Lab reported that crack cocaine continued to be cut most often with levamisole (livestock dewormer). Participants reported that a "rock" (1/10 gram) sold for between \$10-20; a gram sold for between \$100-120 depending on the quality. The most common route of administration remained smoking, and intravenous injection was reportedly rare. Most participants described typical users of crack cocaine as belonging to both genders and every racial and age group.

### Current Trends

Crack cocaine 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 score was also '10'. A participant in Dayton remarked that crack cocaine is a *"double ten"* in availability. Individuals from rural areas



closer to Lima remarked *"Lima bound"* when discussing how they obtained crack cocaine. An individual discussed territorial fights over crack cocaine in Dayton: *"You got the dope dealers wanting to fight and rob each other 'cause they are jealous where you are going [to buy crack cocaine]. I know what building I got to and you got three dope spots in the same apartment building ..."* Another participant discussed the link between heroin and crack cocaine: *"I could never find the stuff [crack cocaine] until I started doing heroin. Normally if you're just asking for a bag of weed [marijuana], it's not going to come out, 'oh, yeah I got some hard' [crack cocaine]. But, if you're asking somebody for heroin or cocaine, [the dealer] comes out like with it, you know. You know anybody that wants some hard, you know we got it."* A community professional said crack cocaine is available *"all day and all night."* Participants and community professionals reported that the availability of crack cocaine has remained stable during the past six months with possibly a slight drop because people are *"looking for stronger drugs,"* as one stated. The Miami Valley Regional Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that crack cocaine in Dayton is cut with baby formula, baking soda, bath salts, and super glue. Participants discussed being sold items that were not crack cocaine. A user explained, *"Some people will sell you soap, candle wax, drywall, peanuts; they will take drywall out and sell that [as crack cocaine]."* Participants reported that the quality of crack cocaine has generally remained the same during the past six months. The Miami Valley Crime Lab continued to cite levamisole (livestock dewormer) as a common cutting agent for cocaine in addition to benzocaine (local anesthetic). (Note: the crime lab no longer makes distinctions between crack and powdered cocaine).

Current street jargon includes many names for crack cocaine. The most commonly cited names remain *"hard"* and *"rock"*. Participants listed the following as other common street names: *"A-1," "candy," "chicken wings," "dope," "medicine," "work"* and *"ya-yo."* Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a *"rock"* (1/10 gram) sells for between \$10-20; 1/2 gram sells for \$30; a gram sells for between \$80-100; 1/8 ounce, or *"eight ball,"* sells for between \$150-250. Participants discussed purchasing different

sized “rocks” with one participant explaining, “You can get a nickel rock if you wanted it, but it ain’t gonna do nothing but tease yo’ ass and make you wanna do that shit some more.” Another participant commented on the common practice of purchasing rocks: “Everyone I’m around gets a \$20 or \$30 [rock of crack cocaine] because they are normally just doing it to shoot it up, so it doesn’t take much [to get high].” Areas differed in the use of scales to weigh the crack cocaine with one participant reporting, “It’s always weighed in my experience. The more quantity you purchase the more likely it [crack cocaine] is to be weighed,” and another stating, “Depends on who you are messing with. If they are legit they’ll weigh it [crack cocaine], but if they are not they’ll just kinda eyeball it and throw it at you cause normally [individuals buying crack cocaine] they’re not going to argue.” While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine consumers, participants reported that approximately 10 would smoke. However, in rural areas participants reported intravenous use and said that out of 10 crack cocaine users, approximately five to six would smoke and four to five would intravenously inject or “shoot.” A participant commented on the rarity of snorting crack cocaine: “If you’re gonna snort it [crack cocaine], you’ll just buy coke [powdered cocaine].”

A profile of a typical user of crack cocaine did not emerge from the data. Participants were divided in how they described typical users. Participants commented that addicts are more likely to use crack cocaine. A participant explained, “An addict [is the typical crack cocaine user]. You can do [powdered] cocaine when you are out at the bars drinking [alcohol] and stuff, but once you really get addicted most everybody turns to doing crack ‘cause it’s cheaper. I don’t see any casual crack users, but there’s casual coke users.” Another participant agreed, “Any addict that their drug of choice is coke probably would [use crack]. Eventually coke would stop working and then, just like me, I was an opiate user and then the pills stopped working.” Other participants did not specify a typical user and explained “everybody’s welcome” and “it could be anybody.” A participant expressed the varied use of crack cocaine, “You got 12 year olds out there smoking [crack cocaine]. It [crack cocaine] ain’t got no discrimination, like a bullet ain’t got no eyes.” Community professionals in the Lima area explained that crack cocaine users are “getting younger” and include “13 year olds.” A community professional discussed the use of crack cocaine in his neighborhood: “[Younger population] they’re getting introduced to it [crack cocaine] by other people they want to hang around with [older

individuals]. In my neighborhood alone I’ve seen an increase in the younger ones that are coming to the different places and visiting [where crack cocaine is used] ... I’m like, golly, that’s somebody’s baby.” Law enforcement identified that lower socio-economic groups are more likely to use crack cocaine. In addition, an officer said “both Blacks and Whites” are likely to use the drug along with “older men that are going through their mid-life crisis.”

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics to assist crack cocaine users in “coming down” and “sleeping.” Participants reported that alcohol is the most common substance to assist the crack cocaine user in “coming down” and that heroin is used for the “speedball” effect. Generally, participants reported that it is not common to use other drugs with crack cocaine. However, several participants also identified using crack cocaine after using prescription opioids as one participant explained, “If you pop a pill [prescription opioid] you be down, you want something to wake you up, so you get to smoking the crack. You’re gonna come back up.”

### Heroin Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). While many types of heroin were available in the region, participants reported the availability of brown powdered and black tar heroin as most available. Participants and community professionals reported that the availability of heroin had increased during the previous six months. Participants linked the increase in heroin to the formulation change in OxyContin® that occurred in September 2010. The Miami Valley Regional Crime Lab reported that the number of heroin cases it processed had also increased during the previous six months. Most participants generally rated the quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality), while also reporting that quality had generally decreased during the previous six months. According to the Miami Valley Regional Crime Lab, cutting agents for heroin continued to include: caffeine, diphenhydramine (antihistamine) and lidocaine (local anesthetic). Participants reported that brown and white powdered heroin were available in different quantities: “balloons” (1/10 gram) sold for \$25; a

gram sold for between \$65-200. The most common way to purchase powdered heroin was by caps, which sold for between \$10-20 depending on location. Those who lived further from Dayton or other larger cities paid more for the drug. Participants reported that black tar heroin was most commonly purchased in single-use amounts, or as a participant identified, “berries,” that sold for between \$15-30. Overall, participants reported heroin pricing had increased during the previous six months. Participants also reported that the most common route of administration for heroin remained intravenous injection. A profile of a typical heroin user did not emerge from the data. However, participants and community professionals agreed that there had been an increase in younger users of heroin, and both groups linked the increase in heroin use to prescription medications and prescribing patterns. Coroner’s office staff reported that heroin was the leading cause of death by overdose, and that heroin-related overdoses had increased in the region.

