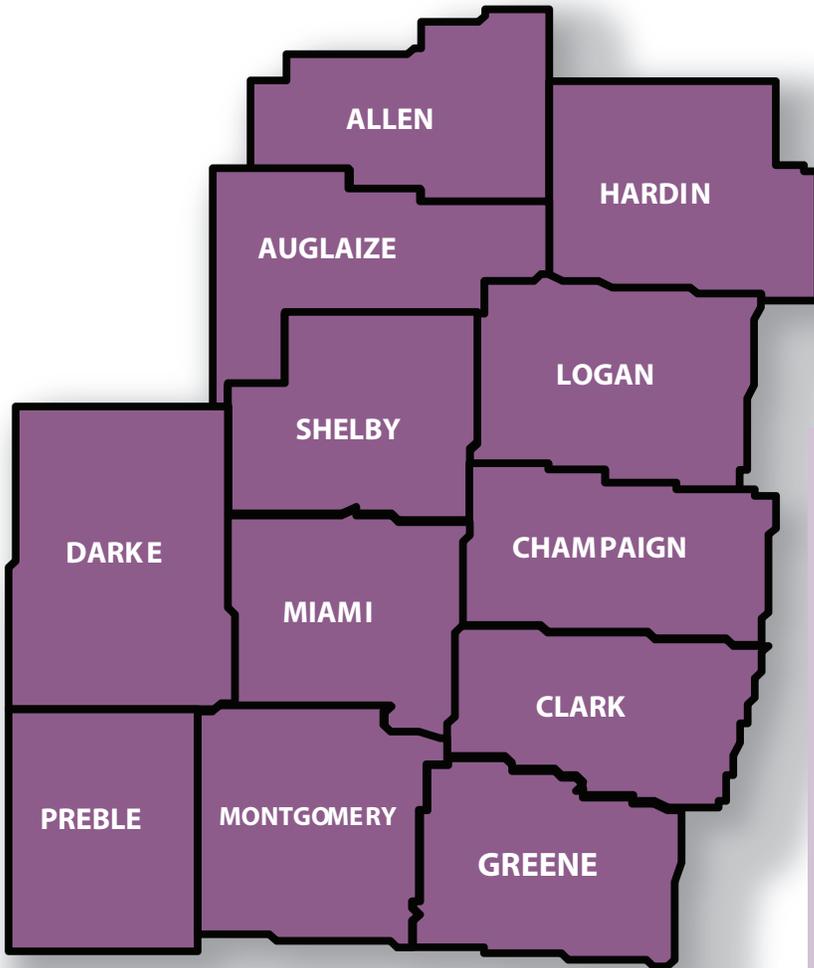




Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Keith King, PhD, MCHES

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, 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, the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, the Montgomery County Coroner's Office, the 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. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,348,904	42
Gender (female), 2014	51.1%	51.1%	31.7% ²
Whites, 2014	84.8%	86.2%	87.8% ³
African Americans, 2014	13.6%	12.9%	7.3%
Hispanic or Latino Origin, 2014	3.3%	2.3%	7.5% ⁴
High School Graduation Rate, 2014	82.6%	86.4%	82.9% ⁵
Median Household Income, 2014	\$49,349	\$48,806	\$20,000 to \$29,999 ⁶
Persons Below Poverty Level, 2014	15.3%	15.8%	29.3%

¹Ohio and Dayton region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

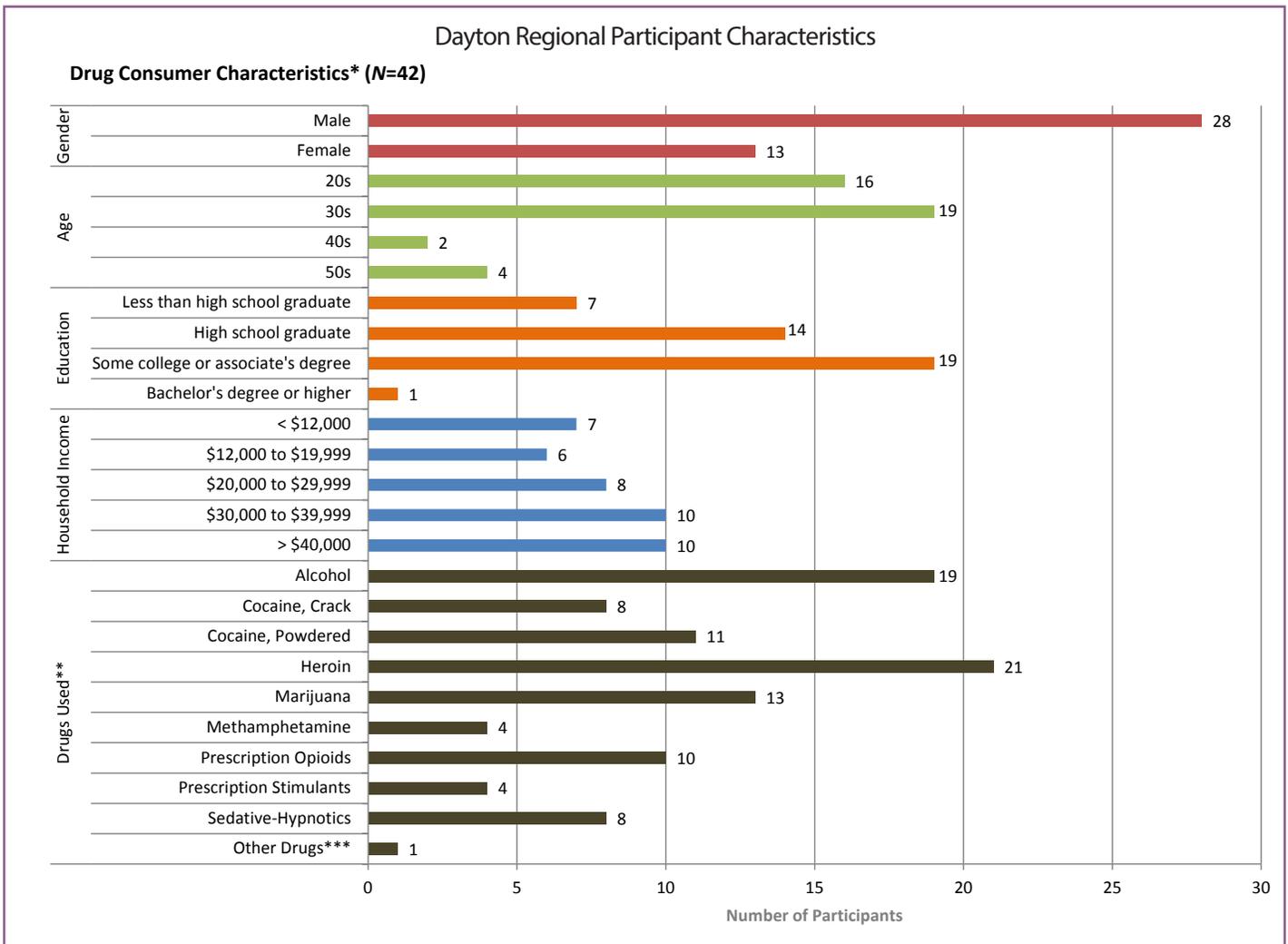
²Gender was unable to be determined for 1 participant due to missing and/or invalid data.

