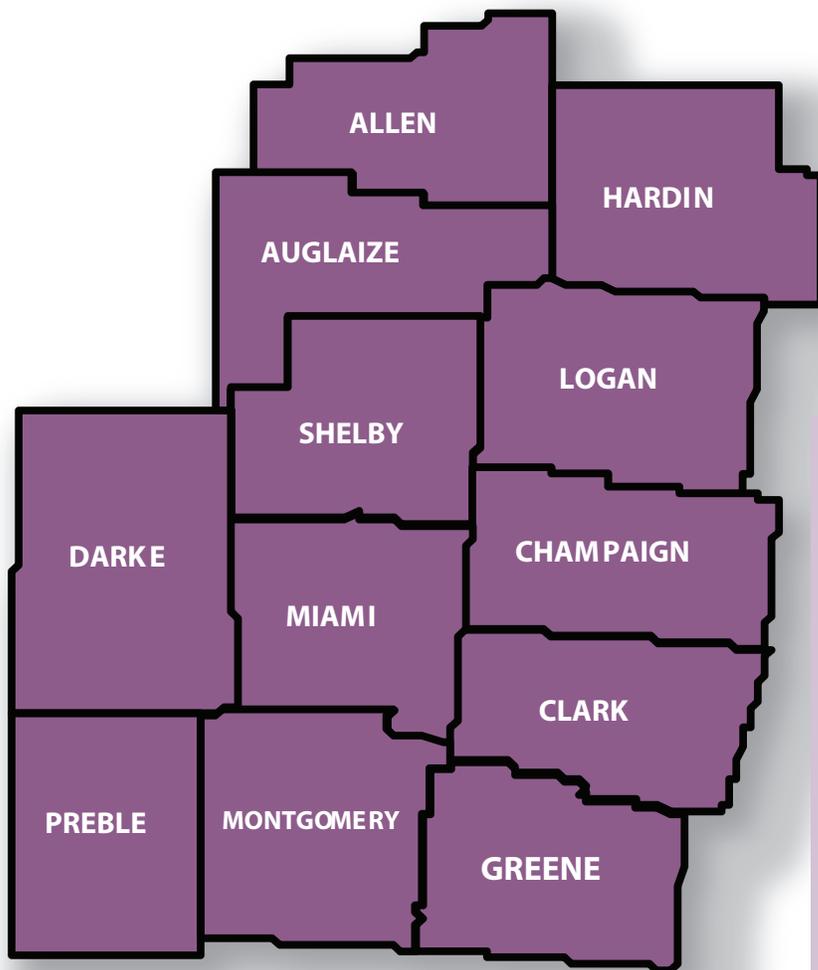




Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

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Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen 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 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 and the Logan County Family Court. 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), as well as from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from June through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

