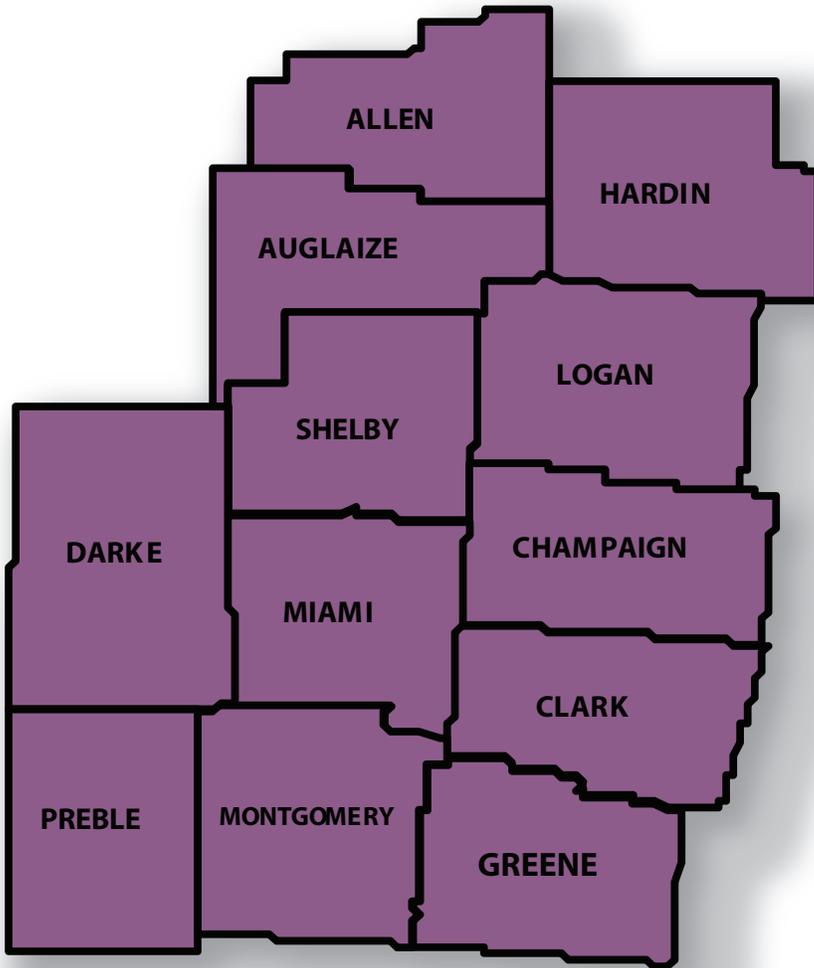




Drug Abuse Trends in the Dayton Region



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 and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews in Allen, Hardin and Montgomery counties, as well as to data surveyed from the Miami Valley Regional Crime Lab. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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

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Regional Profile

Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	42
Gender (female), 2010	51.2%	51.2%	64.3%
Whites, 2010	81.1%	83.1%	73.8%
African Americans, 2010	12.0%	11.3%	19.0%
Hispanic or Latino Origin, 2010	3.1%	2.0%	5.3% ²
High School Graduation Rate, 2010	84.3%	88.1%	71.4%
Median Household Income, 2012	\$46,873	\$47,061	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2012	16.2%	14.4%	40.5% ⁴

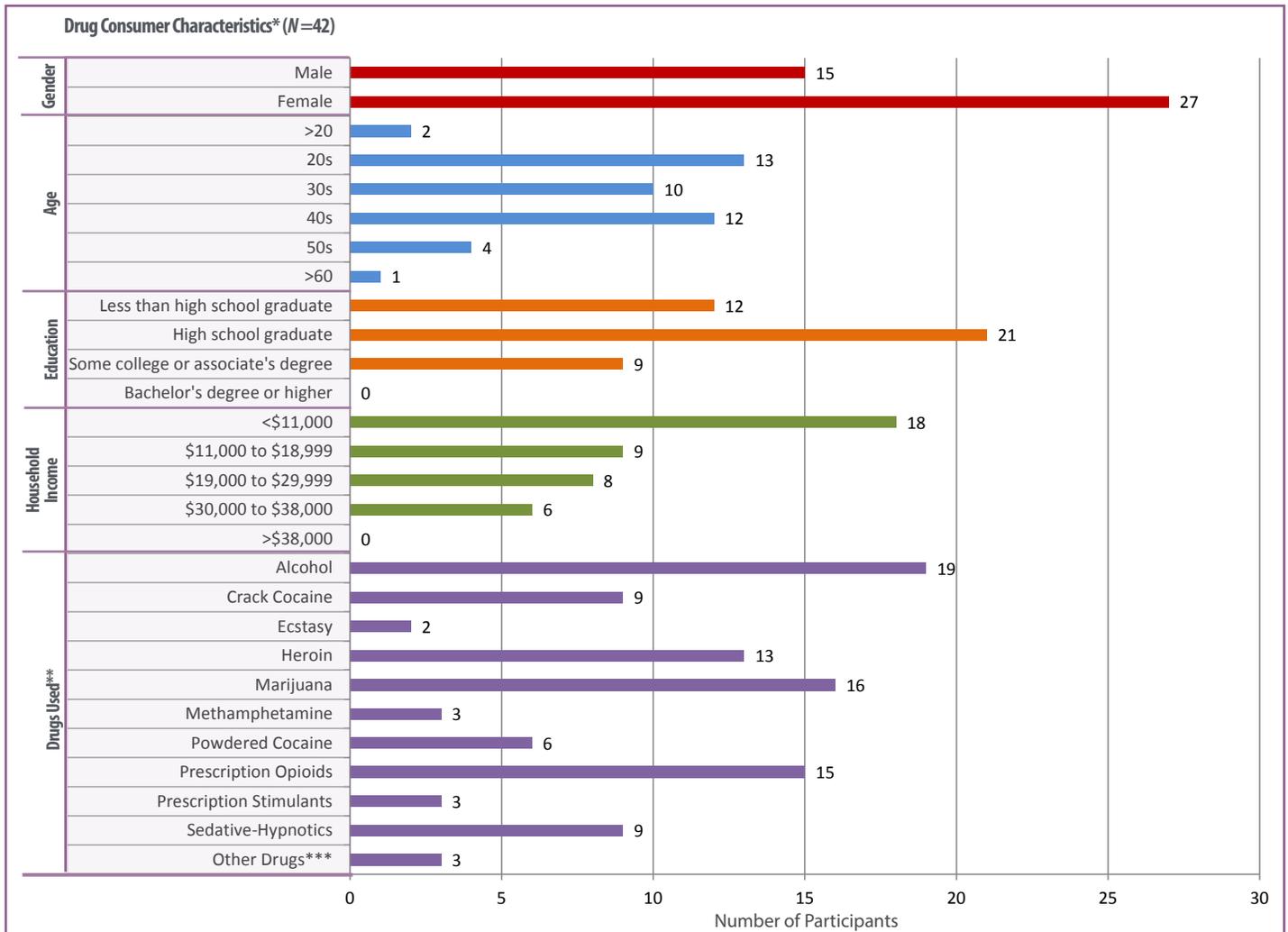
¹Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.

²Hispanic or Latino origin was unable to be determined for 4 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 6 participants due to missing and/or invalid data.

Dayton Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 42.

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

***Other drugs: Inhalants, LSD, Suboxone®.

Historical Summary

In the previous reporting period (June – December 2013), heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Dayton region. Changes in availability included increased availability for heroin and Suboxone® and decreased availability for bath salts and synthetic marijuana.