³Race was unable to be determined for 1 participant due to missing and/or invalid data.

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

⁵High school graduation was unable to be determined for 1 participant due to missing and/or invalid data.

⁶Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income and poverty status were unable to be determined for 1 participant for missing and/or invalid data.



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

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

***Other drugs included: amphetamines.

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, sedative-hypnotics and Suboxone® were highly available in the Dayton region. Increased availability existed for heroin.

Law enforcement noted the resiliency of the drug networks as one reason the flow of heroin remained high in the region and explained that as soon as law enforcement arrested a dealer, someone else took the place. While many types of heroin were available in the region, participants and treatment providers reported the availability of brown and white powdered heroin as most available and noted that the drug was available in a variety of different colors. Participants and treatment providers indicated higher demand for white powdered heroin, as this type of heroin was thought to be the most potent heroin type; it has been linked to fentanyl and overdose. Treatment providers explained that users sought heroin linked to overdose due to its perceived higher quality.

Participants and community professionals discussed “blue drop” as a type of heroin that was available in the region. Law enforcement reported that blue-drop heroin contained fentanyl; participants discussed the link between this type of heroin and media reports of overdose deaths in the region. Participants and treatment providers reported that all types of heroin were adulterated (aka “cut”) with fentanyl. The BCI London Crime Lab also reported fentanyl-cut heroin processed during the reporting period. Participants and treatment providers described typical heroin users as white. Additionally, participants continued to report the use of capsules for heroin distribution, and for the first time, they also reported capsules for cocaine sales as well.

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 was highly available on the street, and referred to them as “dirty 30s.” Participants said that these pills were pressed locally or imported from out of state or from Mexico. In addition, the BCI London Crime Lab reported on fake pharmaceutical tablets, reporting that alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

In terms of Suboxone®, participants reported increased availability of the generic pill form of the drug. Both participants and community professionals attributed the increase in street availability of the drug to the increase in number of Suboxone® clinics in the region. Community professionals described typical illicit Suboxone® users as white and opiate users who self-medicated to avoid withdrawal symptoms. Lastly, law enforcement reported high street availability of Neurontin® (anticonvulsant) during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6.’ A participant remarked, *“It is easy, especially if you know the right people.”* Another participant commented, *“There are always guys on the west side (of Dayton) offering to sell it ... If you drive around, you’ll get offered some.”* Community professionals most often reported current availability of powdered cocaine as ‘10;’ the previous most common score was ‘7-8.’ A treatment provider reported, *“It depends on the area. Most of my clients go down to Dayton to get it because that is their go-to place. They hop on the Interstate and they get whatever they want.”*

Corroborating data indicated the presence of cocaine (crack and/or powdered cocaine) in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 27.8 percent were positive for cocaine. The Montgomery County Coroner’s Office found cocaine present in 33.3 percent of the 108 drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant in Lima (Allen County) resulted in seizure of 100 grams of cocaine (www.otfca.net, Aug. 15, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider

commented, "It's always kind of been consistent." A law enforcement officer stated, "It has stayed the same or slightly increased, but not enough to throw up any flags." The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' Participants indicated that the quality of powdered cocaine depends on the dealer and what adulterants (aka "cut") are in it. A couple participants explained: "It depends on how well you know that dealer; If you are buying a bigger amount and you're dealing with the same dealer, you could get a higher quality." Other participants shared: "The more people it's gone through, the less the quality is; Sometimes you get random dealers trying to get you to buy their shit and you could tell how cut it was, no rocks or anything."

Participants reported that powdered cocaine in the region is most often cut with baby laxative, creatine and vitamins. Other adulterates mentioned include: baking soda, ether and isotol (dietary supplement). One participant asserted, "I have seen them givin' people almost straight creatine. It's just whatever that will blend in with it." Another participant remarked, "Anything white." Other participants commented: "Some people cut it with ether and some cut it with sleeping medicine or horse tranquilizers; Due to the addicts trying to make money ... they could put anything in it. There is no concern about what it's going to do to somebody; Just anything they can get their hands on." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant reasoned, "I think the dealers are trying to stretch their product a little more." Another participant stated, "Every time I got it, it was junk."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants agreed that powdered cocaine is often sold in capsules (1/10 gram amounts). One participant explained, "They sell little 'caps' (capsules) of them for about \$5." A law enforcement officer also noted, "On occasion we'll see cocaine or crack in capsules." Participants discussed variance in purchasing powdered cocaine in weighted amounts and commented: "One dude told me that he paid like \$220 a 'ball' ('eight ball', approximately 1/8 ounce), which would be three grams; 3.5 grams is supposed to be an eight ball, but they change the scales." One participant suggested, "It has been going up in price. I've seen it going for \$70 for a gram, and I've heard of people trying to get rid of it for \$100 a gram."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$5-6
	1/4 gram	\$25
	1/2 gram	\$50
	A gram	\$40-70
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$600
	An ounce	\$1,000

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. Participants responded: "It is typically snorted; The people I used with, nobody used needles, all would be snorting; Most snort the 'powder' (powdered cocaine) and smoke the 'crack' (crack cocaine)."

Participants described typical powdered cocaine users as white, of higher socio-economic status, of a wide range of ages (15-60 years), as well as, hustlers, truck drivers and heroin addicts. A participant stated, *"I'd say the powder [cocaine user] is more white, under 30s."* A couple participants explained: *"People who are employed, like third-shift jobs, use cocaine or crystal [methamphetamine] to just get up and be able to make it those long 12- or 14- hour days; I know one person who is my friend's husband, who is a truck driver, he does it to stay awake."* One participant pondered, *"People I know that use cocaine on semi-regular basis are still fully functioning ... still keep their jobs."* Community professionals similarly described typical powdered cocaine users as white and aged 18-60 years.

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"That's really easy to get; Probably one in every three dealers is gonna have 'crack' (crack cocaine)."* A participant added, *"Most [dealers] all carry heroin and 'coke' (powdered cocaine) and some of them carry enough coke that they rock some it up for crack"* Community professionals most often reported current availability of crack cocaine as '10'; the previous most common score was '10' in urban areas and '3' in rural areas. Despite the high availability rating, treatment providers noted: *"We don't see that many clients coming in saying, 'Powdered cocaine or crack cocaine is my drug of choice; We are just not seeing them in treatment."*

Corroborating data also indicated the presence of crack cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 6.8 percent of the 310 individuals who screened positive for any drug use during the past six months reported crack cocaine use during the past 30 days. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) pulled a vehicle over in Huber Heights (Greene County) and a K-9 unit discovered crack cocaine, crack pipes and methamphetamine (www.whio.com, Aug. 19, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab re-

ported 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	No change
		Law enforcement	No change
		Treatment providers	No change

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3'. A participant stated, *"It depends on who you know."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with aspirin, baby formula, baking soda and Orajel®. A participant shared, *"They put all kinds of stuff in that ... whatever makes it rock up and look normal."* Additional cuts mentioned for crack cocaine include: creatine, ether, methamphetamine and vinegar. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants commented: *"In the last six months ... I would say I think the quality has gone down; It has gotten definitely worse; I think it's probably decreased."*