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

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Regional Profile

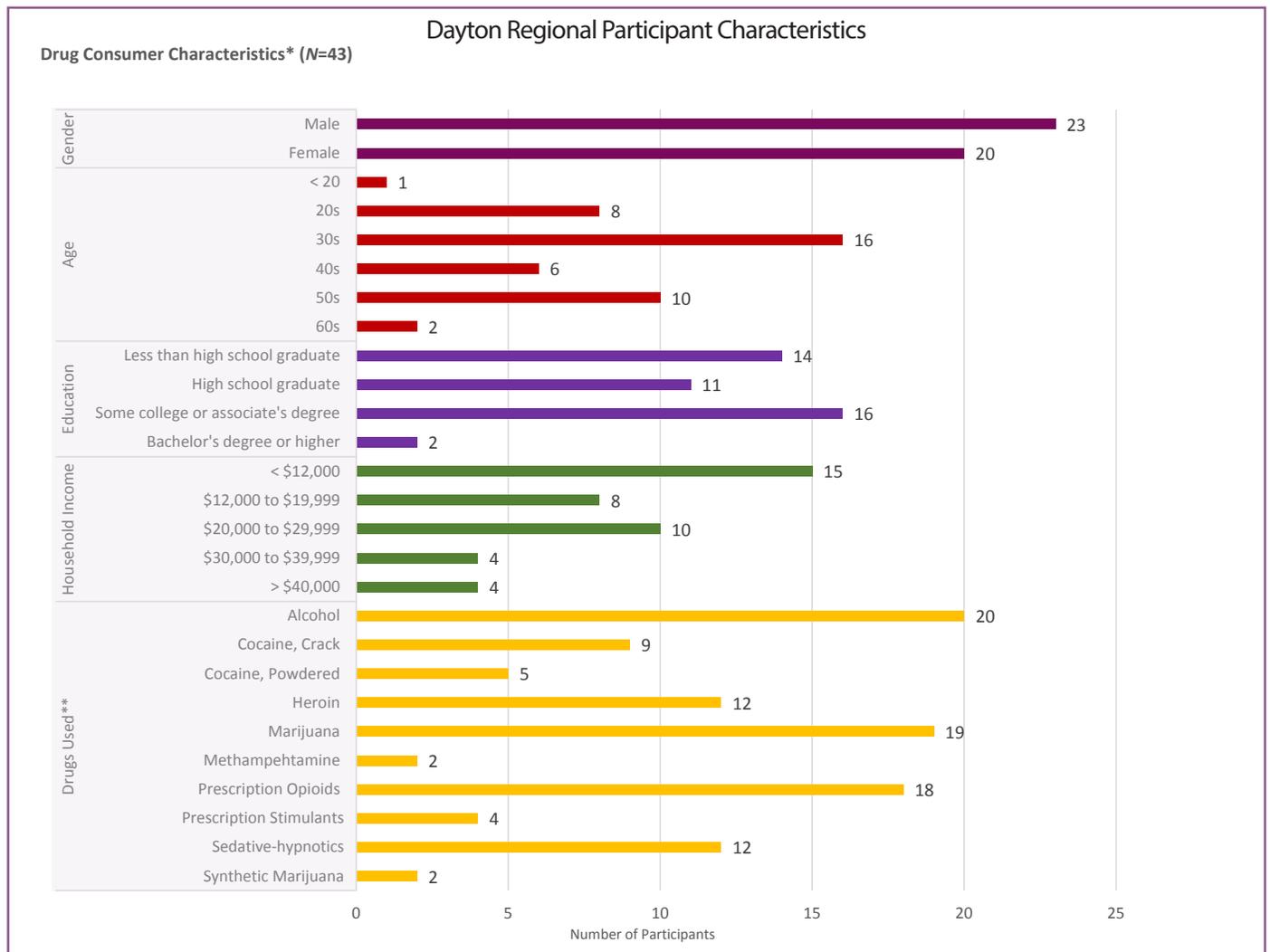
Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,348,904	43
Gender (female), 2014	51.1%	51.1%	46.5%
Whites, 2014	84.8%	86.2%	74.4%
African Americans, 2014	13.6%	12.9%	18.6%
Hispanic or Latino Origin, 2014	3.3%	2.3%	5.1% ²
High School Graduation Rate, 2014	82.6%	86.4%	67.4%
Median Household Income, 2014	\$49,349	\$48,806	\$12,000-\$19,999 ³
Persons Below Poverty Level, 2014	15.3%	15.8%	45.9% ⁴

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

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

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

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



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

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

Historical Summary

In the previous reporting period (June 2015 – January 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® were highly available. An increase in availability existed for ecstasy, heroin and methamphetamine; decreased availability existed for bath salts and synthetic marijuana, and likely decreased availability existed for prescription opioids.

While many types of heroin were available in the region, participants and community professionals reported brown and white powdered heroin as most available. Participants and community professionals agreed that the availability of heroin had increased during the reporting period. Law enforcement expressed concern that, for the first time ever, they had more heroin cases than they did marijuana cases.

Participants and community professionals noted fentanyl as a cutting agent for heroin. Heroin dealers sold heroin-fentanyl mixtures, as well as straight fentanyl, often unknown to users who thought they were buying only heroin. Participants attributed overdose deaths to fentanyl. The Montgomery County Coroner's Office found opiates present in over 70 percent of the drug-related deaths it processed during the reporting period; fentanyl was present in 27.8 percent of all cases. The most common route of administration for heroin was intravenous injection. While participants did not indicate difficulty in obtaining new injection needles, they reported that sharing needles was extremely common. Participants described typical heroin users as 16 years of age and older. Several participants admitted 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 dramatically increased since the previous year. Participants reported that methamphetamine was available in powdered and crystal forms, 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 processed had increased; the labs reported processing crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as white, 30 years of age and older, truck drivers, bikers (motorcyclists), third-shift workers and heroin addicts.

Participants and community professionals reported that the availability of "molly" (powdered MDMA) had increased. Participants discussed the variability of quality of molly and reported that the drug was typically not pure and often adulterated with cocaine, heroin and synthetic drugs. Participants indicated that ecstasy and molly were most often obtained at "raves" (dance parties) and clubs; they described typical users as younger (teens and 20s).

