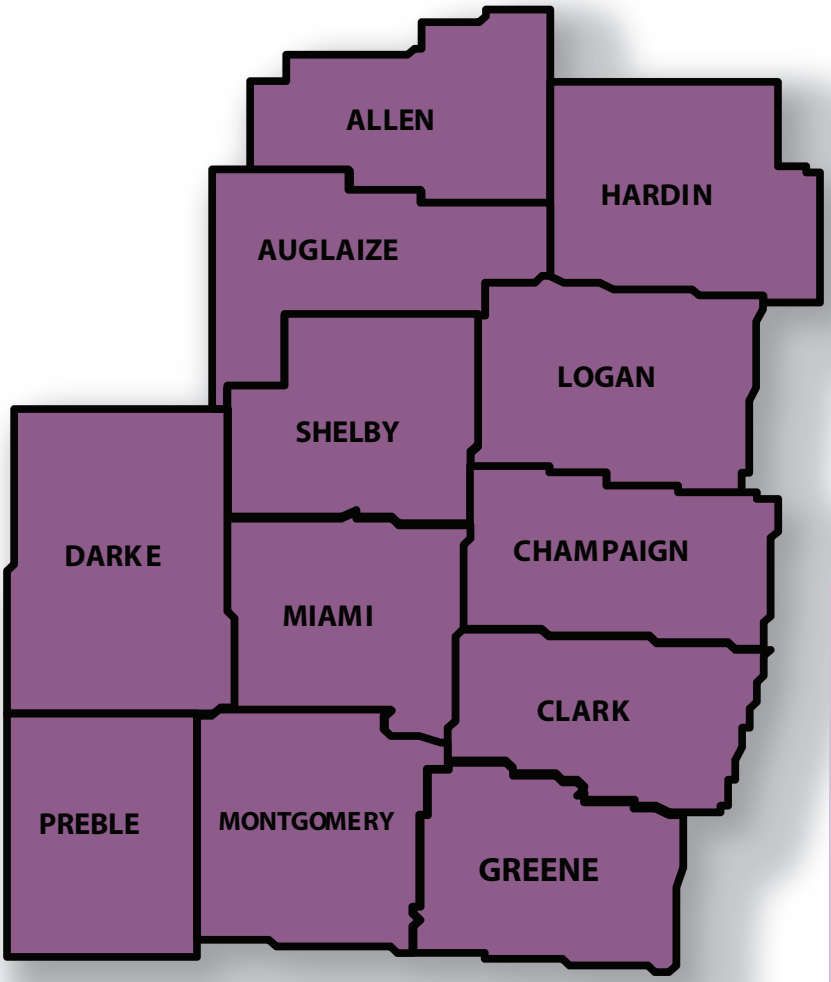
Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Lisa M. Belton, MSW

OSAM Staff:

R. Thomas Sherba, PhD, MPH, LPCC
OSAM Principal Investigator

Beth E. Gersper, MPA
OSAM Coordinator

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 (AOD) treatment programs in Hardin, Miami 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, as well as to data surveyed from 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 January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

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

Regional Profile

Indicator[1]	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	40
Gender (female), 2010	51.2%	51.2%	40.0%
Whites, 2010	81.1%	83.1%	85.0%
African Americans, 2010	12.0%	11.3%	7.5%
Hispanic or Latino Origin, 2010	3.1%	2.0%	0.0%
High School Graduation Rate, 2010	84.3%	88.1%	74.4% [2]
Median Household Income, 2013	$46,873	$47,061	$11,000 to $14,999[3]
Persons Below Poverty Level, 2013	16.2%	14.4%	40.5%[4]

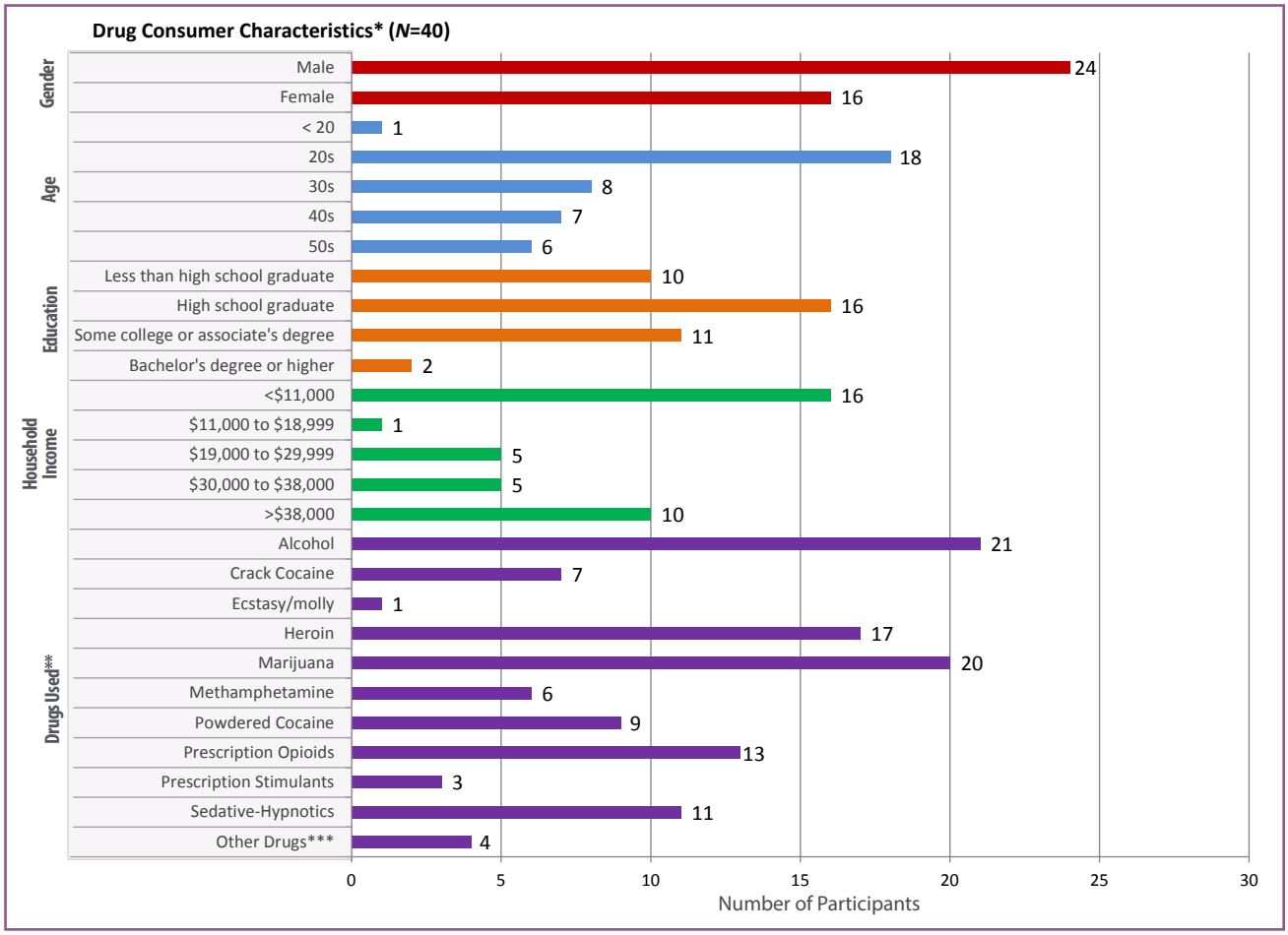
[1]Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014-January 2015.

