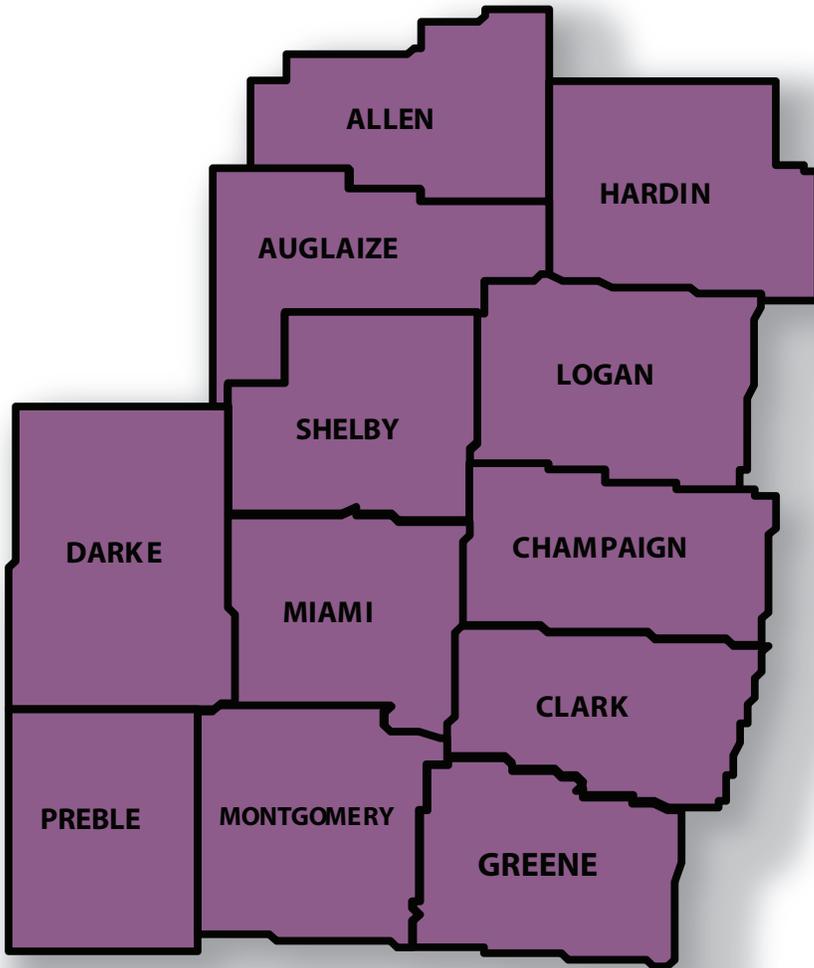




Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

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Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen, Hardin, 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 Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from July through December 2012. In addition to the data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

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Regional Profile

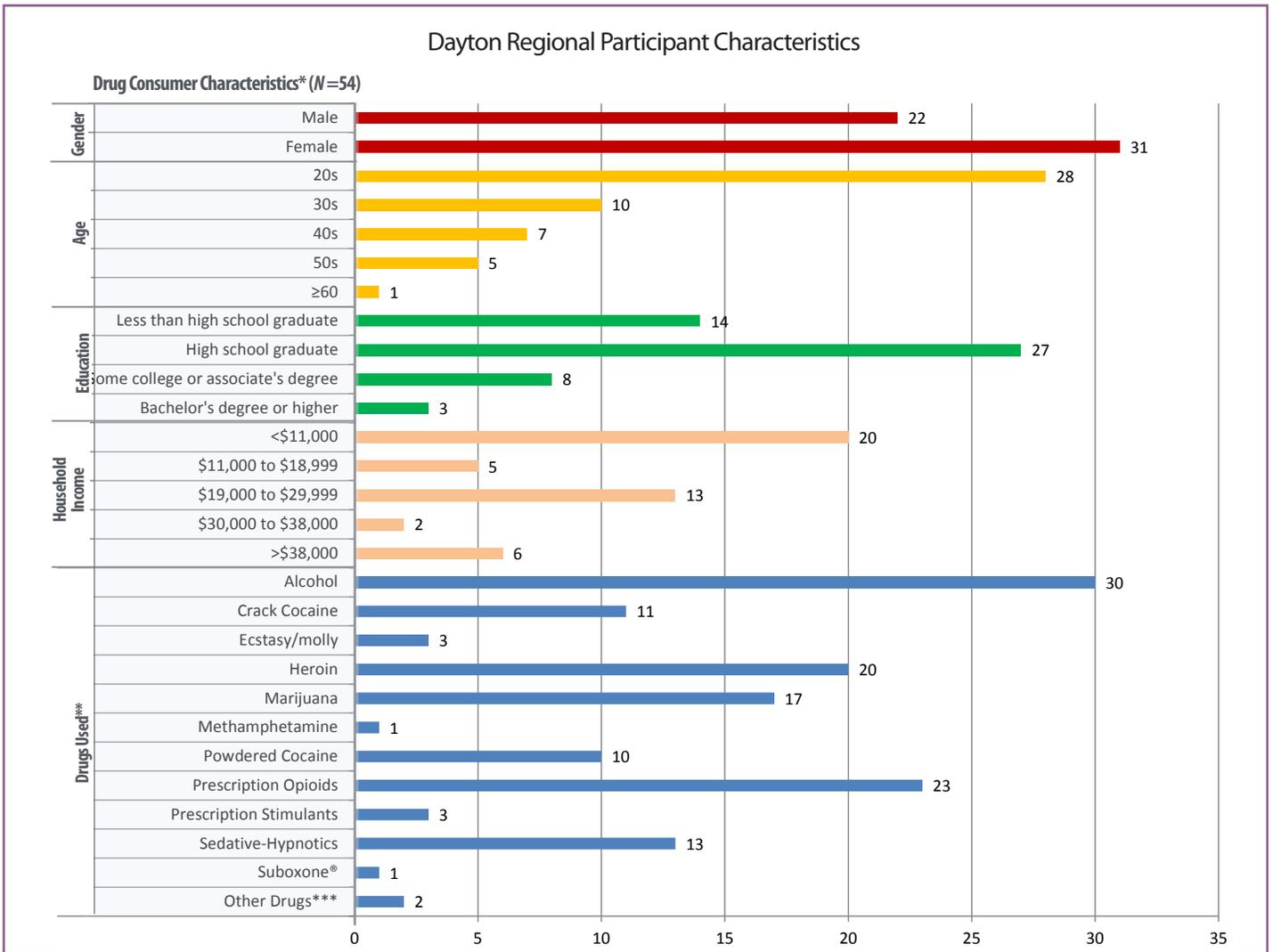
Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	54
Gender (female), 2010	51.2%	51.2%	58.5%
Whites, 2010	81.1%	83.1%	84.6%
African Americans, 2010	12.0%	11.3%	11.5%
Hispanic or Latino origin, 2010	3.1%	2.0%	4.3%
High School Graduation rate, 2010	84.3%	88.1%	73.6% ²
Median Household Income, 2011	\$45,803	\$46,256	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2011	16.3%	15.0%	47.2% ⁴

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

²Graduation status was unable to be determined for one participant due to missing data

³Respondents 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 participants due to missing data.

⁴Poverty status was unable to be determined for nine participants due to missing data.



*Not all participants completed forms; numbers may not equal 54.

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

***Other drugs refer to synthetic marijuana

Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remained highly available in the Dayton region. Changes in availability during that reporting period included likely decreases in availability for bath salts, powdered cocaine, sedative-hypnotics and Suboxone®.