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. A participant reported, *"It depends on the quality and who you know."* Another participant explained, *"You can get a hit for \$5. A hit is a one-time smoke ... just one smoke."* Several participants reported that crack cocaine is not often sold by weight but by pieces (aka "rocks"). Another participant explained, *"Some dealers sell 'point for point' (1/10 gram amounts). It just depends ... if you get a 'point five' (1/2 gram), then that is a 'fifty' (\$50)."* A participant suggested, *"If you buy more, you might get a discount."* Another participant thought, *"It seems like anymore they don't want to sell [in larger quantities] because too many addicts would take it back to sell to their little people ... So, I don't think it's sold in big amounts."*

Crack Cocaine	Current Prices for Crack Cocaine	
	A "hit" (approximately 1/10 gram)	\$5
	A gram	\$50-75
	1/8 ounce ("eight ball")	\$100-300
	1/4 ounce	\$200-220
	1/2 ounce	\$500
	An ounce	\$900-1,000

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. A participant explained, "You could use lemon juice to break it down and then you could shoot it."

Participants described typical crack cocaine users as African American, 30-50 years of age and of lower socioeconomic status. A participant shared, "The guys I dealt with never used their own product, and black customers they would have, would be for crack." Another participant observed, "If I was with my dealer for an extended period of time and saw people come and go, it would be like middle-aged black guys." Other participants agreed, "... a lot of older people using it, like 30s and 40s and up." One participant clarified, "Typically, middle- to upper-class white suburban kids are gonna probably snort [powdered] cocaine, whereas lower class ... you're living in a rougher area ... are gonna smoke crack." A few participants reported crack cocaine to be used by a wider variety of people and reported: "I've seen bikers smoke it; A lot of people use it. All you need is one hit and you're addicted and you can never get enough. You'll rob your grandmother to get it." One participant divulged, "I was smoking it at 16 (years of age)." Community professionals described typical crack cocaine users as 18-60 years of age, noting more African-American users than white users.

Heroin



Heroin remains highly available in the region. Participants most often reported the current 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'. Several participants asserted that availability is higher than '10' and commented: "It's off the charts easy; It's a '15.'" A participant reasoned, "Because [interstates] 70 and 75 are right there and Dayton is five minutes away" Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer expressed concern, "For the first time ever ... we had more heroin cases than we did marijuana cases, which is terrifying."

While many types of heroin are currently available in the region, participants and community professionals continued to report brown and white powdered heroin as most available. A majority of participants agreed: "It's mostly powder." However, a couple participants noted: "'Tar' (black tar heroin) is here; I don't know if others have seen tar but I have." Another participant countered, "The tar is not really in this area. It's more in Toledo and the Kenton (Hardin County) area." Law enforcement commented: "Normally, we get the powdered heroin; We see very little tar." Another officer illustrated, "We don't see a lot of black tar, [but] we have seen about five cases in the past six months, which is unusual for us."

Corroborating data indicated the high presence of heroin in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 10.3 percent of the 310 individuals who screened positive for any drug use during the past six months reported heroin use during the past 30 days. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 35.9 percent were positive for opiates. The Montgomery County Coroner's Office found opiates present in 70.4 percent of the 108 drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested a man for selling heroin out of his car throughout the Dayton area; apparently a growing trend as mobile dealers replace dealers selling out of residences (www.wdtn.com, Sept. 22, 2015). Seven bags of heroin and small quantities of marijuana and hash (marijuana concentrate/extract)

were confiscated by OSHP during a traffic stop in Montgomery County (www.statepatrol.ohio.gov, Oct. 3, 2015). A Clark County man was arrested after a man he sold heroin to fatally overdosed; law enforcement has begun treating drug overdose deaths as homicides in an effort to prosecute drug dealers and reduce drugs on the streets (www.daytondailynews.com, Oct. 10, 2015). In Montgomery County, a man overdosing on heroin, crashed into another vehicle, flipped his own vehicle, was revived with Narcan® and transported to the hospital (www.daytondailynews.com, Oct. 14, 2015). The Lima Allen County Interdiction Task Force seized two kilos of heroin, one of the largest in Allen County history (www.13abc.com, Oct. 26, 2015). Police pulled over a man with an outstanding warrant and seized eight grams of heroin from his vehicle (www.daily-news.com, Nov. 15, 2015). An illegal immigrant, who had previously been deported three times, was arrested after a traffic stop, during which 20 pounds of “pure Mexican heroin” were seized (www.daytondailynews.com, Nov. 17, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. A law enforcement officer commented, “Heroin has greatly increased.” The Miami Valley Regional Crime Lab reported that the number of black tar and powdered heroin cases it processes has remained the same during the past six months, while the BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased. The labs noted having processed beige, brown, gray, tan and white powdered heroin during the past six months.

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

Participants most often rated the current general quality of heroin as ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. One participant stated, “It was pretty good quality.” Participants reported that heroin is most often adulterated (aka “cut”) with other substances. One participant

alleged, “You have to cut it, though, because if your people [use it in pure form], they’re gonna die. It has to be ‘stepped on’ (cut), you know what I mean?” A law enforcement officer explained, “It varies greatly ... the coloring will vary ... from white to cream to beige to tan to brown. This is based on what they are cutting it with and how pure it is.”

Participants reported that the most used cutting agents are baby formula, baby laxatives, mannitol (diuretic), prescription opioids (fentanyl, morphine), Xanax® and vitamin B-12. One participant stated, “They don’t know that they are getting fentanyl with the heroin.” Another participant asserted, “The dealers know because they’re the ones putting it into it.” In addition, a participant explained, “And the fentanyl kicks in after the heroin kicks in and that’s when they ‘OD’ (overdose) and then they die.” Overall, participants reported that the general quality of heroin has increased during the past six months. A participant explained, “When they added the fentanyl, it gave it a boost in the quality.”

Community professionals also discussed fentanyl being cut into heroin. A treatment provider stated, “The way it was portrayed to me ... they were going for heroin, but it was laced with fentanyl or they were given fentanyl.” A law enforcement officer reflected, “We are getting a lot of straight fentanyl. We get heroin-fentanyl mixtures, cocaine mixtures, fentanyl-‘meth’ (methamphetamine) mixtures. There are dealers that are selling straight fentanyl ... There are some dealers that are selling fentanyl that do not know they are selling fentanyl.” Another officer commented, “The combo of heroin and fentanyl is almost always in every case ... There are a lot of times where we just see fentanyl. It seems to me that it is increasing ... the amount of people who are getting straight fentanyl. I think they think it is heroin.” Additionally, law enforcement reported, “We are now seeing heroin mixed with AB-Fubinaca (AB). It is a synthetic cannabinoid. In the past we have seen AB on plant material and we saw this in about 10 cases where it was mixed in with powdered heroin. Typically, it is smoked, but with the heroin it would be injected. We saw 10 different cases three to four months ago.”