Participants and treatment providers indicated that high-grade marijuana, particularly marijuana extracts and concentrates in the form of oils and wax (aka "dabs"), had increased. Many respondents linked the increase in high-grade marijuana to legal marijuana that came into the region from Colorado

Current Trends

Powdered Cocaine

Powdered cocaine 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 also '10'. One participant stated, *"It's really easy to get."* Another participant clarified, *"It depends on who you know. If you know people [who buy/sell cocaine], then it is easy to get."*

Corroborating data indicated the presence of cocaine (crack and/or powdered cocaine) in the region. The Logan County Family Court reported that of the 267 positive adult drug test results it recorded during the past six months, 14.6 percent were positive for cocaine. The Montgomery County Coroner's Office found cocaine present in 25.9 percent of the 147 drug-related deaths it processed during the past six months. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,349 cocaine cases reported during the past six months, of which 62.3 percent were from Montgomery County, the county in which the city of Dayton is located (for the previous six months, there were 1,265 cocaine cases, of which 68.4 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement officers arrested a Dayton woman after tips led to a search of her home where authorities seized an undisclosed amount of powdered cocaine (www.wdtn.com, Feb. 8, 2016). Dayton Police pulled over a woman for swerving into other lanes and while she was searching her purse for her license, officers observed multiple pill bottles, one of which contained marijuana; a subsequent search revealed powdered cocaine hidden in her shoe, a bag of crack cocaine and Xanax® pills (www.wdtn.com, Feb. 27, 2016). Ohio State Highway Patrol (OSHP) seized six packages of cocaine hidden in altered shoes when they pulled a vehicle over in Preble County (www.statepatrol.ohio.gov, March 2, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant stated, "It's probably about the same, not as much as the harder version, 'crack' (crack cocaine)" Community professionals reported that availability of powdered cocaine has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months, while the BCI London Crime Lab reported that its number of cases has remained the same; note, the labs do not typically differentiate between powdered and crack cocaine cases.

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 also '5'. A participant explained, "They're 'cutting' (adulterating) it with all kinds of garbage." Participants reported the top cutting agents (adulterates) for powdered cocaine as baby aspirin, baby laxatives, baking soda, Similac® and vitamins. Other adulterates mentioned include: fentanyl and isotol (dietary supplement). Overall, participants indicated that the quality of powdered

cocaine has decreased during the past six months. Participants commented: "Quality has gone down; It's not as good as it used to be because people are trying to get rich quick."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		Benzocaine (local anesthetic)
		caffeine
		levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. One participant stated, "It's about \$5 for a 'cap' (capsule) which is about 1/10 (gram) or little less." Another participant shared, "Usually, the more you buy, the cheaper you get it for. They'll give you a discount. So, like a gram and a half, you're not gonna get it for \$150, you're gonna get it for \$120."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram (aka "cap")	\$5-10
	2/10 gram	\$10-20
	1/2 gram	\$40-50
	A gram	\$70-100
	1/8 ounce (aka "eight ball")	\$125-200
	1/4 ounce	\$250-350

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 injection (aka "shoot") the drug. One participant stated, "Snorting it is most common." Another participant clarified, "You start by snorting it, but eventually you'll start shooting it." Participants were eager to share what people use to snort the drug and reported: "Rolling up dollar bills; Using pieces off pens to snort it; Cutting up straws." Several participants discussed "speedballing" (concurrent use of powdered cocaine with heroin) and shared: "I'm hearing about more and more people doing speedballs; More people are doing powder and mixing it or doing a shot of heroin and snorting the cocaine; Most of the use I've seen is where they

inject heroin and 'coke' (powdered cocaine) together; You get the euphoria and rush right away." An additional method of administration reported is smoking. One participant explained, "You can snort it and then put some on the end of a cigarette and then smoke it and get a 'nummy.' That's what they call it."

Participants described typical powdered cocaine users as white, college kids, baby boomers and those of higher socio-economic status. Participants remarked: "High school kids and professionals; It's as young as 12 years old now; Mostly white, college kids; It's still the 'rich man's drug.'" Community professionals described typical powdered cocaine users as white, aged 18-60 years. A treatment provider stated, "It is not as specific a demographic as it used to be. It seems like whoever wants to use it, uses it." Another treatment provider added, "Powdered cocaine is still a more affluent [drug] because it's more expensive." Law enforcement officers reported: "Tends to be more white, unemployed; Age 18-35 [years]." One officer added, "We don't typically get just powder ... it is with the heroin."

Crack Cocaine

Crack cocaine 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 also '10'. One participant stated, "It used to just be in the south side. Now it's east, west, north ... it's everywhere. Everywhere." Another participant reported, "It was hard for me to find [initially], but once you start networking, you start finding it. There's a lot out there. It's pretty popular." Yet another participant shared, "There are people coming up to you at gas stations. You don't even have to go up to them. They come up to you."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Greenville (Darke County) man was arrested for trafficking crack cocaine near children (www.wdtn.com, April 19, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. One participant commented, "It's the same, all over the place." Community professionals also reported that the 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 increased 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 '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'.