Despite legislation enacted in October 2011, bath salts continued to be available on the street from dealers, online, and in regional “head shops” and gas stations. New labels for bath salts emerged to help circumvent the laws; participants said bath salts were sold under labels like “hookah cleaner.” Most participants had never tried bath salts and stated they were scared to try them. Participants and community professionals reported that the availability of bath salts had decreased during the reporting period and attributed legislation as a driving factor in this. The Miami Valley Regional Crime Lab reported a decrease in the number of cases it processed for bath salts, and also attributed the decrease in bath salts cases to legislative action, as well as to the bad reputation of the drug.

Participants and community professionals most often reported that the availability of powdered cocaine had decreased during the reporting period. Participants explained that dealers had held onto powdered cocaine to manufacture crack cocaine, a more profitable drug.

“Drug busts” and an increase in other substances (i.e., heroin) were also provided as reasons for general decreased availability of powdered cocaine throughout the region. However, participants noted that it had become more common for heroin dealers to carry powdered cocaine for the users who like to use the drug with heroin (aka “speedball”).

Participants and community professionals reported that the availability of sedative-hypnotics had decreased during the reporting period. Reasons for the decline in availability focused on users who were prescribed sedative-hypnotics not wanting to part with them either because they wanted them for personal use or because they were afraid of “getting busted.”

Participants and community professionals reported new concerns regarding sedative-hypnotics abuse. A participant said that users were abusing Ambien® in a different

way – to stay awake and not to sleep. Community professionals noted that sedative-hypnotics were being combined with other substances, which led to an increase in drug overdoses and deaths, particularly when heroin was combined with benzodiazepines. Also concerning was that participants described sedative-hypnotics use as more socially acceptable than previously. Community professionals identified individuals age 40 years and younger as likely to abuse sedative-hypnotics.

Participants and community professionals most often reported that the availability of Suboxone® had decreased during the reporting period. In outlying rural areas, participants discussed difficulty obtaining Suboxone® due to few or no doctors licensed to prescribe the drug. Community professionals attributed the reported decrease in street availability of Suboxone® to a change in prescribing patterns. They explained doctors were trying to limit diversion by prescribing the film form of the drug and requiring some patients to visit their office daily.

Lastly, while availability was variable within the region, methamphetamine use was a growing concern. The Miami Valley Regional Crime Lab reported that methamphetamine use might have been undetected in parts of the region as users typically made the drug solely for personal use and not for sale. The crime lab noted a rising trend of methamphetamine use with heroin which was corroborated by participants, who in past cycles referred to the concurrent use of methamphetamine with heroin as the “ultimate speedball.” Lastly, the crime lab noted an increase in intravenous methamphetamine use.

Current Trends

Powdered Cocaine



Powdered cocaine remains moderately to 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’. Community professionals most often reported current availability as ‘6’; the previous most common score was ‘5’. Law enforcement reflected on demand for the drug: “*The availability [of powdered cocaine] is there, but I think the demand is lower because heroin use is so prevalent.*”

Collaborating data also indicated the presence of cocaine in the region. The Logan County Family Court reported that 5 percent of drug screens submitted by adults during the past six months were positive for cocaine (crack and/or powdered cocaine) – cocaine was found in 28.4 percent of all positive adult drug screens the court administered during the past six months.

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Police in Dayton arrested a man during a traffic stop after uncovering 2.57 grams of cocaine hidden in the man's shoe; one of the arresting officers reported that several people have been arrested with drugs hidden in their socks (www.daytondailynews.com, Feb. 1, 2013). During an FBI drug investigation of the area near the Dayton Mall, a man was fatally shot and two others were taken into custody for cocaine trafficking; police report that car-to-car drug sales in parking lots in the mall area have become a real problem (www.daytondailynews.com, April 24, 2013).

Participants and community professionals reported that the availability of powdered cocaine has increased during the past six months. A law enforcement professional said, "[Powdered cocaine] it's starting to come back [gain in popularity] ... 'cause there's so many different things you can do with it you know: [cook it into] crack cocaine, you know, mixing it with heroin. I mean people are cutting heroin now with cocaine just to make it a little bit better of a product. I think people [dealers] are just getting smarter and diversifying their organizations and what they can sell." The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the current quality of powdered cocaine as '7' 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 the region is cut (adulterated) with Adderall®, aspirin, baby Ex-Lax®, creatine, Orajel® and Vitamin B-12. Reportedly, cutting practices vary across the region and depend on the person supplying the powdered cocaine. A participant explained, "All you need is a little baking soda ... they [dealers] putting some sedative-hypnotics in there, some toothache medicine in there ... see they trying to cut it to sell it for another price." Another participant reported, "[Powdered cocaine] it could be cut with bath salts." According to one participant, "You not gonna get 100 percent [pure powdered cocaine]

nowhere, unless you on the boat with it." Several participants discussed variability of quality based on dealer and geography, with one stating, "*It all depends [on] who you get it [powdered cocaine] from [and what] area and vicinity [of the region]."*

Law enforcement confirmed participant views on current quality of powdered cocaine. A law enforcement professional stated, "[Quality of powdered cocaine varies] especially the part of town you are buying in and the quantity that people are selling at. If you got lower-level dealers ... you're gonna have less of a potent [quality] product ... but yeah, the quality around here right now is average I would say." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. The Miami Valley Regional Crime Lab reported levamisole (livestock dewormer) as the typical cutting agent for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited were "girl" and "soft." Participants listed the following as other common street names: "bitch," "powder," "snow" and "white pony." Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that pricing depends on location (rural versus urban). Participants reported that a gram of powdered cocaine sells for \$50-100, depending on the quality; 1/16 ounce (aka "teener") sells for \$75-100; 1/8 ounce (aka "eight ball") sells for \$125-250.

Participants stated that the most common way to use powdered cocaine is snorting, followed by intravenous injection (aka "shooting") and smoking. Reportedly, powdered cocaine use varies greatly and depends on the social group with which the individual associates. A participant commented, "*I'm a shooter and I don't really hang around smokers, so to be honest ... you're either shooting it [powdered cocaine] or snorting it when I'm around."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as everybody since, as one put it, "*drugs don't discriminate."* However, one participant said, "*Rich white people would be the stereotype [of powdered cocaine users]."* Participants discussed the increase in use among younger individuals, citing popular culture as a factor. According to one participant, "[Powdered cocaine use] it's especially in the younger generation 'cause they got a lot of songs that kind of promote it now ... promote cocaine

use and stuff like that, so yeah, I believe it's become a major problem in the younger generation."

