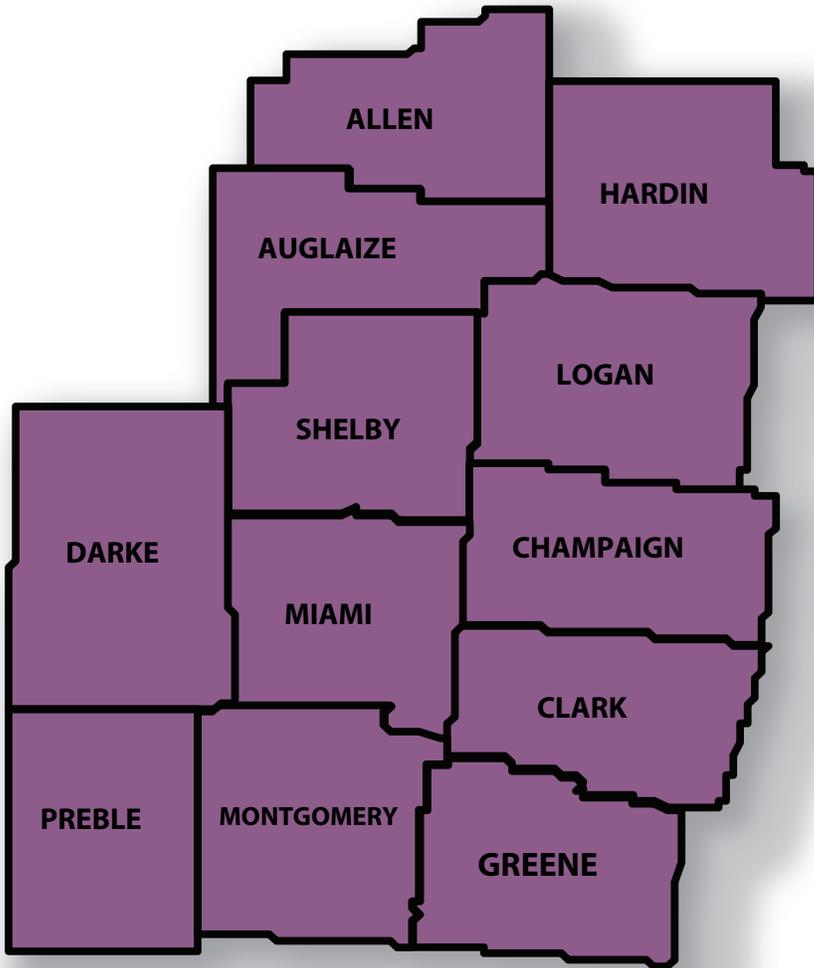




## Drug Abuse Trends in the Dayton Region



### Regional Epidemiologist:

**Lisa M. Belton**, MSW

### 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, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, Logan County Family Court and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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.

### OSAM Staff:

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

**Beth E. Gersper**, MPA  
OSAM Coordinator

### Regional Profile

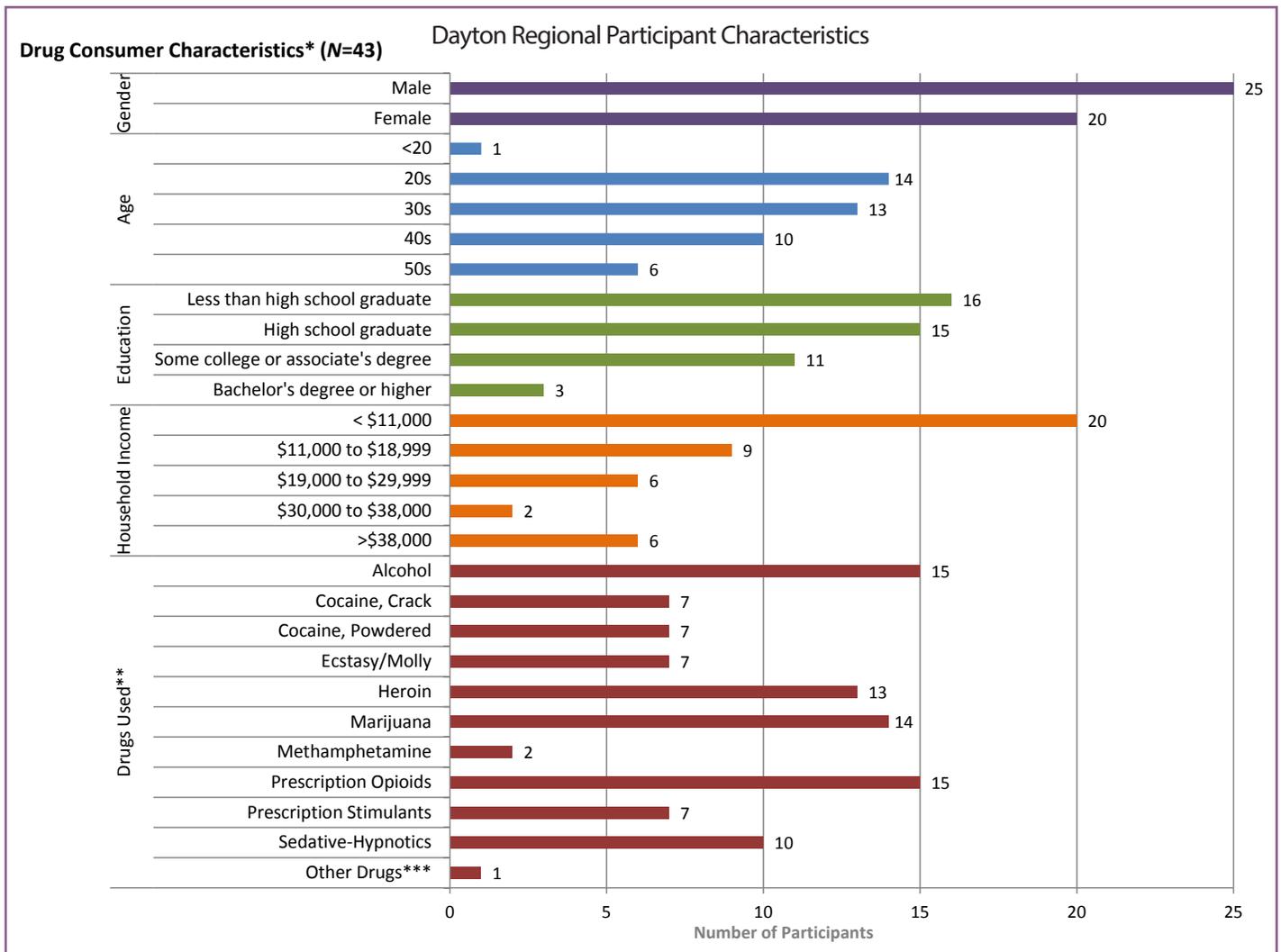
Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	45
Gender (female), 2010	51.2%	51.2%	44.4%
Whites, 2010	81.1%	83.1%	80.0%
African Americans, 2010	12.0%	11.3%	11.1%
Hispanic or Latino Origin, 2010	3.1%	2.0%	4.4% <sup>2</sup>
High School Graduation Rate, 2010	84.3%	88.1%	64.4%
Median Household Income, 2013	\$48,308	\$47,591	\$11,000 to \$14,999 <sup>3</sup>
Persons Below Poverty Level, 2013	15.8%	14.6%	46.7% <sup>4</sup>