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that heroin is most often sold in capsules (aka “caps”). A participant commented, “Caps. A lot of caps.” A law enforcement officer also noted, “The thing that is so unique to Dayton is that they are packaging (heroin) in gel capsules ... I have heard from numerous drug agents [who] pinpoint we have capsules [and] know that they are coming from the Dayton area. And from what I’ve heard that is unique across the country.” Other participants described purchasing heroin in “folds” or baggies and illustrated: “Wax paper; When I got it, I got it in folded up paper; I got it in magazine paper; I got it in baggies.”

Participants indicated that the price of capsules vary greatly and explained: “It just depends on who you know; Some people would sell you three caps for \$50 if they are trying to get rid of it, they might give you a deal.” Other participants noted that higher quality heroin costs more. One participant illustrated, “A ‘finger’ (1/16 ounce) that’s not cut costs \$650.”

Current Street Prices for Heroin		
Heroin	Powdered heroin:	
	1/10 gram (aka “caps”)	\$5-20
	1/2 gram	\$45-80
	A gram	\$90-120
	1/2 ounce	\$700
	An ounce	\$1,100

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. One participant claimed, “Eventually everyone will shoot it.” Another participant agreed, “Start out snorting it and then end up shooting it.”

Reportedly, injection needles are most often obtained from stores, pharmacies, dealers and diabetics. Participants did not indicate difficulty in finding needles, with the exception of some pharmacies that require a prescription. A few participants commented: “At some of the stores you need to have a prescription for diabetes or something; As long as we knew the size of the needle and the cc (cubic centi-

meter) count, you know, we’d be able to walk into the pharmacy.” Another participant divulged, “My junky self wouldn’t walk in there. I’d send someone in there that looked clean and they’d give them some spew about their grandma needing needles and that would work.” A couple of participants shared stories of people selling needles to dealers: “Older diabetics that need money sell their needles; You could take the box you got from the store and sell it to your dealer for \$20 or you could trade it off for ‘dope’ (heroin) and then [the dealer will] sell them off for \$5 apiece.” Furthermore, a few participants shared: “I’ve seen people use veterinary syringes because you can buy them from tractor supply [stores] and over the counter; Animal syringes.” Street prices for needles were fairly consistent among participants with experience purchasing needles from dealers; needles most often sell for \$3-5 apiece.

Participants expressed concern over sharing of needles and diseases (hepatitis and HIV). Reportedly, sharing needles is extremely common and participants commented: “If they’re sick, then they’re gonna do whatever they have to get well; I’ve even seen a person say, ‘Hey, I’ve got hep,’ and the other person said, ‘I don’t care. I’m sick.’” Several participants indicated that they know the consequences of sharing needles and disclosed the following: “I share my needles only with my girlfriend; Me and my girlfriend would always share our needle ‘til it got too bad to use; I just use my needles over and over.”

Participants described typical heroin users as 16 years of age and older and those with legitimate pain issues. A participant stated, “It’s usually people starting with pain pills and then going on to heroin.” Another participant agreed, “That’s how I started using it. I mean I was on pain medication for a year and then the doctor cut me off, and I started experiencing withdrawals” One participant noted, “I’ve seen a lot of young kids doing heroin.” Several participants admitted beginning heroin use when they were 16 and 17 years of age.

Community professionals described typical heroin users as most often as white and 18-60 years of age. A treatment provider supposed, “They are probably starting at 14 or 15, but we are not seeing them until 17 or 18 [years of age].” Another treatment reflected, “I see that a lot of the old crack users have now moved onto heroin.” One law enforcement professional stated, “We’ll see professional people in their 50s and then young people in their 20s.”

Prescription Opioids

 Prescription opioids are moderately available in the region. Participants most often reported the current street 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 '6-7'. Community professionals most often reported current availability as '7'; the previous most common score was '10'. A law enforcement officer commented, "They're there. Everybody has them. Everybody at some point has been prescribed them."

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant stated, "Vicodin® and Percocet® are gonna be the two biggest because they are the most ones prescribed." Another participant added, "I've heard a lot about Opana® being around." Participants also discussed the presence of fentanyl in the region, but mostly in connection with heroin. One participant stated, "I mean I did the fentanyl patches before I ever did heroin. I'd rather do fentanyl than heroin any day." Community professionals identified Percocet®, oxycodone and Roxicodone® as most popular. A law enforcement officer stated, "Oxycodone, hydrocodone [and] 'benzos' (benzodiazepines) are up there (highly available) and we see them with a lot of other drugs."

Corroborating data also indicated the presence of prescription opioids for illicit use in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 11.4 percent were positive for oxycodone. The Montgomery County Coroner's Office found at least one prescription opioid present in 79.6 percent of the 108 drug-related deaths it processed during the past six months; fentanyl was present in 34.9 percent of these cases. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 728 du (dose units) of hydrocodone acetaminophen in Allen County and 605 du of oxycodone in Shelby County, both interdictions occurred in April 2015 during single seizures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP confiscated 556 oxycodone pills, 18 Xanax® pills and one Ad-derall® pill during a probable cause search of a vehicle pulled over in Shelby County (www.statepatrol.ohio.gov,

Oct. 19, 2015). Two individuals were arrested in Montgomery County for possession with intent to distribute over 40 grams of fentanyl (www.daytondailynews.com, Nov. 13, 2015). A large amount of fentanyl, heroin, marijuana, powdered and crack cocaine were found during a search warrant carried out in Montgomery County (www.otfca.net, Nov. 24, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant reasoned, "Since [law enforcement] cracked down on it, it's decreased." Another participant thought, "Because of the heroin epidemic, I'm certain that a lot of people are just skipping the pain killers and going right to the heroin."

Treatment providers reported that the general availability of prescription opioids has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement officer commented, "Around here, heroin is so easy to get that the desire to get prescription pain pills is not there, but some still sell their pills to supplement their income." However, law enforcement specifically noted an increase in fentanyl and related: "I feel like all we see is fentanyl and heroin; Overdoses have increased and that is linked to the fentanyl!"

The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for Dilaudid® and Demerol®; the BCI London Crime Lab Reported increased numbers for fentanyl, Opana®, OxyContin®, Percocet and Ultram®. In addition, the BCI lab once again 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.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. A law enforcement officer remarked on the high price of prescription opioids: *“Those pills are \$40 to \$60 a pill compared to three caps of heroin for \$15 in this area.”* Participants reported not noticing any change in pricing of these medications during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Methadone	\$6-10 for 10 mg
	Norco®	\$3-5 for 5 mg
	Opana®	\$2 per mg
	Percocet®	\$5-6 for 5 mg \$7 for 7.5 mg
	Roxicodone®	\$30-35 for 30 mg
	tramadol	\$1 per mg
	Ultram®	\$0.50 per mg
	Vicodin®	\$2.50-5 for 5 mg

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 route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume these drugs. One participant stated, *“Most are snorting it. A couple might chew them.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as anyone, but noted that heroin addicts often began their addiction with prescription opioid use. A participant asserted, *“All heroin addicts started out with pain pills.”* Two participants confirmed: *“That’s what I started off with ... pain killers and then I got onto heroin; Yeah, I started pain killers probably junior year in high school ... Vicodin® and Percocet® and then in college I was selling OxyContin® before the whole ‘use-proof thing’ (abuse-deterrent formulation) went into effect. Then those went all to abuse proof... and so then we all went to heroin.”* Likewise, community professionals described prescription opioid users as across the board. A treatment provider stated, *“I think a lot of them started using when they were kids, young.”*

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip form (aka “strips”) as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’ for filmstrips and ‘5’ for tablets. Treatment providers most often reported current street availability of the drug as ‘10’, while law enforcement most often reported it as ‘5’; the previous most common scores were ‘10’ and ‘7’ respectively.