Brown and white powered heroin were the most available heroin types, while participants reported high availability of black tar heroin as well. Community professionals observed that heroin may have eclipsed marijuana as the most available drug in the region. Participants continued to note dealers in Dayton giving away free testers of heroin.

In addition to a general increase in heroin availability, participants and community professionals noted an increase in overdose rates. Both groups of respondents reported that hesitation to call for assistance when a user was overdosing was common among heroin addicts due to fear of criminal prosecution. Several participants shared stories of ending up in a hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. Participants also explained that drug dealers increased awareness of the quality of their drugs and often gave warnings to users.

Several participants discussed a particular blue-colored heroin reportedly cut with fentanyl. Community professionals also discussed heroin mixed with fentanyl. Additionally, the Montgomery County Coroner's Office warned that heroin cut with fentanyl was being sold by regional drug dealers. Since November 2013, the coroner's office reported 23 suspected heroin deaths in the county: eight cases had been confirmed as having contained both heroin and fentanyl, while another 23 cases remained under investigation. Participants described typical heroin users as younger; community professionals described typical heroin users as white, male or female of all ages. A treatment provider noticed an increase in African-American heroin users.

Community professionals reported an increase in street availability of Suboxone®; the Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had also increased during the reporting period.

Community professionals postulated that Suboxone® had supplanted methadone as the drug most often prescribed to combat opiate addiction. Law enforcement speculated that as heroin use continued to climb, so would the illicit use of Suboxone®. Participants and community professionals continued to describe typical illicit Suboxone® users as opiate addicts, self-medicating to alleviate withdrawal symptoms.

Participants and community professionals reported decreased availability and decreased use of bath salts and synthetic marijuana. Respondents attributed waning user interest in these drugs to legislation banning their sale, along with a general fear regarding the many publicized negative side effects of their use.

Lastly, the Miami Valley Regional Crime Lab reported a couple of additional substances emerging. The lab reported that it processed 41 cases of mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests); this number represented an increase in cases from the previous reporting period. The lab also noted an increase in hashish (cannabis product with higher levels of THC than marijuana) cases/labs and warned of clandestine fentanyl (either dispensed alone or mixed with heroin and/or cocaine) as well as an increase in food products containing THC (tetrahydrocannabinol, the principal psychoactive constituent of cannabis).

Current Trends

Powdered Cocaine



Powdered cocaine availability is variable in the region. Participants most often reported the drug's current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. A participant clarified, "To my knowledge the crack cocaine is so plentiful that I think that it would be really hard these days to find powdered cocaine." Community professionals most often reported the drug's current availability as '2'; however, treatment providers in Allen County reported current availability as '8'. The previous most common score was '5' among community professionals.

Media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Dayton police saw a bag of marijuana in plain view when they pulled a man over; when the vehicle was searched, officers found an additional 17 capsules of powdered cocaine and 32 capsules of heroin (www.daytondailynews.com, Jan. 24, 2014). In Shelby County, police arrested two people after conducting a search at their residence in which they found 18 capsules of powdered cocaine and 15 capsules of heroin (www.daytondailynews.com, Jan. 23, 2014). A woman was caught in Miami Valley Hospital (Montgomery County) with 12 grams of powdered cocaine and 33 oxymorphone pills in her purse (www.daytondailynews.com, March 16, 2014). The Montgomery County Sheriff's Bulk Cash Smuggling Task Force reported seizure of 51 pounds of cocaine, 19 pounds of heroin, 25 pounds of methamphetamine, 1,146 pounds of marijuana and 800 oxycodone pills during the past nine months (www.daytondailynews.com, March 31, 2014).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants reasoned: "[The availability of powdered cocaine decreased] because of heroin and pills; [Powdered cocaine availability] probably [decreased] because everybody got busted or they switched to heroin." Community professionals also reported decreased availability of powdered cocaine during the past six months. Treatment providers linked reduction in powdered cocaine availability with the increase in desirability and availability of heroin. A treatment provider explained, "I'm looking at [powdered cocaine] also as far as demand. With the heroin [very available], the cocaine is not in demand that much."

Law enforcement efforts in the region were also credited with the limited availability of powdered cocaine, as one probation officer observed, "I don't know if it's just because there have been so many low level arrests, or they've had larger scale arrests, we've seen those authorities in here quite often with warrants and stuff like that, so maybe they have gotten some of the larger dealers off the street." Another officer commented, "I've seen fewer people coming on probation with just a powdered cocaine charge." The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. The crime lab does not differentiate powdered cocaine versus crack cocaine.

Powdered Cocaine	Reported Availability Change during the Past 6 Months		
		Participants	Decrease
		Law enforcement	Decrease
		Treatment providers	Decrease

Most participants rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants identified money as a motivating factor for "cutting" (adulterating) cocaine, as a participant explained, "People in the money now. [Dealers] don't care what happens to you, they just want their cash." Participants indicated challenges with powdered cocaine cut with other substances and commented: "[Adulterated powdered cocaine] gonna clog me up; And burn, it burn real bad [when snorted]." Another participant remarked, "These new-breed sellers, they taintin' [powdered cocaine] with poison."

Participants purported that powdered cocaine in the region is cut with baby laxatives, baking soda, creatine, diuretics (isitol and mannitol), lidocaine (local anesthetic), Tylenol® as well as cutting agent products available at head shops. One participant discussed specific cutting agents from head shops: "[Cutting agents are] \$60-80 a gram ... [I] don't know exactly what it is, but they sell it. You can get [the cutting agent] at the smoke shops and everything and it's the texture, too and ... people [are] snorting [powdered cocaine cut with this agent] and stuff or even shooting it. It'll break down if they burn it. It'll break down clear and smooth ... [cutting agent] doesn't really take away from the taste, but it adds to the volume 'cause it's got what they call the pearl (pearl-like appearance) to it and that's usually like a signature of good cocaine."

Overall, participants reported decreased quality of powdered cocaine during the past six months. In addition, participants explained that the quality of powdered cocaine often varies within the region. One participant explained, "[Quality] varies where you're getting [powdered cocaine] from, who you're getting it from, where the dealer got it from. [Quality] all varies."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants also disclosed: *"You might get a couple o' lines [of powdered cocaine] for 20 bucks; The people I dealt with, you know [the powdered cocaine amount] was maybe 7-8 lines ... \$50 bag last you all day."*

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$40
	A gram	\$80
	1/16 ounce (aka "teener")	\$70-100
	1/8 ounce (aka "eight ball")	\$180-200

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous administration (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, about half would snort and the other half would shoot the drug. A participant clarified, *"Especially if they moved [their addiction] on to heroin and [are] using needles now, they're going to be injecting [powdered cocaine]."* Another participant added, *"Plus it feels like [powdered cocaine] gets into your system faster when you shoot it."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as anyone. Treatment providers described typical users of powdered cocaine as younger (18-24 years of age), poly-substance users who like to party. Law enforcement described users as more often female, exotic dancers and prostitutes. An officer described, *"If you're gonna see the powder cocaine use, it's gonna be from the older white. I would say even the 'speedballers' (those who mix heroin and cocaine) are older white. Older I mean, you know, 35 and 40 [years of age]."*

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'. A participant in a more rural area, Hardin County, reported low availability and rated it '3'; the previous most common score for Hardin and Miami counties was '5-8'. A participant commented, *"Overall, I don't think [crack cocaine is] that popular right now because a lot of people are going back to heroin."*