<sup>1</sup>Ohio and Dayton region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

<sup>2</sup>Hispanic/Latino origin was unable to be determined for 3 participants due to missing and/or invalid data.

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

<sup>4</sup>Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 43.

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

\*\*\*Other drugs were hallucinogens.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remained highly available in the Dayton region. Decreased availability existed for bath salts and data also indicated possible decreased availability for synthetic marijuana.

Powdered cocaine was highly available in some areas of the region. Participants most often reported high availability in cities and lower availability in more rural areas. Reportedly, heroin dealers were supplying cocaine because of the demand for the drug among users who liked to “speedball” heroin with cocaine for the extreme up-and-down highs the combination produces.

Overall, participants reported decreased quality of powdered cocaine and noted that some dealers sold baby laxative or creatine under the guise of powdered cocaine. Participants reported that this practice was referred to as “getting fleeced.”

Participants and community professionals most often reported brown and white powdered heroin as the most available forms of the drug in terms of widespread use. Additionally, law enforcement and some participants also reported high availability of black tar heroin. Participants reported that the general availability of heroin had increased. Media outlets reported on heroin overdose in the region. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner’s office reported that this was the highest number of overdose deaths in such a short amount of time in recent history ([www.daytondailynews.com](http://www.daytondailynews.com), Aug. 7, 2014).

The most common route of administration for heroin remained intravenous injection; participants expressed concern over not having a needle exchange in the region. Treatment providers reported that many of their clients obtained needles from diabetics and pharmacies, but also shared or used dirty needles when they could not obtain clean ones. Treatment providers reported increased difficulty for some addicts attempting to obtain needles from stores. Participants described typical heroin users as young, white and female.

Participants reported decreased availability for both bath salts and synthetic marijuana and attributed the decrease to legislation outlawing the use of many chemicals used

in the manufacturing of these substances. Some participants also reported decreased popularity because of the stigma attached to these substances, particularly to bath salts. Participants described typical bath salts and synthetic marijuana users as young or those regularly subjected to drug testing. Law enforcement also noted that marijuana users often use synthetic marijuana.

Finally, Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported that the drug seemed to have gained popularity. Although not much information was available, officers reported that Neurontin® was most often snorted or orally consumed.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported the drug’s current availability as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’ in urban areas of the region and ‘2-3’ in rural areas. Participants commented: *“It’s available; You can get it.”* Other participants indicated that availability of powdered cocaine varies depending on location. A participant turned to another and stated, *“Where you live, it’s about an ‘8’ ... a whole bunch of (dealers there).”* Yet another participant reflected, *“I’m not hearin’ any cocaine around. I mean, crack (cocaine), but not ‘powder’ (powdered cocaine).”*

Community professionals most often reported the drug’s current availability as ‘7-8’; the previous most common score was ‘3-5’. However, treatment providers in more rural areas reported lower availability, as one commented, *“In this area? It’s not [available], you have to drive 50 miles [to obtain powdered cocaine].”*

Corroborating data also indicated the presence of cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 9.7 percent of the 267 individuals who screened positive for any drug use during the past six months reported cocaine use during the past 30 days (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman was taken to Montgomery County Jail after police were called to a truck stop because she passed out in the bathroom; she had cocaine and heroin residue on a spoon and admitted to police that she regularly visits Dayton to purchase drugs ([www.wdtn.com](http://www.wdtn.com), April 5, 2015). Dayton police received a tip that a man was selling drugs and found him with capsules of cocaine and heroin ([www.whio.com](http://www.whio.com), April 16, 2015). An Allen County home was searched by law enforcement officers who found cocaine and 'crack pipes' inside the house ([www.otfca.net](http://www.otfca.net), April 22, 2015). An inmate in Allen County was caught operating a drug ring from jail with contraband cellphones and now faces further sentencing; he used friends and family to distribute cocaine, heroin and methamphetamine that was brought in from Indiana and Texas to various cities in Ohio ([www.cleveland.com](http://www.cleveland.com), June 3, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participants commented: *"It's always been the same; No one really does [powdered cocaine]; They only care about heroin."* Likewise, treatment providers reported that availability of powdered cocaine has remained the same during the past six months, but law enforcement reported an increase in availability of the drug. One law enforcement professional stated, *"I would say it's increased."* Other officers agreed and commented: *"I would say the same thing according to the assessments; I think it's coming back a little. We've had a few cases where people have tested positive for it."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often 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 '8'. A participant reflected, *"In my experience it was low."* A few participants reported that quality fluctuates and commented: *"Every blue moon you'll find some real good cocaine; [Quality is] up and down; You gotta hunt for the good stuff."* Participants cited adulterated (aka "cut") cocaine as the reason for the poor quality. One participant reported, *"You got so much cut now."* Another participant explained, *"If you go to Dayton, you can get it like [high quality]. You have to cut it because ... it's pretty pure and you have to cut it because it will ruin your nose."* Other participants explained that powdered cocaine ends up cut more than once and sold in small increments to get the most money out of it, as one participant illustrated, *"The smaller cities ... they'll go down there and get it, cut it, 'stomp on it' (cut it more) and sell it ..."*

Participants reported that powdered cocaine in the region is cut with baby aspirin, baking soda and ether. One participant preferred powdered cocaine cut with ether and explained, *"I like ether-based cocaine because it's strong. It has a good drain ... it makes your throat feel like its swelling up, your teeth go numb, you feel it all over. I did it and one of my nostrils and one side of my face went completely numb like I was having a stroke. You start sweating, you're grinding your teeth and you smoke cigarette after cigarette ... your heart feels like it's going to come out of your chest."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant remarked, *"It sucks! Everything sucks now."* Another participant reported, *"The quality has gone down."*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>● levamisole (livestock dewormer)</li> </ul>