### Current Trends



Heroin remains highly available in the region. Participants and community professionals most often reported the 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’. While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered heroin as most available. However, participants continued to note high availability of black tar heroin as well, rating its availability also as ‘10’. Black tar heroin was said to be available in areas of the region closer to Columbus. A participant in Hardin County explained the availability of black tar heroin: “I’ve seen mostly tar [black tar heroin] around here. It comes from Columbus and powder [powdered heroin comes] from Dayton.” Other participants discussed greater access to powdered heroin: “Here in Lima the most common [type of heroin] is powder; You gotta go to Columbus for that [black tar heroin]; I’ve tried to get it [black tar heroin] several times and I’ve never been able to get it.” Community professionals generally most often reported the current availability of black tar heroin as lower than that of powdered heroin, with law enforcement rating availability of black tar heroin as ‘3’. Black tar heroin was not familiar to many treatment providers. A treatment provider explained,

*“I think [black tar heroin] it’s harder for them [heroin users] to melt down [for intravenous injection].”*

Participants commented on the “epidemic” proportions that heroin has reached in the region. A participant reported, “[Widespread heroin use] it’s more than an epidemic. It’s a plague. It’s eating away at the people.” Even respondents who did not use heroin personally reported friends or family members who did. A participant recounted his experience with family members and heroin: “I had people in my family do it [heroin], and I seen [sic] how they be nodding. One time I came over to my cousin’s house and I wondered what took him so long [to answer the door]. So the door was open and he was sitting on the toilet with the needle stuck in him, so I picked him up, I put him in the bathtub and ran cold water and went and got some ice and I brought him back ... scared me. If I wouldn’t have done that, he wouldn’t be here.” Free “testers” of heroin remain available in Dayton which makes it difficult for individuals to avoid the drug. A participant commented, “... you can’t even really drive through Dayton and sit at a [traffic] light without somebody going, ‘Testers. Testers. We got free testers.’ Throwing them in your car, like here, ‘just get high and come to me’ ... I mean it’s right there. Even if you weren’t a heroin addict, you know what I mean, you’re gonna want to do it because it’s free, and it’s just right in your face.” Law enforcement also identified free samples as prevalent in the Dayton region. Although brown powdered heroin is the most commonly cited type of heroin, participants consistently also rated the availability of white powdered and black tar heroin as ‘10’. A law enforcement official discussed when heroin became prevalent in the Dayton area: “Probably about two years ago, 2010 [heroin’s popularity exploded], and it’s just cranked up [increased] ... because everything was crack [cocaine]. I can remember never getting heroin arrests ever and then it slowly [increased] and now we hardly ever get crack around here.”

Collaborating data also indicated that heroin is readily available in the region. According to the Logan County Family Court, among adults screening positive on urine drug screens during the past six months, 65.2 percent of the positive screens were related to opiates (Note: Opiates refers to heroin and prescription drugs.). In contrast to adults, 6.0 percent of the positive urine drug screens in juveniles were related to opiates. In addition, media outlets in the region reported on heroin seizures and arrests during this reporting period. In March, Ohio State Highway Patrol troopers discovered eight kilos of heroin estimated at \$1.2 million

when a speeding vehicle was stopped in Preble County ([www.nbc4i.com](http://www.nbc4i.com), March 21, 2012). Also in March, Delphos Police (Allen County), along with the West Central Ohio Crime Task Force, arrested 14 drug dealers for trafficking in heroin, marijuana and several other controlled substances ([www.timesbulletin.com](http://www.timesbulletin.com), March 17, 2012).

Participants and community professionals reported that the availability of powdered heroin has increased during the past six months. Prescription opioid abuse continues to be linked with the increase in heroin availability and use. A treatment provider stated, *"Because the pills [prescription opioids] are expensive, so once the addiction has kicked in, you know, heroin is cheaper."* Participants in rural areas close to Columbus reported that the availability of black tar heroin has increased during the past six months. Law enforcement reported that availability of black tar heroin has remained stable during the past six months. The Miami Valley Regional Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

Most participants generally rated the current quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' Participants reported that heroin in Dayton is cut with baby formula, bouillon cubes, coffee, dog food, green tea tablets, ramen noodle flavor packets and vitamins. Reportedly, quality *"depends on who you get it from,"* and the cutting agents, *"depends on what they got in their cupboards,"* according to participants. Participants reported that the quality of heroin has remained the same during the past six months. A community professional commented, *"I think the quality of it [heroin] has gone down because there's been an increase in deaths."* According to the Miami Valley Regional Crime Lab, cutting agents for heroin include: acetaminophen, caffeine, diphenhydramine (antihistamine) and lidocaine (local anesthetic). In addition, the crime lab reported that they have processed white, gray, tan and brown colored heroin.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other common names include: "dope," "fire," "H," "junk," "Kibbles and Bits," "smack," "Superman," "tar" and "yak." Participants reported that brown and white powdered heroin are available in different quantities: 1/2 gram sells for \$40; a gram sells for between \$60-200; 1/2 ounce sells for \$350; an ounce sells for between \$400-500; a kilo sells for \$14,000. A tenth of a gram (aka "caps," "balloons" and "berries") remain the most popular way to purchase powdered and black tar

heroin. Caps of powdered heroin sell for between \$10 in the major cities to \$20 in rural areas. Some respondents reported purchasing three caps for \$20 and eight to nine caps for \$50. Law enforcement identified a cap selling for \$7 or two for \$12 but, as one law enforcement official stated, *"you don't get a full 1/10 gram either. You might get 1/5 or 1/6."* Berries of black tar heroin sell for between \$10-20; balloons sell for between \$10-25. Prices can vary as one participant explained, *"People are out there busting heads [charging high prices]. Twenty to 30 bucks just for one cap."* It is common for individuals from rural areas to travel to larger cities and bring large amounts of heroin back to sell. A participant reported, *"People will go to the bigger cities and buy a gram [of heroin] for \$100 and bring it back to Lima and then flip it [sell it to make a profit]."* The actual amount of heroin sold in rural areas is often less than 1/10 of a gram and is usually cut more. A participant reported, *"It seems like up here [heroin amounts] they're smaller though than what you get in the city; around here most people cut it down."* A law enforcement official discussed the movement of heroin throughout the region: *"A lot of the smaller towns will have one or two runners who will come in and buy a whole bunch [of heroin] and go back to their towns and sell it."* Dayton was identified as a "hub" for heroin, with a law enforcement official discussing the wide range of people from other cities coming in to buy heroin: *"We get them [heroin runners] from Cincinnati; we get them from Columbus ... from Richmond [Indiana], especially your northern counties ... they all follow it [heroin] here to pick it up."* A treatment provider also discussed the movement from rural areas: *"A lot of rural counties are coming into the city, our community and purchasing [heroin]. We noticed it was a lot of like, young Caucasians, the young Caucasians from the rural areas coming into the community."* Overall, participants reported heroin pricing has remained the same during the past six months.

Participants reported that the most common ways to use heroin are snorting and intravenous injection. Out of 10 heroin consumers, participants reported that approximately 0-5 would snort and 5-10 would intravenously inject or "shoot." Most participants continued to report starting out snorting before progressing to shooting heroin. Other heroin users will also teach beginner heroin users about using needles. A participant explained use progression as follows: *"If you're just starting out, usually you snort it [heroin]. Once people see that you're doing it [snorting heroin], they're like, 'here do it this way [inject rather than snort], it's better,' and that's how people really get hooked on it."* A community professional also noted this use progression and commented, *"They [heroin users] start off snorting and then go*

onto intravenous [injection].” The availability of needles was a concern for many participants, especially those in rural areas. Participants reported that pharmacies continue to require a prescription to obtain needles. Participants commented on the difficulty of obtaining needles: *“Used to be you could go into any pharmacy and just show your ID [to purchase needles] but not anymore; You can still go to [a big-box retail store] and get a box with just your ID but that’s about the only place, and it’s only certain [ones].”* Another participant reflected on the consequences of being unable to locate needles: *“Needles were also more readily available a year or two ago. Now it’s like impossible for them to get. So, now it’s like they do share ‘em.”* When participants with experience injecting heroin purchase needles from stores, they usually range in price from \$1.98 for a pack of 10 to \$15 for a pack of 100 at popular retailers. Heroin users can also purchase needles from dealers ranging from \$1-3 per needle, although some participants reported selling their needles for more, with one participant claiming, *“I got someone to pay \$10 for one [needle].”*