[2]Graduation status was unable to be determined for 1 participant due to missing and/or invalid data.

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

[4]Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Dayton Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 40.
** Some participants reported multiple drugs of use during the past six months.
***Other drugs: Neurontin® and 'molly' (powdered MDMA).

Historical Summary

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

Participants and community professionals most often reported the overall availability of heroin as '10' (highly available). Participants described the ability to locate the drug wherever they went. Referring to the status of heroin use as an epidemic, a probation officer pointed out that there were billboards in the region which advertised hotline numbers to report drug dealing and to locate addiction treatment. Many speculated that the continued high availability and increased use of heroin had impacted the availability of other substances, namely crack and powdered cocaine; participants and community professionals alike both thought these drugs took a backseat to heroin and had fallen out of favor with users, making them less available.

Participants and community professionals reported that the general availability of heroin had increased during the previous six months. Several participants noted increased heroin use due to increased prescription pain pill regulation, which made them more difficult to obtain. Law enforcement attributed the increase in heroin availability to increased demand for the drug, noting how inexpensive the drug was to purchase.

While many types of heroin were available in the region, participants reported brown powdered heroin as most available overall; although, participants also noted that white powdered heroin was most available in Allen County and black tar heroin was most available in Hardin County. Participants shared that there were two types of white powdered heroin available: white powdered heroin that was cut with fentanyl and "china white," which was supposedly pure heroin. Participants explained that the fentanyl used to cut heroin was clandestine and not made for medical use. The Miami Valley Regional Crime Lab reported that the number of fentanyl cases it processes had increased during the previous six months and that all of the fentanyl cases were clandestine.

Participants continued to address the high number of heroin overdoses in the region. They linked many overdose deaths to fentanyl-cut heroin. Fear over legal penalties if users reported overdoses remained high among participants. Participants also discussed leaving individuals or having been left themselves when overdosing on heroin. Treatment providers noted that overdose often went unreported.

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 provided free samples of heroin to prospective buyers.

Participants and community professionals agreed that Suboxone® availability had increased during the previous six months. The increase, in part, was attributed to increased medication assisted treatment (MAT) programs. Treatment providers observed that more clients were being prescribed the medication. While many participants felt that Suboxone® was 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 had increased during the previous 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 physicians writing Suboxone® prescriptions. Participants and community professionals described typical illicit Suboxone® users as heroin addicts either self-medicating in between highs or attempting to quit heroin use.

Finally, 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).

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in some areas of 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), but rated availability as lower in more rural areas ('2-3'); the previous most common score was '3.' One participant reported, "*Just about anybody who sells heroin or 'crack'* [cocaine] *also has powdered cocaine. Especially with doing heroin, because* [dealers] *know that you want to 'speedball,' which is heroin and cocaine at the same time.*" Another participant stated, "*All I have to do is make a phone call* [to obtain powdered cocaine]." On the contrary, rural participants expressed: "*I don't think* [powdered cocaine is] *really around in Hardin County … it's mostly heroin, pain pills, stuff like that; You gotta go out of town, if you want* [powdered cocaine]." One participant said availability varies depending on quality and commented, "*The good stuff (high quality cocaine) is about a '2' or '3'* [in availability]*, the junk (poor quality cocaine) is about an '8.'*"

Community professionals most often reported current availability of powdered cocaine as '3-5;' the previous most common score was '2.' A treatment provider reported, "*Heroin dealers currently supply the cocaine. Almost every heroin dealer in Dayton's gonna have cocaine.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An arrest was made in Dayton when a neighbor complained and, upon investigation, police found cocaine and heroin at the residence (www.abc22now.com, July 14, 2014). A 35-year-old woman was taken to Montgomery County Jail for an outstanding warrant and eventually officers recovered cocaine, heroin and marijuana from her body (www.whio.com, Aug. 6, 2014). Two individuals from Eaton (Preble County) were arrested during a traffic stop when 25 capsules of cocaine were found on the passenger who admitted that they had just been up to buy cocaine in Dayton (www.wdtn.com, Jan. 16, 2015). A concerned citizen alerted police of a man selling drugs out of his Moraine (Montgomery County) apartment; investigators found marijuana and large amounts of cocaine and heroin throughout the residence (www.wdtn.com, Jan. 27, 2015).

Participants most often reported decreased availability of powdered cocaine during the past six months. Community professionals reported that availability of powdered cocaine has remained the same during the past six months. However, a treatment provider commented, "*I don't see as many people as I used to see actively using powdered cocaine now.*" Another clinician explained, "[Powdered cocaine is] *not a drug of choice, but a lot of our people are 'speedballing.'*" The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Powdered Cocaine

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

Participants most often rated the current overall quality of powdered cocaine as '8'on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' Participants indicated that quality is often variable and commented: "[Quality of powdered cocaine] *just depends on the amount you get, and who you get it from; If It's somebody higher up, you probably can get it before people cut it down (adulterate it with other substances) more.*" One participant concluded, "*There's always the people that have that '10,' then … people get it off of them and then they cut it and then* [their buyers] *cut it.*"

Participants reported that powdered cocaine in the region is 'cut' (adulterated) with baby laxative, creatine, ether and isotol (diuretic). Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, "*I've done* [powdered cocaine] *recently and it has just dramatically changed for the worst.*" Another participant agreed and explained, "*A while back* [quality of powdered cocaine] *was really good and then they just keep cutting it and it gets bad.*" Participants reported that some dealers will sell baby laxative or creatine as powdered cocaine. Participant's reported that this practice is referred to as "fleecing."

Powdered Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- benzocaine (local anesthetic)

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Most participants reported purchasing powdered cocaine in capsules (aka "caps"). One participant commented, "[Powdered cocaine is] *definitely a rich man's drug*."