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants expressed that the actual amount of pure cocaine varies and is often lower than what is paid for due to the cut or the way the dealer distributes it. One participant expressed, *"They're selling a lot of 'caps' (capsules) and they're getting skimpy. They're making them half"*

of a tenth ... [sometimes] it takes four caps to make a tenth ...." Another participant indicated that connections with a dealer is important to get what is paid for and explained, "If you go up to Dayton and you get with your old school and stuff, they'll give you, you know, 3.5 [grams]. Like down here, they'll still try to sell you three grams for an 'eight ball' (1/8 ounce or 3.5 grams) of powder."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	three capsules (aka "caps;" approximately 1/10 gram or less)	\$20
	a gram	\$50-60
	1/8 ounce (aka "eight ball")	\$140-150

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, all would snort the drug. A participant remarked, "They would definitely snort it." Other methods of administration mentioned were smoking and intravenous injection (aka "shooting"). One participant explained, "[Route of administration] depends. There's different cocaine that you would snort and that ... you would shoot." A few participants referred to 'freebasing' powdered cocaine and one participant explained, "You can put it in aluminum foil and smoke it." Another participant shared, "I rub it all over my gums." One participant reported, "It depends on where you're from ... yuppie people ain't gonna 'bang it' (inject), they're gonna snort it. City people, hood people ... they're probably gonna bang it."

Participants described typical powdered cocaine users as white, rich and older. Participants commented: "In this area, [powdered cocaine users are] all white; I'd say probably, around here, probably older." Other participants added: "Probably richer; They call it 'the rich man's aspirin;' 'Rich man's drug,' they say." Community professionals described typical powdered cocaine users also as white and older. A treatment provider commented, "I think a lot of the older crowd is doing powdered cocaine."

## Crack Cocaine

Crack cocaine remains highly available in the region's more urban areas (Allen and Montgomery counties). 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 commented: "You can get 'crack' (crack cocaine) anywhere; It's more easy to get crack than 'weed' (marijuana); 100% it's available." Nonetheless, availability of crack cocaine was rated remarkably lower, '1-2,' in more rural areas (Hardin County); the previous most common score for this area was '2-3.' A participant explained, "A lot of people that used crack switched to heroin now [because] it's too hard to the get [good quality crack cocaine]." Another participant reported, "You have to go to Lima (Allen County). That's where I go."

Treatment providers most often reported the drug's current availability as '10' in urban areas and '3' in rural locations; the previous most common scores were '3-5' for urban areas and '1-2' for rural locations. Treatment providers explained: "But mostly here in Lima, it's crack cocaine more than it is any other drug; Because it's more urban." Consistent with participant reports, community professionals from more rural locations shared less contact with the drug. A treatment provider summarized, "See that's the difference, a little 30 miles ... Kenton (Hardin County) is nothing but opiates and heroin, but in Lima you got a variety of all that." An officer reflected, "I came across [crack cocaine] a few times." Another officer observed: "When they get a batch [of crack cocaine] coming through, then everybody will use it. That's kinda how it goes, but it's not like heroin [that's] always flowing in ...."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Crime Stoppers tip line call led police to a Dayton residence where they found crack cocaine ([www.wdtn.com](http://www.wdtn.com), Feb. 16, 2015). A month-long investigation led to the arrest of a Trotwood (Montgomery County) man who was found in possession of crack cocaine ([www.whio.com](http://www.whio.com), March 13, 2015). A drug-sniffing canine officer alerted Ohio State Highway Patrol (OSHP) troopers to a vehicle in which they discovered 47 grams of crack cocaine ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 1, 2015).

Participants reported that the availability of crack cocaine has decreased in urban areas and remained the same in rural areas of the region. A participant in the city commented, "It's decreased a lot." Rural participants credited heroin use for the consistent availability of crack cocaine because so many users will use both drugs either concurrently or consecutively (aka "speedballing," alternating between stimulant and depressant highs). Community professionals reported that availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

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 also '3.' Participants often referred to the quality of crack cocaine as 'garbage.' One participant stated, "Ain't no good crack cocaine ... it's 'stomped on' (adulterated with other substances) so much." Participants explained: "Yeah, it's too hard to the get 'soft' (powdered cocaine) that's 'cookable' (able to be cooked into crack cocaine) because the purity of it [is bad]; Yeah, the purity of the 'coke' (powdered cocaine) has to be high; It has to be real good cocaine to make good crack."

Participants reported that crack cocaine in the region is adulterated (aka "cut") with baby laxative, baking soda, embalming fluid and Orajel®. A participant criticized, "[The crack that is found around here is] probably already junk ... it might be one percent, no more than three percent, cocaine and the rest is just crap. They'll mix it with anything ... embalming fluid and everything." Another participant added, "Yeah, they put a lot of chemicals in it now." Still another participant explained, "That's why people have heart attacks and strokes from it." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants remarked: "It's worse now; Ain't no good crack cocaine out there."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>● levamisole (livestock dewormer)</li> </ul>

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug, and several participants indicated that price depends on quality. Participants reported that the most common units of purchase are "tens" (approximately 1/10 gram or two hits) and "twenties" (approximately 2/10 gram). One participant explained, "Unless everybody here is big time dope sellers, they buy twenty (\$20) at a time ... I'm talking about the average, they spend \$20 at a time." A participant commented, "It all depends on how much money you got."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock" or "ten")	\$10
	2/10 gram (aka "twenty")	\$20
	a gram	\$100

Participants continued to report the most common routes of administration for crack cocaine as smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. A participant responded, "Five would be in the bathroom [shooting up] and five would be in the kitchen trying to [take a] hit."

Participants described typical crack cocaine users as from a lower socio-economic status. Participants generally agreed that race of the user would depend on location, as one participant explained, "In Kenton, they're white and in Lima, they're black." Likewise, treatment providers noted differences in race based on location and reported more black users in urban areas, while there are more white users in rural areas. Additionally, community professionals described crack cocaine users in rural areas as more often female, older and unemployed. A law enforcement officer remarked, "I can name maybe like five [crack cocaine users] off-hand that I know ... they're older people."