The lack of available needles to purchase has caused some heroin users to reuse their own needles or share needles. A participant explained that when sharing needles heroin users will *“rinse it with water, which ain’t cleaning it. They just dip it in the water like twice and squirt it out. That’s it.”* When questioned if heroin users are concerned about sharing needles one participant responded, *“I’m sure people are worried about it [sharing needles] but when you are dope sick and need to get high, you just don’t care.”* Needle exchange programs in other cities were discussed with one participant commenting, *“She [a counselor] was saying that even though she doesn’t want people out getting high she would rather, you know, there be somewhere around that does that [needle exchange] just because of the Hepatitis and AIDS. If they’re gonna do it, at least keep them, you know what I mean, where their blood is healthy.”* Participants agreed that heroin has become a pressing health concern throughout the region. Most participants have personally known someone who has overdosed. Participants reflected on administering life-saving techniques to individuals who overdosed: *“I’ve seen that a bunch of times myself [overdose]. I’ve had to give CPR three different times to people; The one cousin overdosed, and my uncle had to bring him back to life.”* Many participants have had someone they know die from an overdose with one participant commenting, *“I know of at least ten people that has [sic] died from an overdose.”* Another participant stated, *“I know six people in the past two years that have died and about three or four that have overdosed and lived. And those are all from fentanyl patches or heroin.”* Overdoses were reported to

affect smaller towns as one participant discussed, *“My town don’t even have a traffic light, and I know three people that’s died [overdosed], and there’s maybe 300 people that live in that town.”* Another participant shared her history of overdosing: *“I’ve overdosed probably about 10 to 12 times in my life.”* A law enforcement official reflected on the overdose rates in the area and commented, *“We [in Montgomery County] have the highest overdose rate of any county in Ohio.”*

Hepatitis C is another increasing concern among all participants with most participants reporting that they know someone who has Hepatitis C. A few participants discussed the prevalence of Hepatitis C in their circle of friends, with one participant reflecting, *“I don’t think I know anybody who doesn’t have Hepatitis.”* Another stated, *“Eighty percent of the people I run around with [have Hepatitis C].”* In one rural area, some participants discussed that an individual is spreading Hepatitis around the community, *“Just in our little towns, in Champaign County, I know a lot of people that have Hepatitis from one girl. And, that girl that’s giving it to so many people tells them, ‘I have Hepatitis but you can use my needle,’ and they’re so dope sick they don’t care.”* When reflecting on the impact of heroin another participant commented, *“You never hear of an old heroin addict. They’re either dead, in prison or quit.”* Incarceration was also discussed as a consequence of heroin use, as a participant discussed her experience, *“I just got out [of prison] and me and one other girl was the only ones sitting in there for pot and the rest was heroin — and there was [sic] 31 people in there.”* Participants also linked an increased risk of overdose when heroin users are released from jail or prison as a participant explained, *“I’ve heard it often that for heroin users after they do jail time or prison time, after they get out some of them try to do the same amount that they were doing before they got locked up. And that’s what causes them to overdose. Because it’s too strong for them.”*

Community professionals and law enforcement described a typical user as, *“young [late teens, early 20s], middle-class Caucasians,”* with a treatment provider commenting, *“[Heroin use] it’s starting to spill over into the African-American community, but not as much.”* Law enforcement also identified that White individuals are more likely to use heroin while African-American individuals are more likely to sell heroin. Participants described typical users of heroin as younger individuals primarily in their 20s and 30s, and individuals who had previously been prescribed pain medications. This was thought to also be increasing in the high school age group as athletes get injured or students get into accidents and get prescribed pain medications. A participant discussed

a family member's abuse of heroin: *"Even the kids in school playing sports. My niece. She was involved in everything [in high school]. Got in a car wreck and started out with pills and went to heroin. These kids were not addicts before."* Other participants recounted their experience with pain medication: *"I was on it for three months and was addicted. I was eating more and more each month, every day. I'd run out and try to buy some. I got put on oxy's [OxyContin®] ... and I never took pain medicine before ... and I was addicted within the first month I took them. You never took them before, so [you think], 'oh, I won't get addicted.'" Another participant agreed, "That's what happened to me. I tore my ACL [major ligament in the knee]." The participant with health care experience discussed prescribing patterns, *"They [physicians] are giving oxy's to like shoulder surgeries and stuff like that. They don't need to do. [They are prescribing] a couple week's worth, and it only takes a couple of days [to manage the pain]." Addictions in youth were linked to parents being uneducated on the issue, with one participant stating, "A lot of parents trust doctors too [much] you know. If they've never been around anything like that, they trust these doctors' judgments, and they trust them to take care of their children."* A participant who became addicted as a result of surgery agreed, *"This stuff wasn't around when my parents grew up, so they are oblivious to it all."* Another participant mentioned that OxyContin® is so addictive that it's like *"synthetic heroin."* Participants discussed their thoughts on blaming doctors, *"It was all my fault. I'm not blaming the doctors. I'm saying that they can give you something else to start you with. There's something else they can give you; Yeah, they could've given me Vicodin® to take care of what pain I did have."**

Most participants with experience using heroin discussed starting with prescription pain pills and then progressing to heroin once the pills became too expensive or the pills were no longer enough to get them high. Reflecting on the increase in heroin and the varied use, a community professional commented, *"Once the economy plummeted I think, you know, people started getting depressed. People that were working ... and I think they kinda started resorting to drug use. So, I think there may be an increase due to the economy."* Another professional agreed that the economy played a role and also noted the link between prescription pain killers: *"I think there's a correlation with the increase in prescription pain killers in some of it too. When people stopped being able to get Vicodin®, or stopped being OK with the high they get from the Vicodin®, then they can move onto the harder stuff, which is heroin."* Teens were also identified as taking prescription pills from their parents' medicine cabinet as a community professional explained, *"You also hear a lot of them. Their*

*usage starting from hitting the medicine cabinet of their parents."*

Reportedly, heroin is used in combination with cocaine, marijuana, prescription opioids and sedative-hypnotics. Participants use other substances with heroin because, *"you need less of the opiate [heroin] when you use something else; it's way better that way; after a while you don't get as high from the heroin."*

### Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to identify methadone, Percocet® and Vicodin®, along with OxyContin® and Roxicet®, as the most popular prescription opioids in terms of widespread use. Community professionals identified methadone, OxyContin® and Vicodin® as most popular. Coroner's office staff reported that methadone was the second-leading drug in drug-overdose deaths (after heroin). While participants reported that the availability of prescription opioids had decreased during the previous six months, the region experienced an increase in availability of methadone. Participants attributed the perceived decrease in availability of prescription opioids to the rise in popularity of heroin. Some participants in Dayton also felt that doctors had cut back on prescribing. Community professionals reported that availability of prescription opioids had remained the same during the previous six months. However, they also reported that methadone and Opana® were increasing in availability. The cost of prescription opioids was said to be a deterrent to using them. 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, snorting was identified as the most common route of administration for prescription opioids, with the exception of methadone. In addition to obtaining prescription opioids on the street from dealers, participants continued to also report obtaining them from doctors, clinics and family or friends. A profile of a typical user of prescription opioids did not emerge from the data.

### Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals most often

reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with Opana® and OxyContin® as popular in different areas of the region. A participant commented on the rising popularity of Opana®: "*Opana® is a lot stronger than the oxy's [OxyContin®] were, and you can snort 'em, shoot 'em, whatever.*" Although participants reported that prescription opioids are highly available, they are not the most sought after type of drug. A participant discussed interest in other substances: "*Heroin and cocaine are becoming more, I think, are becoming more of a fad you know. Typically because, you know, there's so many more people experimenting [with] it [heroin] and liking it ...*" Community professionals identified methadone, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. A community professional commented, "*Their choice would be methadone or OxyContin® if they could get it, but ... it's the Vicodin® and Percocet® [that are] readily available.*" Participants and community professionals reported that the availability of prescription opioids has remained stable during the past six months. The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; noted exceptions were increases in Opana® and fentanyl, and decreases in oxycodone hydrochloride and acetaminophen (Percocet®), hydrocodone and acetaminophen (Lortab®, Norco®, Vicodin®) and morphine.