Powdered Cocaine

Current Street Prices for Powdered Cocaine	
A capsule	$5-20
1/10 gram	$20
1/2 gram	$50
A gram	$60-100
1/8 ounce (aka "eight ball")	$150-300

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. One participant shared, "*You've got more snorters than you got shooters*." Other participants explained: "*Mainly people who shoot* [powdered cocaine] *are the people who use heroin. If you're out at a bar or just kind of a weekend warrior or a little bit drunk, they'll snort it; Anyone who injects* [other drugs] *is going to inject* [powdered cocaine]. *They will not snort it unless they don't have a needle on them … that's the only time they won't inject it*." Participants reported that users usually begin with snorting and move to shooting cocaine if they shoot another drug such as heroin and shared: "*I've been doing 'coke' (powdered cocaine) off and on … and I never even thought about picking up a needle until I was doing heroin; I never shot cocaine, until I shot heroin*."

Participants described typical powdered cocaine users similarly: "*White, more educated, more money, better job, more professional; upbeat, good jobs, executive type, doctors, and lawyers; white women; rich white kids.*" One participant noted, "*There are actually a lot of people you would never even think* [who use powdered cocaine]." Other participants responded: "*I know some lawyers* [who] *do* [powdered cocaine] *and someone who works for a big corporation.*" Treatment providers were unable to describe a typical powdered cocaine user, as one clinician explained, "[The typical profile for powdered cocaine users] *changes - you can't put a face on it*." However, law enforcement described powdered cocaine users as, "*white, female, and lower class.*"

Crack Cocaine

Crack cocaine remains highly available in the region, especially in more urban areas. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants remarked: "*You can go out there right now and probably get* [crack cocaine]*; It's everywhere*." Another participant explained, "*Every 'dope boy' (heroin dealer) you run into in the city is gonna either have a cousin* [who sells crack cocaine] *or he's gonna have it himself*." Nevertheless, rural participants most often reported current availability of crack cocaine as '2-3,' as one participant explained, "*It's very rare around here. There might be like one person that has it after that it's gone*."

Law enforcement most often reported crack cocaine's current availability as '1-2' and treatment providers most often reported current availability as '3-5'; the previous most common scores were '9-10' for urban areas and '2-4' for rural areas. One treatment provider commented, "*They go to Dayton and … bring back a whole bunch* [of crack cocaine to sell]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Despite more than 40 arrests at one house, Dayton police continue seeing drug addicts (crack cocaine and heroin specifically mentioned) and prostitutes return to the same house; the city is working to help officers restrict access to this home, which is not coming soon enough for neighbors (www.daytondailynews.com, July 15, 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 increased. One treatment provider reported, "[Crack cocaine is] *kind of trending … I've seen more and more crack use. I have a few clients right now that* [crack cocaine is] *their primary drug of choice.*" The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Crack Cocaine

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

Participants most often rated the current overall quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' A participant commented, "[Crack cocaine quality is] *not as good as if you would go out of town and get it*." Participants reported that quality of crack cocaine depends on where the substance is purchased, from whom and if it has been cut (adulterated) with other substances. One participant reported, "*It depends on where they went and got* [crack cocaine]. *If they went and got it from Columbus, if they didn't need to make money or needed to 'stomp' (adulterate) it ... Every situation's different*." Other participants explained: "[Quality of crack cocaine] *varies on who cooks it; Basically it's like making a cake. Some people put too much sugar, some people don't put enough in.*"

Participants reported that crack cocaine in the region is cut with baking soda and ether. One participant explained, "*You can tell* [quality of crack] *by the yellow of the color and how hard it is. If it's like that, then it's top stuff.*" Another participant shared, "*You can really tell* [quality] *by the strength of the 'dope' (crack) … sometimes you got some soft stuff that's cut with a whole lot.*"

Crack Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- benzocaine (local anesthetic)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants indicated that crack cocaine is more expensive in rural areas where a gram can sell for $90-100. One participant reported, "*They say* [crack cocaine is] *the poor man's drug, but man, you're paying … it's expensive.*"

Crack Cocaine

Current Street Prices for Crack Cocaine

A gram	$50
1/8 ounce (aka "eight ball")	$300
1/4 ounce	$350

Participants continued to report that the most common route of administration for crack cocaine is smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. One participant ventured, "*If you shoot* [crack cocaine], *you're gonna shoot half of it, you're gonna smoke half of it*." However, another participant explained, "*Once you shoot* [crack cocaine], *it's such a better high that you don't want to go to the lesser high*." Participants reported having to break down crack cocaine in order to inject it: "*You have to dilute* [crack cocaine] *with like lemon juice or vinegar; Kool-Aid® to shoot it ... that's how you break it down*." Participants reported using car antennas, plastic pens, tire gages, and the glass stems of fake roses to smoke the drug. One participant reported, "*I've seen people take a plastic pen, dissect it, put some Brillo® in there and smoke* [crack cocaine]."

Participants described typical crack cocaine users as black and people of lower socio-economic status. One participant commented, "*Lower class to homeless because that 'shit' (crack cocaine) will keep you that way*." Participants also described users appearing to be older, as one participant commented, "*You can usually tell a crack user - late 40s, looking 20 years older than they should be. They'll tell you they're 30 and you'll think they're 50*." Another participant explained, "*To me, there's 'crack heads' (chronic users) and there's smokers ... a smoker is someone that takes care of their business as well as works ... and a crack head is someone that is just like far gone*." Another participant added, "*Yeah* [crack heads] *walk in your house while you're there and try to steal your TV*."

Treatment providers described typical crack cocaine users as older. One treatment provider reported, "*You're gonna see your older clients, or patients, with crack. That's their drug of choice for 40 years*." Another treatment provider reflected, "*That was the most important relationship, and the longest relationship,* [one of my clients] *had - was with her 'dope man' (drug dealer)*." Law enforcement described typical crack cocaine users as female.

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' While many types of heroin are currently available in the region, participants reported the availability of brown and white powdered heroin as most available, with the exception of Hardin County participants who reported black tar heroin as most available. Participants described: "*There's tan,*

white, brown, and dark gray [colored heroin]*; It's brown. It's white. It varies*." Hardin County participants explained, "*'Tar'* [black tar heroin] *is in Columbus, which is where everyone gets it at. It ain't like we have a dealer here in Hardin County. They have to go to Columbus to get it, or Dayton, and bring it back in bulk; Somebody always has* [black tar heroin] *here … It's everywhere here*."