Community professionals noted that typical users of powdered cocaine are white, and they agreed with participants that younger individuals are increasingly using powdered cocaine. A law enforcement professional said, *"We've seen it [powdered cocaine use] as early as 13 [years of age]."* The officer described powdered cocaine as more socially acceptable than other drugs: *"I think socially too ... a lot more powder's coming into the younger scene. Be it powder ecstasy, powder this stuff [cocaine] ... you can put into your drinks."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin for "speedballing" (concurrent or subsequent use of a stimulant drug with a depressant drug), marijuana to "take the edge off" and sedative-hypnotics to "come down." Participants discussed the strong connection between alcohol and powdered cocaine: *"I think more [alcohol] because when you're on coke, you can't get drunk ... so people just drink and drink and drink; I'd say drinking [alcohol] ... the high gets you kind of nervous and everything, and the drinking kind of smooths it out a little bit and calms you down."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. However, participants in Hardin and Miami counties reported that while crack cocaine is accessible, a user would have to travel to obtain the drug. Participants in Hardin County reported traveling to Lima (Allen County), while participants in Miami County reported traveling to Dayton to obtain the drug. Treatment providers and law enforcement most often reported the drug's current availability as '10'; the previous most common score was also '10'. According to a treatment provider, *"You can really get it [crack cocaine] like [as easy as] a pack of cigarettes."* Another treatment provider commented, *"I have a lot of clients who are struggling with recovery from crack [cocaine] addiction."*

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. A police investigation in Montgomery County led to the arrest of two men at a business in Dayton for planning to distribute

more than 28 grams of crack cocaine (www.daytondailynews.com, April 24, 2013). A man was arrested after flushing crack cocaine down the toilet during a narcotics search of his Dayton home; the man said he was selling drugs "to make ends meet" (www.daytondailynews.com, March 29, 2013). Two brothers were arrested in Dayton after a combined search and seizure of crack cocaine and marijuana at both of their residences (www.daytondailynews.com, April 12, 2013).

A Dayton woman was arrested as a result of a drug task force investigation, during which police seized crack cocaine and heroin from her residence (www.daytondailynews.com, June 25, 2013). Dayton narcotics officers obtained a search warrant for a housing duplex in the city where drug trafficking was thought to be occurring; police arrested two men for possession of crack cocaine and heroin (www.daytondailynews.com, June 18, 2013). A woman was robbed of \$9 after refusing to purchase \$15 of crack cocaine from a man who approached her at a gas station on the west side of Dayton; the man threatened to shoot the woman if she didn't buy crack cocaine (www.daytondailynews.com, June 21, 2013).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants noted that availability of crack cocaine is similar to that of powdered cocaine in that if a user desires the drug, it can be obtained. A participant stated, *"I really think it depends ... you don't do that [crack cocaine regularly], it's hard to find ... but if you do that [regularly use crack cocaine], it's everywhere."* Treatment providers and law enforcement also reported that availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants continued to report that crack cocaine in the region is cut with baking soda. Participants also continued to report that the quality of the drug varies by purchase location and seller. A participant commented, *"[Crack cocaine quality] it's gonna be better down in Florida than it's gonna be up here 'cause by the time it gets up here, it's been cut, stomped on. Like he [another participant] said, they [dealers] can take half the coke out and put half bath salts in."* Overall, participants reported that the quality of crack co-

caine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack 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: “candy” and “crack.” Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a “point” (1/10 gram) sells for \$10. However, participants continued to report that a user could buy any dollar amount of crack cocaine. A participant explained, “If you got \$3, and you got a dealer that’ll sell you \$3 worth [of crack cocaine], just give ‘em \$3 ... and sometimes [dealers] they’ll give [sell] you a nickel [\$5] or \$10 or \$20 [piece of crack cocaine] ... depend on who that person is ... how good they doin’ they [sic] little drug activity business.”

While there were a few reported ways of using crack cocaine, generally the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine to 10 would smoke the drug.

A profile of a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anyone. However, participants noted “younger” individuals as experimenting with crack cocaine. A participant shared, “I know a person that started smokin’ crack when they was 10 [years of age], and that’s terrible, you know what I mean?” Community professionals also could not identify a typical crack cocaine user. A treatment provider stated, “You know anyone [can use crack cocaine]. It really can be anyone; You know black, white, low income, medium income.” A law enforcement professional stated, “In this city [Dayton] there’s no boundary. I’ve seen businessmen down to, you know, people on welfare [using crack cocaine].”

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant explained, “Hit that, smoke something, drink something ... basically, you’re just trying to get a level keel ‘cause that cocaine will have you up here.”

Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants highlighted that many prescription opioid users are switching to heroin. A participant explained, “I think more people are doing prescription drugs, and they get strung out on prescription drugs and they start doing heroin ‘cause it’s easier to get. I mean I can’t get pills on call anytime I want, but I can get heroin on call.” Reportedly, other substances have become less available because of heroin. A participant explained, “It’s like they took the powder cocaine drug lord out and pushed the heroin lord everywhere ... all you see is heroin now.” The Miami Valley Regional Crime Lab described available heroin in the region as white, tan and brown powdered.

While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered and black tar heroin as most available. Participants most often reported availability of brown powdered heroin as ‘10’, availability of white powdered heroin as ‘1’ and in Hardin County the availability of black tar heroin as ‘10’ (participants did not report availability of black tar heroin in other areas of the region). Reportedly, the availability of heroin by type varies throughout the region. A participant explained, “Cause, like, in Kenton [Hardin County] it’s a bunch of tar [black tar heroin] ... and in Lima [Allen County] there is more powder [powdered heroin] than tar.” Another participant agreed, “Packs [of powdered heroin] more [available] in Lima, and I think balloons [of black tar heroin] are more [available] in Kenton.”

Treatment providers did not distinguish between the different forms of heroin. However, a law enforcement professional in Dayton rated the current availability of black tar heroin as ‘2’ and commented, “But the bottom line, we’re not really seeing the black tar on our buys. I mean we hear it’s here.” Participants and law enforcement also mentioned gray heroin for the first time in this reporting cycle. A participant described, “It’s a bluish-gray color [heroin] ... a level-seven potency [on a 10-point quality scale].” Law enforcement commented, “We just came across that ‘gravel’ ... that gravel [gray] heroin ... I mean it does look like gravel. I mean if I came up on a traffic stop and this guy had a bucket [of ‘gravel’] in the back ... if I didn’t know about it and stay up-to-date on my intel [police intelligence], I probably wouldn’t even think twice about it.”

Collaborating data also indicated the presence of heroin in the region. The Logan County Family Court reported that 9.1 percent of drug screens submitted by adults during the past six months were positive for opiates (heroin and/or prescription opioids); opiates were found in 51.4 percent of all positive adult drug screens the court administered during the past six months.

Media outlets in the region reported on heroin seizures and arrests during this reporting period. A Dayton man was arrested for trafficking in heroin when a small amount of the drug was found along with scales, cash and a handgun during a search of his home (www.daytondailynews.com, Jan. 23, 2013). The Clark County Sheriff's office reported on a new trend in the county of drug users stealing steaks and trading them for heroin; reportedly, \$50 in steaks will get a user \$10 of heroin (www.daytondailynews.com, Feb. 27, 2013). Three young adults were arrested during a traffic stop in Dayton for possession of 18.55 grams of heroin (www.daytondailynews.com, March 15, 2013). A drug task force assisted in the seizure of hundreds of heroin gel caps and powdered cocaine at an apartment complex in West Carrollton (Montgomery County). This led to another seizure of hundreds of heroin gel caps and cocaine, and the arrest of four men who were staying at a motel in Washington Township (Montgomery County) and selling drugs to 50-100 people a day at parking lots near the Dayton Mall (www.daytondailynews.com, March 28, 2013).

Five young adults were arrested at a house in Urbana (Champaign County) during a police drug raid that uncovered heroin, marijuana and crack cocaine (www.daytondailynews.com, April 4, 2013). There was a high-profile case in which the FBI took custody of a prominent heroin trafficker known to give other drug users heroin in exchange for their transporting the drug from Dayton to Portsmouth (Scioto County, OSAM Cincinnati region); 30 indictments resulted from that investigation (www.daytondailynews.com, June 5, 2013). Four young adults were arrested on heroin charges when they were seen in a drug transaction at a gas station just west of Dayton (www.daytondailynews.com, June 18, 2013). Media outlets also focused on the increase of opiate overdose deaths within Montgomery County, reporting that there are about 500 deaths a year, of which more than half are heroin-related (www.daytondailynews.com, April 27, 2013).