Reportedly, many different types of prescription opioids (aka "boogers," "candy" and "Easter eggs") are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): methadone (3 mg sells for \$3; 5 mg for \$5, 10 mg sells for between \$10-15; 80 cc's of liquid methadone sells for between \$15-20), Opana® 40 mg (aka "panners;" sells for between \$40-60), OxyContin® OC (aka "OCs" and "oxy's;" usually sells for \$1 per milligram; 80 mg sells for between \$65-80), Percocet® (aka "Ps" and "perc's;" sells for between \$4-30, with a common amount of \$1 per milligram), Roxicet® 30 mg (aka "roxi's;" sells for \$20), Vicodin® (aka "Vs," "vikes" and "vikings;" 375 mg, aka "baby vikes" sells for \$2.50; 500 mg sells for \$3; 1,000 mg sells for \$10). 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 remain snorting and swallowing, with snorting indicated as the preferred method. However, participants indicated that the consumption method varies between individuals and by personal preference, as a participant explained, "*If you want your pill [prescription opioid] to kick in right then, you're going to snort. If you want a slower buzz, [you'll take it] by mouth.*" Another participant discussed that the route of administration depends on what point the user is in his or her addiction: "*People that was just using them [prescription opioids] by the doctor and would start getting addicted to them, they'd eat them, but people that are actual into doing drugs to get high, would snort them.*" A participant discussed the practice of parachuting: "*[Parachuting] is where you crush them [prescription opioids] real fine in a teeny piece of toilet paper and you swallow them.*"

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report obtaining them from the emergency room and doctors. Reportedly, prescription opioids are more difficult to obtain from health care facilities, although a participant claimed, "*I know people, especially girls, somehow that can pull it off [obtaining prescription opioids from a health care setting] any day of the week. There are a lot of girls who get away with getting the pain pills more so than the guys.*" Individuals also reported purchasing prescriptions from individuals with one participant stating, "*Most of the time the people had like three scripts [prescriptions] and you'd pay for their scripts and they'd give you all of them.*"

A profile of a typical user of prescription opioids did not emerge from the data. Participants described typical users of prescription opioids as "same as heroin" and a participant commented that typical users are "*people who have either gotten into an accident or can't find dope [heroin] right away.*" Treatment providers agreed that prescription opioid use is "across the board." A law enforcement officer stated, "*A lot of your heroin users are using it [heroin] because they can't get their scripts [for opioids] filled anymore.*" Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with marijuana, sedative-hypnotics, and most commonly alcohol. Substances are used to, as one participant stated, "*intensify [the high of prescription opioids]; it's a better rush.*" Reportedly, individuals will also use different substances on weekends versus weekdays, as a participant explained, "*Depends on what day it is and stuff like that too. Friday and Saturday is party time. People are gonna drink more [alcohol], so their gonna do pills [prescription opioids] with their drinking. But during the week, they'll just*

*snort the pill and smoke a [marijuana] joint and do some Xanax® with them [prescription opioids]."*

## Suboxone®

### Historical Summary

In the previous reporting period, Suboxone® was moderately available in the region. Participants most often reported availability of Suboxone® as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '3.' Treatment providers identified Suboxone® as difficult to obtain. Most treatment providers identified Suboxone® as being used as directed and for, as one stated, "serious recovery." Community professionals reported that availability of Suboxone® had remained the same during the previous six months. The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. The most common form of Suboxone® was the 8 mg pill or strip. Participants thought Suboxone® strips were more widely available than pill form. Participants reported that Suboxone® 8 mg sold for between \$10-20 from drug dealers. In addition to obtaining Suboxone® on the street, participants also reported getting the drug from a pharmacy with a prescription or through a clinic. Most often participants continued to report taking Suboxone® sublingually (dissolving it under the tongue). A participant described typical users of Suboxone® as "people who really need to use it [Suboxone®], or those who want to sell it to buy heroin."

### Current Trends



Suboxone® remains moderately available in the region. Participants reported availability of Suboxone® as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '6.' Participants were divided in opinion regarding the availability of Suboxone®. A participant remarked, "To be honest I think you should be able to get more of those [Suboxone®] around here. That's just me because it's an opiate blocker and people are turning to methadone to get cured." Other participants explained, "If you can't get it [Suboxone®] in the clinic, you get it on the street; if you got the money to go to the clinic, they [Suboxone®] are available." Community professionals most often reported the drug's current availability as '7'; the previous most common

score was '3.' However, community professionals were also generally divided on Suboxone® availability throughout the region with those from rural areas, as well as law enforcement reporting higher availability. Providers from Dayton reported lower availability. A community professional in a rural area commented, "Cause they [users] can get it [Suboxone®] easy from doctors. They prescribing it to them." Another community professional agreed, "I think the mental health agency here is doing a thing, a big thing with Suboxone®, so they're getting more clients." In Dayton, treatment providers discussed limited prescriptions of Suboxone®, with a community professional commenting, "A lot of doctors are not prescribing it [Suboxone®]. Even the doctors that are certified don't want to do it, so it's almost impossible to find a doctor [to prescribe Suboxone®] ... all because of the monitoring piece [for diversion] ..."

Media outlets in the region reported on Suboxone® seizures and arrests during this reporting period. In March, the Ohio State Highway Patrol seized a variety of drugs during a routine traffic stop in Preble County – seized drugs included 36 pounds of hydroponic marijuana, 19.2 grams of hashish and Suboxone® with a combined street value of approximately \$180,000 ([www.local12.com](http://www.local12.com), March 15, 2012). Participants reported that the availability of Suboxone® has remained stable during the past six months, while community professionals reported that availability has increased, linking the increase to the increase in opiate use. A community professional stated, "With the increase of the opiate use, now people are getting the Suboxone® to sell them." The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

No slang terms or street names were reported for Suboxone®. Participants reported that Suboxone® 8 mg sells for between \$8-20; a month's prescription sells for \$300. A treatment provider commented, "I've got a client that can get it [Suboxone®], and it's \$10 a pill ... and that's why he doesn't [use Suboxone®] because it's expensive." Most often participants continued to report taking Suboxone® sublingually. Participants reported that strips are the most common form of Suboxone® available. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from doctors and pain clinics. Suboxone® obtained from the medical field was also identified as expensive. A treatment provider reported, "From what I understand, the first visit for Suboxone® is \$275 and \$150 every visit after that. And you have to be monitored,

*so we're talking several hundred dollars a month for something. And that is out-of-pocket, that's not insurance covering. Nobody can afford that."*

A profile for a typical Suboxone® user did not emerge from the data. Participants varied in their description of typical users of Suboxone®. A participant explained, *"People only want Suboxone® who are trying to get clean. No one's going to go looking for it to get high."* Other participants discussed misuse of Suboxone®: *"Use it [Suboxone®] to either get out of dope sickness or get a cheap high. If you are not dope sick, you can get off [high] on it; Go get them [Suboxone®], so they can sell and get some heroin."* Community professionals also varied in their discussion of typical users of Suboxone®: *"An individual serious about recovery; individuals prescribed Suboxone® who sell to buy other substances."* Law enforcement officials identified Suboxone® users as, *"White; males, females; younger."* A law enforcement officer stated, *"I don't know of any African Americans we've arrested that have had Suboxone®."*

Reportedly, Suboxone® is used in combination with marijuana because it *"helps to keep from being sick,"* as one participant stated, and sedative-hypnotics because, *"Xanax® goes good with anything,"* as another one said. It was often reported that it is not common to use other substances at the same time as Suboxone®, but individuals may use heroin shortly after the use of Suboxone®. Participants explained, *"Some people will do heroin on top of it [Suboxone®], but that was after they couldn't do heroin first; I've taken Suboxone® before in the past, and then done heroin, and it really didn't ... I didn't feel much of a high from the heroin because of the Suboxone®; I know when I would, if I was to wake up in the morning and not have anything I would take Suboxone®. Two hours later I might be able to get something [heroin], so I would do it. I wouldn't do anything at the same time [with Suboxone®]."*

## Sedative-Hypnotics

### Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Both groups identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use, and reported that the availability of these drugs remained the same during the past six months, with

the exception of Klonopin®, which had increased. Many participants said increased availability of Klonopin® was due to physician's new prescribing practices. The coroner's office reported sedative-hypnotics, specifically Xanax®, as the third-leading drug involved in overdose deaths. The Miami Valley Regional Crime Lab reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months with a few exceptions: an increase in cases of Ambien® and Valium®, and a decrease in cases of Ativan® and Xanax®. The most common routes of administration for sedative-hypnotics were oral ingestion and snorting. Participants and community professionals reported that it was difficult to establish a typical user profile, but Xanax® appeared to be popular among the 18-25 year age group, with the highest use reported to be among those in their late 20s and early 30s.

### Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); 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; participants from rural areas also identified Ativan® and Soma® as popular. Community professionals identified Ativan® and Xanax® as most popular. In addition, a treatment provider indicated that Soma® is *"making a comeback ... [Soma®] it's supposed to make some of the psychotropic medications [ones that act on the central nervous system] a little more intense ..."* Participants and community professionals reported that the availability of sedative-hypnotics has generally remained stable during the past six months. However, community professionals noted Soma® and Xanax® as exceptions; both were thought to have increased in availability. The Miami Valley Regional Crime Lab reported that the number of sedative hypnotic cases it processes has decreased during the past six months. Media outlets in the region reported on seizures and arrests involving sedative-hypnotics during this reporting period. In March, police stopped two Kentucky men for a traffic violation and found 518 capsules of Xanax® in Tipp City (Miami County) ([www.whiotv.com](http://www.whiotv.com); March 23, 2012).

Reportedly, many different types of sedative-hypnotics (aka "footballs," "pills" and "pins") are currently sold on the region's streets. Participants reported the following sedative-

hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® 1 mg (aka “forget-a-pins” and “forgets;” sells for between \$1-2), Xanax® (0.5 mg, aka “peaches,” sells for between \$0.25-2; 1 mg, aka “footballs,” sells for between \$2-3; 2 mg, aka “bars” and “school buses,” sells for between \$5-7) and Xanax XR® 3 mg (aka “pinwheels,” sells for between \$6-7). 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 are eating (chewing the pills before swallowing), swallowing and snorting. Out of 10 sedative-hypnotics users, participants reported that 5-9 would snort the drugs and 1-5 would eat or swallow the pills. A participant explained, “A lot of people don’t really swallow. It’s called eat[ing],” and another participant said this method is preferred because it’s a “different buzz when you eat them versus swallow.” A minority of participants reported injecting sedative-hypnotics; heroin addicts were identified as individuals who would be more likely to inject sedative-hypnotics.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining them from pharmacies and physicians. Participants reported dealers as the most frequent way to obtain sedative-hypnotics with one participant explaining, “You’re going to get anything from a dealer before you go to an on-line pharmacy or the hospital. Most people I know had to go through a whole bunch of shit to get the prescription. Like evaluations and everything else.” Another participant agreed, “[For] most addicts, it’s a dealer.”

A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants reported that nearly every demographic used the drugs. A participant explained, “Because I know a lot of older people too that need ‘em [sedative-hypnotics] because they really need them, so they buy them off the street, you know what I mean ... but then I know younger people who do it to get high to just forget things or to be numb.” Both treatment providers and law enforcement identified an increase in young adult users (high school and college age). Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Participants reported that it is “common” to use other substances with sedative-hypnotics because, as one stated, “nobody does just that [sedative-hypnotics].” Sedative-hypnotics are used in combination with other drugs to intensify the effect of the other drugs, and also because they, “go good together,” as one participant stated.

## Marijuana

### Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants and community professionals most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants and community professionals reported that the availability of high-grade marijuana had increased during the previous six months due to “harvest season.” Law enforcement and treatment providers also discussed an increase in “grow houses” (indoor marijuana growing operations); some community professionals felt that this increase coincided with the increased availability of marijuana in the region. Participants reported that the quality of marijuana varied, with the most common quality score continuing to be ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that for commercial (low- to mid-grade) marijuana, a “blunt” (cigar) sold for between \$5-10; an ounce sold for \$100. Higher quality marijuana sold for significantly more: a “blunt” sold for between \$20-30; 1/4 ounce sold for \$150. While there were a few reported ways of consuming marijuana, the most common route of administration remained smoking. Participants continued to describe typical users of marijuana as being of any age, race, occupation and socio-economic group.

### Current Trends

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 score was also ‘10’. To highlight the continued high availability of marijuana, a participant explained, “Marijuana is available just like ... grass is growing.” Another participant remarked, “[Marijuana] it’s grown here, sold here [and] cured here.” A treatment provider stated, “[Marijuana] that one’s never going away ... It’s going to stay high [in availability]. I don’t see marijuana decreasing.” Community professionals continued to report an increase in growing operations in the region. A treatment provider commented, “People are even growing it [marijuana] in their backyard now.” Another treatment provider stated, “They’re doing it [growing marijuana] in their basement. Very high-tech with grow lights. It’s become a small industry.” Law enforcement reported that grow houses have increased.

Collaborating data also indicated that marijuana is readily available in the region. According to the Logan County

Family Court, among adults screening positive on urine drug screens during the past six months, 18.8 percent of the positive urine drug screens were related to marijuana. In contrast to adults, 86.2 percent of the positive urine drug screens in juveniles were related to marijuana. According to the Montgomery County Juvenile Court, among adolescents screening positive during the past six months, 81.9 percent of positive urine drug screens were related to marijuana. In addition, media outlets in the region reported on marijuana seizures and arrests during this reporting period. In March, police in Dayton stopped a suspicious truck and questioned the driver, and discovered 400 pounds of marijuana worth an estimated \$480,000 ([www.wdtn.com](http://www.wdtn.com); March 7, 2012). Participants and community professionals reported that the overall high availability of marijuana has remained stable during the past six months. The Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana varied from '3' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Low-grade marijuana was typically rated between '3' and '6,' mid-grade as '8,' and high-grade as '10,' previously, overall quality was rated '7,' low-grade marijuana was '3,' mid-grade marijuana was '5' and high-grade marijuana was most often rated '10.' Several participants continued to explain that quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants preferred higher grade marijuana that looked "fluffy" and not lower grades of marijuana that were mostly made up of "seeds." Participants also discussed flavors of marijuana such as "blueberry." Treatment providers also commented on grades of marijuana with one treatment provider explaining, "And now they're coming up with different names and higher highs. 'Purple haze' and 'kush,' whatever they're calling it." Another treatment provider in the Lima area commented, "Not only has the availability of it, the assortment has grown. Like different types that you can get. Like the 'gold,' the 'Mexican' or the 'Acapulco,' [or] the 'sesame.'"

Current street jargon includes countless names for marijuana. The most commonly cited names were "kush," "loud" and "weed." Participants listed the following as other common street names: "dirt" and "ditch" for commercial-grade marijuana; "reggie," "regular" and "mids" for mid-grade marijuana; and "hydro," "kush" and "loud" for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired. Participants reported

commercial-grade marijuana to be the cheapest form: a "blunt" sells for \$5; 1/4 ounce sells for between \$25-70; an ounce sells for between \$50-120. Higher quality marijuana sells for significantly more: a blunt or two joints sell for between \$20-30; 1/8 ounce sells for between \$45-50; 1/4 ounce sells for \$100-225; a pound sells for up to \$1,600. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking with the majority of respondents agreeing that nine out of 10 marijuana users would smoke and one would orally ingest the drug. One respondent had experience vaporizing marijuana and explained, "[Vaporizer use to consume marijuana] it's starting to become more popular. It's more healthier on your lungs." Overall, orally ingesting marijuana was reported as uncommon. Only individuals with health problems that prevent them from smoking, those who grow marijuana and those who are having a special event would be more likely to bake with marijuana or make items such as brownies, butter, cupcakes or tea.