Community professionals also most often reported current availability of heroin as '10;' the previous rating was also '10.' A treatment provider remarked, "*There's probably some* [heroin] *right outside the door.*" Treatment providers reported white and brown powdered heroin as most available in the region and commented: "*We don't have a lot of black* [tar heroin] *here; We don't see that*." However, law enforcement reported high availability of black tar heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. When police responded to a suspicious activity report, they found a man next to a van who fled on foot; when they caught him, they confiscated heroin and gel caps in a baggie (www.daytondailynews.com, July 7, 2014). Dayton police stopped a vehicle for a turn signal violation and when asked if they could search the vehicle, one of the passengers handed over a bag of heroin to the officers (www.daytondailynews.com, July 8, 2014). Three individuals were arrested by Clark County Sheriff's deputies for heroin trafficking when a search warrant turned up drugs and one of the suspects asked the officers if they would like to buy any heroin while they were arresting him (www.abc22now.com, July 14, 2014). Investigators arrested a man who smuggled heroin pellets in his body from Mexico to Dayton customers; police recovered 71 pellets, approximately 2 pounds, from his body prior to taking him into custody (www.daytondailynews.com, July 24, 2014). During a traffic stop, while a K-9 officer was searching for drugs, the cruiser camera caught a passenger shoving drugs into his buttocks; Dayton police recovered 1.56 grams of heroin from the man (www.daytondailynews.com, July 27, 2014). A man was arrested when police found 58 capsules of heroin and cocaine inside a vacant home that he admittedly was living in (www.whio.com, Aug. 7, 2014). Heroin use by a Wright-Patterson (Greene and Montgomery counties) airman led to a reduction in rank, restriction to base and forfeiture of part of her pay (www.daytondailynews.com, Aug. 8, 2014). A 22-year-old mother was arrested during a traffic stop when Dayton officers found four heroin capsules in her bag (www.daytondailynews.com, Aug. 11, 2014). Police arrested a "desperate heroin addict" who attempted to rob a convenience store (www.daytondailynews.com, Aug. 12, 2014).

Participants reported that the availability of heroin has increased during the past six months, particularly for lower quality white, tan and brown powdered types which participants referred to as "everyday heroin." One participant remarked, "[Heroin is] *on the rise*." Participants also reported a slight decrease in availability of black tar heroin during the past six months, as a couple participants noted: "[Black tar heroin is] *harder to find. Hardin County is really breaking down on people using. A lot of people are getting clean, so in six months, it's changed drastically;* [Black tar heroin supply has] *slowed down a little bit ... It's harder to get*." Law enforcement reported that the availability of black tar heroin has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of heroin cases it processes has decreased during the past six months.

Heroin	Reported Availability Change during the Past 6 Months	
	Participants	Increase
	Law enforcement	No change
	Treatment providers	No comment

Participants most often rated the current quality of heroin as '7-8' for both powdered and black tar heroin on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for brown powdered heroin and '7' for white powdered and black tar heroin. One participant remarked, "*Tar is better*." Participants often indicated variable quality for powdered heroin and commented: "*It fluctuates a lot; There's times I've done like two 'caps' (capsules, approximately 1/10th gram each) and a shot (injection, quantity unspecified) and not felt anything. And then there's times I've done two caps and was falling asleep while I was driving home*." A participant explained, "*Depends on who you know … and what dope boy you know*."

Participants reported that white and brown powdered heroin are 'cut' (adulterated) with baby formula, baby laxative, fentanyl, mannitol (diuretic) and morphine. Participants reported that black tar heroin in Dayton is cut with morphine. During the past six months, participants reported that the general quality of heroin has remained

the same, although one participant reflected, "*White* [powdered heroin] *would be more of the pure quality that I've encountered in the past six months*." And another participant shared, "[Quality of powdered cocaine is] *junk, that was my reason to stop using it*."

Media outlets reported on heroin overdose in the region this reporting period. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner's office reported that this is the highest number of overdose deaths in such a short amount of time in recent history (www.daytondailynews.com, Aug. 7, 2014).

Heroin

Cutting Agents Reported by Crime Lab

- caffeine
- diphenhydramine (antihistamine)
- fentanyl
- mannitol (diuretic)
- triacetin (glycerin triacetate, a food additive)

Reports of current street prices for heroin were variable among participants with experience buying the drug. The majority of participants reported purchasing capsules (aka 'caps') of powdered heroin, but indicated that the price is dependent upon the quality. Participant comments on purchasing heroin included: "*I prefer buying weight over caps; If you're getting a gram or more then it might not be caps*." The Clark County Sheriff was surprised to learn, during an investigation, that heroin is selling 21 capsules for $100 (www.abc22now.com, July 14, 2014).

Heroin

Current Street Prices for Heroin

Powdered heroin:	
1/10 gram (aka "cap")	$5-20
1/2 gram	$40-60
A gram	$100-180
Black tar heroin:	
1/10 gram (aka "foil")	$20-25

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting"), followed by snorting. Participants estimated that out of 10 heroin users, all 10 would shoot the drug. However, participants clarified that snorting heroin is most common for new users prior to injecting the substance. A participant explained, "*At first you feel high. You feel really good, but eventually you don't feel that high anymore, so people tell you to shoot* [heroin] *up and you'll get that high again*." Participants further explained that the first time a heroin user injects the drug, a more experienced users typically administers it while teaching the technique. Another participant shared, "*Somebody shot me up for the first two months and then you start learning and you do it yourself*."

Participants reported that needles are generally purchased from diabetics, drug dealers, local convenience stores and pharmacies. Participants reported purchasing needles from diabetics and drug dealers for $1-5 each. Participants shared: "*Diabetics who get needles, they'll go downtown and sell them; You'll pay anywhere from $1 to $5 for a needle from a dope boy if he's got them, but sometimes they're hard to come by*." Some participants expressed difficulty in obtaining needles from local stores and pharmacies and commented: "*Here you can't get* [needles from a pharmacy]; [Users will] *send the young females into* [a large box store] *and tell them to say they're getting* [needles] *for their diabetic parent*." Other participants explained: "*When I went to Columbus to pick my 'dope' (heroin) up I would stop at* [a large box store] *and get a box of 100 needles for $11.83, come back and sell the dope and the needles; There's a lot of addicts that bag their* [drug dealer's] *stuff up for them .. and they just have them pick up the balloons and the needles at the same time ... and then they get paid for doing that*." Another participant explained, "*In old north Dayton, in the rougher neighborhoods, those delis - they're gonna cater to their clients. They're not going to sell espressos and cappuccinos, it's not that crowd. 'Yeah, I'll take a double latte and a 10-box of needles.*"

Participants expressed concern over not having a needle exchange in the region. One participant explained, "*A lot of times needles are hard to come by and that's why you got people using old dull dirty needles or sharing needles*." Treatment providers reported that many of their clients obtain needles from diabetics and pharmacies, but also share or use dirty needles when they cannot obtain clean ones. Treatment providers also mentioned that it was becoming more difficult for addicts to obtain needles from stores. A treatment provider suggested there is not much money in selling needles and commented, "[Selling heroin and selling needles is] *kind of kept separate in a way because* [dealers] *make a living off of selling 'points' (0.1 gram amounts of*

heroin) and they'll sell maybe 2 [needles] for $5." However, a law enforcement officer shared, "*I know some* [drug dealers] *set up shop like it's a buffet. When you go in and get* [heroin]*, they'll have the needles lined up*."