However, one participant stated, "[Quality] depends on who you know." Participants reported that crack cocaine in the region is most often adulterated with aspirin, baby formula, baking soda, Orajel™ and Similac®. One participant commented, "Pretty much the same things as the 'powder' (powdered cocaine)." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant replied, "It's not as good as it used to be."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  Benzocaine (local anesthetic)  caffeine  levamisole (livestock dewormer) 	

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants indicated that the drug is typically purchased in \$10 increments of about 1/10 gram (aka "rocks"), but noted that smaller amounts are available. One participant said, "[Price] depends on how it looks. They don't weigh it, they just eyeball it." Participants indicated that the price also depends on the quality of the drug. Participants explained: "Sometimes you might get a lot of 'shake;' Shake is the rock that is broken down into a lot of pieces; All the crumbs, they put them together [in a capsule]; If it's harder and rockier, then you'll get more money out of it than if it's more powder."

Participants reported that the most common route of administration for crack cocaine remains smoking. One participant remarked, "Everyone smokes it." Another participant

Crack Cocaine	Current Prices for Crack Cocaine	
	A capsule	\$5
	1/10 gram	\$10-20
	A gram	\$50-75
	1/8 ounce	\$125-150

asserted, *"You don't snort crack."* Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants shared: *"Some people use a can, pop can or beer can, to smoke it out of; [Others] use those glass pipes to smoke it. You can go to the gas station and get them."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. One participant stated, *"Anyone of lower class, usually,"* and other participants countered: *"No, I disagree with that. It's all across the board; I've heard of professionals using it."* Community professionals also found it difficult to describe a typical crack cocaine user. A treatment provider commented, *"Anyone across the board."* Law enforcement officers commented: *"There are both white and black people using; Usually lower income; The younger crowd is more into the heroin and the older folks are using crack."*

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'. One participant stated, *"It's way up there."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Community professionals often insisted that the current availability of heroin is higher than '10'.

Corroborating data indicated the presence of heroin in the region. The Logan County Family Court reported that of the 267 positive adult drug test results it recorded during the past six months, 34.1 percent were positive for heroin,

which is a greater percentage than what was recorded for marijuana (30.7 percent). The Montgomery County Coroner's Office found heroin present in 40.1 percent of the 147 drug-related deaths it processed during the past six months; and of these heroin-related deaths, 25.4 percent also involved fentanyl. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,738 heroin cases reported during the past six months, of which 58.1 percent were from Montgomery County (for the previous six months, there were 1,766 heroin cases, of which 65.8 percent were Montgomery County cases). Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 164 grams of heroin and 11 du (dose units) of oxycodone in Springfield (Clark County) in October 2015 in a single seizure.

While many types of heroin are currently available in the region, participants reported brown and white powdered heroin as most available. Participant comments included: *"It's all powder here; 'Tar' (black tar heroin) really is not around here; Black tar is really rare; I've seen brown chunks, but it's powder."* In addition, one participant described, *"Powder that's purplish gray."* Community professionals also reported powdered heroin as most available. Treatment provider comments included: *"There's more powder than tar; I hear more about powder, but there is tar here, too."* Likewise, law enforcement officers commented: *"We see very little tar; We don't see tar ... it's powder."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Kentucky driver in Miami County after finding two ounces of heroin and three Xanax® pills in his possession (www.statepatrol.ohio.gov, March 9, 2016). A Dayton woman was caught with heroin in the front seat of a vehicle pulled over for a traffic violation; her husband, the driver, admitted driving her to obtain the drug with two young children in the car and two needles, one loaded with heroin (www.wdtn.com, March 13, 2016). A Clark County daycare teacher was arrested after a mother of one of the children found drug paraphernalia, including a needle, in the bathroom (www.datondailynews.com, March 24, 2016). A Dayton woman overdosed on heroin while visiting a patient at Miami Valley Hospital; she was found unconscious in the patient's bathroom with heroin in a contact lens container (www.whio.com, March 27, 2016). A Montgomery County woman was indicted for providing a mixture of fentanyl, alprazolam (Xanax®) and ethanol in lieu of heroin to a woman who overdosed and died; the woman left the

overdosing victim without seeking medical help (www.whio.com, March 28, 2016). An inmate was charged for the overdose death of another inmate at Clark County Jail after an investigation revealed she had been smuggling in heroin and trafficking it to other inmates; heroin and paraphernalia were found in her bra (www.wdtn.com, April 12, 2016). A Greenville (Darke County) man was arrested for trafficking heroin in a school zone; this was his second time arrested for this offense (www.wdtn.com, April 14, 2016). Police arrested a Shelby County couple after raiding their residence in response to several tips called in from concerned citizens (www.wdtn.com, April 29, 2016). Two men were arrested in Montgomery County when Dayton Police pulled them over for a traffic violation and a K-9 officer alerted to their vehicle; officers found heroin and paraphernalia in the car within reach of two children (www.wdtn.com, May 9, 2016). Two men were arrested in Allen County following a traffic stop in which OSHP troopers seized 40 grams of heroin and a small amount of marijuana (www.statepatrol.ohio.gov, May 20, 2016).