A profile for a typical marijuana user did not emerge from the data. Participants continued to describe typical users of marijuana as "everyone." A respondent remarked on the wide age range of users' ages: "I know old people, 80 years old smoking [marijuana]." Community professionals reported both younger adults and older adults using marijuana, but they said that the trend was not as popular among middle-aged adults. Younger adults were reported to use recreationally, and older adults were thought to use marijuana because, as one participant stated, "[marijuana] it's medicine to them." A treatment provider discussed use within the older population: "I have to agree because of personal issues, experiences with some older people in my family that are on pain medications. And they been buying it [marijuana] illegally because it's been told it alleviates pain and helps with eyesight." Use by the younger generations was tied with popular media icons. A treatment provider explained, "I think, [marijuana use] it's been a lot with a lot of the people in the mainstream ... A lot of younger teens and young adults have been using it [marijuana] more because of what they see in the mainstream."

Reportedly, marijuana is used in combination with crack cocaine, heroin, prescription opioids and powdered cocaine. A participant reported that the practice of lacing marijuana with items like crack and powdered "not as common as is used to be." Individuals most likely to lace marijuana were described by a participant as "crack heads" or "anybody if they want a different buzz."

## Methamphetamine

### Historical Summary

In the previous reporting period, methamphetamine was relatively rare in the region. Participants most often reported the drug's availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Most participants agreed that methamphetamine was not a popular drug in the region; they continued to report that it was only available to a limited number of users with good connections. Community professionals also reported that methamphetamine was rarely seen in the region. According to most respondents, the availability of the drug had remained the same during the previous six months. Participants with knowledge of the quality of methamphetamine most often rated quality as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The Miami Valley Regional Crime Lab reported that they typically see tan, brown and off-white powdered methamphetamine along with crystal methamphetamine in their labs. Participants said that a gram of methamphetamine sold for between \$100-200. Reportedly, the most common route of administration for methamphetamine was smoking, especially for first-time users. A profile for a typical methamphetamine user did not emerge from the data; however, participants and treatment providers agreed that older people and those who have been incarcerated were more likely to use the drug.

### Current Trends

Methamphetamine is moderately available in the region. While participants from rural areas most often reported the current availability of the drug as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), participants in Dayton reported current availability as '5' and '7'; the previous most common score was '2'. Participants generally reported a fear of methamphetamine: *"I don't f\*\*\* around with that [methamphetamine],"* one participant stated. Another stated, *"I don't even know what it [methamphetamine] looks like."* Most participants in Dayton continued to think of methamphetamine as more prevalent in "rural areas." A participant discussed the lack of connections to purchase methamphetamine on the street: *"You'd be better off going to the store and buying the ingredients to make it [methamphetamine] than you would be to buy it."* Community professionals most often reported the current availability of methamphetamine as '8'. A treatment provider reported, *"I've got quite a few clients that can get a hold of*

*it [methamphetamine]."* Several media outlets reported on seizures of methamphetamine during this reporting period. The Agency for Combined Enforcement (ACE) Drug Taskforce in Greene County reported that methamphetamine is on the rise in their area. In fact, they have already made seven methamphetamine seizures so far this year, which means they are on track to surpass the 11 seizures made the previous year ([www.wdtn.com](http://www.wdtn.com); March 27, 2012). Reports from Preble County also indicate methamphetamine is in the area. Preble County Sheriff's deputies found the chemicals and equipment to manufacture methamphetamine, and arrested three people in the seizure ([fox.daytonnewssource.com](http://fox.daytonnewssource.com); Feb. 22, 2012).

Participants reported that the availability of methamphetamine has remained stable during the past six months. Treatment providers reported that availability of methamphetamine has increased during the past six months and explained that the increase is linked with "one-pot cooks." One-pot refers to the method of manufacturing methamphetamine where by users, or "cooks," produce the drug in approximately 30 minutes at nearly any location by mixing common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine in a single container, such as a two-liter plastic soda bottle. A law enforcement official stated this method is popular *"because it's a lot easier to make [methamphetamine] with the one-pot, shake-and-bake method, and Internet access teaches them. The Internet has the recipes on it. You won't need near as much ephedrine with the one-pot."* The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months. The crime lab also continued to describe the crystal and powdered methamphetamine they process as brown, tan and off-white in color. Most participants rated the quality of methamphetamine as '5' and on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "Chrissy," "crank," "glass," "shards" and "windows." Current street prices for methamphetamine came from one participant with experience buying the drug. The participant reported that a gram of methamphetamine sells for \$80. Law enforcement discussed limited sales in the area. An officer stated, *"We have not had a lot of meth sales. We don't see that. I think a lot of it is they make it for themselves. They don't make that much to sell ... just for their own use and to party with their friends,*

to sell locally to their friends.” Reportedly, the most common route of administration of methamphetamine remains smoking; snorting is a less common route of administration. Participants reported that out of 10 methamphetamine users, approximately eight would smoke and two would snort the drug.

A profile for a typical methamphetamine user did not emerge from the data. Participants described typical users of methamphetamine as located in “rural areas.” A participant from a rural area explained, “I think that you find meth in towns smaller than this,” and another participant agreed, “They’re like in rural areas where there’s no population.” Community professionals identified heroin and especially crack cocaine users as more likely to use methamphetamine. A treatment provider commented, “The experience I’ve had with meth has been crack cocaine users have been [going back and forth between drugs] until the meth gets them so bad off that they are a meth head.” A law enforcement official identified typical users as “late 30s, early 40s, and 20s, really. But it’s the White population. I think males more than females. I think most of them smoke it [methamphetamine].” A treatment provider discussed experiences with typical methamphetamine users: “I would say ... they start in their 30s, at least the females that I’ve talked to. It gives them energy, it makes them lose weight; they have like that superpower feeling. They have that ability. It’s very attractive to them that way in the beginning, but then real quick, real quick they can’t control it.” Reportedly, methamphetamine is used in combination with alcohol and “pills” of all kinds. A participant discussed using several different substances with methamphetamine: “Sometimes it’s a better high depending on what you mix it [methamphetamine] with.”

## Ecstasy

### Historical Summary

In the previous reporting period, Ecstasy [methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] was moderately available in the region. Participants most often reported the drug’s availability as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Most participants and community professionals reported that availability of Ecstasy was limited to certain social circles or only available to well-connected users. There was no agreement on whether the availability of Ecstasy had increased, decreased or remained the same

during the previous six months. However, participants reported “Molly,” the purest form of Ecstasy, as increasingly sought after and used, especially at outdoor music festivals. Most participants rated the quality of Ecstasy as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that the price of an Ecstasy tablet depended on a variety of factors including the size of the tablet and the picture that was imprinted on it. Participants reported a “single stack” (low dose) of Ecstasy sold for between \$5-10; a “double stack” or “triple stack” (high dose) sold for between \$40-50. Participants described Ecstasy as a “party drug” or “club drug,” and also discussed its popularity with college students. In addition, treatment providers commented on Ecstasy’s popularity among young people.

### Current Trends



Ecstasy [methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] remains moderately available in the region. Participants reported current availability of the drug 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 ‘7’. Most participants believed that Ecstasy is not very available. A participant stated, “You have to go out of town to get it [Ecstasy].” Community professionals most often reported the drug’s current availability as ‘8’. Treatment providers had mixed impressions on current availability. A treatment provider reported, “I think [Ecstasy use] it’s happening ... not here, but in the bigger cities where they are having the raves [underground dance parties].” Another treatment provider agreed, “Ecstasy is up there [in availability in cities].” Law enforcement reported that they have not found much Ecstasy in drug seizures and that the purest form, Molly, was “not popular.”