Participants described typical users of heroin as young, white and female. One participant reported, "*I think* [typical heroin users are] *generally young, like 18-26* [years of age]. *That's the age group that generally starts* [using heroin] *because a lot of people start with pharmaceuticals towards the end of high school and then they move on to heroin*." Community professionals were unable to profile a typical heroin user. A law enforcement officer reflected, "*I run recovery court and we have almost 50 participants in it. I would say* [typical heroin users are] *all the age groups to male and female*."

Prescription Opioids

Prescription opioids 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 '8-10.' Participants remarked: "*You can find* [prescription opioids] *anywhere; Sometimes I don't even have to make a phone call*." Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, as one participant remarked, "'*Perks' (Percocet®) and 'vikes' (Vicodin®) would be your top two*." Another participant explained, "*Any heroin addict doesn't want Vicodin®, they want Percocets®*." A participant added, "*If you can't get the Percocet®, you're gonna get the Vicodin®. If you can't get that, you're gonna get the others*."

Community professionals most often reported current availability of prescription opioids as '8-10;' the previous most common score was also '8-10.' Community professionals identified Percocet®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One treatment provider remarked, "[Tramadol is] *all over the street*," while another treatment provider explained, "[Tramadol] *just became a scheduled drug. It didn't used to be*." Law enforcement also expounded, "[Tramadol is] *more like an alternative* [for doctors] *to not give the Percocet® and the Vicodin®*. [Physicians] *realize* [users] *can get high off of it by taking lots of them. They said 30 of them is like taking two Percocets®*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OHSP) arrested a man in Allen County after he consented to a search of his vehicle and troopers found 100 capsules of crushed OxyContin® and four packets of heroin (www.statepatrol.ohio.gov, July 26, 2014). Three people were arrested in Dayton for their role in a fake prescription drug ring (www.whio.com, Aug. 7, 2014). A doctor and his wife were released on bond for running a "pill mill" in which at least seven individuals died; drugs were sent to other states including Florida, Kentucky, Oklahoma, South Carolina, Tennessee, Texas and West Virginia (www.daytondailynews.com, Jan. 7, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "*Pills used to be everywhere; There has been a shortage*." Other participants explained: "*A lot of people are getting cut off of them (not able to obtain prescriptions);* [Prescriptions for opioids are] *getting harder to come by because they're making new laws*." Treatment providers reported that availability of prescription opioids has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; exceptions included decreased number of cases for Percocet® and Vicodin® and an increased number of fentanyl cases.

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

Reportedly, many different types of prescription opioids (aka "tic tacs," "skittles," or "chicklets") are currently sold on the region's streets. Current street prices for prescription opioids were variable among participants with experience buying the drugs. Although a participant commented, "*Vicodin®s are a little cheaper,*" participants indicated that price is often determined by several factors including the dealer or source, what the user wants, how desperate the user is, and quantity. One participant explained, "[Price of opioids] *depends on how bad the person's looking (how desperate they are) and if you're getting it through another*

person and another person (through several dealers). Everybody adds their own dollar to it." Another participant remarked, "[When] *you sell* [prescription opioids] *in smaller quantities, you can charge more.*" One participant reported, "*I used to get a script of 150 Norco® tens and I would sell that 150 pills to a guy and I would charge him $5 a pill so he would give me $750.*"

Prescription Opioids

Current Street Prices for Prescription Opioids	
methadone	$0.50-1 per ml (liquid) $3-5 for 5 mg $10 for 10 mg
OxyContin®	$30-40 for 30 mg
Percocet®	$5-7 for 5 mg $6-7 for 7.5 mg $7-10 for 10 mg
Roxicodone®	$15 for 15 mg $20-30 for 30 mg
Vicodin®	$3-5 for 5 mg $6-8 for 7.5 mg $8-10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed from physicians or from family and friends who have prescriptions. One participant explained, "*If you got your script (prescription opioids), that's not enough so you're out there buying* [prescription opioids] *on the streets.*" Another participant commented, "*I know guys that will break their hand, just so they can go get the pills (prescription opioids) so they can sell them.*"

Community professionals also discussed the ease with which prescription opioids are obtained. Although a law enforcement professional said that prescription opioids are most often obtained from doctors, dealers, and family members, other law enforcement and treatment professionals identified hospitals as being a main source of prescription opioids. A treatment provider commented, "*You can go to the ER and fake it, 'Oh, my fingernail hurts.'*" A n officer agreed, "*Yeah, they give* [prescription opioids] *out like it's nothing.*"

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration remain snorting and oral consumption. However, participants reported that the majority of illicit prescription opioid users would snort the drugs. In addition, some participants reported intravenously injecting (aka "shooting") certain prescription opioids, as one participant explained, "*Vicodin® and Percocet® you wouldn't shoot because it's got Tylenol® in it - acetaminophen, and that's dangerous. Even being sick and addicted you gotta know that's out of the question. It's gotta be an old 'oxy' (OxyContin® OC, old formulation).*" Another participant explained that the new OxyContin® OP formulation has, "*a blocker where if you try to melt it down, it won't turn into just liquid ... it's a gel.*" Participants reported that working around abuse-deterrent formulations is difficult and time consuming and commented: "*It's possible, it's just a very complicated technique; You're more likely to mess it up, so I think a lot of people steer away from trying to do that. It's way easier to just get heroin.*"

A profile for a typical illicit user of prescription opioids did not emerge from the data. One participant shared, "*There are all sorts of ethnicities, ages, and groups of people that* [misuse/abuse prescription opioids]."

Suboxone®

Suboxone® is moderately available in the region. Participants most often reported the current street availability of Suboxone® as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One participant remarked, "[Suboxone® is] *everywhere.*" Participants indicated that Suboxone® is most available in sublingual strip form throughout the region. Treatment providers most often reported current availability as '8;' the previous most common score was '10.'

Participants reported that the availability of Suboxone® has remained the same during the past six months. However, more rural participants reported an increase in Suboxone® availability. One participant reported, "*It's become more available here because they started that MAT program here … Medically Assisted Treatment.*" Law enforcement reported that availability of Suboxone® has decreased during the past six months. One law enforcement professional reported, "*Not as much as it used to be. When I first started, it was pretty common to have Suboxone® on the street moving around, but now it's kind of come down because a lot of doctors aren't prescribing*

it." The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	Decrease
	Treatment providers	No comment

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that price is dependent on the level of withdrawal the user is experiencing. One participant reported, "*If they're sick, they're gonna pay $20.*"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	$3-5 for 4 mg $10-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from heroin users. Participants explained: "*Most drug addicts take* [Suboxone®] *just so they're not gonna get sick* [from withdrawal]*; Some use* [Suboxone®] *because they want to stay clean and some don't and sell them and keep enough of it in their system* [not to get caught]." Another participant reported, "*The people that get the scripts, they're making money off of it. They might get three strips a day and they'll take one and they've got two to sell. They'll lie [to their doctors] and say their addiction is so high or they've done so much dope they need a bigger dose* [of Suboxone®]." A participant noted, "[Suboxone® is] *getting traded through Dayton back pages (classified ads) and* [over the Internet]."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is sublingual, followed by snorting. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually use and one would snort the drug. One participant explained, "*You just let it dissolve on your tongue.*" Participants and community professionals described typical illicit users of Suboxone® as heroin or prescription opioid addicts.