Community professionals reported similar availability of crack cocaine throughout the region. Treatment providers most often reported the drug's current overall availability as '9' and availability in Hardin County as '2', while law enforcement most often reported overall availability as '10' and availability in Hardin County as '4'; the previous most common scores were also '10' overall and '4' for Hardin County. A treatment provider explained, *"[Crack users in Hardin County] usually drive to another county, like Allen [County], to get [crack cocaine] because of the main drug of choice here is heroin ... Is that to say there is no crack cocaine users here in Hardin County? Yes, there [are crack cocaine users in Hardin County]."* An officer reasoned, *"[Crack cocaine] may be available, but why put [crack cocaine] in your store [inventory, if you're a dealer], if it's not selling?"*

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Dayton police arrested two men when they found and seized 42 grams of crack cocaine and 73 capsules of heroin during a drug bust (www.daytondailynews.com, Jan. 19, 2014). Dayton police arrested a man during a traffic stop when they found crack cocaine on the passenger seat of the car and filed additional charges after the man brought 10 additional crack cocaine rocks into the Montgomery County Jail in his sock despite being warned that he would face a felony if he brought drugs into the jail (www.daytondailynews.com, May 21, 2014). Responding to a disturbance call in Springfield (Clark County), police seized three baggies of crack cocaine and one baggie of powdered cocaine (approximately 40 grams altogether), arresting three individuals (www.daytondailynews.com, June 9, 2014).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported that availability has decreased. A law officer commented, *"For someone to say that they smoke crack, I bet that I've had two [crack users] in the last six months."*

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

Most participants rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Participants described crack cocaine quality as: *"garbage; junk; terrible now."* To avoid poor quality crack, a participant divulged, *"I make my own [crack cocaine]. I take the powder [cocaine] and cook it myself."* Another participant explained, *"[Quality] depends on who you around and stuff ... People I ran with, they got good quality [crack cocaine]."* Participants reported that crack cocaine in the region is cut with baking soda, Orajel®, Percocet® and Vicodin®. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant commented, *"You all's doing yo' job getting dope off the street for real 'cause they getting poor quality ... poor quality [crack cocaine]."*

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices for crack cocaine were consistent among participants with experience buying the drug, although most participants reported that dealers are willing to take *"whatever you want to spend."* Participants reported: *"\$2 sometimes; The lowest some people can get, like \$5 worth [of crack cocaine]. It just depends. It depends on what the buyer's looking for; You just tell [dealers] how much money you have and they just give out [crack cocaine]. And it's usually a rip off. They don't weigh [crack cocaine] or anything."*

One participant described a \$5 piece of crack cocaine as being about as big as a tip of a ball point pen.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	\$10
	A gram	\$40-50
	1/16 ounce (aka "teener")	\$80

Participants reported that the most common routes of administration for crack cocaine are smoking or intravenous administration (aka "shooting"). Participants estimated that out of 10 crack cocaine users, seven would smoke and three would shoot the drug. A participant shared, *"I'd smoke [crack cocaine] and then after so long when you don't get that rush, I'd shoot [crack cocaine]."* However, one participant observed, *"Less [crack cocaine] smokers than used to be. Yeah, we inject it or snort it."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anybody. However, some participants observed typical users to be middle aged or older. Law enforcement also described typical crack cocaine users as older, but added that users are also often black (males or females) or prostitutes (black or white). A probation officer explained, *"I get a lot of African-American black males that do [crack cocaine] and females. And if I do run across a white, or far as female or male, a white male is doing [crack cocaine] to get the prostitutes and the white woman is doing [crack cocaine] because she is a prostitute. But it's 30 [years of age] and above. And you're right, I don't see 30 and below. As far as 28, 29 [year olds, they would say], 'Oh let me try some crack.' They do some pills or heroin to start off, but they won't [start drug use] with the crack cocaine."*

A treatment provider explained that older users continue to use the drug because they never let go of it to begin with and said, *"It seems as though everyone that I come across that uses or that smokes crack has a history of smoking crack. Like that's still their drug of choice. You know, I don't see any 20-year olds getting out smoking crack."* However, treatment providers, specifically in Lima (Allen County), reported younger age groups (high-school aged) experimenting with crack cocaine.

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported overall current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10' for both respondent groups. Participants claimed:

"A couple [dealers] on every street corner; I can get [heroin] anywhere I go to; Six years ago [heroin] was hard to get, but now [heroin is] literally right next door [at the bus station]." A probation officer exclaimed, *"Didn't you see the billboards when you came around here!? We got billboards now as far as dealing [heroin], hot lines and all that stuff because, I mean, it's an epidemic."*

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available overall. A participant commented, "[Brown powdered heroin is] *all I've been seeing lately.*" However, participants noted white powdered heroin as most available in Allen County and black tar heroin as most available in Hardin County. Participants indicated that the high black tar availability in Hardin County is due to its geographical location to which one participant reported, "[Black tar heroin is] *up in Columbus.*"

Community professionals reported equal availability of all types of heroin in the Dayton area. However, a treatment provider specifically noted, *"It's mostly the tar ... black tar [heroin] here [in Hardin County]."*

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Undercover Dayton police officers witnessed a drug transaction in which two men exchanged \$10 cash for a capsule of heroin; when police approached, the man who purchased the drug swallowed it and officers discovered 2.39 grams of heroin packaged in capsules in the dealer's pocket (www.daytondailynews.com, Jan. 24, 2014). A man, who had just dropped off someone who was overdosing to a hospital, was arrested when officers stopped him and found five capsules of heroin in his pocket and 69 syringes in the trunk of his vehicle (www.daytondailynews.com, March 15, 2014). Ohio State Highway Patrol (OSHP) troopers seized 70 grams of heroin, 42 morphine pills and 17 grams of marijuana when they stopped a vehicle for a marked lanes violation in Allen County (www.statepatrol.ohio.gov, May 13, 2014).

Two people were arrested during a traffic stop; Dayton officers found 31 capsules of heroin (about 3.8 grams), 50 additional empty capsules and eight syringes (www.daytondailynews.com, June 12, 2014). A recent roundup of over 70 people from Wilmington (Clinton County) to Dayton was conducted in an effort to combat heroin use in the area; half of the heroin they found was cut with clandestine fentanyl from Mexico; law enforcement also seized cocaine, methamphetamine and marijuana (www.wlwt.com, June 27, 2014).

Additionally, media reported about the free naloxone (medication to reverse an opiate overdose) kits provided to families and friends of those who use heroin through Project DAWN as the Dayton area has continued to see an increase in overdose deaths (www.abc22now.com, June 5, 2014); nearly 100 kits had been given out by mid-May in Montgomery County (www.journal-news.com, May 15, 2014).

Participants reported that the general availability of heroin has increased during the past six months. A participant elaborated, "[Availability of heroin is] *like you can't even go anywhere [without being offered heroin] ... before, you could walk to a corner store and you didn't have a dealer come up on you and say, 'Hey, I have some 'hank' (heroin). You want to purchase some hank? ... because it's just so many people doing [heroin], [dealers] just ask anybody. They don't care who they ask because they just think everybody does [heroin] anymore ..."* Participants also reported that heroin has impacted availability of other substances, as one participant remarked, *"Crack cocaine took a back-seat [to heroin]."* Several participants noted an increase in heroin use due to an increase in prescription pain pill regulation, as one participant reported, *"The pain clinics are cracking down. Most of them got raided. A lot of them are more discriminatory - they don't just give [prescription opioids] to anyone and everybody like they did before. You have everybody drug tested now and they count pills and everything. It's harder to get those 'pain scripts' (prescription opioids) ..."*

Community professionals also continued to report that the general availability of heroin has increased during the past six months. One professional remarked, *"Definitely, [heroin is] increasing, definitely."* A treatment provider observed, *"You hear more people using heroin than crack cocaine and stuff."* Law enforcement attributed the increase in heroin availability to how inexpensive the drug is to purchase and commented: *"[Heroin is] cheaper [in Dayton, Montgomery County] so all the surrounding counties' [addicts] comin' ..."*

here.” The Miami Valley Regional Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

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

Most participants rated the current quality of heroin as ‘10’ for brown powdered and ‘7’ for both white powdered and black tar on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’ for all types of heroin. A participant warned, “You don’t [know] what that person [dealer is] cutting their stuff with.”