Participants reported the most available type of Suboxone® as filmstrip and indicated an increase in availability of the drug. A participant stated, *“Suboxone®, that’s become much more popular.”* Another participant explained, *“People learned you can get high off it, so it’s not just something to get you off heroin.”* Another participant explained, *“The dealer wants to make money no matter what they’re selling. If they find out people are getting high off aerosol hair spray, they’re going to start selling it.”* One participant stated, *“People are going to doctors and getting it, and then selling all that, and then taking the money and buying heroin.”*

Treatment providers reported increased availability of Suboxone® during the past six months, while law enforcement reported that availability has remained the same. A treatment provider alleged, *“They buy the Suboxone® off of the street when they are trying to get off of heroin on their own.”* The BCI London and the Miami Valley Regional crime labs reported that the number of Suboxone® cases they process have decreased during the past six months.

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

Reports of current street prices for Suboxone® were provided by participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$4-5 for 4 mg \$8-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics. A participant stated, "You can get it straight off the street or from the clinics." Other participants asserted: "There are people selling or trading the Suboxone®; They'll get a strip of Suboxone® and they'll trade that off to get money for heroin." One participant stated, "My dealer, if he didn't have any heroin that day, then I knew he had Suboxone®... so I was at least 'staying well' (not going into withdrawal)."

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption (sublingual). Participants estimated that out of 10 Suboxone® users, nine would orally consume and one would snort the drug. A participant reflected, "I don't hear many people snorting it." Participants and community professionals described typical illicit users of Suboxone® as heroin addicts who use the drug to avoid withdrawal.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the 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 also '10'. One participant stated, "If you want them, you can easily get them." Treatment providers most often reported current street availability as '9', while law enforcement most often reported it as '4'; the previous most common score for community professionals was '10'. A treatment provider remarked, "It is everywhere." A law enforcement officer reported, "About 40-50 percent of our cases come up positive for 'benzos' (benzodiazepines)."

Participants identified Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use, while community professionals identified Klonopin®, Valium® and Xanax®. A law enforcement officer added, "Ativan® is worthy to mention, but it is a lot lower [in availability] than Xanax® and Valium®."

Corroborating data also indicated the presence of sedative-hypnotics for illicit use in the region. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 17.1 percent were positive for benzodiazepines. The Montgomery County Coroner's Office found at least one benzodiazepine present in 44.4 percent of the 108 drug-related deaths it processed during the past six months.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. A participant reported, "A lot of doctors are now hesitant on prescribing these kinds of pills." Treatment providers reported that general availability of these medications has remained the same during the past six months, while law enforcement reported decreased availability. A treatment provider stated, "They are readily available because heroin addicts use them when they are having withdrawal...." The BCI London and Miami Valley Regional crime labs reported that the number of sedative-hypnotic cases they process have either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax® for the BCI lab.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics sell for \$1-3 per milligram. A participant explained, "The cost depends on what and how much you want."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2-3 for 2 mg
	Soma®	\$1 for 1 mg
	Valium®	\$1-3 for 1 mg
	Xanax®	\$1-2 for 0.5 mg \$3-4 for 1 mg \$6-8 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors. Although, several participants agreed with a participant who commented: *"I feel like ERs (emergency rooms) are starting to crack down at least a little bit."* Further, a treatment provider stated, *"There has been a big push for the 'docs' (doctors), especially the ones who do the mental health stuff, to stop [prescribing] the benzos."*

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 drugs. A participant explained, *"Some of them have a wax coating on them, so you just eat them."* Another participant stated, *"With Xanax®, it's always just easiest to eat it. It's just gonna affect you the same as if you snort it."*

A profile of a typical illicit sedative-hypnotic user did not emerge from the data, although participants often noted that users are typically females. A participant remarked, *"There's housewives out there numbing themselves legally (with prescription drugs) and then there's the guy on the street corner numbing himself illegally (with illegal drugs)."* Community professionals described typical illicit users as anyone. A law enforcement officer commented, *"A lot of addicts have them."*

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current 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 scores were also '10'. Participants commented: *"It is very readily available; it's very easy to get; I can get it anytime I want."* One treatment professional stated, *"I had a guy this morning who said that he smoked marijuana, but it wasn't a drug."*

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10';

the previous most common score was '5'. A participant reported, *"I can make a phone call and get it right now."* Community professionals most often reported current availability of marijuana extracts and concentrates as '8-9'; the previous most common score was '10'. A law enforcement officer reported, *"We are seeing the oils, waxes and liquids as well now. They are pretty potent."*

Corroborating data also indicated the presence of marijuana in the region. The Logan County Family Court reported that of the 708 positive juvenile drug tests it recorded during the past six months, 23.6 percent were positive for marijuana. In addition, the Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.6 percent of the 310 individuals who screened positive for any drug use during the past six months reported marijuana use during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Around 20 marijuana plants were found in a Beavercreek (Greene County) home (www.whio.com, Sept. 1, 2015). OSHP pulled over a vehicle in Montgomery County for speeding; a probable cause search of the vehicle led to seizure of marijuana, hash and several baggies of heroin (www.wdtn.com, Oct. 6, 2015). Neighbor complaints resulted in a search warrant issued for a residence in Riverside (Montgomery County); police seized a small amount of marijuana, crystal methamphetamine and drug paraphernalia (www.wdtn.com, Oct. 9, 2015). OSHP seized more than one pound of marijuana that was hidden near the trunk of a vehicle pulled over in Allen County (www.statepatrol.ohio.gov, Nov. 1, 2015). A vehicle was stopped in Montgomery County for a tinted window violation; a probable cause search led to the seizure of vacuum-sealed bags containing 236 grams of marijuana (www.daytondailynews.com, Nov. 14, 2015). An Allen County residence was searched, in which police discovered nine pounds of marijuana (www.otfca.net, Dec. 4, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of the high-grade marijuana has increased during the past six months. One participant stated, *"High grade is just as available as the 'reggie' (low-grade marijuana)."* Another participant reasoned, *"Now that more and more states legalize 'weed' (marijuana), it's easier to get ... I know people in Colorado who grow for dispensaries, but half of their product gets shipped out."* Participants indicated that marijuana extracts and concentrates in the form of oils, dabs and wax have

increased during the past six months. A participant stated, *"Dabs are becoming more and more popular."*

Treatment providers reported an increase in the general availability of marijuana, as well as in the availability of marijuana extracts and concentrates during the past six months. A treatment provider asserted, *"Hash oil has increased."* The majority of law enforcement reported no change in availability of marijuana extracts or concentrates. One law enforcement officer reported, *"The majority of cases we get is [for] high-grade [marijuana]."* A couple of law enforcement officers noted: *"There has been an increase in hash; We got a huge influx of cases, edible products, when it was legalized in Colorado ... That has died off, but we are seeing a lot of butane honey oil now."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months, while the Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has remained the same.