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.' Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most prevalent sedative-hypnotics in the region. One participant commented, "*I can always get* [sedative-hypnotics] *really easily.*" Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. One participant reported, "*Everyone wants a Xanax®, they're stronger.*"

Community professionals most often reported current availability as '8;' the previous most common score was '8-10.' Community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two grams of marijuana and 271 Xanax® pills were seized and the driver arrested when OSHP troopers pulled over a vehicle for speeding in Allen County (www.statepatrol.ohio.gov, June 2, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months, but can be variable depending on the source. One participant explained, "[Sedative-hypnotics are] *more* [available when] *people get scripts in the beginning of the month. Depending on how quickly they sell out … then you can't get it.*" Community professionals reported that availability of sedative-hypnotics has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of Ativan® and Klonopin® cases it processes has increased during the past six months, while the number of Valium® and Xanax® cases has decreased.

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

Current street prices for sedative-hypnotics (aka "benzos" and "blackouts") were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics
Ativan®	$1 per milligram
Klonopin®	$1 apiece (dose unspecified)
Xanax®	$0.50 for 0.25 mg $2-3 for 0.5 mg $3-4 for 1 mg $5-7 for 2 mg

In addition to obtaining sedative-hypnotics by prescription, participants also reported getting them from family, friends and others who have prescriptions. A participant explained, "*I've never ran into an actual* [sedative-hypnotic] *dealer that buys them from multiple people. It's usually someone who's prescribed them and either they're not taking them, don't want to take them, or they just need the money.*" A participant presumed, "*People get those 'as needed' prescriptions and then they sell them.*" One participant shared, "[Sedative-hypnotics] *were always available in my grandmother's refrigerator.*" A treatment provider reported, "[Sedative-hypnotic users] *go to the ER and leave with like 15* [pills]."

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 route of administration for illicit use is oral consumption, followed by snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume and one would snort the drugs. Participants explained reasons for oral consumption of these particular drugs: "*I'd say 'benzos' (benzodiazepines) are typically orally because of the taste; Some* [illicit users] *will still snort your benzos, but that shit burns; I always just ate them. The ones I had were wax bars so you couldn't crush them.*"

Participants most often described illicit sedative-hypnotic users as female. Participants agreed: "*I think more women use benzos then guys; White, older women … my mom.*" Law enforcement described typical illicit sedative-hypnotic users as heroin addicts. An officer reflected, "*Usually the heroin addicts will use any type of pill there is to get past the withdrawals, or pretty much to get high.*"

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 scores were also '10.' Community professionals most often reported current availability as '8;' the previous most common score was '10.' A treatment provider noted, "*It's like talking about cigarettes …* [marijuana is] *no big deal.*" Another treatment provider followed, "*As clinicians we battle that because* [clients] *don't think marijuana's a problem.*" A law enforcement officer reported, "*Everybody's always got* [marijuana]." In addition to traditional forms of marijuana, law enforcement shared about the availability and use of marijuana extracts and concentrates (aka "dabs") in the region during the past six months. One law enforcement professional explained, "*You need some equipment to do it … They extract the THC (tetrahydrocannabinol) out of the marijuana* [and] *with the oil, with the wax … It's really dangerous. It's really explosive* [because] *you use a butane torch. It's real big in Columbus.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP made its second-largest marijuana seizure when troopers conducted a traffic stop in Preble County and discovered 2,330 pounds of marijuana in a truck (www.statepatrol.ohio.gov, June 14, 2014). After stopping a driver for license plate violation, a Dayton police officer smelled marijuana and after the man said he had no marijuana on him, the officer found a bag of marijuana during a pat down; two more times the officer asked if he had marijuana and the man said, 'no,' but after each time, more marijuana was found – a total of 5 bags of marijuana were seized (www.daytondailynews.com, July 4, 2014). Following a high-speed chase which led to the death of a pedestrian, Trotwood (Montgomery County) police reported finding marijuana in the vehicle; one of the suspects was retained for a previous unrelated drug possession charge (www.abc22now.com, July 29, 2014). Troopers seized two pounds of marijuana in Allen County, found behind the driver's seat in a duffle bag (www.statepatrol.ohio.gov, July 31, 2014). The Ohio eradication program, which removes marijuana plants and crops growing illegally throughout the state, seized 31 marijuana plants from Montgomery County during the past year (www.cleveland.com, Aug. 8, 2014). First responders were called to a scene where an apartment had exploded; the resident admitted to making hashish when it happened (www.wdtn.com, Jan. 27, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. One participant reported, "*It's been the same forever.*" Another participant commented, "*I don't think it could go higher.*" Community professionals reported that availability of marijuana has remained the same during the past six months. A treatment provider commented, "*Marijuana has been consistent, it's always been.*" A law enforcement officer reported, "*Everybody's always got* [marijuana]." The Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has decreased 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

Although there was a wide range of ratings, participants most often reported 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 '10.' 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. Participants reported that the quality of low-grade marijuana is '3-5' on the quality rating scale. Participants suggested that the quality of marijuana has remained the same during the past six months and one participant noted, "*The only thing that's changed is prices.*"

Current street prices for marijuana were provided by participants with experience buying the drug. Participants reported that the price depends on the quality purchased and that low-grade marijuana sells for significantly less than high-grade marijuana.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A gram	$10
	1/8 ounce	$20
	1/4 ounce	$25
	An ounce	$100
	High grade:	
	A gram	$20
	An ounce	$200-300

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 10 would smoke the drug. Some participants referred to users who would orally consume marijuana. A participant divulged, "*I know a couple dealers that sell a lot of the* [THC-laced] *candy and snacks … He ain't making it, he bought it. It's all packaged up, so it's gotta come from somewhere where* [marijuana is] *legal.*"

A profile of a typical marijuana user did not emerge from the data. Participants described typical users as anybody and everybody. One treatment provider reported, "*It used to be teenagers, but that's not true anymore.* [Marijuana use] *kind of spans the ages.*"