Participants reported that the availability of heroin has increased during the past six months. One participant

claimed, *"You can find 10 [heroin] dealers sitting downtown [now]."* Another commented, *"You find needles on the ground."* Treatment providers and law enforcement reported that the availability of heroin has remained the same during the past six months. A member of law enforcement explained the steady supply of heroin: *"Yeah, I mean ... we have direct Mexican cartel connect. I think Columbus is the Midwest hub [for heroin distribution], and we're so close to Columbus [that] it's so convenient [to get heroin]."* The Miami Valley Regional Crime Lab and the BCI London Crime Lab both reported that the number of powdered heroin cases they process have increased during the last six months. The BCI London Crime Lab also saw an increase in black tar heroin cases.

Participants most often reported the overall 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 powdered heroin in the region is cut with Benefiber®, coffee, isotol (diuretic), morphine and ramen noodle flavor packets. A few participants discussed cutting heroin with morphine. A participant shared his confusion at drug test results, *"[I] failed [tested positive] for morphine. Like, how am I failing for morphine? I use heroin. And they told me most of it [heroin] is cut with morphine and that's why."* Several participants discussed the danger of cut heroin: *"Cause you got so much bad dope [heroin] floating around [that] you gotta be careful; You don't even know what you're shooting up [injecting] half the time. I mean if it smells like it [heroin] and tastes like it [heroin], you do it ... and if it has rat poisoning, it can kill ya."* Overall, participants reported that the quality of heroin has decreased during the past six months. The Miami Valley Regional Crime Lab reported caffeine and diphenhydramine (antihistamine) as typical cutting agents found in powdered heroin.

Participants discussed the quality of heroin as a factor in heroin overdoses in the region. A participant shared, *"Since I've been doing it [heroin], I've noticed a lot more people overdosing from stuff lately because there's a lot of bad dope going around."* Participants suggested that heroin overdoses have increased throughout the region. A participant commented, *"I think anybody that's used it [heroin] ... we all know quite a few people [who overdosed]."* Another participant claimed, *"[Heroin overdoses] it's off the Richter Scale [extremely high]."* Several participants mentioned increases in deaths due to heroin overdose. A treatment provider commented on users who overdose due to a period of heroin abstinence: *"And one of the things that I've*

noticed with the overdoses, is people coming out of treatment and going back to ... getting high as they was, you know, ... away from it [heroin use] for a while, so their tolerance level [has decreased]." Another treatment provider noted overdoses linked with new heroin users: *"What I see with the [heroin] overdoses is those that started with prescription drugs ... might not be as steady or sure ... they're using more [heroin than needed] to get the effect [high]."* A member of law enforcement commented on overdose in the region: *"The opiate abuse, or epidemic ... it's surpassed vehicle accident deaths in 2012 and 2013 so far. Vehicle accidents used to be the number one cause of [accidental] death in Ohio, and it's not [anymore]. Now, it's opiate overdose ... whether it's pills [prescription opioids] or heroin. We're definitely on the map for that."*

In addition, participants reported hesitation on the part of users to call for help when someone is overdosing. A participant explained, *"Yeah 'cause you don't want them [the person who is overdosing] in your possession 'cause you'll get in trouble [with law enforcement]. I've seen them [overdose victims] turn blue where I've thrown them in the tub with cold water to try and bring them back ... and hit on 'em [to try to revive them] ... and it's too late. Some of them wake up ... They don't even know what they are doing ... slobbering, foaming at the mouth ... it's just sickening."*

Current street jargon includes many names for heroin. The most commonly cited remain "boy" and "dog food." Current pricing was consistent among participants with experience buying the drug. Participants reported that brown powdered heroin is most often available in capsule form (aka "caps") containing approximately 1/10 gram of heroin. Participants reported that caps sell for \$10 a piece or \$20 for three; participants in Hardin County reported that a gram of brown powdered heroin sells for \$100; participants in Allen and Hardin counties reported that a bag or balloon of black tar heroin (1/10 gram) sells for \$20-25. Reportedly, black tar heroin pricing is less expensive in larger cities like Dayton and Columbus. A law enforcement professional commented on the low pricing of heroin in the region, *"I'm not sure you can find anywhere in the country where you would have any lower [heroin] prices than you would right here."* Law enforcement also reported heroin dealers are trying to establish their client base by providing free heroin samples called "testers."

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snort-

ing. Participants estimated that out of 10 heroin users, five to nine would intravenously inject and one to five would snort the drug. Participants continued to note that users often start heroin use by snorting before progressing to intravenous injection.

Participants reported that availability of injection needles varies throughout the region. In Hardin County a participant reported, *"You gotta go out of town to a pharmacy unless you know a diabetic [to obtain injection needles]."* Another participant responded, *"That's not a good thing, actually ... there's people sharing needles and shooting up with dirty needles because they can't get one."* Participants often reported purchasing needles from diabetics who often sell them for \$2 each. Often, other users sell needles, as one participant admitted, *"I've sold them [needles] for \$5 apiece. It just depends on how desperate the user is for the needle."* Reportedly, many users resort to sharing needles because of the lack of access to clean needles. A participant commented, *"Actually, it gets to the point where they [users] could care less, and they say, 'Oh, I probably already got it [Hepatitis C], so they're gonna share ... and if they're sick ... if they're dope sick [in withdrawal], they're gonna use any needle ... so that way they're not dope sick no more.'" Reportedly, some heroin users rinse needles with water or bleach if they borrow a needle from another user, while other heroin users, "will use needles until they can't be used no more," according to one participant.*

Participants shared concerns regarding needle use and the prevalence of Hepatitis C. Participants reported: *"Just about everybody I know that uses [heroin], has it [Hepatitis C]; There's a lot of people around here that I know that have Hepatitis."* Participants also shared misinformation about the transmission of Hepatitis C: *"But you can get Hepatitis from your own blood ... using the same needle too long; You can give Hepatitis C to yourself from your own needle, so you don't have to use from somebody [to contract Hepatitis C] ... I mean you can give it to yourself."* A treatment provider commented, *"Right now, we got even youth heroin users already with Hep C. I'm talking about 17 [years of age] and even younger."*

Participants described typical users of heroin as illicit prescription opioid users and "younger" people (high school aged through early 20s). A younger participant commented, *"Ninety percent of the people I know that use heroin are my age ... like I went to school with all of them ... like all my friends I used to go to school with, they're all prostituting and stuff now."* Community professionals described typical

users as primarily white. A law enforcement professional described the variety of users they encounter with heroin: *"Old people – like old 'crack heads' – 55 years old, shooting heroin now and before they were just doing, smoking crack. Teenagers, girls, man, it seems like a lot of girls get turned onto it [heroin]; I have kids in every grade, and I mean it's high schools and the middle school ... 'cause you know kids, again, they can get pills from their mom's medicine cabinet, and a lot of these pill-head moms are doing heroin now."* Treatment providers agreed that they are encountering young, white females using heroin. A treatment provider remarked, *"They [typical heroin users are] younger and Caucasian. That's what I'm seeing [and] female."*