Powdered heroin is reportedly cut with baby laxatives, Benefiber®, coffee, coffee creamer, creatine, embalming fluid and ramen noodle seasoning packets. Black tar heroin is reportedly cut with vitamins, as one participant explained, “The ‘tar’ (black tar heroin), they’ll use some kind of vitamin [to cut the heroin] ... they’ll heat it up in the skillet and caramelize and mix the dope like that.” In addition, participants shared that there are two types of white powdered heroin: “china white,” which is supposed to be pure heroin and heroin cut with fentanyl. One participant commented, “You can tell the difference between the stuff that’s called ‘china white’ and the stuff that’s being cut with fentanyl.” Another participant explained that the fentanyl being used is clandestine and not made for medical use and remarked, “Homemade fentanyl at that. People taking one shot and killing themselves. They ain’t comin’ back [surviving their overdose].” Overall, participants reported that the general quality of heroin has decreased during the past six months.

Participants discussed the high number of heroin overdoses in the region. A participant remarked, “I’d say everyone in this room knows at least three ... a bunch of people ... that’s died [of heroin overdose].” Participants continued to link many overdose deaths to fentanyl cut heroin. Fear over legal penalties when reporting overdoses remains high among participants and participants discussed leaving individuals or being left themselves when overdosing: “I

grab my stuff and go and don’t you dare tell anybody I was there [when someone overdoses]; They left me one time.” Nevertheless, Project Dawn has made naloxone kits available in the region and one participant was aware of this and commented: “[Overdose numbers are] so bad now that you can go take a class at St. Elizabeth’s [medical center] ... I think it’s an hour class ... and they’ll give you an overdose [naloxone] kit ...”

Treatment providers noted that overdose often goes underreported. A treatment provider explained, “Often-times [heroin users] ... overdose and ... won’t consider it as an overdose. They’ll consider it as, ‘Hey! We got some good drugs. Yeah, [I] just got some good drugs.’ They went [unconscious] for a minute and then they’d be resuscitated and come back, you know, and gather themselves and [then] back on another bend.”

Participants reported variable pricing for heroin in the region and suggested that price is often dependent on quality and location. Smaller quantities of heroin are most often sold in capsules (powdered heroin) or balloons (black tar heroin). Montgomery County continued to report lower pricing and the highest availability for capsules (aka “caps”). Participants and law enforcement also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers. Participants explained: “Gas stations are bad. I’ve had [dealers] walk up and throw [heroin] through my window [and say,] ‘Here’s a tester [a free sample of heroin]!’ Here’s a cap, I got you!’ Just throw it in the window; If you go to the methadone clinic, you can get free samples [of heroin] just walking out.” Law enforcement verified participant comments and one officer shared, “[Dealers] give you a tester, you know, a freebie [of heroin].”

Heroin	Current Street Prices for Heroin	
	1/10 gram (powder)	\$5 per capsule
	1/10 gram (black tar)	\$20 per balloon
	1/2 gram (powder)	\$40-60
A gram (powder)	\$100-200	

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka “shooting” or “banging”) and snorting. Participants estimated that out of 10 heroin users, eight would inject and two would snort the drug. Several participants explained that users often progress from snorting heroin to shooting it: *“More or less, everybody will start snorting, but after they snort heroin for a month, two months, three months, then they go to injecting ... They ‘bang’ it; You build up that tolerance so much [that] you can’t get high the same snorting as much as you would shooting.”* A probation officer also said, *“Even if they do snort [heroin] ... the first time that they shoot, they don’t go back to the snorting.”* Another participant declared, *“I started always shootin’ it - since day one.”* Other methods of administration mentioned included smoking the drug, as one participant shared, *“I know a couple of people they like to smoke [heroin]. They call it ‘chasing the dragon.’ I smoked it before.”*

Participants and treatment providers discussed the addiction not only to heroin, but to the process of preparing the drug and using a needle as well. One participant commented, *“I fell in love with more the needle than anything. It was the whole cooking up [heroin], getting it ready, watching the blood flow back into that needle. I was more high off of that piece - of that small needle going into my arm.”*

Media outlets in the region reported on arrests of individuals involving syringes and other drug paraphernalia this reporting cycle. A woman was arrested when she exited an abandoned building to get into a car that was waiting for her; police found a needle, a spoon and other drug-related items on her (www.daytondailynews.com, April 1, 2014). A man was arrested a fourth time for possessing drug abuse instruments; according to Dayton officers, the man was high on drugs and a syringe was found in his pocket (www.daytondailynews.com, June 12, 2014).

Participants reported obtaining needles from dealers, pharmacies and diabetics, as well as simply re-using needles from other users. Reportedly, dealers often supply needles along with drug purchases, as a participant explained, *“And [to] some people that’s a selling point. ‘Hey I’ve got a ‘rig’ (syringe) to go with that.’ ‘Come to me, I got a rig for you, a clean one.’”*

Participants indicated that obtaining needles through pharmacies is variable across the region because some pharmacies have restricted their sale to only those with a prescription. One participant shared, *“They made it so you have to have a prescription and all that does is force addicts to share dirty needles,”* while another participant said, *“I’ve never been turned down [for needles at a pharmacy] as long as you have your ID.”* Family members also supply needles as a participant explained, *“A lot of people I know, because we sold heroin, was injecting it. They all had at least one member of their family that was diabetic. [The diabetic family member] would supply [the drug user] with needles.”* Current street prices for needles are variable and can cost up to \$5 apiece; however, participants often reported that needles are free with heroin purchase. In addition, several participants admitted to re-using needles and a treatment provider explained, *“[Heroin users] do a lot of stuff around here called ‘washin’ whereas they will use what was left in the needle from the previous user. They call that a ‘wash.’”*

Participants and community professionals discussed the increased occurrences of Hepatitis C among heroin users during the past six months. Several participants commented: *“I’ve got [Hepatitis C] myself; There’s a chance that I might have it.”* An officer reflected, *“I’d say 90 percent of my heroin users are [positive for] Hep C and yeah, they’re all ‘IV’ (intravenous) drug users.”* Treatment providers related: *“I would say [Hepatitis C is] high because of the sharing of the needles. [About] 70 percent [of our clients have Hepatitis C] ... two years ago, it was 20-30 [percent of clients with Hepatitis C]; We’re finding more [clients] that have [Hepatitis C].”*

A profile for a typical heroin user did not emerge from the data. Participants and community professionals described typical users as anybody. A participant stated, *“[Heroin addiction] really doesn’t discriminate ... I guess if you try [heroin], and if you like the high, you’re just hooked.”* A law officer said, *“You got people affluent and you got farm kids [who use heroin] ... and now there’s some black folks that are starting to do [heroin] more ... so it’s everybody.”* A treatment provider contemplated, *“It is not surprising to sit down with a client at an assessment, you ask them how did they get introduced to [heroin] and they will tell you their parents, brothers or sister ...”* However, participants and community professionals observed that heroin users are often younger (early 20s), white and female. Heroin use remains linked with users of prescription opioids. Participants and community professionals often continued to explain the progression of abuse from prescription opioids to heroin.