Methamphetamine

Methamphetamine availability remains variable in the region. Participants most often reported the drug's current availability as '5' in Montgomery County, but '2-3' in Hardin and Miami counties, on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous scores were also variable: '10' in Montgomery County and '0-1' in Allen and Hardin counties. Participants indicated that users have to know someone to obtain the drug and that methamphetamine availability really does vary from time to time and from place to place. Participants reported that methamphetamine is available in powdered and crystal forms and one participant reported, "*You can get both* [crystal and powdered methamphetamine]*, it just depends who you go to.*"

Treatment providers most often reported current availability of methamphetamine as '1-2;' the previous community professional scores were '2' in Montgomery and Hardin counties and '10' in Allen County. Law enforcement professionals indicated current variability in methamphetamine availability, as officers explained: "*A little bit here and there; It goes in spurts. Last year … we had two meth busts and this year we've only had one. It's just someone who … thinks that they can make a big batch and make some money.*"

Montgomery County participants reported an increase in methamphetamine availability during the past six months. One participant reported, "*The farther south you go, the easier it is to get* [methamphetamine] *… because there's a lot of open area.*" Another participant shared, "*People that I know go to Kentucky to get* [methamphetamine]." Law enforcement indicated no change in availability. The Miami

Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of both types of methamphetamine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was '10.' One participant shared, "*Everybody says that meth is better than cocaine and that a lot of people like it better now*." Participants reported that methamphetamine in the region is 'cut' (adulterated) with unknown substances. Participants commented: "*Shit, everything's in* [methamphetamine]. *It's got all kinds of chemicals in it; Everything under the (kitchen) sink*."

Law enforcement reported 'shake-and-bake' as the most prevalent type of methamphetamine throughout the region. This means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medication), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Reports of current street prices for methamphetamine varied among participants with experience buying the drug. One participant remarked, "*It's dirt cheap!*" Several participants were unsure about the quantity they receive when purchasing 'dimes' ($10 amounts) or 'twenties' ($20 amounts). A participant commented, "*I don't know* [amount], *really. I just know 'tens' ($10 amounts), twenties – people spend $40 whatever, but they usually get quite a bit*." Other participants reported purchasing a box of Sudafed® in exchange for an unspecified quantity of methamphetamine. One participant reported, "*I would go buy that Sudafed® box because you can get three a month. I would buy the box for the guy and he would cook* [methamphetamine] *up and he gave me some. It cost me $12 and he gave me, supposedly, $30 worth*."

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is smoking. Participants estimated that out of 10 methamphetamine users, all 10 would smoke the drug. Less common routes of administration include intravenous injection (aka "shooting"), snorting and orally consuming the drug. One participant explained, "[Methamphetamine users] *snort the fumes off of it. They 'hot rail' it … they'll make the glass tube real hot and snort it in and blow it out*."

Participants described typical methamphetamine users as white, of lower socio-economic status, older in age, as well as truckers and bikers. One participant replied, "*When I think of crystal meth, it seems like it's the old timers and the young guys. They're all the heroin addicts*." Another participant noted, "*Someone that likes going fast and faster*." Community professionals described typical methamphetamine users as someone who prefers stimulants (aka "uppers"). A treatment provider described, "*Someone who is a 'roofer' ... like to be up.*"

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' One participant reported, "*As long as the people you know keep getting* [prescriptions for stimulants] *from their doctor and selling it, then it's available. I've never had a problem getting it*." Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant noted, "*I've heard people say* [Adderall® is] *like cocaine. I've seen people do it and they was zooming their asses off*."

One treatment provider reported challenges with monitoring prescription stimulants in clients and commented, "*You can't test how they took it and it's only in their system for like 4-6 hours, so you can't regulate like if it's therapeutic*."

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months.

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

Reports of current street prices of prescription stimulants (aka "baby cocaine" and "poor man's coke") were consistent among participants with experience buying the drug. Participants reported that Adderall® 30 mg sells for $4. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have prescriptions or from parents whose children are prescribed them. A participant indicated that there are small circles of stimulant users and explained, "*Somebody's got a 'script' (prescription). It goes back to that same circle somebody knows.*" Another participant commented, "*Or* [someone will] *take her kids' script and sell them.*"

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are snorting and oral consumption. Some participants also reported intravenously injecting (aka "shooting") the drugs. One participant reported, "*You can shoot Adderall® and Ritalin®.*"

Participants described typical illicit prescription stimulant users as college students. A participant explained, "*They said it's supposed to help them study more.*" Another participant shared that Adderall® is used by people who want to lose weight because the drug is known to suppress appetite and increase energy: "*People that are overweight, that aren't really addicted to anything, but will just buy Adderall®.*" Law enforcement professionals described typical users of prescription stimulants as younger and an officer commented, "*I feel like a lot of younger kids get it and they'll sell it.*"

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is rarely available 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 '1.' Law enforcement professionals most often reported current availability as '4;' the previous most common score was '2.' Law enforcement indicated variability in synthetic marijuana availability. An officer reported, "*We had a couple places around here selling* [synthetic marijuana] *and we went and closed them down … after that, we've just been seeing it like here or there. It's just like hit or miss.*"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant commented, "[Legislation is] *making it harder and harder by restricting certain chemicals they put in it.*" Community professionals reported that availability has remained the same during the past six months. Professional comments included: "*We still see some spice here and there; Every once in a while some spice.*" 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 consensus
Treatment providers	No change

Participants most often rated the current quality of synthetic marijuana as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); quality was not rated in the previous report. However, participants indicated variability in quality of synthetic marijuana and reported: "*Once* [law enforcement] *find out what's in* [synthetic marijuana] *they outlaw that, then* [synthetic marijuana makers] *make a new version* [and] *then they outlaw that and it just keeps on going back and forth; Some stuff was shitty, and there was some stuff I loved.*" Another participant stated, "[Synthetic marijuana] *can have all different types of stuff in it that they don't have to put on the labels … It's a risk you might smoke some and it'll do absolutely nothing or you might smoke some and try to eat somebody's face.*" Participants reported that synthetic marijuana highs differ from traditional marijuana and commented: "*It's not like a weed high,* [synthetic marijuana] *makes you feel weird; It's not the same high. It's close to weed, it just has different effects.*"

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug; reportedly, a gram sells for $10-20. Despite legislation enacted in October 2011, synthetic marijuana

continues to be available from head shops, as one participant reported, "*You would have to go to like a specialty shop, like a head shop.*" Participants reported that the most common route of administration remains smoking.

Participants described typical synthetic marijuana users as young or those who are subjected to regular drug testing. Law enforcement described typical users as marijuana users or users trying to pass a drug test. However, an officer clarified, "*It could be any user. If you're looking for cocaine and all you have is 'K2' (synthetic marijuana), they're gonna take that. Any kind of drug user or addict is going to take whatever you have available.*"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region in both pill (ecstasy) and powdered (molly) forms. Participants most often reported availability of ecstasy as '4' and of molly 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 for both substances was '4-5.' One participant commented, "*It's not really around ... if it is, it's junk.*" Another participant added, "*I know people are takin' more the molly than ecstasy pills.*"

Participants 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 decreased during the past six months; the lab does not differentiate between pill and powdered forms.