Participants and community professionals continued to link heroin use with previous use of prescription opioids. Both respondent groups identified increased tolerance, changes in pill formulation and the substantially lower price of heroin as contributing factors in the transition from pills to heroin.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, prescription opioids and sedative-hypnotics. Reportedly, concurrent or subsequent use of heroin with crack or powdered cocaine (aka "speedballing") is popular. Participants reported that the combination of prescription opioids and/or sedative-hypnotics with heroin intensifies the effect (high) of heroin. And while participants readily acknowledged the dangers of using a benzodiazepine with heroin, they also acknowledged ignoring this danger and combining these drugs anyway. Participants explained: *"You get immune to like the high [tolerance increases], so you try to eat anything or do anything else to get back to where you was when you first started [heroin use] ... and that's how people overdose. You don't realize you are as high as you are; That'll kill you; [Mixing Xanax® and heroin] that's what so many of the overdoses are from."*

Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported the current availability of these drugs 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 '10.' Participants identified methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals most often reported

current availability as '10'; the previous most common score was also '10.' Community professionals identified Percocet®, Roxicet® and Vicodin® as most popular. A treatment provider observed, *"I have more clients that are using pills [prescription opioid], and I don't know if they are trying to back away from the heroin. I don't know what's going on with that. I'm not really sure."*

Media outlets in the region reported on prescription opioid seizures and arrests during this reporting period. A corrections officer at the Montgomery County Jail found 10 Vicodin® pills on a young woman being booked into the jail (www.daytondailynews.com, Feb. 5, 2013). The media also focused on efforts to mitigate the prescription opioid epidemic that the region faces. Several prescription drug drop-off programs have been initiated this reporting period, one in Fairborn (Greene County) (www.daytondailynews.com, Jan. 24, 2013) and several in Montgomery County (www.daytondailynews.com, March 13, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants attributed the perceived decrease in availability to new legislation resulting in a crackdown on doctor over-prescribing of prescription opioids. A participant commented, *"Now there ain't no family doctors that will prescribe the pain pills. You have to go to the pain clinic, and they do like pill counts [and drug] test you to make sure [prescribed opioid] it's in your system and all that stuff."* Another participant commented, *"Yeah, if you have someone [a dealer, family or friend] that has some, they're not having as many as they did, you know, so the amount to supply to everyone in town isn't as great."*

Treatment providers reported that availability of prescription opioids has remained the same or has slightly increased during the past six months. Law enforcement explained that users have to have contacts to obtain the drugs. A law enforcement professional explained, *"Your pill dealers ... you don't just walk up blind on Gettysburg [Avenue in Dayton] and say, 'Hey man, you have some Roxicodone®?' You know what I'm saying? You have to know that person or get an intro to that person and have a relationship ... You don't just go blind [unknown] to the house and say, 'Hey I heard you sell pills here ... what's up?'"* The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months with the exception of increased cases for Kadian® and Opana®.

Reportedly, many different types of prescription opioids (aka “M & Ms,” “pills” and “colors”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Reportedly, prescription opioids generally sell for about a \$1 per milligram. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): OxyContin® (aka “oxy’s”), Percocet® (aka “Ps” and “percs;” 5 mg sells for \$6), Roxicodone® (aka “perc 30’s;” 30 mg sells for \$30-36), Vicodin® (aka “Vs,” “vikes” and “vikings;” 5 mg, aka “baby vikes,” sells for \$2; 7.5 mg sells for \$7-8; 10 mg sells for \$7-10,) and Ultram® (50 mg sells for 50 cents).

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting the drugs from family doctors, emergency rooms and family members. Participants reported that a lot of users get the drugs from a family member. A participant shared, *“That’s how I had started on them [prescription opioids]. My mom married somebody that had gotten a prescription of them, and I, you know ... instead of paying six or seven dollars a pill, I’d just grab one out of the cabinet and go on about my day.”*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 prescription opioid users, seven to 10 would snort and the remainder would orally consume the drugs.

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants expressed concern over younger individuals using prescription opioids. A participant commented, *“I think [prescription opioids] that’s the worst drug possible to do for anybody because it is a gateway drug.”* A treatment provider agreed, *“That used to be the start-off point, the trials with the opiates and then it progressed to the heroin. So, that [prescription opioid use] usually start[s] with the younger group, 18 [years of age] ... even younger than that.”* A law enforcement professional commented on injuries leading to the abuse of prescription opioids: *“You know, ex-football player or football player or soccer player ... they get injured. They start on a prescription drug, you know. They go to school and they think, ‘It’s fun to toss a couple around.’ The next thing you know the kids want more and more.”* Reportedly, when used in combination with other drugs, prescription opioids are

most often combined with alcohol, heroin, marijuana and sedative-hypnotics.

Suboxone®

Suboxone® is highly available in the region. Participants reported street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5’. Reportedly, the film form of Suboxone® is more available. Participants continued to link illicit Suboxone® use to heroin use. A participant commented, *“If you’re a heroin addict, you probably know how to get some Suboxone®.”* There was no consensus among community professionals as to the current street availability of Suboxone®. However, a treatment provider commented, *“The medication assistance [treatment] is starting to come more towards the forefront, so more people are seeking it [Suboxone®].”*



Collaborating data also indicated the presence of illicit Suboxone® use in the region. The Logan County Family Court reported that Suboxone® not prescribed was found in 4.3 percent of all positive adult drug screens the court administered during the past six months. In addition, media outlets in the region reported on Suboxone® seizures and arrests during this reporting period. Suboxone® was found hidden in a man’s shoe while the man was being booked into the Montgomery County Jail, which added another felony charge to the other felony charges the man was facing (www.daytondailynews.com, April 3, 2013).

Participants reported that the availability of Suboxone® has decreased during the past six months, while law enforcement reported that availability of Suboxone® through clinics has increased during the past six months. A law enforcement professional explained, *“Three [Suboxone®] clinics here in Dayton, and they’re trying to open up a fourth one.”* Treatment providers agreed with law enforcement, also reporting increased availability of Suboxone®. The Miami Valley Regional Crime Lab reported that the number of buprenorphine (Suboxone® and Subutex®) cases it processes has increased during the past six months.

Street pricing for Suboxone® was variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg strips sell for \$7-20 per strip; Suboxone® pills typically sell for \$10-15 per pill, but can

sell for as high as \$30. A participant commented, *"They've got them [generic Suboxone® pills] out now. They're like a peach or pink color and they're generics. They just came out like a month ago, and they're like \$3 [per pill] at the pharmacy, but they go for \$10-\$15 bucks a pill [on the street]."* Another participant commented on the high cost of Suboxone® without insurance: *"Yeah, if you don't got insurance, [Suboxone®] they're \$1,000 ... I got 60 of them a month and it was \$1,000, so there wouldn't have been no way I'd have been able to pay for them if I didn't have a medical card."* Reportedly, Suboxone® street prices are lower in Miami County (Troy) and higher in Hardin County.