In other news, Montgomery County was noted as having one of the highest rates of fentanyl-related overdose deaths; thus, the Ohio Department of Health and the CDC (US Centers for Disease Control and Prevention) are increasing access to naloxone, clean needles and education in the area (www.wdtn.com, March 23, 2016).

Participants reported that the availability of heroin has increased during the past six months. One participant remarked, "Increased. Definitely." Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers commented: "It has greatly increased; It's going through the roof." Law enforcement officers affirmed: "There's no shortage of it; The fentanyl that is sold as heroin or that is laced in heroin has increased also."

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, off-white, tan and white powdered heroin during the past six months.

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

Participants most often rated the current quality of heroin as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '9'. One participant construed, "The quality is really high. People are dying." Another participant stated, "If a dealer has poor quality stuff, he could get you once, but you're gonna go to someone else the next time."

Participants reported that heroin is most often adulterated (aka "cut") with other substances. Reportedly, the top cutting agents are fentanyl, prescription opioids (Dilaudid®, Percocet®, Vicodin®), vitamins and Xanax®. A participant stated, "They're putting stuff in it now, fentanyl, that's killing everybody." Additional cuts mentioned include: powdered cocaine, powdered sugar and prenatal vitamins. A participant asserted, "Drug dealers will buy pain killers from whoever they can get them from and ... that's what they're using to make the heroin ... Vicodin® [and] Percocet®." Another participant noted, "I heard it also being cut with coffee." One participant added, "Purplish-gray [colored heroin] is Kool-Aid® mixed in with the heroin to make it bulk it up."

Community professionals also discussed how heroin is adulterated. Treatment providers reported: "We've seen a lot of the 'coke-heroin' (cocaine and heroin) mixtures. A lot of people are doing that to stabilize the high; And we've seen the heroin with fentanyl; They're putting that fentanyl into the heroin now and that's causing all of the overdoses." A law enforcement officer noted, "Some users are looking for fentanyl. They don't call it fentanyl ... they call it 'fire' or 'orange dope' ... 'the good dope,' the heroin that is laced with the fentanyl." Law enforcement officers also reported: "We went down to the crime lab recently and a large sum of [heroin] is being cut with Benadryl®; And also Ambien®." The BCI London Crime Lab reported processing a lot of powdered heroin cases that are coming up as heroin-fentanyl mixtures, and sometimes even as straight fentanyl.

Overall, participants reported that the quality of heroin has increased during the past six months. A participant

stated, "It's really good and getting better." Community professionals also indicated an increase in quality or potency of the drug. A treatment provider shared, "I have had clients tell me, 'When I heard someone overdosed, I wanted to know who they bought it from because that was the good stuff.'" A law enforcement officer commented, "A lot of the users, when they find out that their buddy who's a user OD'd (overdosed) or got a hold of something really potent, they will go straight to that dealer [who sold the drug]."

and go and find the guy all over again. If you're getting the quality that you want, you're gonna spend all of your money." A participant estimated, "A regular user is gonna spend anywhere from \$700 to \$1,500 a month on their habit." Another participant shared, "When I switched from prescription pills, 'perk 10s' (Percocet® 10 mg), 'oxies' (OxyContin®) and stuff like that to heroin, I mean, \$20 would last me all day ... Until maybe two months into it and then I was buying \$30 packs a day and then I lost count after that."

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) 	

Heroin	Current Prices for Heroin	
	Powdered heroin:	
1/10 gram (aka "cap")	\$5-10	
1/2 gram	\$50-80	
A gram	\$100-180	
1/2 ounce	\$600-700	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. One participant remarked, "It's cheap." Participants reported: "They sell it in 'caps' (capsules); Yeah, it comes in caps or [folded] in paper." A law enforcement officer confirmed, "Most of it comes in caps."

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, seven would shoot and three would snort the drug. Participants stated: "The starting point is snorting; Most shoot; Most started snorting and then end up shooting; Once you start shooting, you continue shooting; It's becoming more common to shoot; Everyone ends up shooting it." However, one participant shared, "Depends on the people you are around. I was around more people who snorted it, so I snorted it."