Participants most often reported that the availability of Ecstasy has decreased during the past six months, while community professionals reported that availability has stayed the same. Treatment providers in the Lima area (Allen County) said that Ecstasy use is seasonal and that the drug is in more demand at certain times of the year. A treatment provider explained, “In Wapakoneta [Auglaize County] where they have the Indian reservation ... where they have the rave parties ... they have it [Ecstasy] ... so the sheriff and the police can’t actually come on [the reservation] because it’s like sovereign land ... they have those in spring and summer,

*they have those rave parties, a there'll be a lot of Ecstasy there too."* The Miami Valley Regional Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months.

Current street jargon includes several different names for Ecstasy. The most commonly cited name was "E." Reportedly, price commonly depends on the amount of Ecstasy being purchased and the quality of the Ecstasy. A participant reported that it is cheaper to buy \$100 worth of Ecstasy because *"the more [Ecstasy] you buy, the better deal you get."* Participants reported that a "double stack" or "triple stack" (high dose) sells for between \$10-25; Molly sells for \$50 a gram. Participants described typical users of Ecstasy as those recently graduated from high school and those in college. "Ravers" (those who attend underground dance parties and music festivals) are another group cited as more likely to use Ecstasy. Community professionals also identified typical users of Ecstasy as "college students," "teenagers" and "ravers." Reportedly, Ecstasy is used in combination with alcohol, although most participants identified the need for large amounts of water because of thirst associated with the use of Ecstasy.

## Prescription Stimulants

### Historical Summary

In the previous reporting period, prescription stimulants were rarely available in the region. Participants most often reported the drug's availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Generally, participants attributed low availability to low desirability. The Miami Valley Regional Crime Lab reported that the number of prescription stimulant cases it processes had remained the same during the previous six months with few exceptions; medications based on methylphenidate HCL (Ritalin® and Concerta®) increased in availability. Participants reported that most brands of prescription stimulants sold for between \$2-3 a pill depending on the milligram. Participants also reported obtaining these drugs from people who had been prescribed them. Participants described typical users of prescription stimulants as younger individuals in high school or college.

### Current Trends

Prescription stimulants are moderately available in the region. Participants rated the current availability of prescription stimulants generally 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 '3'. Participants reported Adderall® and Ritalin® as most available in terms of widespread use, with Adderall® being more popular than Ritalin®. Although prescription stimulants are available, they are not as desired among participants. Community professionals most often reported the drug as highly available, but agreed with participants that the drug class is not desirable. Participants reported that the availability of prescription stimulants has remained stable during the past six months. Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes has increased while the number of Concerta® and Ritalin® cases it processes has decreased during the past six months.

No slang terms or common street names were reported for specific prescription stimulants, but this category of drug is usually referred to as "poor man's coke." The following prescription stimulants are available to street-level users: Adderall® (20 mg sells for between \$8-9; 30 mg sells for \$10). Like many other drugs, the amount users pay for prescription stimulants varies widely and "depends on who you are and connection." A law enforcement official commented, *"I think it's the amount that they prescribe [which leads to illegal sales]; a lot of people have extra [prescription stimulants]. I think that they just want to get rid of it. I mean they are not just going to throw it away."*

Participants described typical users of prescription stimulants as more likely to be in the younger age group ranging from high school and college. Typically, participants also identified, *"bored mommies"* and *"coke users"* as individuals who would use prescription stimulants. A law enforcement professional said students are more likely to seek out prescription stimulants at certain times: *"at exam time [in college] people are always trying to find Adderall® or Concerta®."* Participants did not identify using other substances with prescription stimulants.

## Bath Salts

### Historical Summary

In the previous reporting period, bath salts (synthetic compounds commonly containing methylone, mephedrone or MDPV) were moderately available in the region. Participants most often reported the drug's availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, the availability of bath salts throughout the region had decreased during the previous six months. However, participants reported that they could still easily obtain them. Staff from the Miami

Valley Regional Crime Lab reported bath salts were still being used in the region. Older adults were also identified as dying from the use of bath salts. In contrast to younger users, the coroner's office explained that the combination of bath salts and people with age-related heart problems made the drug toxic. Participants and community professionals agreed that typical bath salts users were White. While no one age group was believed to be more likely to abuse bath salts, younger individuals were identified as more likely to experiment with them.

### Current Trends

Bath salts (synthetic compounds commonly containing methylone, mephedrone or MDPV) remain moderately available in the region. Participants most often rated the current availability of bath salts 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 '6'. Community professionals rated current bath salts availability as '5', with some areas in the region reporting more use than others. Several media outlets reported on seizures of bath salts during this reporting period. In April, Dayton narcotics officers conducted undercover buys and were able to purchase bath salts and synthetic marijuana. After executing a search warrant, officers seized 1,087 units of bath salts, 1,282 units of synthetic marijuana and various drug paraphernalia. The shop's owner reported that he made between \$750-1,000 in profit per day on the drugs ([www.newstalkradiowhio.com](http://www.newstalkradiowhio.com); April 4, 2012).

There was general consensus among participants that the availability of bath salts has decreased since the law banning their sale that took effect in October 2011. A participant commented on the reduced availability: *"When it [bath salts] was legal, it was everywhere. You gotta really know somebody now [to obtain bath salts]."* However, despite the reduced availability, participants said bath salts could be obtained in stores. A participant in the Lima area explained, *"There's a place in St. Paris [Champaign County] that still sells them [bath salts]."* Another participant in Dayton commented, *"Tipp City [Miami County], that's the only place you can find it [bath salts]."* Treatment providers felt bath salts availability in Lima has increased. Treatment providers and law enforcement acknowledged that stores may have, as one stated, *"gotten it [bath salts] off their shelf. Still, if they know people, they will sell it under the table."* A treatment provider discussed the increased availability of bath salts and linked media reports with

curiosity of users: *"I believe once word got out about bath salts, that more people wanted to try it. ... It was a low-key drug of choice, but now since it's so wide ranged, more people are going to try it to see what it's about."* The Miami Valley Regional Crime Lab reported that the number of bath salt cases it processes has increased during the past six months.

Participants were not familiar enough with bath salts to report on the drug's quality, nor were they familiar with current street jargon. Reportedly, bath salts sell for \$20-40 a gram depending on the brand. Most participants heard about the negative health consequences of ingesting bath salts. A participant commented, *"There's been so many deaths and accidents in the past year [because of bath salts use]."* A typical user profile for bath salts use did not emerge from the data. Participants said stimulant users might be more likely to use bath salts. A participant stated, *"Whoever is into girl [powdered cocaine]"* would be more likely to use bath salts. Law enforcement identified "younger, White males" as more likely to use bath salts. Participants did not know specific drugs used in combination with bath salts.

### Other Drugs

#### Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: alcohol, anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter medications. Alcohol was identified as a major substance of abuse by community professionals and participants for those aged 18- 25 years. Participants reported new trends with alcohol including the alcohol-energy drink combinations and increased drinking games like "beer pong." Anabolic steroids were rarely available in the region. Only two participants identified any knowledge of anabolic steroids, and both participants had not personally used steroids but had recently met a source that could link them with steroids, specifically Deca-Durabolin (aka "deca"). The drugs sold for \$100 for a 30-day cycle of pills or \$250-300 for a 30-day cycle of injections. The Miami Valley Regional Crime Lab reported that the number of steroid cases it processed had increased during the previous six months; 14 different types of anabolic steroids were processed in their lab. Hallucinogens were moderately available in the region. Participants rated the availability of hallucinogens as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The

Miami Valley Regional Crime Lab reported that the number of hallucinogen cases it processes had increased during the previous six months. Reportedly, LSD (aka "acid") sold for between \$10-20 a "hit" (dose, microdot or blotter); an eye drop bottle full of liquid LSD sold for \$400. Participants reported that 1/8 ounce of psilocybin mushrooms sold for between \$20-25; an ounce sold for \$150. Both LSD and psilocybin mushrooms were reportedly popular at outdoor music festivals. Participants believed the quality and purity of LSD and psilocybin mushrooms were high because the drugs were rarely diluted with other substances. Inhalants were highly available in the region. Reportedly, aerosols (aka "duster" and "gas") were most popular among youth in high school or people who could not obtain other drugs. Over-the-counter medicines were highly available in the region. Similar to inhalants, OTC cough and cold medicines were also identified as substances that younger individuals in middle and high school were more likely to abuse.