Suboxone® is available on the street through dealers, through people who have prescriptions and through doctors and pain clinics. Participants and community professionals discussed easy availability through Suboxone® clinics. A participant reported, *"If you got money, you can go to a clinic. Like ... if you got money, they're gonna give them [Suboxone®] to you even if you are using."* A treatment provider shared concern about users getting Suboxone® prescriptions with the intent of selling them: *"Well, from what I'm understanding with the clientele that I'm working with, some of the people that are getting it [Suboxone®] from the clinics ... they're selling the scripts [prescriptions]. You know, so they're actually starting to traffic it."*

The most common routes of administration for Suboxone® strips are sublingual (dissolving it under the tongue) or intravenous injection, while the most common routes of administration for Suboxone® tablets are sublingual and snorting. A participant explained, *"If [Suboxone®] it's the pill, people snort them. If it's the strip, you put it under your tongue."* Participants and community professionals described the typical illicit user of Suboxone® as someone whose preferred drug is opiates. Law enforcement added that typical illicit users are often white.

Reportedly, when Suboxone® is used in combination with other substances, it is used with heroin and sedative-hypnotics (Xanax®). Participants shared varying opinions about when to use heroin with Suboxone®: *"Yeah, you can [use heroin on Suboxone®]. I shoot dope [inject heroin] with 'em [Suboxone®]; If you wait 24 hours and want to shoot dope, you good."* Participants reported that Xanax® or other benzodiazepines used with Suboxone® intensifies the effect of the benzodiazepines.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Collaborating data also indicated the presence of sedative-hypnotics use in the region. The Logan County Family Court reported that benzodiazepines were found in 5.8 percent of all positive adult drug screens the court administered during the past six months.

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. On the other hand, community professionals reported that availability of sedative-hypnotics has increased during the past six months. A law enforcement professional added, *"I think [illicit sedative-hypnotics use] it's way under-reported."* The Miami Valley Regional Crime Lab reported that the number of sedative-hypnotics cases it processes has generally remained the same during the past six months, with the following exceptions: a decreased number of cases for Xanax® and increased number of cases for Klonopin®, Restoril® and Soma®.

Reportedly, many different types of sedative-hypnotics (aka "candy") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. 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 sells for \$2), Valium® (10 mg sells for \$2), and Xanax® (0.25 mg sells for \$1-2; 0.5 mg, aka "peaches," sells for \$1-3; 1 mg, aka "blues" and "footballs," sells for \$3; 2 mg, aka "bars," "totem poles" and "xanibars," sells for \$5-6).

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from people who have prescriptions. A participant noted, *"From the pharmacy to the dealer's hands or to the person [sedative-hypnotics] it's prescribed to ... that's how it works."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration remain oral consumption and snorting. Participants estimated that out of 10 sedative-hypnotic users, five to 10 would snort; and zero to five would swallow or “eat” the pills.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data; however, participants noted only adult use of these drugs. A participant stated, *“I would have to say over 18 [years of age] because all the kids [below 18 years] are experimenting with alcohol and stuff.”* A treatment provider suggested users begin with a legitimate anxiety issue and progress to illicit use of the drug: *“With my experience with clients is ... it [use of sedative-hypnotics] starts off with a legitimate anxiety issue ... and if that prescription gets cut, they will continue to get it from the street.”* Another treatment provider added, *“I’m seeing it [illicit use of sedative-hypnotics] more with the heroin users.”*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol and marijuana. A member of law enforcement agreed that alcohol is often used with these drugs: *“There’s a lot of people that ... I know ... have legitimate jobs that are on Xanax® all the time – all the time. They’re going home at night and popping some Xanax® and drinking some wine.”* In addition, a participant shared using sedative-hypnotics in place of alcohol: *“Instead of drinking a shit ton of beer to get drunk, I’ll just take two or three of these [benzodiazepines] to get wasted.”* Lastly, a treatment provider commented on the use of heroin with sedative-hypnotics: *“[Users] they’re mixing it [heroin] with the Xanax®, especially ... and it’s a lethal combination.”*

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants explained that availability of marijuana is “unlimited.” A treatment provider commented, *“Marijuana is so available here. I just witnessed a marijuana bust Saturday ... in fact, it was one of a series of [busts].”* Some participants also commented on the high availability of medical-grade marijuana. A participant reported, *“You can get medical-grade marijuana here pretty readily.”*

Collaborating data also indicated the presence of marijuana in the region. The Logan County Family Court reported that marijuana was found in 24 percent of all positive adult drug screens and in 77 percent of all positive youth drug screens the court administered during the past six months. In addition, media outlets in the region reported on marijuana seizures and arrests during this reporting period. Two young adults were arrested in Dayton for possession of marijuana and cocaine as a result of neighborhood complaints of drug trafficking from their residence (www.daytondailynews.com, Jan. 14, 2013). A man was arrested on drug charges for possession of 5.4 pounds of high-grade marijuana (www.daytondailynews.com, March 12, 2013).

Participants and community professionals reported that the availability of marijuana has remained the same 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.

Participants most often reported the current quality of marijuana as between ‘2’ and ‘5’ for low-grade and ‘10’ for the high-grade marijuana on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘7’ for low-grade and ‘10’ for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). A participant commented on the increase in quality overall: *“I think that in the last few years, three or four years, the [marijuana] quality has gone up.”* Treatment providers also discussed an increase in marijuana quality, with one stating, *“You know they’re figuring out how to breed these [marijuana] plants and make them more and more potent. And, I ‘Googled’ it because a client of mine said, ‘You know you can get the seeds [to grow marijuana] from the Internet.’”* Law enforcement also discussed the trend in increased quality of marijuana. A law enforcement professional said, *“The medical marijuana has changed everything ... anybody can grow the same stuff that it took them [legal growers out west] four or five years to perfect. Kids are doing it now in homes across America.”*

Current street jargon includes countless names for marijuana. The most commonly cited names were “reggie” for low-grade marijuana and “loud” for high-grade marijuana. Participants listed the following as other common street names: “commersh” (short for “commercial”) and “schwag” for low-grade marijuana; “chronic,” “dank,” “hydro” and

“kush” for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$20-25; 1/4 ounce sells for \$50; an ounce sells for \$100-130. Higher-quality marijuana sells for significantly more: a blunt or two joints sell for \$15-30; 1/8 ounce sells for \$50-60; 1/4 ounce sells for \$100; an ounce sells for \$225-300.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke, and one would consume the drug in edibles. Participants felt that edibles with marijuana in them are increasing in popularity, especially “marijuana butter” and “marijuana olive oil.” Participants identified users who are more health conscious and users who do not like to smoke as more likely to consume marijuana in edibles.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, “anybody and everybody.” A participant commented on the popularity of marijuana: “[Use of marijuana] *it’s more acceptable now because some of the states [have legalized marijuana use].*” Community professionals commented on the growing prevalence of children and adolescents using marijuana. A treatment provider reflected, “*Young ... they’ll start off [using marijuana] very young ... and by young, I mean 11, 10 [years of age].*” Another treatment provider responded, “*Parents are smoking it [marijuana]. Nobody tells them [children and adolescents] anything about it [marijuana]. Like kids are clueless as to what any long- or short-term effects [of marijuana use are] ... They have no idea. By the time a DARE [Drug Abuse Resistance Education] program comes into their school for intervention, they are already smoking pot, so they don’t believe what the DARE program tells them, you know, that [marijuana use] it’s going to make you ‘fall out’ and ‘lose your mind’ ... they’re not going to believe that because they’ve been smoking it [marijuana] for years.*” A treatment provider also discussed dealers using younger individuals in drug sales as “runners/mules” for the drug.

Reportedly, marijuana is most often used in combination with crack or powdered cocaine (aka “primos”), tobacco (aka “cigmo” or “momo”) and with prescription opioids.

Participants also reported that marijuana use can accompany any drug use.