Marijuana	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 marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. A participant explained, *"Really depends on what you're looking for. You can get 'brick weed' (low-grade marijuana) that's been bricked up from the cartel or you can get nice little popcorn nuggets that's homegrown by somebody."* Participants shared: *"It's still way better to get 'loud' (high-grade marijuana); The loud will last longer ... I got a gram and it lasted three days compared to if I had a gram of reggie that would have been gone in two hours."*

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months. A participant stated, *"It's always stayed the same."* Another pondered, *"It's just low [quality]. Now everyone wants the good stuff."* Participants further indicated that the quality of high-grade marijuana has increased during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. A couple of participants reported: *"You can get variety packs now ... You can get whatever you want. They just market it like they would with cookies. They have different grades and different strains; He paid \$350 for the variety pack, which was an ounce."*

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$5-10
	1/8 ounce	\$20
	1/4 ounce	\$25-30
	An ounce	\$70-100
	High grade:	
	A gram	\$20
	1/8 ounce	\$40-50
	1/4 ounce	\$80-120
	An ounce	\$200-400
1/4 pound	\$1,200	

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. A participant replied, *"Most of them are smoking it."* Another participant added, *"Vaporizers. That's if someone's been smoking for a while and they're selling and they have extra money, they're like, 'Let's go get a vaporizer.'" One participant observed, "I've heard a lot of kids like baking it in cookies now."* Other participants indicated an increase in edible goods with marijuana. One participant said, *"They're becoming more popular now."* A participant reasoned, *"Because of the dispensaries. Those are big products in the dispensaries."* Another participant confirmed, *"You can get ice cream, cookies, brownies, tea ... but that's the medical weed."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone: all ages and races. A participant remarked, "Junior high and up." Another participant suggested, "I think more high-grade users are older, like 35 or older." However, still another participant countered, "I think a lot of the young people, too, are using [high-grade marijuana]." A treatment provider stated, "It really cuts across the board." Another clinician said, "Younger ones start [drug use] with marijuana."

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current 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 '7'. Community professionals

most often reported current availability as '8'; the previous most common score was '1.' A law enforcement officer remarked, "The numbers [of methamphetamine seizures and arrests] have skyrocketed since last year."

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region and identified powdered methamphetamine as the most prevalent form. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant shared, "I have a friend, that's her drug of choice and she does the shake-and-bake a lot. She just makes it herself, so she doesn't have to go and find it ... in a two-liter bottle."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple faced drug and child endangerment charges after police found a second methamphetamine lab in their home in Xenia (Greene County); the first lab was discovered in July (www.whio.com, Aug. 26, 2015). The Agencies for Combined Enforcement (ACE) task force discovered a methamphet-

amine lab in a Fairborn (Greene County) apartment (www.whio.com, Aug. 29, 2015). Neighbor complaints led police investigators to several methamphetamine labs during the reporting period: one in a Moraine (Montgomery County) home (www.wdtn.com, Sept. 16, 2015), a second in a Union City (Darke County) residence where marijuana was also seized (www.whio.com, Oct. 9, 2015) and a third, again in Moraine (www.daytondailynews.com, Oct. 13, 2015). A total of seven individuals were arrested in one week in Montgomery County for possession of crystal methamphetamine; other drugs found during the searches included heroin and marijuana (www.otfca.net, Nov. 2, 2015; www.otfca.net, Nov. 5, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Several participants commented: "You hear a lot about it; I've heard it through the grapevine that it is getting more accessible; It's becoming more popular." One participant disclosed, "A lot more people are doing meth ... I never done it, but been to jail so many times ... people given me the recipe. I come home with the recipe and then, that's how scary it is, you got this list of ingredients in jail and then you're just going to come home" Likewise, community professionals reported increased availability of methamphetamine during the past six months. A treatment provider reflected, "I think it decreased for a while, but now it is starting to slowly come back." The BCI London and Miami Valley Regional crime labs reported that the number of methamphetamine cases they process have increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. A participant shared, "I used it and it was pretty high quality." Participants were unable to report on other substances used to adulterate (aka "cut") metham-

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

phetamine, but often mentioned: *"It's made with so many chemicals; There are all kinds of chemicals in it."* One participant stated, *"They will cut it with whatever they can."* Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants indicated that the most common amount purchased is a gram. Another participant shared that users often trade ingredients used to manufacture methamphetamine for the drug and stated, *"I think that a box of Sudafed® will get you like a half gram."*

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/10 gram	\$20
	A gram	\$90-120

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would smoke and three would shoot the drug. A participant commented, *"It's a breakdown between them ... smoking and shooting."* Another participant shared, *"Most people I know smoke it."*

Participants described typical methamphetamine users as white, age 30 years and older, truck drivers, bikers (motorcyclists), third-shift workers and heroin addicts. Participants agreed: *"I'd say it's definitely a white person drug; Yeah, it's white people."* Several participants shared similar stories as one participant who commented: *"I'm seeing a lot of people that were heroin addicts go to jail, get out of jail by taking the Vivitrol® shot (a medication assisted treatment for opiate addiction), so they can't do heroin anymore ... they are doing meth."* A few participants added that methamphetamine is popular in the gay community. Community professionals also described typical methamphetamine users as white and aged 20s to 50s. A treatment provider expressed, *"I'm concerned that more younger people are going to start using meth now."* Another clinician perceived,

"It's here, but we are just so slammed with heroin ... it's hard to even see anything else."

Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported the current street 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 '5.' Treatment providers most often reported current street availability as '7' and law enforcement as '2'; the previous score was '5' for both types of community professionals. Treatment providers commented: *"It is easy to get if you want it; They can get it at the schools."* A law enforcement officer sensed, *"They are so low [in availability] compared to methamphetamine, it is not even noteworthy."*

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most popular. A treatment provider commented, *"Adderall® is the most popular now. It used to be Ritalin®."* Another treatment provider shared, *"The kids can get Adderall® really easily from their friends at school!"*

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. A few participants indicated an increase in Vyvanse®. One participant explained, *"There's a lot of guys at school who take Vyvanse® because I guess they're trying to limit Adderall® ... Vyvanse® aren't as addictive as Adderall® are ... that's what his doctor tells him."* Treatment providers reported that availability of prescription stimulants has increased, while law enforcement reported that availability has remained the same. 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 an increase in Adderall® cases and a decrease in Ritalin® cases; the Miami Valley Regional Crime Lab reported that the number of cases for all prescription stimulants has remained the same.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$7 for 30 mg
	Ritalin®	\$4 for 10 mg
	Vyvanse®	\$10 for 60 mg

Participants reported obtaining these drugs from dealers and physicians. One participant shared, "I know somebody, he is not prescribed them, but he buys them off the street" Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort these drugs.