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Community professionals most often reported current availability of prescription opioids as '8-10'; the previous most common score was '10'. A professional replied, "[Prescription opioid availability is] still pretty high. I think it's a lot higher than cocaine, but heroin is still ... I think heroin is probably easier to get than prescribed [opioids]." A treatment provider commented, "I never knew how easy it was [to obtain opioid prescriptions], or is ... until talking to other people. How easy they can go get [prescription pain pills]." Community professionals also identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as a community awareness event. OSHP seized over 200 ounces of codeine syrup and over 7,000 prescription pills, many of which were prescription opioids, in a series of regular traffic violation stops throughout the region during the reporting period (www.statepatrol.ohio.gov, Jan. 11; Feb. 21; April 13, 2014). Two men in Dayton hit an elderly disabled man and held a gun to him while they robbed him of his medication which ended up being prescription strength ibuprofen (www.wdtn.com, April 10, 2014). Dayton police arrested a man for attempting to obtain oxycodone with a fake prescription (www.wdtn.com, April 20, 2014). Two people broke into a Dayton home and stole a pill safe with over 120 pills in it (www.wdtn.com, April 25, 2014). A man from Bradford (Miami County) was arrested after breaking into a neighbor's house and stealing jewelry and prescription medication (www.daytondailynews.com, May 19, 2014). A former VA doctor pleaded guilty in Dayton for prescribing 72 oxycodone pills to an individual who was neither her patient nor a VA patient (www.abc22now.com, June 5, 2014). A 10-month old was taken to Dayton Children's Hospital when the mother found methadone pills, belonging to her sister's boyfriend, lying about the floor; the child was breathing slowly, so the mother called 911 and the child was treated

with Narcan® at the hospital (www.abc22now.com, June 10, 2014). Originating in Clark County, a motorcycle event was organized to raise awareness about the increasing opiate issues in the area; the group rode from Springfield to Columbus and was sponsored by several organizations throughout the Dayton, Cincinnati and Columbus regions (www.springfieldnewssun.com, June 18, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Several participants attributed the decrease in availability to decrease in doctors prescribing. Participants commented: "Yeah, 'cause I see more and more doctors are less likely to prescribe [opioids]. Most people are going to that pain management [clinic] where you have to take your meds in every so often and get them counted, so they know you ain't selling them; When I were addicted to pain pills they were easy to find and from what I hear, being in the neighborhood and everything, they're harder to find because the doctors are cracking down. People's coming in for pills counts now that the doctors are catching on ... it's a little harder to find a Vicodin® or Percocet® than it was a year ago; The dentist used to give Vicodin® out for teeth, but they don't even do that anymore."

Treatment providers and law enforcement reported that the availability of prescription opioids has remained the same during the past six months. A treatment provider remarked, "They still got pain clinics and the [addicts] that aren't getting [prescription opioids] from around here, they're ... going to Findlay [Hancock County], going to Toledo [Lucas County], going to, uhh, you know, Bowling Green [Wood County]. Wherever there's pain clinics ... it's called 'doctor shopping.'" The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months; however, increased number of cases were reported for fentanyl (all clandestine), methadone and Percocet®.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were reported by participants with experience buying the drugs. Although most prescription opioids sell for \$1 per milligram, a participant explained, "[If] you buy somebody's whole prescription, obviously you're gonna get [opioids] cheaper." Participants remarked that the price for prescription opioids is high and commented: "That's why I went to heroin, because the pain pills were too expensive. If I'm gonna spend \$60 and only get three pills, I might as well spend \$50 and get two balloons [of heroin] ... get high all day and still have \$10 to get a joint and a pack of cigarettes; People that know that Percocet® is my drug of choice ask me, 'Well you must like heroin.' And I'm like, 'Why do you ask me that?' And then that's when I learned you get more bang for your buck [with heroin] ... it's a bigger high [and] it's not as expensive."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$20 for 4 mg
	Fentanyl	\$50 for 50 mcg
	methadone	\$10 for 5 ml (liquid) \$7 for 10 mg tablet
	Percocet®	\$3 for 7.5 mg \$10-14 for 10 mg
	Roxicodone®	\$30 for 30 mg
	Ultram®	\$0.50-2 for 50 mg
	Vicodin®	\$2.50-5 for 5 mg \$5-6 for 7.5 mg ES \$3-5 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting the drugs prescribed or from those who have prescriptions. Several participants indicated that people are using their prescriptions as a way to make ends meet or to obtain their drug(s) of choice. Participants commented: "Most of the people I know that get prescribed pain pills they get them just so they can sell them 'cause they either want crack [cocaine or] heroin ... They sell they pills in order to get their drug of choice; I know people that sold [prescription opioids] just to help pay their bills."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were

noted among types of prescription opioids, generally the most common routes of administration are snorting and oral ingestion. Participants estimated that out of 10 illicit prescription opioid users, five would snort, four would swallow and one would inject the drugs. Participants attributed formulary changes with increased snorting and swallowing of prescription opioids as a participant explained, "Majority [of opioid pills] have become [more often orally ingested] or snorted because ... [pharmaceutical companies] started putting a coating on them and then ... you can still 'bang' (inject) them, but there's a process to go through." A treatment provider also commented on methods of administration: "[Addicts] can go from swallowing, eating [prescription opioids] to snorting them. Yeah, that's about it. Snortin' them is the major trend for the younger adults. Well, actually that's across the board. Snorting is ... instant high ... goes straight to the brain, straight to the blood system and whatnot."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants continued to describe typical illicit users as anybody. Treatment providers described typical illicit users as under 30 years of age and white females. A treatment provider added, "I have clients that are like in their 40s and 50s that are telling me they been going to pain doctors and been addicted since their 20s."

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented, "You can pretty much get [Suboxone®] anytime now."

Community professionals most often reported Suboxone® current availability as '10'; however, treatment providers in Lima (Allen County) continued to report moderate ('7') availability in their area; the previous most common score was '7'. A law enforcement officer explained how heroin users generally only use Suboxone® temporarily: "Suboxone®s not gonna give them the high they get from heroin ... they know how long it takes, three to four days for heroin to get out their system ... so they ... do what they need to do as far as here and now [to take care of their withdrawal symptoms] and then go back to using [heroin]."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant remarked, “[Suboxone® availability is] *going through the roof!*” Participants reported more people are using Suboxone® and explained, “*Because people are trying to get off of heroin, so they’re on Suboxone®. But they end up selling it to go get heroin; Suboxone® was supposed to be that opiate blocker, but we found ways to [reason], ‘Okay, dope man (heroin dealer) ain’t gonna be in town for 2-3 hours, so we’ll go get a couple of Suboxone® to hold us off so we’re not sick ...’*” Other participants felt that Suboxone® is most often used as intended. A participant commented, “*Suboxone® ... I’ve seen [it] help a lot of people.*”

Community professionals agreed that Suboxone® availability has increased during the past six months. The increase, in part, was attributed to an increase in medical assisted treatment (MAT) programs. A treatment provider reasoned, “*More [Suboxone® availability] because you’re getting more clients that’s on the medical assistant treatment, MAT, so that [is] increasing [availability as users are] ... selling it to the other individuals; The only trend that would be - is more [addicts] are being put on medicated assisted treatment that are being prescribed [Suboxone®]. That would be the only trend that I would see. You got more people being prescribed Suboxone®.*” A probation officer commented, “*I’ve seen more family doctors prescribing [Suboxone®], whereas previously there was like one specialized pain center or something like that. A specialized doctor would always prescribe [Suboxone®], where now the family doctor is able to give it to you*” The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual strips sell for \$10-20 apiece. In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining it by prescription through pain clinics and doctors.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit Suboxone® users, seven would use the drug sublingually and three would shoot the drug. A participant commented, “*Depends on if you want to get the high quicker. If you want to get [high] quicker, you’re gonna inject [Suboxone®], if not, you’re gonna eat it.*”