Methamphetamine

Methamphetamine is moderately available in the region. Participants most often reported the drug’s current availability as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants from throughout the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine, which means users are producing the drug in a single, sealed container, such as a two-liter soda bottle. By using common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline, tan, white and brown powdered.

Treatment providers and law enforcement in Dayton most often reported the drug’s current availability as ‘4’, while treatment providers in Lima (Allen County) reported current availability as ‘8’; the previous most common score for community professionals was ‘3’. A treatment provider in Dayton commented that methamphetamine is not as available in Dayton as it is other areas of the region, stating, “*There is still a fear of crystal meth [methamphetamine]. There is still that stigma [that] you’re gonna get the ‘meth mouth’ ... all your teeth are gonna fall out; you’re gonna be speeding all the time; and you’re gonna lose weight and drop dead from a stroke or a heart attack. I mean they have ... they believe that, which is good ... it’s true.*” In Lima, a treatment provider commented on a recent police bust involving methamphetamine: “*Yeah, they’ve had a couple arrests of that [one-pot methamphetamine] too ... a couple of guys from out of Ada area [Hardin County]. One guy was known as the secret cook. He was selling his recipe on-line on how to cook it [methamphetamine].*”

Media outlets in the region reported on methamphetamine seizures and arrests during this reporting period. Dayton police arrested four individuals after finding a working one-pot meth lab during a raid at a residence on



the east side of the city (www.daytondailynews.com, April 22, 2013). Law enforcement in Darke County discovered a methamphetamine lab and arrested two young adults (www.daytondailynews.com, May 29, 2013). Dayton police responded to a drug complaint and found a man making one-pot methamphetamine in the basement of his residence (www.daytondailynews.com, June 2, 2013).

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. A law enforcement professional commented, *"We're starting to see more [methamphetamine] cases or hearing about more cases around here."* However, treatment providers in Dayton cited a decrease in availability of methamphetamine. A treatment provider commented, *"It [methamphetamine] is not as available as I think it was at one time ... It seems to be more of a rural drug and it stays out on the outskirts out there in the country."* The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants most often reported the current quality of methamphetamine as between '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); a quality estimate was not available from the previous reporting period. A participant commented, *"I guess it [methamphetamine quality] was good 'cause I watched my windshield crack ... and it didn't [actually] crack."*

The most commonly cited street name for methamphetamine was "glass." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for \$50-100. While there were several reported ways of using methamphetamine, the most common route of administration is smoking. Participants estimated that out of 10 methamphetamine users, approximately three to 10 would smoke and the others would either intravenously inject or snort the drug.

Participants and community professionals described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine is most often used in small social circles. A law enforcement professional said, *"They're making it [methamphetamine] to use and enough to sell to [buy supplies to] make more ... it's a little bit of a cycle."* Participants reported that methamphetamine is used in combination with alcohol and marijuana to take the edge off and assist in reducing the effects of methamphetamine.

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Treatment providers most often reported current availability as '10'; the previous most common score was '3.' Community professionals reported that while availability of prescription stimulants is high, the desirability for these drugs is not on the same level as other drugs. Participants and community professionals alike reported that Adderall® is the most popular prescription stimulant in the region in terms of widespread use. No change in availability for prescription stimulants was reported by participants, law enforcement or treatment providers. The Miami Valley Regional Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

No slang terms or common street names were reported for prescription stimulants. Participants were unable to report on current street prices for prescription stimulants. Participants described typical illicit users of prescription stimulants as college students, people whose children have a prescription or people who cannot obtain cocaine. A participant commented, *"[Prescription stimulants] it's like really popular in colleges because people stay up and cram [study] ... I know so many people that never do any drug, not even smoke any weed [marijuana], but they take Adderall® just to stay up so they can cram everything in."* A treatment provider described the typical illicit prescription stimulant user as *"a normal drug user who can't get their drug of choice."*

Reportedly, prescription stimulants are used in combination with crack cocaine or coffee and alcohol to intensify the effect of the stimulant high. A treatment provider reported that these drugs are used in combination with other prescription medication, as well as alcohol: *"Especially when they're having those [pill] parties. I've been told that's when they make the cocktails and ... that one drink where they mix cough syrup, Sprite and something else with [aka 'lean']"*

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, participants most often reported the current availability of bath salts as '0' 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 explained: *"I ain't seen that [bath salts] in a while; That hasn't been around."* While law enforcement in Dayton reported low availability of bath salts, rating current availability as '3,' treatment providers in Lima (Allen County) most often reported current availability as '10'. A treatment provider explained, *"[I] haven't had*

a client report use of bath salts ... so as far as prevalence, they [users] say that it [current availability of bath salts] is [high] ... but my clients themselves aren't using the salts [bath salts]." Previously, community professionals reported availability of bath salts in the region as '4'.

Media outlets in the region reported on bath salts seizures and arrests during this reporting period. Police raided a smoke shop in the Oregon District of Dayton and arrested two individuals on drug trafficking charges; drugs seized included synthetic marijuana and 1,087 units of bath salts being sold under the name "Eight Ballz Ultra Premium Glass Cleaner" for \$40 per gram (www.daytondailynews.com, April 18, 2013).

Participants reported that the availability of bath salts has decreased during the past six months. Law enforcement also reported a decrease in availability. A law enforcement professional commented, *"The best thing that happened was YouTube ... putting those dumbasses on YouTube [and] showing 'em what happens to you [when you use bath salts]."* However, while treatment providers in Dayton reported reduced availability of bath salts, treatment providers in Lima (Allen County) reported increased availability of bath salts in their area. The Miami Valley Regional Crime Lab reported that the number of bath salt cases it processes has decreased during the past six months.

Participants were unable to provide much information on bath salts. Many participants stated: *"I don't mess with it [bath salts]; I never touched the salts."* A participant speculated about obtaining bath salts: *"Maybe if you know the*

guy working behind the counter [you can buy bath salts]." Overall, participants reported that bath salts are not their drug of choice and they have not pursued them.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. Treatment providers most often reported the drug's current availability as '3,' while law enforcement most often reported current availability as '4,' the previous most common score was '4'. A treatment provider discussed recently released information on the dangers of synthetic marijuana: *"There seems to be more information leaking out about how dangerous it [synthetic marijuana] is – what's*

actually in the synthetic marijuana. The psychotic breaks that people are having seem to be more prevalent ... [users] they'd rather smoke real marijuana, which is what they want to smoke anyway."

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." Media outlets in the region reported on synthetic marijuana seizures and arrests during this reporting period. Police arrested the owner and a clerk of a food mart in Bethel Township (Clark County) after discovering large amounts of synthetic marijuana and bath salts, many of which were marketed toward children (www.daytondailynews.com, Feb. 1, 2013).

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Participants commented on the impact recent legislation has had on the availability of synthetic marijuana: *"There's a whole lot of stores that got busted for that [selling synthetic marijuana], so you got to go way out; Until last March, you could get that [synthetic marijuana] every day on the hour ... every minute."* A treatment provider commented, *"As far as a trend, [synthetic marijuana use] it's decreased."* Another treatment provider commented on how legislation affects availability: *"You can still get it [synthetic marijuana], but you know they have to keep chemically altering this formula to keep away from*

the law."The Miami Valley Regional Crime Lab reported that the number of synthetic cannabinoid cases it processes has remained the same during the past six months.

The most commonly cited street names for synthetic marijuana remain "incense" and "K2". Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$10-25 per gram.