## Heroin



Heroin remains highly available in the region. Participants and community professionals continued to report 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' for both groups. One law enforcement officer remarked, *"I mean there's daily runs to Columbus, so [heroin is definitely available]." Law enforcement noted the resiliency of the drug networks and commented: "I mean there are so many people involved in the drug community that it's just a revolving door; Someone gets arrested and someone else picks up [the business] and takes off with it."*

While many types of heroin are currently available in the region, participants and treatment providers reported the availability of white and brown powdered heroin as most available, with the exception of Hardin County where participants reported black tar heroin as most available. Law enforcement most often reported black tar heroin's current availability as '5'. Reportedly, powdered heroin is available in a variety of different colors, as one participant shared, *"Now they're making all different kinds of colors: tan, white, brown, blue, gray."* Another participant noted, *"Yeah [white powdered heroin is] what's killin' everybody." Treatment providers indicated high demand for white powdered heroin, as one treatment provider explained, "They seek out the stuff that's killing them."*

Participants specifically discussed "blue drop" as a type of heroin available in the region. One participant commented, *"Blue drop is killing people."* Community professionals also noted "blue drop" as a specific type available in the area. Law enforcement reported: *"Blue drop with fentanyl ... that just come through. We had few people test for that; Well, the 'blue drop' now has been taken off the streets. The guy that brought it in, he's the one that got arrested in Marion (Columbus OSAM region) and had the 56 counts against him ... I mean it's still out there, but ... the main source ... they arrested him."*

Corroborating data also indicated the presence of heroin in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 7.1 percent of the 267 individuals who screened positive for any drug use during the past six months reported heroin use during the past 30 days. In addition, the Logan County Family Court reported that of the 1,403 adult drug screens

it conducted during the past six months, 7.9 percent were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An undercover drug investigation found a man selling heroin out of a public housing complex in Dayton ([www.wdtn.com](http://www.wdtn.com), Feb. 5, 2015). A four-year old called police when she found her mother shaking in bed; officers found the mom unconscious with a syringe in her arm and a two-month old by her side ([www.wdtn.com](http://www.wdtn.com), Feb. 8, 2015). Springfield Regional Medical Center (Clark County) treated just under 100 overdoses in its emergency room during February; shortly thereafter, Springfield police executed a search warrant of a nearby home from which they seized 20 grams of heroin and 14 grams of fentanyl which they believed were linked to the overdoses ([www.daytondailynews.com](http://www.daytondailynews.com), March 2, 2015). A Miamisburg (Montgomery County) man was sentenced to five years for the death of his friend, whom he assisted with using heroin and when the friend collapsed, the man ran away instead of calling for medical help ([www.wdtn.com](http://www.wdtn.com), March 13, 2015). A Dayton woman gave heroin in return for food stamps and then was caught trying to sell the food stamps ([www.toledoblade.com](http://www.toledoblade.com), April 15, 2015). Logan County detectives reported seizure of pressed heroin pills which they had originally believed to be Percocet® ([www.wlwt.com](http://www.wlwt.com), April 24, 2015). While a tornado in Beavercreek (Greene County) occupied many first responders, police arrested a man with 4.5 grams of heroin in his pocket ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). Dayton police responded to 21 overdose calls in one night; three were fatal, but access to and administration of Narcan® (naloxone) saved the majority of the rest ([www.daytondailynews.com](http://www.daytondailynews.com), May 28, 2015). Montgomery County health officials reported an increase in youth who are beginning to use heroin, adding that they are being targeted by dealers ([www.wdtn.com](http://www.wdtn.com), June 1, 2015). The last five people from Dayton's "Diamond Cut" gang were federally indicted for their role in distributing more than 100 grams of heroin in the area ([www.daytondailynews.com](http://www.daytondailynews.com), June 1, 2015). A three-year old child might have saved her mother when she made her way to her grandpa's home to tell him that her mom had died; family and emergency crews found her on the bathroom floor overdosed on heroin, but still alive ([www.daytondailynews.com](http://www.daytondailynews.com), June 1, 2015).

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

reported, "It's more available now." Other participants commented: "It's all over the news; It's probably increased." Community professionals reported that the general availability of heroin has remained the same during the past six months. Treatment providers commented: "It hasn't really increased or decreased in the past six months; It's been the same for fifteen years." Another treatment provider explained, "They'll go anywhere to get it." Specifically, treatment providers believed that white powdered heroin availability increased during the past six months, while law enforcement reported a decrease. However, law enforcement noted, "When they start going through withdrawals, they'll find any way to get it." The BCI London 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; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8.' One participant specifically admitted that white powdered heroin is, "too strong ... because it kills everybody." Another participant reported mediocre quality of black tar heroin and said, "I had some and it wasn't that good, it wasn't that bad." However, a treatment provider reported, "I usually hear from the clients that the black tar is better." And law enforcement reported, "They use so much different stuff in it that sometimes [users] don't even know what they're getting."

Several participants indicated that quality is determined by which other substances are used to adulterate (aka "cut") the drug. Participants reported that all types of heroin are cut with fentanyl. One participant reported, "They're putting fentanyl in it. They're mixing it bad now and they're killing people." Another participant shared, "The last times I've had experiences with fentanyl, [the heroin] was blue." A treatment provider also commented. "We've been

hearing about [fentanyl] mixed with the heroin." Participants further specified that brown powdered heroin can also be cut with PCP (phencyclidine).

Overall, participants reported that the general quality of heroin has remained the same during the past six months. However, there were several participants who complained about the quality and explained: "The quality sucks ... These kids that are making it don't know what they're doing; These little kid drug dealers are trying to make a lot of money and they're killing [people]."

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li> caffeine</li> <li> diphenhydramine (antihistamine)</li> <li> fentanyl</li> <li> mannitol (diuretic)</li> <li> triacetin (glycerin triacetate, a food additive)</li> </ul>	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. A participant commented, "It's normal to buy 'caps' (approximately 1/10 gram heroin in a capsule)." Another participant countered, "See, now I buy weight ... larger habit and better price."

Heroin	Current Street Prices for Heroin	
	<b>Black tar or brown powdered heroin:</b>	
	1/10 gram (aka "caps," "points," "tens")	\$10
	three caps	\$20
	a gram	\$80-150
	<b>White powdered heroin:</b>	
	1/10 gram	\$10-20
	a gram	\$80
	<b>Black tar heroin:</b>	
1/10 gram	\$20-25	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Only one participant reported oral ingestion of heroin and explained, "I ate it be-

fore, in the capsule. I didn't want anyone to know I was using [heroin]. I wanted them to think I was taking pain pills."