Participants indicated that price depends on the quality and quantity of the drug purchased. Participants commented: "It varies ... there is a huge [price] variance between dealers; The more you buy, the cheaper it'll get." One participant illustrated, "Guys with really good stuff (high-quality heroin) can name their own price. I knew a dealer once who did deals all over central and western Ohio. He was only doing deals for a minimum \$450. So, you had to get 9.5 grams in one buy or it wasn't worth it for him ... His stuff was consistent [high quality]. True story, he was having a baby so he was spending all his time with his girlfriend, and for him to come out of the house ... it just wasn't worth it unless it's \$450 ... and he survived just fine."

Participants reported that injection needles are most available from area retail stores, pharmacies, needle exchange programs, dealers and diabetics. Participants shared: "If you know anyone who is diabetic, then it's easy to get needles; A lot of people who have diabetes are selling them because they have low income. You can get \$5 per needle." One participant stated, "If you don't know someone who has needles, your next option is to go to websites online and order boxes of them and to cover your losses, you can sell the needles for \$1 a pop. That's typically how it's done." Another participant recounted, "I saw a homemade sign over the weekend on the west side of town that said, 'Will buy insulin syringes.' It was right on the telephone pole and there was a number to call." Participants reported that the most common street price for a needle is \$1, but a couple participants agreed that the cost can run as high as \$5 per needle.

Other participants discussed small amounts, called "testers," and reported: "Testers of heroin, a little \$5 pack, is common; A lot of [dealers] will be at the gas stations ... They'll throw it into the car with their business card; They have their business card wrapped up in the piece of paper with their phone number." Reportedly, heroin users will usually spend whatever amount of money they have on the drug. Participants stated: "No matter what you got, you're gonna end up spending it all; There's no point in getting a 20 or 30 (\$20 or \$30 worth of heroin) and then have to turn around

Participants reported that sharing needles is extremely common. Participants explained: *"They do it all the time; If you are sick, you will do anything you can; If you're 'dope sick' (going through withdrawal), you're not worried about getting Hep C (hepatitis C) or anything; I only share with my girlfriend."* Other participants discussed re-using syringes, as one participant shared, *"They use them until they break, until the plungers break, and then they have to get a new one."*

A profile of a typical heroin user did not emerge from the data. Participants generally described typical heroin users as individuals 19 years of age or older, all races, prostitutes and those who cannot get pain medications. A participant explained, *"People start by using pain pills and then once they can't get those, they eventually go to heroin. Heroin is cheaper and easier to get."* Community professionals described typical heroin users as anybody, all ages and races. A treatment provider related, *"There used to be the stereotypical user, but now it could be anybody."* Another treatment provider stated, *"It cuts all across the board."*

Law enforcement officers reported: *"It used to be predominantly white, but now we're seeing more black individuals using heroin; Age wise, we just dealt with a 60-70 year-old heroin user."* A few officers proposed: *"There's peer pressure now for younger people in the high schools [to use heroin]; Now there's more peer pressure. [Adolescents think], 'My friends are using it, so I'm going to try it.'" One law enforcement officer shared, "Now, you'll have a dealer just show up at a party with it and say, 'Hey, try this.'" A couple of officers added: "Most of the dealers do not use heroin, most smoke 'weed' (marijuana) and use coke; Your high-level dealers are not using. The street-level runners might be, but not the high-level business dealers."*

Prescription Opioids



Prescription opioids 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 also '7'. Community professionals most often reported current availability of prescription opioids as '5-7'; the previous most common score was also '5-7'. A couple of law enforcement officers commented: *"We don't see a lot of that because that is not our focus; Our main focus is on cocaine, crack and heroin."* However, officers said: *"Prescription pills are*

a problem; Within an hour you could get it; I just went past a house the other day where the guy (informant) said there were thousands of pills in there. You can get any pill you want."

Corroborating data also indicated the presence of prescription opioids for illicit use in the region. The Montgomery County Coroner's Office found at least one prescription opioid present in 61.2 percent of the 147 drug-related deaths it processed during the past six months; fentanyl was present in 81.1 percent of these cases. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 755 prescription opioid cases reported during the past six months, of which 55.8 percent were fentanyl/acetyl fentanyl cases (an increase from 459 cases for the previous six months, of which 26.6 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a driver after a K-9 officer alerted troopers to the vehicle and they discovered 1,181 oxycodone pills in the trunk (www.wdtn.com, Feb. 2, 2016). OSHP responded to a fatal crash in which a driver, who tested positive for prescription opioids, antidepressants and alcohol, was headed the wrong way on Interstate 75 in Dayton and collided with another vehicle; the driver and the four people in the other vehicle died (www.ohio.com, June 1, 2016).