Participants described typical users of synthetic marijuana as individuals on probation and the younger generation. A community professional agreed, stating, "*The younger generation seems like they want to experiment with all sorts of drugs, as opposed to the older ones where they just want to stick with crack cocaine or heroin.*" Reportedly, synthetic marijuana is typically used alone. A participant said, "*Not really [used with anything else] 'cause that one drug pretty much did the trick.*"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2'. Community professionals most often reported the drug's current availability as '6;' the previous most common score was '1.'

Media outlets in the region reported on ecstasy seizures and arrests during this reporting period. The Ohio State Highway Patrol arrested two teenage girls during a traffic stop in Lima (Allen County) after a K-9 unit alerted the officers to drugs in the vehicle; police seized 155 ecstasy tablets worth \$5,000 (www.northwestohio.com, Jan. 16, 2013).

Participants reported that the availability of ecstasy has remained the same during the past six months. Community professionals reported that the availability of ecstasy has decreased during the past six months, with the exception of powdered MDMA (aka "molly") which has reportedly increased during the past six months. A law enforcement professional commented, "*Actually the powdered form of ecstasy [molly] has been really up and coming [increasing]. Especially, like I said, in the college communities. It's just*

unheard of how much ... they call it, molly."The Miami Valley Regional Crime Lab reported that the number of cases of ecstasy it processes has remained the same during the last six months.

Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) tablet sells for \$10-15; a "double stack" (medium dose) tablet sells for \$20-\$25; a "triple stack" (high dose) tablet sells for \$25-30; and a "quad" (highest dose) tablet sells for \$35-40. Participants did not identify street prices for molly.

Participants described typical users of ecstasy as teenage and college aged and those in the party or "rave" (dance party) scene. A treatment provider suggested that drug dealers are also more likely to personally use ecstasy. Reportedly, ecstasy is used in combination with alcohol, cocaine and marijuana to intensify the high. A treatment provider said, "*You'll find [users] they'll take it [ecstasy] and smoke weed [marijuana], so they can party all night.*"

Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cough and cold medications.

Anabolic steroids are highly available in the region. Participants most often reported the current availability of the drug as a '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "*I'm gonna tell you the truth ... [anabolic steroids are] really available here in Miami County because there's a lot of big gyms that do that ... everybody in there [the gyms] juices [uses steroids].*"

Reportedly, anabolic steroids (aka "juice") sell for \$70-150 per cycle. Participants reported that it is common to use anabolic steroids with creatine. Participants described typical illicit users of anabolic steroids as someone who works out at a gym. A participant explained, "*If you're into going to the gym, you can find it [anabolic steroids] for sure.*" Community professionals could not comment on information related to anabolic steroids. The Miami Valley Regional Crime Lab reported that after increases in the past three

years, the number of anabolic steroid cases it processes has leveled off and remained the same during the past six months.

Hallucinogens (LSD and psilocybin mushrooms) are available in the region. Participants reported current availability as variable, ranging from '3' to '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on location within the region; the previous most common score was '10'. Many participants commented that one would need a connection to buy hallucinogens. A participant stated, *"You gotta know somebody to find that [hallucinogens]."* Community professionals most often reported current availability of hallucinogens as a '2'; the previous most common score was '3'. Participants and community professionals did not report a change in availability for hallucinogens during the past six months. The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has decreased during the last six months, while the number of psilocybin mushroom cases it processes has increased.

Reportedly, the price of psilocybin mushrooms varies depending on geographical location and quality: 1/8 ounce sells for \$20-50; 1/4 ounce sells for \$50. Reportedly, a "hit" (one dose) of LSD sells for \$8-15; a "sheet" (100 hits) sells for \$150. Participants described typical users of hallucinogens as "hippies," while community professionals felt that younger kids are typical users. A law enforcement professional commented, *"I'll tell you, there was this seventh grader ... two weeks ago ingesting mushrooms in the [school] bathroom."* Reportedly, the most common substance used with hallucinogens is marijuana because as a participant explained, *"hippies and big-time pot heads"* are more likely to use these substances.

Inhalants remain highly available in the region, particularly due to the legality of the substances and the ease of store purchase; however, participants continued to report low desirability for them. A treatment provider commented, *"People are figuring out brand new ways all the time to get high with markers and glue and anything."* A treatment provider suggested individuals often avoid paying for substances by *"doing it [using inhalants, aka 'huffing'] in the store 'cause they can't afford it."* Participants claimed that typical users are "kids" and "broke people." Participants explained that typical inhalant users often have difficulty in obtaining other drugs to abuse. Reportedly, the age range for starting inhalant use is 13-17 years old. A treat-

ment provider described typical inhalant users as follows: *"Teenagers for sure, young adolescent teenagers, and men and boys more so than females. I'm not sure if it's a curiosity thing or they realize that it's a cheap stimulant. I know that there's a ton of ridiculous footage on YouTube with people doing it [using inhalants]."*

Over-the-counter (OTC) cough and cold medicines remain highly available in the region, particularly due to the legality of the substances and the ease of store purchase; however, participants reported low desirability for them. Participants and treatment providers identified typical abusers of OTC cough and cold medicines as "younger" individuals who are experimenting. Nevertheless, a participant suggested, *"Older people ... I know a lot of older people ... older than me even [who abuse OTC cough and cold medication]."* Another treatment provider suggested that males might be more likely to abuse these medications: *"Again, I think it's that curiosity thing. I think guys are more curious about getting high ... and finding escape than women are."* Treatment providers discussed users mixing OTC cough and cold medication with beverages: *"Those [OTCs] are big [popular] still because they [users] mix them now ... They make their own cocktails. It's a Sprite, a wine [and] Robitussin® [aka 'lean']"*

Conclusion

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

Participants and community professionals reported that the availability of powdered cocaine has increased during the past six months. A law enforcement professional suggested that likely increased availability is due to the growing popularity of mixing powdered cocaine use with heroin (aka "speedballing"). Participants discussed the increase in use of this drug among "younger" individuals and cited popular culture as a factor in increased use among younger individuals, especially song lyrics that promote/glorify cocaine use. Community professionals noted that typical users of powdered cocaine are white, and they agreed with participants that "younger" individuals are increasingly using powdered cocaine. In addition, partici-

participants discussed the strong connection between alcohol and powdered cocaine, explaining that the drug allows users to consume more alcohol.

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants from throughout the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline, tan, white and brown powdered. A treatment provider in Dayton commented that methamphetamine is not as available in Dayton as it is other areas of the region, while treatment providers in Lima (Allen County) reported high availability. Participants described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine is most often used in smaller social circles.

Participants reported that the availability of bath salts has decreased during the past six months. Law enforcement also reported a decrease in availability. The Miami Valley

Regional Crime Lab reported that the number of bath salt cases it processes has decreased during the past six months. Overall, participants reported that bath salts are not their drug of choice and they have not pursued them.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers, as well as from “head shops.” However, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Both respondent groups commented on the impact recent legislation has had on the availability of the drug. In addition, a treatment provider discussed recently released information on the dangers of synthetic marijuana use as having had a positive effect in keeping users from using this drug. Treatment providers also noted that users prefer to smoke marijuana.

Lastly, community professionals reported that the availability of powdered MDMA (aka “molly”) has increased during the past six months. A law enforcement professional commented, “*Actually the powdered form of ecstasy [‘molly’] has been really up and coming [increasing]. Especially, like I said, in the college communities. It’s just unheard of how much [the availability of molly has increased].*”