Participants reported that needles are often obtained from diabetics, drug dealers and local pharmacies. One participant commented, "There's a lot of diabetics that sell them." Another participant shared: "Oh yeah, drug dealers do sell those." Participants reported purchasing needles from drug dealers for up to \$5 each and one participant reflected, "Five dollars, yeah, that's the highest." Still another participant commented, "Dope boys usually give them to you with the dope." The subject of purchasing needles at pharmacies also received various comments. One participant reported, "I just go buy them ... at the pharmacy," while several participants expressed difficulty in obtaining needles from local pharmacies. One participant explained, "[Pharmacies] stop selling [needles] like that. You have to show them proof of being a diabetic." Still other participants reported: "There's pharmacies around that sell them. Not local though; You go out of town and buy them." A participant explained, "We use to be able to get them here until people started going to the bathroom and getting high at the pharmacy."

Participants described typical heroin users as white and financially unstable. One participant remarked, "All white here." Another participant clarified, "They was rich ... poor now." Treatment providers described typical users of heroin as white and unemployed. A treatment provider explained, "In this area, it's predominately white, period. The population in this [area is] white." Another provider commented, "[Heroin is] all over ... high school, middle school, all the way up to older people." Law enforcement professionals could not identify a typical heroin user and described them as everybody.

## Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported current street availability of these drugs as '6-7' 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.' Community professionals most often reported current street availability as '10'; the previous most common score was '8-10.' A law enforcement officer reported, "Usually, they will start out with opiates then graduate [to using heroin] because heroin is cheaper."

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. Participants also identified a fake Roxicodone® 30 mg pill that is reportedly highly available on the street and referred to them as "dirty 30s." One participant explained, "Oxycodone with fentanyl is called the 'dirty 30.'" Other participants shared: "They make them on the street; They say it comes from Mexico, but everybody [gets] it from Michigan, here." Treatment providers had heard of these pills, but asserted that this is only a new street name for Roxicodone® 30 mg (aka "perk 30s"), as one treatment provider said, "'Dirty 30' is what they call them." In addition, the BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin" tablets, and a few tablets have actually been found to be pressed heroin.

Corroborating data also indicated the presence of illicit prescription opioids in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 6.4 percent of the 267 individuals who screened positive for any drug use during the past six months reported illicit use or misuse of at least one prescription opioid during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A domestic dispute led to a drug search of the home; prescription pain pills, heroin, cocaine and marijuana were seized ([www.otfca.net](http://www.otfca.net), April 20, 2015). A Michigan man was arrested in Shelby County when OSHP troopers found 605 oxycodone pills in his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 27, 2015). A Dayton doctor was prosecuted after at least seven people died from overdoses of painkillers prescribed by him; evidence leads officials to believe he was operating a pill mill ([www.daytondailynews.com](http://www.daytondailynews.com), June 2, 2015). Six Dayton residents face charges for obtaining oxycodone, Percocet® and Vicodin® through dozens of fraudulent prescriptions and then selling them on the street ([www.fox19.com](http://www.fox19.com), June 3, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant responded, "It used to be a '10' (highly available) now it's cut down in half." A participant stated, "It's gotten a lot harder [to obtain prescription opioids] because of the DEA (U.S. Drug Enforcement Administration) crack down." Community professionals reported that availability of prescription opioids has remained the same during the past six months. The BCI London Crime Lab reported that the number of pre-

scription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased number of cases for Dilaudid®, Tylenol® 3/Tylenol® 4, Ultram® and Vicodin®.

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

Reports of current street prices for prescription opioids (aka “goodies” or “poppers”) were consistent among participants with experience buying the drugs. Participants noted an increase in cost of these medications and commented: “They’re very expensive ... you can get them, but they are very expensive; Yeah, it’s overpriced; It’s like \$2 a milligram almost, maybe \$1.50 a milligram.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$80 for 80 mg
	Percocet®	\$7-8 for 5 mg \$10-15 for 10 mg
	Roxicodone®	\$17 for 15 mg \$35-40 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$5 for 7.5 mg \$7-8 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from someone they know who has a prescription. Treatment providers were also aware of prescription diversion, as one treatment provider reported, “They’ll sell their Vicodin® to buy heroin. They’ll go to the doctor, get [prescription opioids] and sell them.”

While there were a few reported ways of consuming prescription opioids, generally, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, all would snort the drug. One participant reported, “It’s a waste of time ‘shooting it up’ (intravenously injecting) ... It only lasts for two minutes.”

A profile for a typical illicit prescription opioid user did not emerge from the data. A treatment provider reflected, “I would say the age group is any age. It’s very generational in this area ... the grandparents, to parents, to grandkids, to their kids.”

### Suboxone®

Suboxone® is highly available in the region. Participants most often reported current street availability of Suboxone® filmstrip (aka “strips”) as ‘10’ and current street availability of Suboxone® tablets as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common overall score was ‘7.’ Treatment providers most often reported Suboxone® overall current street availability as ‘10,’ while law enforcement most often reported it as ‘7;’ the previous most common score was ‘8’ for treatment providers. One treatment provider commented, “It’s been readily available.”

Participants reported that the availability of Suboxone® has increased during the past six months. Participants commented: “It’s gone up; They have the generic pills now.” Community professionals reported that availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants maintained that the Suboxone® filmstrips and tablets are the same price. One participant reported, “You really only see the 8 mg.” Other participants commented: “Some people charge more, some people charge less; It gets cheaper if you buy more.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$10 for 4 mg \$20 for 8 mg \$30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from Suboxone® clinics. One participant reported, "Buy them on the street." Another participant commented, "You can go to clinics all over and get it." However, participants noted: "There's not really anyone in Hardin County that prescribes Suboxone®; it's the surrounding counties that prescribe Suboxone® and it's being brought in by different clients using it to avoid getting sick." Community professionals also discussed how users obtain Suboxone®. A treatment provider reported, "We got Suboxone® clinics that hand [Suboxone®] out like it's nothing." However, a law enforcement officer reported users buy this drug off the street and reasoned, "Not everyone can get prescribed Suboxone®."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration is snorting. Other methods reported include intravenous injection (aka "shooting") and sublingual. Participants estimated that out of 10 illicit Suboxone® users, nine would snort and one would shoot the drug. A participant noted, "[Using Suboxone®] gets you addicted to something else." Another participant stated, "You put it under your tongue." Participants commented: "You can shoot Suboxone®; it's a buzz, very intense, for about five minutes."