Participants described typical illicit Suboxone® users as heroin addicts, self-medicating either in between highs or in attempt to quit heroin use. Community professionals also described typical illicit users of Suboxone® as opiate users seeking treatment or abusing the prescription. An officer remarked, “*I’ve seen young and old, white, black [Suboxone® users], you know? Especially in the last couple o’ weeks. Illegally, I’ve seen the gambit, but as far as like clients who are seeking Suboxone® treatment from either a family doctor or a specialized program, seems to be younger, white males.*” A professional added, “*Also you have some that use that resource ... in regards to getting on Suboxone® medical treatment ... in lieu of going to jail!*”

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant commented, “*I always see people with [sedative-hypnotics]. Everybody wants to sell their ‘xanies’ (Xanax®).*”

Community professionals also reported high availability of sedative-hypnotics in the region and most often reported current availability as ‘8-10’; the previous most common score was ‘8.’ Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics. A law enforcement officer commented, “*[Sedative-hypnotics are] paired with everything else (other drugs) ... it’s like it’s a problem now and ... I see it ... in the methadone clinic. And you have a doctor somewhere that is giving ... Xanax® to be paired with [methadone]. That’s just happening - I’ve seen it.*” A treatment provider added, “*If [an addict] can’t get the pain pill, the narcotic, they’ll move on to the muscle relaxers.*”

Media outlets reported on law enforcement seizures of sedative-hypnotics in the region this reporting period. OSHP stopped a vehicle in Allen County and seized 124 alprazolam (Xanax®) pills and 288 oxycodone pills; three people were arrested (www.statepatrol.ohio.gov, April 26, 2014). OSHP seized 119 alprazolam pills and 210 hydrocodone (prescription opioid) pills from a motorcyclist who was speeding in Allen County (www.statepatrol.ohio.gov, May 17, 2014). An additional 271 Xanax® pills and two grams of marijuana were seized when OSHP stopped a vehicle in Allen County; the driver was arrested (www.statepatrol.ohio.gov, June 2, 2014).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Although most participants reported no change in availability, a participant reported changes in prescribing patterns: “[The treatment center] stopped prescribing Xanax® at the beginning of the year. A lot of places that prescribed benzodiazepines in the area, they began doing the drug testing and things like that and they would give you all your other ‘scripts’ (prescriptions) except for [Xanax®]. And a lot of places have pulled ‘benzos’ (benzodiazepines) period.” 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; however, increased numbers of cases were reported for Klonopin® and Xanax®.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region’s streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1 for 0.5 mg
	Klonopin®	\$0.50-0.75 for 0.5 mg \$1-2 for 1 mg \$2 for 2 mg
	Soma®	\$4.75 for 250 mg
	Valium®	\$0.50 for 5 mg
	Xanax®	\$0.50-1 for 0.25 mg \$1-3 for 0.5 mg \$2-3 for 1 mg \$5-7 for 2 mg \$12 for 3 mg XR

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from older individuals and doctors. Older individuals reportedly have easier access to sedative-hypnotics prescriptions, as participants explained: “There’s some people, usually the older people, that get them and aren’t going to stop getting them ... 120 [pills] every month, selling; [Users] just find that old man or that old woman that be getting them and wants some extra money.” Other participants reported relatively easy access to prescriptions from their doctors: “I can get [sedative-hypnotics prescribed] from my doctor; I mean I was able to get them prescribed to me because I went in and gave my doctor this whole sob story.”

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally the most common routes of administration for illicit use are snorting and oral ingestion. Participants estimated that out of 10 illicit sedative-hypnotics users, six would snort and four would orally consume the drugs. A participant divulged, “I used to snort [sedative-hypnotics], but then I had to eat them because I found that if I snorted them I was [unable to function]. I was tired of losing everything, like literally.”

A profile for a typical illicit sedative-hypnotics user did not emerge from the data. Participants described typical

illicit users as anyone. Community professionals described typical illicit users as more often opiate users (heroin and prescription opioids). A professional explained that sedative-hypnotics are often used to avoid symptoms of withdrawal: *“Most heroin addicts are downer seekers and [sedative-hypnotics are] a downer. So, a lot of times [because of] the anxiety from the withdrawal, or not being able to get [heroin], they’ll take a bunch of Xanax® to stay calm.”*

Marijuana

Marijuana 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’. A participant claimed, *“I could always get [marijuana]. I remember I was eight [years old] and I knew where to get ‘weed’ (marijuana).”* Another participant remarked, *“[Marijuana is] not hard to come by. I mean, hell, if you need to . . . if you know what you’re doing, you can grow a [marijuana] plant easy.”*

Community professionals most often reported the drug’s current availability as ‘10’; the previous most common score was also ‘10’. A treatment provider shared client’s reasoning, *“When the state[s] started making [marijuana] legal, it justified the argument [for marijuana use], like, ‘If [other states] say it’s legal, it’s okay.’”* Another treatment provider added, *“I don’t know why it is, but . . . if they’re on probation or on some type of legal situation, [users] think that THC showin’ up their system is not gonna be as devastating as if they have a hard drug in their system. So, they’ll smoke weed [and say,] ‘Well that’s not bad, I only smoked a joint.’”*

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. OSHP seized five pounds of marijuana after pulling over a car in Miami County; the driver was arrested (www.statepatrol.ohio.gov, Jan. 11, 2014). Another man was arrested by OSHP in Logan County when they discovered nearly two pounds of marijuana in the trunk of his vehicle (www.statepatrol.ohio.gov, Jan 12, 2014). OSHP located two pounds of marijuana behind the driver seat in a diaper box when they pulled over a car in Allen County; two men were arrested (www.statepatrol.ohio.gov, May 16, 2014). OSHP arrested two men from Tijuana, Mexico and seized more than 2,300 pounds of marijuana when they stopped a U-Haul in Preble County; this was the second largest marijuana seizure in OSHP history (www.fox19.com, June 16, 2014).

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 increased during the past six months.

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

Most participants rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3’ for low-grade, ‘5’ for mid-grade and ‘10’ for high-grade marijuana. A participant in Dayton commented, *“I think [marijuana quality is] all good.”* 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 reflected, *“I know some people that won’t smoke nothing but ‘loud’ (high-grade marijuana) and then I know some people that don’t smoke nothing but ‘reggie’ (regular, lower grade marijuana), but they won’t smoke no ‘garbage reggie’ . . . really bad weed.”* Low-grade marijuana was described by participants as having seeds in it and high-grade marijuana was described as colorful: *“blue or bright green; reddish, purple hairs and not as many seeds.”* Higher quality marijuana also includes more categories, as a participant explained, *“Loud and kush is two different things now. Kush is better.”*

Current street prices for marijuana were consistent among participants with experience buying the drug; price depends on the quality purchased. Participants reported low-grade marijuana as the cheapest form of the drug, while high-quality marijuana sells for significantly more.

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all ten would smoke the drug. The practice of ingesting (eating) marijuana is explained by participants: *“[Marijuana is] smoked unless you make brownies; special occasion you make some butter [with marijuana in it].”* Another participant explained, *“My friend had [Chronic*

Obstructive Pulmonary Disease], so it hurt him real bad to smoke, so he'd eat the weed to get high."