Participants identified Dilaudid®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant stated, *"Percocet® is number one."* Another participant affirmed, *"Perks' (Percocet®) are the number one, by far."* One participant explained, *"It used to be Vicodin®, but now everyone wants Percocet®."* A participant shared, *"I was getting a phone call every day, asking if I knew where I could get any 'vikes' (Vicodin®) or perks."* Community professionals identified Percocet® and Vicodin® as most popular. One treatment provider stated, *"Percocet® is the most popular now."* Other treatment providers noted: *"Nobody gets Dilaudid®; Nobody wants tramadol."*

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants stated: *"I think it's went down; They're harder to get; They're not as easy to get, but they are still there."* One participant reasoned, *"It's gone down because ... the doctors aren't prescribing."* Another participant asserted, *"Availability has gone down and that's why a lot of people are using heroin ... you can't find the pills."*

Community professionals also reported that the general availability of prescription opioids has decreased during the past six months. One treatment provider stated, *"They're cracking down on those so they are going to heroin."* Other treatment providers reported: *"It has decreased; I don't hear about much of people getting it anymore; It's too hard to get."* A law enforcement officer said, *"Heroin is easier to get than the pain pills."*

The Miami Valley Regional Crime Lab reported that the number of fentanyl, Opana® and Vicodin® cases it processes has increased during the past six months, while the BCI London Crime Lab reported increased numbers of cases for Dilaudid®, fentanyl, Kadian®, morphine, Opana®, OxyContin®, Percocet® and Vicodin®; the numbers for all other prescription opioid cases have either remained the same or decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported that the majority of prescription opioids sell for \$1-1.50 per milligram. A participant illustrated, *"If you have a 'perk 30' (Roxicodone® 30 mg), you could sell that for \$35. That's over a \$1 a milligram."* Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant remarked, *"The prices for the pain killers have gone through the roof."* Another participant stated, *"Last year at this time, I could get them for cheap. Now they've doubled in cost."* Other participants reflected: *"A 'vike 5' (Vicodin® 5 mg) goes for \$5. It used to go for \$3 or \$4, but now it's gone up; The prices have increased. That's why I moved to heroin; That's one of the biggest reasons why people are driven to heroin ... the prices have gotten so high."*

In addition to obtaining prescription opioids from dealers, participants reported getting these drugs through emergency rooms (ERs). Participants commented: *"You can fake pain and go to the ER and get them; As long as you*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$1 per milligram
	fentanyl	\$50 for 75 mg (transdermal patch)
	Norco®	\$3-5 for 5 mg
	Opana®	\$2 per milligram
	Percocet®	\$5 for 5 mg \$8-10 for 7.5 \$14 for 10 mg
	Roxicodone®	\$35 for 30 mg
	Ultram®	\$0.50-1 per milligram
	Vicodin®	\$3-5 for 5 mg

have a 'good urine' (can pass a urine drug screen), you can get anything in the ER ... If you have dirty urine, they're not gonna give you nothing." One law enforcement professional stated, *"People who are prescribed [opioids] are selling their pills."*

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, *"All of them are snorting. Maybe one or two are eating them."* Another participant commented, *"Some people will chew the fentanyl patches."* Several participants discussed illicit use of Dilaudid®: *"Dilaudid® and the OxyContin® are the only ones you can inject; A lot of people say that the best way to do Dilaudid® is to inject it because then you get the better buzz."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as anyone. Participants commented: *"It's anybody. Any age, any race. Anybody; Across the board."* One participant specified, *"Perks cut across every race and socio-economic status."* Community professionals described typical illicit users of prescription opioids similarly. Treatment providers commented: *"Anybody; Older ladies; Those involved in pain [management]."*

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, *"It is really easy to get if you want it."* Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '5'; the previous most common scores were also '10' for treatment providers and '5' for law enforcement. Reportedly, the sublingual filmstrip form of Suboxone® is the most prevalent form of the drug in the region.

Corroborating data indicated the presence of Suboxone® in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 58 buprenorphine cases reported during the past six months (there were 60 cases for the previous reporting period).