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

Reports of current street pricing for these drugs were unknown by participants. However one participant reported, "[Ecstasy is] *cheaper than heroin and coke.*" Another participant did not know quantity, but commented, "[Molly is] *sold in 'tens' ($10 amounts), 'twenties' ($20 amounts) and 'thirties' ($30 amounts).*"

Participants reported that the most common routes of administration for ecstasy and/or molly are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 ecstasy or molly users, five would shoot and five would snort the drug.

Participants described typical molly users as younger and people who attend 'raves' (dance parties) or dance clubs. Community professionals described typical molly users also as younger. A treatment provider reported, "*I see a lot of kids, like 17 to 25 (years old), that have done molly.*" A law enforcement officer reported, "*they younger crowd, like juveniles, will do the molly.*"

Other Drugs in the Dayton Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and salvia divinorum); inhalants (duster); Neurontin® and over-the-counter (OTC) cold and cough medications.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants and community professionals most often reported the drug's current availability as '0' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1' for participants, '1' for law enforcement and '7-10' for treatment providers. One participant noted, "*Every now and then, you'll hear somebody going crazy* [as a result of bath salts use]." One treatment provider reported, "*I've only seen a few people* [who have admitted to using bath salts] *and they tried it two or three years ago when it was big.*"

Participants reported that the availability of bath salts has decreased during the past six months. A participant noted, "[Bath salts] *came and went.*" One participant explained, "*They took* [bath salts] *off the shelves so you couldn't just walk into a mini-mart and buy it. That stopped it real quick, too.*" Some participant credited the decrease in availability to the stigma attached to the drug; one participant explained, "*People saw everyone going nuts off it.*" Community professionals also reported a decrease in availability of bath salts during the past six months. An officer recalled, "*Bath salts was three years ago when I was here. It was real big and it went*

strong for like three months and we dealt with the craziness ...." The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Reports of current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for $30 per gram and $50 for 2 grams. While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. Another method of use is intravenous injection (aka "shooting"). One participant reported, "*This girl, she shot bath salts. She came to jail last time … and she was like going crazy*." Participants described typical users of bath salts as younger. One participant reported, "*When it came out there was a lot of young kids, high school kids* [who used bath salts]."

Hallucinogens

Hallucinogens remain low to moderately available in the region. Participants most often reported the current availability of LSD (aka "acid") as '5-6' and of salvia divinorum (aka "salvia," a psychoactive plant) as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous scores was '5' for hallucinogens in general (LSD and psilocybin mushrooms; salvia was not mentioned in the previous report). A participant shared, "*Sometimes 'pot' (marijuana) dealers will also keep* [salvia] *around, but it's not as popular, so it's harder to find*."

Participants reported that LSD sells for $5 per hit (dose). A participant described typical LSD users as *"people that go to 'raves'* (dance parties)." Another participant reflected on hallucinogen users in general and shared, "*I know a lot of people like to go out and like camp and sit around the fire and kind of like … do the Native American thing and try to do like vision quests* [by using hallucinogens]."

Inhalants

Inhalants remain highly available in the region, but are not reported as preferred drug(s) of choice. Participants most often reported availability of these substances as '10' because inhalants are legally sold in stores. A participant commented, "[Inhalants are] *like alcohol, you can get it wherever*." A treatment provider shared that it is rare to see this type of addiction and added, "*An inhalant addiction is very hard to treat*." Similarly, law enforcement reported rare involvement with inhalant use, as one officer recalled, "*On my caseload, ever, I've only had like three of them that deal with cases of huffing the aerosol cans*." Participants and community professionals described typical inhalant users as younger, high-school age. A law enforcement officer commented, "'*Whippets' (nitrous oxide found in aerosol whipped cream cannisters which is inhaled to produce a high) are pretty big in high school still ... but around here, there's not a lot of huffing going on as far as adults. Might be juveniles, but I don't hear about it*."

Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported, "*That's the big one right now*." Although not much information was available, officers reported that Neurontin® is most often snorted or orally consumed.

OTCs

Over-the-counter (OTC) cold and cough medications were discussed by participants as being available in the region. Street names for these medicines include "robotrippin'" (Robitussin®) and "lean" (promethazine and codeine). A participant reported, "*I know if you go to the doctor you can only get* [stronger cough syrup] *prescribed once a year. They keep track of it*." Participants described typical illicit OTC users as younger. A participant commented, "*That's a high school thing*." Other participants added that users are also those who follow rap music trends, as 'lean' is mentioned in popular rap song lyrics.

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Dayton region; also highly available is powdered cocaine. Changes in availability during the past six months include decreased availability for bath salts and likely decreased availability for synthetic marijuana.

Powdered cocaine is highly available in some areas of the region. Participants most often reported high availability in cities and lower availability in more rural areas of the region. Reportedly, heroin dealers now supply cocaine because of demand for the drug among heroin users who like to "speedball" heroin with cocaine for the extreme up-and-down highs the combination produces.

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants noted that some dealers sell baby laxative or creatine under the guise of powdered cocaine. Participant's reported that this practice is referred to as "fleece" or "getting fleeced."

While many types of heroin are currently available in the region, participants and community professionals most often reported the availability of brown and white powdered heroin as most available. However, law enforcement and some participants also reported high availability of black tar heroin. Participants reported that the general availability of heroin has increased during the past six months.

Media outlets reported on heroin overdose in the region this reporting period. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner's office reported that this is the highest number of overdose deaths in such a short amount of time in recent history (www.daytondailynews.com, Aug. 7, 2014).

The most common route of administration for heroin remains intravenous injection; participants expressed concern over not having a needle exchange in the region. Treatment providers reported that many of their clients obtain needles from diabetics and pharmacies, but also share or use dirty needles when they cannot obtain clean ones. Treatment providers mentioned that it was becoming more difficult for addicts to obtain needles from stores. Participants described typical users of heroin as young, white and female.

Participants reported that the availability of bath salts and synthetic marijuana has decreased during the past six months. Participants attributed decreased availability to legislation outlawing the use of many of the chemicals used to manufacture these substances. In addition, some participants credited the decrease in availability to the stigma attached to the drugs, particularly bath salts. Participants described typical bath salts and synthetic marijuana users as young or those who are subjected to regular drug testing. Law enforcement also noted marijuana users as typical synthetic marijuana users.

Lastly, Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported that the drug seems to be gaining in popularity right now. Although not much information was available, officers reported that Neurontin® is most often snorted or orally consumed.