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$35-40
	An ounce	\$80
	high grade:	
	A blunt (cigar) or two joints (cigarettes)	\$20
	1/8 ounce	\$50
	A pound	\$650-700

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as anybody. Treatment providers commented: "I find the clients that have [been] abusing marijuana to be 18 to 35 [years of age]; All ages smoke marijuana now ... teenagers, older people." Law enforcement officers responded: "Come on now, [marijuana is] all over; Young, old it don't matter; When we have our little classes here, everybody get in that discussion as far as the marijuana ... everybody wants it legal."

Methamphetamine

Methamphetamine availability remains variable in the region. Participants most often reported the drug's current availability as '10' in Montgomery County, but '0-1' in more rural areas (Allen and Hardin Counties), 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.' Law enforcement and treatment providers in Montgomery and Hardin counties most often reported the drug's current availability as '2,' while treatment providers in Allen County rated current availability as '10,' the previous most common score was '6.'

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. A Montgomery County grand jury formally charged two people on manufacturing methamphetamine in a camper ([www](http://www.daytondailynews.com).

daytondailynews.com, April 9, 2014). Two separate drug busts led to the arrests of three individuals in Darke County on methamphetamine charges (www.wdtn.com, April 15, 2014). Police arrested two people after finding a U-Haul box truck that was being used as a mobile methamphetamine lab in Montgomery County (www.wdtn.com, May 8, 2014).

Participants reported that the availability of methamphetamine has remained the same during the past six months. Participants reported that methamphetamine is available in powder (anhydrous, aka "crank" or in one bottle, aka "one-pot" or "shake-and-bake") and crystal forms. Participants commented about the more commonly produced one-pot or shake-and-bake methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Participants commented: "Shake-and-bake is more common because everybody's making it. In their sheds, their basements; More people are learning how to make [methamphetamine] without killing themselves [sic]."

Community professionals also reported that the availability of methamphetamine has remained the same during the past six months. Law enforcement commented: "Very rarely do we have anybody that tests positive for methamphetamine; [Methamphetamine is] available, but I would say it's not desirable." A treatment provider observed, "[Methamphetamine is] big in Dayton. They got meth labs running up and down [State Route] 75." The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the crime lab reported processing brown, off-white and tan powdered methamphetamine along with crystal methamphetamine.

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

Most participants rated the current overall quality of methamphetamine as '10' and qualified, "[if you] *make it yourself*" and '5' if you "*get it somewhere else.*" Overall, participants reported that the quality of methamphetamine has remained the same during the past six months. However, one participant commented, "*Usually 'crank' (anhydrous methamphetamine) would be better than 'glass' (crystal methamphetamine), but the glass that is in the area now is actually coming from ... California ... where it's ridiculously insane, pure.*"

Current street prices for methamphetamine as reported by one participant with experience purchasing the drug are as follows:

Methamphetamine	Current Street Prices for Methamphetamine	
	Shake-and-bake (powdered methamphetamine)	\$45-65 per gram
	Crank (anhydrous methamphetamine)	\$100 per gram
	Crystal methamphetamine	\$150-160 per gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, six would inject, three would smoke and one would snort the drug.

Participants described typical users of methamphetamine as younger. A participant commented, "*Everybody I was in prison with was hooked on meth.*" Law enforcement described typical users as white and 35 years of age and older. Community professionals also identified methamphetamine users as typically employed: "*I've had one young, white female [methamphetamine user] and all the rest were older white males, but I think every one of them was working, too, 'cause there was also the [connection of methamphetamine use with] hard labor.*"

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported 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'. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant commented, "*Adderall® is big. I think you can get Adderall® a lot.*" Treatment providers most often reported current availability as '8-10'; the previous most common score was '8'. Community professionals also identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general availability of prescription stimulants has increased during the past six months, while community professionals reported no change in availability. The Miami Valley Regional Crime Lab reported that the number of prescription stimulant cases it processes has decreased during the past six months.

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

Current street prices were consistent among participants who reported experience purchasing the drugs. Participants reported that Adderall® 30 mg sells for \$3 apiece. Participants described typical illicit prescription stimulant users as younger, in the same way as community professionals who added that the majority of illicit prescription stimulant users they see are poly-substance users.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3-5'. However, most participants reported little knowledge of bath salts and many participants reported concern over alleged effects associated with bath salts, as a participant remarked, "*I won't mess with [bath salts] because I hear people start eating people.*"

Law enforcement most often reported bath salts current availability as '1,' while treatment providers reported current availability as '7-10,' the previous most common score was '4' for all professionals. A treatment provider commented on availability of bath salts, "Since [bath salts] became illegal it had to be under the table and whatnot, so hush hush. So, I think it's still available at a magnitude of an 8-9-10 [on the availability scale]." Although several treatment providers admitted, "I haven't had any individuals that have done bath salts."

Participants reported decreased availability of bath salts during the past six months and attributed the decrease most often to regulations which made the substance illegal. A participant reported, "They can't sell [bath salts] at the store no more." Community professionals reported that availability has remained the same during the past six months. A treatment provider speculated that the increased popularity of heroin has affected bath salts availability and commented, "[Bath salts have] kinda went away a little bit, too, with the [increase in] heroin. It's still there, it still exists, but you just don't hear about [bath salts] as much as you do the heroin, you know." The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No Change
	 Treatment providers	No Change

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for around \$30 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers, as well as from select smoke shops in the area and through Internet purchase. A participant reported, "There's still one store on the east side [of Dayton] that sells [bath salts]." A treatment provider reported, "I heard most people gettin' [bath salts] off the Internet now."

While there were a few reported ways of consuming bath salts, generally the most common route of administration remains snorting. Participants described typical bath salts users as younger and often on probation. Community

professionals also described typical bath salts users as younger. A treatment provider commented, "The clients that I've had that reported [bath salts] are like between the ages of 18 and 21 [years]."

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 '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' A participant commented, "I mean [synthetic marijuana is] out there. If you know people or if you go to the [smoke shop], you can get it."

Law enforcement most often reported current availability as '2,' while treatment providers reported current availability as '7-10,' the previous most common score for both groups was '4.' A treatment provider explained, "If you look at it, availability of both of those, the 'spice' (synthetic marijuana) and the bath salts, ... you can go to the convenience stores and get them behind the counter or whatnot, but since they cracked down on them you can't get it that easy anymore."

Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. A food mart in Bethel Township (Clark County) was raided by Sheriff's officers and 567 packets of synthetic marijuana were seized and the owner arrested (www.daytondaily-news.com, Jan. 15, 2014).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant suggested that synthetic marijuana is more available in OSAM's Cincinnati region, as well as in secluded areas in the Miami Valley. Community professionals reported no change in availability of synthetic marijuana during the past six months. The Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No Change
	 Treatment providers	No Change

Although participants did not rate the current quality of synthetic marijuana, most participants indicated little interest in this drug because of its reported side effects. One participant illustrated, *"I smoked 'K2' (synthetic marijuana) one time and it smelled like I was smoking an incense. It gave me this pounding headache and that's when I came to the realization that if I was gonna do drugs, I wanted the real stuff."* Current prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A gram	\$10
An ounce	\$50	

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from smoke shops. Participants reported that the most common route of administration for the drug remains smoking.