Participants described typical illicit users of prescription stimulants as high school through college age and females (mothers). One participant stated, "Adderall® is real big in college." Another participant described typical users as, "Women who are trying to lose weight use them." Another participant added, "Those people that do [prescription stimulants] are the people who like the uppers, like the crack (cocaine) and the methamphetamine." Community professionals described typical illicit users as white females. One treatment provider suggested that many prescription stimulant users are self-medicating and stated, "Everyone thinks they are either ADHD (Attention-deficit/hyperactivity disorder) or bipolar and they need something to treat that."

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current general availability of ecstasy as '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 '5-7'. A participant stated, "It is pretty readily available." Another participant clarified, "It's more about the group of people you are associated with," which was supported by a participant who shared, "I was always able to pretty easily get it through the music scene." Community professionals most often reported current availability of ecstasy (traditional tablet) as '4' and current availability of 'molly' (powdered MDMA) as '7'; the previous most common scores were '1-2' and '5' respectively.

Participants and community professionals reported that the availability of ecstasy has remained the same during the past six months while reporting an increase in the availability of molly. Participants responded: "You can still get the pressed pill, but it is harder to come by; The big thing now is molly; People have moved from ecstasy to molly." A law enforcement officer reported, "We don't get it in tablets, we get in a powder (molly)." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months, while the Miami Valley Regional Crime Lab reported that the number of cases it processes has remained the same; the labs do not differentiate between ecstasy and molly cases.

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

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

Participants reported the current overall quality of ecstasy as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants did not often comment on the quality of the traditional tablet form, but often discussed the variable quality of molly. A participant explained, "Well, molly, and I say 'molly' in air quotes ... you never really know if you are getting real molly (MDMA) or some kind of synthetic from China or bath salts or whatever they do now." Another participant supported, "Ecstasy is a pressed pill and molly was pure MDMA when it first came out, ... but now molly is classified as any of those synthetics." Participants reported that ecstasy and molly are most often adulterated (aka "cut") with cocaine, heroin and other synthetic drugs. Overall, participants reported that the quality of ecstasy has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules. One participant added, "When you buy more, it just drops in price like it does with most drugs."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$20-25
	Molly:	
	One capsule (approximately 1/10 gram; aka "cap")	\$10-20
	A gram	\$100

Participants indicated that ecstasy and molly are most often obtained at dance parties (aka "raves") and clubs. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would orally consume the drug.

Participants and community professionals described typical ecstasy and molly users as younger (teens and 20s), as well as those who frequent clubs and raves. Participants were eager to describe these users: "Teens in the club scene; Ravers and those at the clubs; Strippers; Molly is more the DJ crowd; You see molly and the synthetics a lot in the music scene." One participant added, "It's getting more popular with the black crowd." A law enforcement officer described, "White, in their 20s, male."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. One participant stated, "It's there if you want it." Another participant agreed, "Yeah, it's around here." Community professionals most often reported current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7-8.' Treatment providers indicated that this drug is used by a limited population and commented: "They use it when they are trying to pass (drug) screens for probation; You still see it with the young kids a little bit, but it's not as prominent."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, "I haven't seen it for a while." Several participants suggested that this decrease is due to the fear and unpredictability of the high the drug produces and commented: "It's different. It's kind of scary; It's not marijuana. It makes you weird. It's something crazy. Like I drove home which is 10 minutes away and I felt like every car was trying to hit me. I was scared." Community professionals also reported decreased availability of synthetic marijuana during the past six months. Law enforcement observed: "It is lower in availability; I think a lot of people wanted to try it, but didn't like it. It scared them and then they backed off of it naturally." The BCI London and Miami Valley Regional crime labs reported that the number of synthetic marijuana cases they process have decreased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

Most participants reported that the quality of synthetic marijuana has decreased during the past six months, but were unable to provide a reason for the decrease, suffice to say that the high is not well liked. A participant reiterated, "It's just scary."

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. A participant reflected, *"I know that my brother gets a little thing [the size] of Blistex® and he pays \$25 for it."* Reportedly, a gram amount of synthetic marijuana sells for \$20-25. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in head shops and online. One participant asserted, *"They sell it at the gas stations."*

Participants continued to report that the only route of administration for synthetic marijuana remains smoking. Participants and community professionals described typical synthetic marijuana users as high school students, as well as, those who need to pass a drug test for employment or because they are on probation. A community professional explained, *"They use it to try to get by the drug testing."*

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: anabolic steroids, bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, ketamine (anesthetic typically used in veterinary medicine), Neurontin® (anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic medication).

Anabolic Steroids

Law enforcement reported low availability of anabolic steroids; most often reporting current availability of these substances as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Officers reported that availability has remained the same during the past six months. One law enforcement officer stated, *"We have a steady base of steroids in this area."*

Bath Salts



Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical ana-logues) remain available in the region. Participants most often reported the current availability of bath

salts as a '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"I don't really think that bath salts are around here."* Whereas, another participant asserted, *"People will sell bath salts as 'molly' (powdered MDMA)."* Community professionals most often reported current availability as '0-2.' A treatment provider commented, *"Those are pretty much gone or at least we aren't seeing them."* A law enforcement professional stated, *"We may have two or three cases and then we don't see it again."*

Participants and community professionals agreed that the availability of bath salts has decreased in the past six months. A law enforcement officer reasoned, *"More people are afraid of that than they are with heroin."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab clarified that alpha-PVP (aka "flakka") is classified as a second-generation bath salt. The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Although participants did not directly report on the quality of the drug, a couple of participants commented on the effects of the drug. One participant asked, *"Are bath salts considered hallucinogens? 'Cause when I did bath salts, it made me hallucinate."* Another participant shared, *"I thought I was buying cocaine and someone gave me bath salts, but it was a completely different experience. I thought I was shooting half a gram of cocaine and I felt like I needed to go to the mental ward."*

Reports of current prices for bath salts were provided by two participants with experience purchasing the drug who reported that a gram of bath salts sells for \$30-55. Participants reported that the most common route of administration for bath salts is snorting and estimated that out of 10 bath salt users, nine would snort and one would intravenously inject (aka "shoot") the drug. A law enforcement officer described typical users of bath salts as white males in their 20s.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported current availability of LSD as '9' and of psilocybin mushrooms as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants commented that the availability of LSD is

limited to a specific group of individuals. A participant commented, *"If you go in the right crowd, the jam band crowd, it's readily available."* Participants also discussed the availability of psilocybin mushrooms but could not rate their current availability. A couple of participants shared, *"Shrooms' (psilocybin mushrooms) are seasonal; They're hard to come by; You can get them in the fall because they are more readily available because people are growing them."* However, other participants commented: *"I used to sell them so it was easy for me; I grew them year round."* Community professionals most often reported current availability of both LSD and psilocybin mushrooms as a '2.'

Participants reported that the availability of both LSD and psilocybin mushrooms have decreased during the past six months. A participant explained, *"In the last six months, I have had one person say they could get it."* Law enforcement reported that the availability of hallucinogens has increased during the past six months. An officer shared, *"In the last two years, our LSD has gone up. We used to see less than five cases in a year. This year we have seen 25 LSD cases. Last year we saw 20 cases."* A law enforcement officer also explained, *"In the last two years [psilocybin mushroom cases] have risen and they are staying steady. We are seeing more mushroom home grows versus purchasing it from one grower. We are also seeing an increase in DMT (dimethyltryptamine)."* The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased.