### Current Trends

Participants and 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: alcohol, anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, over-the-counter medications and synthetic marijuana ("K2" and "Spice"). Participants discussed the increase in youth using alcohol. A participant mentioned certain products that youth favor: "Younger kids are starting to tend more towards those flavored malt beverages: Blast [and] Four Loko's." Community professionals also identified alcohol as popular with youth. A treatment provider reported, "I've seen a lot of younger [kids] lately ... a lot of younger kids [in] middle school that use alcohol." Participants reported an increase in the popularity of Jell-O® shots containing alcohol and flavored liquor. A participant stated, "Each kind of vodka comes up with all these new flavors ... cotton candy, whipped cream." Another participant discussed new marketing with beer: "New punch top cans; companies [are] making that. Punch the punch top for 'shooting' ['shooting' allows the beer to come out at a rapid pace so the individual can drink the beer fast]." Community professionals also discussed an increase in flavors and brands of alcohol and energy drink combinations and a new practice of soaking gummy bears in vodka. According to one participant, gummy bears are popular with those younger than 21 years of age because "police don't look at these boxes of candy [for alcohol]." In addition, a treatment provider discussed portable alcohol and explained, "They even got the

*liquor now where it comes in these disposable squeeze packs that you can just buy right out the store. Like Capri Sun®, they're like that."*

Anabolic steroids remain rarely available in most of the region; however, they were identified as highly available in rural areas. Only two participants identified any knowledge of anabolic steroids, and they rated current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement rated the availability of anabolic steroids as '2.' The Miami Valley Regional Crime Lab reported that the number of anabolic steroid cases it processes has decreased during the past six months. Pricing for anabolic steroids is consistent with the previous reporting period. A participant talked about her husband's use of anabolic steroids: "Depends on how many cycles you are getting. A six-week cycle costs \$150." Typical anabolic steroid users were described as athletes and body builders. Law enforcement identified anabolic steroids users as younger, White males. An officer commented, "I think [anabolic steroid use] it's pretty prevalent in the schools [high school] for sports. I'm sure it has to do with advertising on TV for sports. [Kids want] scholarships for colleges."

Hallucinogens (LSD and psilocybin mushrooms) are highly available in the region. Participants rated the availability of hallucinogens 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 '5.' A minority of participants reported using hallucinogens, and they said the greatest availability is in rural areas. A community professional rated the availability of hallucinogens as '3.' Participants reported that the availability of LSD has decreased while the availability of psilocybin mushrooms has increased during the past six months. Law enforcement also reported an increase in availability of psilocybin mushrooms during the past six months. The Miami Valley Regional Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has decreased during the past six months. While not mentioned by participants, the crime lab also reported that the numbers of DMT (dimethyltryptamine) and PCP (phencyclidine) cases it processes have increased during the past six months. Reportedly, LSD (aka "acid") sells for between \$8-10 a "hit" which was identified as a strip. Participants reported that 1/8 ounce of psilocybin mushrooms sells for between \$20-30; 1/4 ounce sells for \$40. Most participants agreed, with one participant who stated that the younger age group, "right after high school" is more likely to use hallucinogens. A law

enforcement official identified a typical user of hallucinogens as "... younger kids. I mean we're talking high school, early college."

Inhalants remain highly available in the region. Participants rated the availability of inhalants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previously participants also reported high available of inhalants. Participants frequently commented on their ready availability because anyone could "pick them up at the store," as one stated. Reportedly, aerosols (aka "duster" and "gas") are most popular among youth in high school. Inhalants were not desired by participants. A participant commented, "I don't really know anybody that has an addiction to air dusting." The dangerous nature of inhalants was discussed, as a participant stated, "Spray paint. My sister's friend died doing that ..."

Over-the-counter medications remain highly available in the region. Like inhalants, OTC cough and cold medicines were also identified as substances that younger individuals in middle and high school are more likely to abuse. A participant explained, "I think everybody has passed the Robitussin® phase." A treatment provider identified an increase in, "syrup" and explained, "They make 'dirty Sprites®,' and they mix it [OTC cough and cold medicines] with alcohol in a Sprite® bottle ... alcohol, wine and the syrup, and that's supposed to be a cocktail. They mix it all together and people sip on it as they say, all day or for a party or whatever. There's been an increase in African-American [users] with the syrup as they call it ..."

Synthetic marijuana ("Funky Monkey," "K2") was also mentioned by a treatment provider who discussed that individuals are "moving away from the synthetics because they have found that there is a lot of fallout from smoking the synthetic that they did not appreciate. They like to get high with marijuana. The side-effects [produced by synthetic marijuana use] it's crazy. It's like induced schizophrenia. They have psychotic episodes, panic attacks they just fall out, and I've had clients tell me it takes days to get over that." However, a treatment provider explained that individuals may consider using synthetic marijuana because, "they feel they can't get in trouble. There's no legal issue in it." However, a treatment provider discussed identifying other illegal substances when performing drug screens: "From testing the ones who have admitted to smoking the fake, the synthetic stuff, they light up our panel: PCP, methamphetamine [and] THC [tetrahydrocannabinol]. Something in that makes our drug test light up ..." The Miami Valley Regional Crime Lab reported

that the number of synthetic marijuana cases it processes has increased during the past six months.

Lastly, for the first time in Dayton, treatment professionals expressed concern about products containing melatonin, as these products seek to mimic the effects of marijuana and have no age restrictions. A treatment professional commented, "You can be 13 [years of age], you can be 12, you can be 11 [to purchase them]," and providers said they are found in gas stations and convenience stores. Treatment providers discussed several things that are popular with clients, including a drink called Marley's Mellow Mood that contains melatonin and valerian root and brownies called Lazy Cakes that contain melatonin.

### Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids and sedative-hypnotics remain highly available in the Dayton region. Noted changes in availability during the past six months exist as follows: decreased availability for Ecstasy; likely decreased availability for crack cocaine; likely increased availability for heroin and Suboxone®. Most participants believed that Ecstasy is not very available. Law enforcement reported that they have not found much Ecstasy in drug seizures. Participants most often reported that the availability of Ecstasy has decreased during the past six months. In addition, the Miami Valley Regional Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months. Participants and community professionals reported that the availability of crack cocaine has remained stable during the past six months with possibly a slight drop because people are "looking for stronger drugs." The Miami Valley Regional Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months. Participants commented on the "epidemic" proportions that heroin has reached in the region. Even respondents who did not personally use heroin reported friends or family members who did. Free "testers" of heroin remain available in Dayton which makes it difficult for individuals to avoid the drug. Law enforcement also identified free samples as prevalent in the region. Although brown powdered heroin is the most commonly cited type of heroin, participants consistently also rated the availability of white powdered and black tar heroin as highly available. Participants and community professionals reported that the availability of powdered heroin has increased during the past six months. Prescription opioid abuse continues to be linked with the

increase in heroin availability and use. Participants in rural areas close to Columbus also reported that the availability of black tar heroin has increased during the past six months. Participants continued to report that Suboxone® is moderately available in the region. Participants explained that if one does not have the means to acquire Suboxone® through a Suboxone® clinic or program, street purchase is an option. While participants reported that the availability of Suboxone® has remained stable during the past six months, community professionals reported that availability has increased, linking the increase to the increase in opiate use. The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.