Community professionals described typical illicit Suboxone® users as white, opiate users and often unemployed. A treatment provider commented, "We got 70-year-old opiate users and we got 19-year olds and 16-year olds ... it doesn't matter, the spectrum is just as broad as you can imagine." Another treatment provider reported, "It depends on what area you are in, but over here it will be white." A law enforcement officer reflected, "Well, I think their mind set is they think if they can get Suboxone®, they can try and get off the heroin."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported current street 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' for both groups. Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider reported, "When they 'drop dirty' (fail a drug screen) for the pills, most of the time its Xanax® or Klonopin®."

Media outlets reported on law enforcement arrests in the region this reporting period. Dayton police were called out to an intersection where a car was stopped in the middle of the street very early in the morning; officers woke the driver, who admitted to using Xanax® and alcohol ([www.wdtn.com](http://www.wdtn.com), March 15, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Law enforcement commented: "People have always been able to get [sedative-hypnotics]; I'd say Valium® has started popping up a lot more." The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drug.

Sedative-Hypnotics		Current Street Prices for Sedative-Hypnotics	
Sedative-Hypnotics	Klonopin®	\$1 for 0.5 mg \$3 for 1 mg \$4-5 for 2 mg	
	Xanax®	\$1.50-2 for 0.5 mg \$3 for 1 mg \$5-6 for 2 mg	

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from hospital emergency rooms. One participant divulged, "I'd run all of the way to the hospital as fast as I could. I'd have them check me in. I'd tell them I'm having anxiety attacks [and] I'd get about 10 or 15 'blues' (1 mg Xanax®)."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption.

Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume and one would snort the drug. One participant shared, *"It's a waste of time to try anything else."*

Participants most often described a typical illicit user of sedative-hypnotics as anyone, but several also noted white women as typical users. A participant remarked, *"Elderly women [and] 16-year-old kids."* Likewise, community professionals described typical illicit users as everyone, but law enforcement noted women. One law enforcement officer reflected, *"I feel like I see a lot of women suffering from emotional problems [who use sedative-hypnotics]."*

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for participants and '8' for professionals. A participant described availability of marijuana as, *"very available."* A treatment provider commented, *"It's so readily available now."* Law enforcement reported, *"It's always there."*

Participants and treatment providers also reported availability of marijuana extracts and concentrates (aka "dabs"), which reference products derived from medicinal alchemy of the drug: an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. There are also oils derived from the drug in a similar process. These concentrates are very potent and known to contain over 90 percent THC. Participants most often reported current availability of marijuana extracts as '5,' while treatment providers most often reported availability as '10.'

Corroborating data also indicated the presence of marijuana in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.5 percent of the 267 individuals who screened positive for any drug use during the past six months reported having used marijuana and/or hashish (aka "hash," a cannabis product) during the past 30 days. In addition, the Logan County Family Court reported that of the 727 juvenile drug screens it conducted during the past six months, 42.1 percent were positive for THC.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Thirty plants were seized from a marijuana grow operation which was found hidden in the basement of a Lima (Allen County) home ([www.otfca.net](http://www.otfca.net), Feb. 4, 2015). An Allen County resident was arrested after authorities discovered and confiscated 29 marijuana plants in two areas of the home ([www.otfca.net](http://www.otfca.net), March 9, 2015). A couple was indicted for intent to distribute more than 1,000 kilograms of marijuana and laundering drug money through real estate investments ([www.dea.gov](http://www.dea.gov), April 2, 2015). A Springboro (Warren County) high school student brought marijuana-laced brownies to school and is now facing drug trafficking and corruption charges ([www.wdtn.com](http://www.wdtn.com), April 15, 2015). A canine officer alerted OSHP troopers to a vehicle that was pulled over in Shelby County, in which they found over two pounds of hydroponic marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 20, 2015). Law enforcement seized 86 plants from a marijuana operation they found in Lima ([www.otfca.net](http://www.otfca.net), April 20, 2015). A Dayton man was arrested after law enforcement uncovered automated marijuana-grow operations in two residences and seized nearly 200 marijuana plants ([www.otfca.net](http://www.otfca.net), April 27, 2015). OSHP troopers found jars containing more than a pound of hydroponic marijuana in a vehicle they pulled over in Shelby County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 14, 2015). Authorities dismantled a marijuana-grow operation in Miami Township (Montgomery County), confiscating 100 plants and a large amount of already processed marijuana ([www.wdtn.com](http://www.wdtn.com), May 27, 2015). The Montgomery County RANGE Task Force took down a marijuana-grow operation near Miamisburg, seizing more than 100 marijuana plants, already processed marijuana and cultivating equipment ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). A grandmother was sentenced to three years of probation and no unsupervised contact with her granddaughter after allowing the girl to smoke marijuana in her vehicle ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). Dayton firefighters were called to a home in flames due to a marijuana-grow operation in the basement ([www.wdtn.com](http://www.wdtn.com), May 29, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. Participants commented: *"That's always a '10'; It will change when they legalize it."* Participants reported an increase in general availability and popularity of marijuana extracts and concentrates.

Community professionals also reported that the availability of marijuana has remained the same during the past six months. One treatment provider reported, "They still get government weed ... Mainly states where they allow the cultivation for medicinal use." One treatment provider commented, "Everybody smokes 'loud' (high-grade marijuana). Everybody sells loud." A law enforcement officer commented, "They have (marijuana) plants in their house ... basements, closets, wherever. We've had drug raids where they just, you know, have mass plants growing." Another law enforcement officer added, "Yeah they find [marijuana plants] when they take the planes (law enforcement surveillance planes) out and the corn starts getting high ... [marijuana growers] put [marijuana plants] right in the middle of the corn fields." Treatment providers also noted an increase in marijuana concentrates and extracts. The BCI London 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

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 also '10.' 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 specifically rated the quality of low-grade marijuana as '4.' One participant explained, "Sometimes you'll get a little bit higher [quality called] 'mids.'" Several participants reported that high-grade marijuana is extremely potent and explained: "We could all smoke a 'blunt' (marijuana cigar) and get high ... everyone in here; you just gotta take one hit."

However, high-grade marijuana is reportedly rarely available in Hardin County and participants in that county reported travelling to Lima to obtain it. A Hardin County treatment provider commented, "If they want 'chronic' (high-grade marijuana), they go out of town. They go to Columbus [or] Lima." Participants did not discuss the quality of mari-

juana extracts and concentrates, but a treatment provider commented, "It's 10 times more potent (than regular marijuana)." Overall, participants reported that the quality of all types of marijuana has remained the same during the past six months.