Participants did not rate the current quality of LSD, but indicated that quality varies and commented: *"There's no way to test for the quality until you're into a trip and then you know; One guy might have good stuff and one might not."* Several participants rated the current quality of psilocybin mushrooms as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality).

Reports of current prices of hallucinogens were provided by those with experience either purchasing or selling these drugs. Participants commented: *"It depends on what kind you want; How much it costs depends on what the dealer wants to sell it for."* One participant reported, *"Most people buy one or two hits [of LSD] or a '10-strip' (a strip of blotter paper containing 10 LSD hits) between a group."* Another participant added, *"The liquid (LSD) is more expensive because it's stronger."* Reportedly, LSD sells for \$5-10 per hit and \$50-100

for a strip (10 hits). A law enforcement officer shared, *"Typically, [LSD] is on blotter paper."*

Participants reported that psilocybin mushrooms generally sell for similar prices as marijuana. Reports of current prices of psilocybin mushrooms were provided by the few participants with experience purchasing or selling the drug: \$1/8 ounce sells for \$25-35 and an ounce sells for \$100. One participant bragged, *"I was selling it for \$60 an eighth (1/8 ounce). That was the best quality you could get."* Participants reported that the most common route of administration for either hallucinogen is oral consumption. A participant explained, *"You put [LSD] on your tongue."* Participants reported that psilocybin mushrooms are most often eaten on food.

Participants described typical hallucinogen users as young (teens through 30s), hippies and those who attend music festivals. One participant described, *"LSD would be like those with the Grateful Dead type bands."* Still another participant illustrated, *"I would say more like hippies or those who like to camp and do the traveling music, groupies."* Law enforcement described typical users as younger (20s), male and white.

Inhalants

Inhalants are available in the region and participants reported nitrous and duster (Difluoroethane, aka "DFE") as most popular in terms of widespread use. One participant divulged, *"We could get it pretty easily because we were in the music scene, and we knew people from Indianapolis who'd bring in 60-pound tank, and then they would mix them into smaller tanks and we'd have nitrous parties, and it would get crowded with people."* Law enforcement reported, *"We see DFE often enough and we go through spurts ... We get one to two DUIs that have DFE involved."* Another officer shared, *"They always have like 30 cans in their car, so I would say it is pretty easy to get."*

Participants and law enforcement reported that the availability of inhalants has remained the same during the past six months. Reports of current prices of nitrous were consistent among the few individuals with experience purchasing the drug. Nitrous sells for \$5 per balloon. Reportedly, nitrous is most available at parties, raves and outdoor music venues. A participant declared, *"If you go to the 'raves' (dance parties) and stuff, they'll be there."* Participants described typical nitrous users as 16-30 years old and those

who attend raves. Law enforcement described typical DFE users as males in their early 20s.

Ketamine

Participants and community professionals reported that ketamine is available in the region, although its current availability was said to be limited. Participants and community professionals most often reported current availability as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement indicated decreased availability of the drug and reported: *"We've had two cases this year and we had six last year; It has decreased."* Respondents described typical ketamine users as white males in their 20s.

Neurontin®

Neurontin® is moderately to highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement most often reported current availability as '5'; the previous most common score was '10'. An officer reported, *"We see quite a bit of Neurontin®."* Participants and law enforcement reported that availability of Neurontin® has remained the same during the past six months. A participant stated, *"I've always heard of people using them when they're trying to withdrawal from heroin."* Another participant reflected, *"I've never heard of people trying to get high off of [Neurontin®]."*

Participants were mostly unaware of current street prices for Neurontin®. One participant reported, *"I actually saw Neurontin® for \$3, but I don't know what size it was."* Participants reported that the only route of administration for illicit use is oral consumption. Participants described typical illicit Neurontin® users as heroin addicts and those dealing with chronic pain. Law enforcement described typical illicit users as white and more often female.

Seroquel®

Seroquel® is moderately to highly available in the region. Participants most often reported the current street availability of this drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported

current street availability as '5'. Participants and community professionals reported that the availability of Seroquel® has remained the same during the past six months. A law enforcement officer stated, *"Seroquel® remains pretty steady."* Participants reported that the most common route of administration for illicit use of Seroquel® is oral consumption. One participant said, *"I think Seroquel® is one that burns when snorted."* Respondents described typical illicit users of Seroquel® as white females.

OTCs

Participants and community professionals reported high availability of OTCs due to legal sales of these drugs. One law enforcement officer explained, *"Availability is high because you can go to the store and easily get it."* However, both groups of respondents reported that the popularity of illicit use of OTCs is low. Law enforcement reported, *"We don't see very much cough medicine cases."* Participants reported that illicit use of OTC medications has decreased during the past six months. Participants and law enforcement described typical illicit OTC users as younger (20s and 30s), African American, and in the hip-hop music scene. A participant stated, *"That's popular among the young kids."* A law enforcement officer expounded, *"It's a huge thing in the hip-hop culture ... [artists] actually sing about it."*

Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report brown and white powdered heroin as most available. Participants and community professionals reported that the availability of heroin has increased during the past six months. Law enforcement expressed concern, reporting that for the first time ever, they have more heroin cases than they do marijuana cases.

Participants and community professionals continued to note fentanyl as a cutting agent for heroin. Reportedly, heroin dealers sell heroin-fentanyl mixtures as well as straight fentanyl, often unbeknownst to users who think they are buying heroin only. Participants continued to attribute overdose deaths in the region to fentanyl. The Montgomery County Coroner's Office found opiates present in 70.4 percent of the 108 drug-related deaths it processed during the past six months; fentanyl was present in 27.8 percent of all cases.

The most common route of administration for heroin remains intravenous injection. While participants did not indicate difficulty in obtaining new injection needles, many expressed concern over the sharing of needles and diseases (hepatitis and HIV). Reportedly, sharing needles is extremely common. Participants described typical heroin users as 16 years of age and older. Several participants admitted beginning heroin use when they were 16 and 17 years of age. Community professionals described typical heroin users as most often white and 18-60 years of age.

Law enforcement reported that the number of methamphetamine cases has skyrocketed since last year. Participants reported that methamphetamine is available in powdered and crystal forms throughout the region, but

identified powdered methamphetamine as the most prevalent form. The BCI London and Miami Valley Regional crime labs reported that the number of methamphetamine cases they process has increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as white, age 30 years and older, truck drivers, bikers (motorcyclists), third-shift workers and heroin addicts.

Participants and community professionals reported that the availability of "molly" (powdered MDMA) has increased during the past six months. Participants discussed the current variable quality of molly, reporting that the drug is typically not pure and is often adulterated with cocaine, heroin and synthetic drugs. Participants indicated that ecstasy and molly are most often obtained at dance parties (aka "raves") and clubs; they described typical users as younger (teens and 20s).

Lastly, participants and treatment providers indicated that high-grade marijuana, particularly marijuana extracts and concentrates in the form of oils, dabs and wax, has increased during the past six months. Many respondents linked the increase in high-grade marijuana to legal marijuana coming into the region from Colorado.