Participants described typical users of synthetic marijuana as younger, most often on probation and those subjected to frequent drug testing on the job, such as truck drivers. A participant reported, *"I got a buddy that drives a truck and he smokes [synthetic marijuana]."* Another participant mentioned, *"I know a couple of people that are on parole. They smoke the 'spice' (synthetic marijuana) because ... it don't show up in a drug test."* Community professionals described typical users of synthetic marijuana as young, white males.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains moderately available in the region in both pill (ecstasy) and powdered (molly) forms. Participants most often reported the availability of these substances as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. A participant claimed, *"It's easy to find dealers who have [ecstasy or molly] ... just like if they're selling ... heroin, they'll have some molly, too."* Community professionals most often reported current availability as '6-9'; the previous most common score was '7'. A treatment provider commented, *"[There are] a lot of songs that reference to molly, but when they first came out people ... didn't understand the reference."*

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

Current street prices for ecstasy were consistent among participants with experience buying the drug.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Low dose (aka "single stack")	\$10
	High dose (aka "double stack" or "triple stack")	\$20-25
Ecstasy/Molly	Current Street Prices for Molly	
	a gram	\$200

Participants reported that ecstasy/molly can be obtained at large parties and raves (dance parties) and also from friends. A participant commented, *"You'd have to go to like big parties and raves [to find ecstasy/molly]."* Another participant reflected, *"I have no real buying [experience]. I've just had friends that bought [ecstasy or molly] and shared it."*

Participants did not report ways of consuming ecstasy and molly; the previous report indicated snorting as the most common route of administration. Participants described typical ecstasy users as everybody of all ages. A treatment provider said, *"It's a lot of younger people popping 'X,' popping 'E' (ecstasy)."* Another treatment provider speculated, *"I think the molly is [in] more urban areas. I've noticed in the younger generations ... I've been hearing more and more about [molly]."*

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: inhalants, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants and over-the-counter (OTC) medication.

Hallucinogens remain low to moderately available in the region. Participants most often reported the current overall availability of hallucinogens as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous score was also '5.' Treatment providers most often reported overall current availability as '0-5,' while law enforcement most often reported current availability as '1.' Community professionals reported: "I don't really hear about [hallucinogens]; I've seen a few [psilocybin] mushroom cases." Participants and law enforcement indicated that psilocybin mushrooms were the most common hallucinogen in terms of widespread use in the region.

The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom cases has increased. Pricing varied among users with experience buying the drugs.

Other Drugs	Current Street Prices for Other Drugs	
	LSD:	\$5-10 per "hit" (single dose, aka "trip")
		\$7 per capsule
	psilocybin mushrooms	\$15 per gram
\$25-50 for 1/8 ounce		

The most common route of administration for hallucinogens is to orally ingest the drugs. A profile for a typical hallucinogen user did not emerge from the data. Participants described users as any age. Community professionals, likewise, reported: "There are some older [users], but more younger."

Inhalants remain highly available in the region, but were not listed as desirable among users. A participant commented, "The availability [of inhalants], though, you can get at any store." Many participants reported experimenting

with inhalants in the past: "When I got hooked on the hair spray I was only like 15 [years old]; I think we used to try it like in 6th grade." Another participant spoke about inhaling Freon® from air conditioners: "Like in air conditioners, you can cut this one bar and in there and it's like 1,000 times more [inhalant] than air duster. But like one of my friends [passed out] on it and busted his head and then like got a concussion and went to the hospital." Participants identified typical users of inhalants as those who do not have access to or are not into hard drugs along with younger individuals. A treatment provider also commented, "18-21 [year olds], I've seen [use inhalants], yeah. I've got a couple of clients that are doing those whippets [nitrous oxide]."

Over the counter (OTC) medications (i.e., cough syrups) remain highly available in the region, although generally not desirable. A participant remarked, "I've seen a couple people flip out on triple C (Coricidin® D)." Participants indicated decreased use of OTCs and commented: "I think [use of OTCs] went down; That used to be big, you know, trippin' on that kind of stuff." Treatment providers indicated that obtaining these substances has become more difficult. One provider commented, "They ID for [cough medicines] now. You can't go in and just buy a bottle of NyQuil® or something, you have to show an ID."

Overall participants identified that their peer groups were not likely to use OTC medications and indicated that typical users are often younger individuals due to media influence. One participant explained, "When Lil' Wayne came out with that purple Sprite®, people were acting sick to get that cough syrup to put Sprite® in it." Treatment providers also suggested that younger individuals are more likely to use OTC medications, as one clinician speculated, "If we was treating the adolescents and the youth, [OTC abuse and addiction] would be a high number here." Another clinician commented, "I was gonna say some of my younger [clients] ... they talk about making that drink with the Sprite® and the grape juice and wine and Robitussin®."

In addition, media outlets reported on law enforcement seizures of other drugs, particularly mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) in the region this reporting period. The Miami Valley Regional Crime Lab has only reported a handful of kratom samples in the past couple years and say that there is no legislation against having it in Ohio, but individuals are not allowed to consume it; kratom, already banned in Indiana

and Tennessee, is a substance often used in place of opiates (www.abc22now.com, Feb. 5, 2014). The Miami Valley Crime Lab noted the following substances as possible emerging drug trends: mitragynine (aka kratom), steroids, hashish (THC solid and liquid preparations) and cathinone (an amphetamine-like stimulant found naturally in the Khat plant; synthetic chemical cathinones are used in the manufacture of some designer drugs like bath salts).

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Dayton region. Changes in availability during the past six months include increased availability for heroin and Suboxone®; decreased availability for powdered cocaine; and likely decreased availability for crack cocaine.

Participants and community professionals most often reported overall current availability of heroin as '10' (highly available). Participants described being able to locate the drug wherever they go. Referring to the current status of heroin use as an epidemic, a probation officer pointed to billboards in the region advertising hotline numbers to report drug dealing and to locate addiction treatment. Many speculated that the continued high availability and increasing use of heroin has impacted the availability of other substances, namely crack and powdered cocaine; participants and community professionals alike both thought these drugs to have taken a backseat to heroin, falling out of favor with users and thus less available.

Participants and community professionals reported that the general availability of heroin has increased during the past six months. Several participants noted an increase in heroin use due to an increase in prescription pain pill regulation making them more difficult to obtain. Law enforcement attributed the increase in heroin availability to how inexpensive the drug is to purchase.

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available overall. Participants also noted that white powdered heroin is most available in Allen County and black tar heroin is most available in Hardin County. Participants shared that there are two types of white powdered heroin available: "china white," which is supposed to be

pure heroin and heroin cut with fentanyl. Participants explained that the fentanyl being used to cut heroin is clandestine and not made for medical use. The Miami Valley Regional Crime Lab reported that the number of fentanyl cases it processes has increased during the past six months and that all of its fentanyl cases were clandestine.

Participants continued to discuss a high number of heroin overdoses in the region, and they continued to link many overdose deaths to fentanyl-cut heroin. Fear over legal penalties when reporting overdoses also remains high among participants; participants discussed leaving individuals or being left themselves when overdosing on heroin. Treatment providers noted that overdose often goes underreported.

Montgomery County participants continued to report lower pricing and the highest availability for heroin capsules (aka "caps"). Participants and law enforcement also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers.

Participants and community professionals agreed that Suboxone® availability has increased during the past six months. The increase, in part, was attributed to an increase in medical assisted treatment (MAT) programs. Treatment providers observed that more clients are being prescribed the medication, and while many participants felt that Suboxone® is most often used as intended, participants continued to report users selling some or all of their prescriptions. The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining it by prescription through pain clinics and doctors. A probation officer shared knowledge of family doctors writing Suboxone® prescriptions. Participants and community professionals described typical illicit Suboxone® users as heroin addicts, self-medicating either in between highs or in attempt to quit heroin use.

Lastly, the Miami Valley Crime Lab noted the following substances as possible emerging drug trends: mitragynine (aka "kratom"), steroids, hashish (THC solid and liquid preparations) and cathinone (an amphetamine-like stimulant found naturally in the Khat plant; synthetic chemical cathinones are used in the manufacture of some designer drugs like bath salts).