Reports of current street prices for marijuana were variable among participants with experience purchasing the drug. Participants continued to report higher pricing for high-grade marijuana, including extracts and concentrates, and added that prices of low-grade marijuana are higher in more rural areas. Participants reported that the most common unit purchased is 1/8 ounce. A participant informed, "If you're not gonna get at least an eighth (1/8 ounce), they'll tell you to go away." Several participants noted a change in price of marijuana in the region and one participant reflected, "Prices dropped since heroin picked up."

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joint (cigarettes)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$30-40
	an ounce	\$90-140
	<b>High grade:</b>	
	a blunt (cigar) or two joint (cigarettes)	\$10-20
	1/4 ounce	\$80-90
	an ounce	\$300-400
	<b>Extracts and concentrates:</b>	
		\$25 per gram

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 would smoke the drug. One participant remarked, "We just smoke it." However, participants noted an increase in orally ingesting the substance through edibles and commented: "Eating is a lot more common now; Some teenagers will make brownies and take them to school." Smoking or vaporizing is the most common reported route of administration for marijuana concentrates and extracts. Participants explained: "They smoke it ... It's

basically a bong and instead of having a regular slide ... like a pipe in it ... it's got a little metal one that you put the wax on. You light it and it melts. It's like [smoking] crack (cocaine) basically; They use the e-cigs and put it in there."

A profile of a typical marijuana user did not emerge from the data. Participants continued to describe users as anybody. One participant remarked, "From preachers to teachers [use marijuana]." Several participants agreed when a respondent described users of marijuana extracts and concentrates as, "more like suburban, white kids." Likewise, community professionals most often described typical users of marijuana as everybody. A treatment provider commented, "It's a gateway drug." Other treatment providers commented: "The young population is using it a lot; I always hear kids saying, 'I can't wait until weed is legal'... They don't look at it as a drug." One treatment provider said that marijuana concentrates and extracts are, "For the younger ones."

## Methamphetamine

Methamphetamine availability remains variable in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was variable and ranged from '2-5'. However, community professionals most often reported methamphetamine's current availability as '1'; the previous most common score was '1-2'. A treatment provider commented, "[It's] not really around here." A treatment provider referenced, "There was a meth lab that exploded in Ada [Hardin County] about a month ago."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Huber Heights (Montgomery County) police arrested two individuals during a traffic stop after finding 20 ounces of liquid methamphetamine in their vehicle ([www.wdtn.com](http://www.wdtn.com), Feb. 7, 2015). Darke County deputies discovered a working methamphetamine lab, which happened to be the second bust at the same house in a five-month period ([www.wdtn.com](http://www.wdtn.com), March 11, 2015). Camden Police and Preble County Deputies discovered a methamphetamine lab in a residence during a raid ([www.wdtn.com](http://www.wdtn.com), March 12, 2015).

Participants most often referred to powdered (aka "one-pot" or "shake-and-bake") methamphetamine as the most available type in the region. This type is produced by users 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 medications), people who make shake-and-bake can produce it in approximately 30 minutes in nearly any location. Crystal methamphetamine was also reported as available in the region and a participant commented, "Yeah [crystal methamphetamine is] completely accessible." Community professionals reported powdered as the most common type of methamphetamine in terms of widespread use. A treatment provider shared, "In this area, the majority of meth (methamphetamine) users [are] manufacturing it themselves and for themselves."

Participants reported that the availability of methamphetamine has remained the same during the past six months. A participant reported, "It's a [stable] trend. It already hit the area, ripped through." Another participant predicted, "I think that will change next time you come. I think you'll hear a lot about it." Community professionals also reported that availability of methamphetamine has remained the same during the past six months. A law enforcement professional reported, "They get a little meth lab going on, like they had one in Ada (Hardin County) ... but that's like once a year." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Most participants did not rate the overall quality of methamphetamine and reported that quality is inconsistent. A participant explained, "It varies too much by how you cook it. There's different methods to making it, so it varies by the method of the chemist who is making it." Another participant agreed and stated, "There really isn't no consistency to it at all." However, one participant rated the current quality of methamphetamine in the area as '10' on a scale of '0' (poo quality, "garbage") to '10' (high quality); the previous most common score was '1-2'. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	1/10 gram	\$10
	a gram	\$100

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, eight would smoke and two would shoot the drug. One participant commented, "All of them would probably smoke it." Another participant rebutted, "I don't know a lot of people that do [methamphetamine], but the people that do, shoot it."

Participants were unable to offer a profile description of the typical methamphetamine user. However, treatment providers described typical users as white, rural and unemployed, while law enforcement described users as lower socio-economic status and heroin addicts. A treatment provider reflected, "White, male, 21 to 30 (years old). That's who makes the labs." Law enforcement commented: "I think it's more lower class I would say; It would be everyone that's doing heroin. All the people in the drug community, if it comes out, they try it."

### Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants and community professionals most often reported the drug's current street availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7' for participants.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use and noted that Vyvanse® is also available. One participant reported, "Actually Adderall® has become more popular lately."

Another participant commented, "I've heard a lot of people having Vyvanse®." Community professionals also identified Adderall® as the most common prescription stimulant in terms of widespread illicit use. A treatment provider stated, "Adderall®. We had a couple people on that." A law enforcement officer reflected, "We had a couple people on [Adderall®]."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider remarked, "It's always high." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of a decrease in Adderall® cases and an increase in Ritalin® cases.

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

Current street prices for prescription stimulants were unknown by participants. Participants reported users obtaining these medications from doctors or dealers on college campuses. One participant reported, "Adderall® is no problem. You can get it on college campuses, that's what the students do, easy peasy." Community professionals also discussed how these medications are obtained. A treatment provider explained, "You hear of 'med swapping' that happens a lot, too ...." One law enforcement professional stated, "A lot of people get it prescribed and they'll sell it"

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would shoot the drugs. A participant said, "I know people that snort it." Another participant shared, "All I've ever done is shoot it." Participants described illicit prescription stimulant users as high school or college students. A treatment provider commented, "A lot of times [prescription stimulant] users are kids."

## Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported current availability as '5' for the ecstasy tablets and '7' for the powdered MDMA (aka "molly") on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' for ecstasy tablets and '8' for molly. One participant shared, "That's here, you know, a lot of molly." Treatment providers most often reported current availability of ecstasy as '1-2' and of molly as '5.' A treatment provider reported, "I've heard of people saying they tried them, but they just tried it once."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After police found ecstasy in his pocket, a Dayton man admitted to purchasing it for \$40 from a man on a bike ([www.wdtn.com](http://www.wdtn.com), March 15, 2015).

Participants reported that the availability of ecstasy has decreased during the past six months. Participants commented: "Ecstasy is gone down a little bit I think; 'X' (ecstasy) is less available." Contrarily, participants reported an increase in availability of molly during the past six months. Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

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

Participants indicated that molly is of higher quality than ecstasy as they believed that it is rarely adulterated (aka "cut") with other substances. One participant explained, "They don't have to cut it to put it in pill form." Traditionally, molly is described as a powder, but participants in the Dayton region described molly as available in rock and crystal forms. One participant shared, "I've seen it like a rock. It's crystals." Another participant agreed, "Yeah, I've seen it like crystals, like a rock."

Reports of current street prices for molly were consistent among participants with experience buying the drug. Reportedly, molly sells 1 gram for \$75-100. A treatment provider reported, "I spoke to the pharmacist in town here a couple of weeks ago ... theft of Vicks® Vapor Rub has gone up dramatically. For ecstasy and molly users, they use Vicks® Vapor Rub and spread it ... on their bodies for heightened sensation."

Participants described typical users of molly as "kids" or young adults. One participant reported, "I know a lot of kids are getting it and taking it." Another participant agreed, "Kids love that stuff." Community professionals described typical users of molly as young and male. A treatment provider stated, "It's big with the boys smoking weed." A law enforcement professional reported, "All of them drugs are more for the juveniles, you know, ecstasy and 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: synthetic marijuana, bath salts, Neurontin® and over-the-counter (OTC) cold and cough medications.

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains available in the region, although participants and community professionals did not have first-hand knowledge of the drug. Treatment providers thought that the current availability of synthetic marijuana for juveniles to be '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4.' A law enforcement officer reported, "It's around here or there ...."

Participants reported that the availability of synthetic marijuana has decreased during the past six months and one participant commented, *"It's been gone for like a year or two."* Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. However, treatment providers indicated that availability for juveniles has increased. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

A participant indicated poor quality of the drug and described it as, *"Horrible, god-awful potpourri."* The only route of administration suggested for synthetic marijuana was smoking. Treatment providers identified typical users as someone trying to pass drug tests, such as probationers.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. Participants and community professionals had limited first-hand knowledge of the drug. A participant replied, *"I've never seen it."* A treatment provider commented, *"It's just not as bad as when it first came out."* One law enforcement professional simply stated, *"It's gone."* Respondents agreed that the availability of bath salts has remained the same during the past six months. One participant shared, *"I haven't seen it in two years."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants and treatment providers continued to reference an incident in Florida that has discouraged bath salts use and commented: *"After they ate somebody in Florida, nobody does that anymore; Pretty much after that guy ate that other guy's face."* A treatment provider commented, *"It scared the mess out of them."* A treatment provider also credited the justice system for the low availability of the drug and commented, *"The juvenile court was handling that. They were locking kids up right and left for that mess."* Treatment providers described typical bath salts user as young and white.

### Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) was reported again by law enforcement, who rated current street availability as '10' for availability on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A law enforcement officer commented, *"They get that*

*stuff all the time. They get it by the bottles."* Law enforcement reported that the availability of Neurontin® has remained the same during the past six months.

### OTCs

Over-the-counter (OTC) cold and cough medications are available in the region. In discussing availability of these drugs, participants and community professionals more often spoke to the popularity of the drugs. Participants reported low popularity of these drugs and rated current popularity as '2' on a scale of '0' (rarely used, not popular) to '10' (highly used, extremely popular). Treatment providers rated popularity of these medications as '10,' while law enforcement rated it as '2.' A treatment provider commented, *"Everybody's doing it."* Contrarily, a law enforcement officer shared, *"There's not a lot of it."* Participants reported that the most abused form of the drug is a mixture called "lean" which consists of promethazine and codeine. A treatment provider also mentioned this mixture and commented, *"All the kids, they drink lean ... what they call 'syrup."* Participants reported a decrease in popularity. One participant reflected, *"That's dropped, yeah, it's dropped a lot."*

Participants reported obtaining codeine syrup from a doctor. A participant stated, *"You need a doctor's prescription."* Community professionals described typical illicit OTC users as young. An officer commented, *"I think it's more like your younger crowd."* Treatment providers added that users are often black and male. Law enforcement added: *"And the bigger cities and stuff, they get into that; A lot of the rappers put it in their songs, you know? [They refer to] 'Robotrippin' [and] 'purple drank.'"*

## Conclusion

Crack cocaine, heroin, marijuana and sedative-hypnotics remain highly available in the Dayton region; also highly available is Suboxone®. Changes in availability during the past six months include increased availability for heroin.

Law enforcement reported that the flow of heroin remains high in the region and noted the resiliency of drug networks, in that as soon as law enforcement arrests a dealer, someone else takes his place. While many types of heroin are currently available in the region, participants and treatment providers reported the availability of white and

brown powdered heroin as most available, although reportedly, powdered heroin is available in a variety of different colors. Participants and treatment providers indicated high demand for white powdered heroin, as this type of heroin is thought to be the most potent heroin type; it has been linked to fentanyl and overdose. Treatment providers explained that users seek heroin linked to overdose.

Participants and community professionals also discussed “blue drop” as a type of heroin available in the region. Law enforcement reported that blue-drop heroin contains fentanyl; participants discussed the link between this type of heroin and recent media reports of overdose deaths in the region. Participants reported that all types of heroin are cut with fentanyl. Treatment providers concurred with participants in reporting the availability of fentanyl-heroin mixtures. The BCI London Crime Lab also reported processing fentanyl-cut heroin during the past six months. Participants and treatment providers described typical heroin users as white.

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms

of widespread illicit use. Participants also identified a fake Roxicodone® 30 mg pill that they said is highly available on the street, referring to them as “dirty 30s.” Participants explained that these pills are either pressed locally or are imported from out of state or from Mexico. The BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin. Additionally, participants continued to report the use of capsules for heroin distribution, and for the first time, they also reported capsules containing cocaine.

In terms of Suboxone®, participants reported the generic pill form of the drug as more available than previously. Both participants and community professionals commented on the growing number of Suboxone® clinics in the region as contributing to diversion of the drug. Community professionals described typical illicit Suboxone® users as white and opiate users self-medicating withdrawal. Lastly, law enforcement reported high street availability of Neurontin® during the past six months.