Participants reported that the availability of Suboxone® has increased during the past six months. One participant shared, *"I know people who get it and then sell it for heroin."* Community professionals reported that the availability of Suboxone® has remained the same during the past six months. A treatment provider commented, *"It's stayed the same. There really has not been a major change."* The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months, while the BCI London Crime Lab reported that the numbers of Suboxone® and Subutex® cases it processes have increased 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. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics and from other users. A participant commented, *"You can buy it off of dealers or people who have it."* Another participant said, *"You can get it in the clinics."* One participant added, *"People trade it or sell it."*

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$4-5 for 4 mg \$8-15 for 8 mg

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption (sublingual). Participants estimated that out of ten illicit Suboxone® users, nine would sublingually consume and one would snort the drug. However, one participant contested, *"No one snorts it."* Participants and community professionals described typical illicit users of Suboxone® as heroin users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant commented, *"If you know the right people, you can get them."* Community professionals most often reported current street availability as '6'; the previous most common scores were '9' for treatment providers and '4' for law enforcement. A treatment provider stated, *"The doctor will just give it to you if you say you need it."* Law enforcement officers commented: *"They are readily available; Especially Xanax®."*

Corroborating data also indicated the presence of sedative-hypnotics for illicit use in the region. The Montgomery County Coroner's Office found at least one sedative-hypnotic present in 15.6 percent of the 147 drug-related deaths it processed during the past six months. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 297 sedative-hypnotic cases reported during the past six months, of which 60.9 percent were Montgomery County cases (an increase from 268 cases for the previous six months, of which 76.1 percent were Montgomery County cases). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Montgomery County

health officials reported that more than half of the lethal overdoses in the county were a result of people mixing benzodiazepines with heroin (www.wdtn.com, Feb. 24, 2016).

Participants identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Several participants agreed with one respondent who commented: *“Xanax® is number one, Klonopin® is number two, and Ativan® is three.”* Community professionals identified Klonopin® and Xanax® as most available. One treatment provider stated, *“Mainly Xanax® and Klonopin®.”* Another treatment provider noted, *“I don’t hear much of the people getting Valium® anymore.”* One law enforcement officer shared, *“There are some houses you go to where they pretty much run the gamut. You could get heroin, ‘coke’ (powdered cocaine), crack (cocaine), pills (prescription opioids) ... Xanax®. It’s a one-stop shop.”*

Participants and treatment providers reported that the general availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported decreased availability. The Miami Valley Regional Crime Lab reported that the number of Ambien®, Ativan® and Xanax® cases they process have increased during the past six months, while the BCI London Crime Lab reported that the number of Ambien® and Xanax® cases it processes has increased; the numbers for all other sedative-hypnotics cases have either remained the same or decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. Generally, sedative-hypnotics are most often sold for \$1 per milligram. However, one participant noted, *“It depends on what type.”*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per milligram
	Soma®	\$1 per milligram
	Valium®	\$1-2 per milligram
Xanax®	\$0.50 for 0.25 mg (white) \$1-2 for 0.5 mg (peach) \$2-3 for 1 mg (aka “blue football”) \$4 for 2 mg (aka “bar”)	

Participants reported obtaining sedative-hypnotics from dealers and doctors. One participant replied, *“You can get them prescribed from doctors or get them on the street.”* One treatment provider shared, *“All of my teenage [clients] that are in the juvenile justice system are getting prescribed [sedative-hypnotics] and they are not taking it. They’re selling it. They sell it and then buy the ‘kush’ (high-grade marijuana).”*

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, eight would orally consume and two would snort the drugs. One participant asserted, *“Most eat them.”* One treatment provider commented, *“Teenagers are snorting it.”*

Participants described typical illicit users of sedative-hypnotics as anyone. Participant comments included: *“Everyone uses them; Anyone from the teens up.”* Community professionals described typical illicit sedative-hypnotic users as teens and college students. One treatment provider remarked, *“They’re on college campuses.”*

Marijuana



Marijuana remains highly available in the region. Participants most often reported the current availability of marijuana as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants remarked: *“It is really easy to get; Any dealer who is selling anything is selling ‘weed’ (marijuana), too; It’s all over; Everyone smokes weed!”* Community professionals most often reported current availability of marijuana as ‘10’; the

previous most common score was also '10.' One treatment provider stated, "You could go outside right now and get it." Other treatment providers indicated that the drug is so socially accepted among their clients, that one provider recounted, "It's not even something that [the client] is going to bring up when you're talking about substance abuse. When you ask questions about marijuana, to them, it's not substance abuse." A law enforcement officer commented, "It's readily available." Another officer responded, "Ten (highly available) for both low grade and high grade [marijuana]."

Corroborating data indicated the presence of marijuana in the region. The Logan County Family Court reported that of the 267 positive adult drug test results it recorded during the past six months, 30.7 percent were positive for THC (tetrahydrocannabinol, the principal psychoactive component of marijuana); the court also reported that 62.3 percent of all juvenile drug tests ordered during the past six months were positive for THC. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,713 cannabis cases reported during the past six months, of which 62.1 percent were Montgomery County cases (a decrease from 1,866 cases for the previous six months, of which 69.4 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two Michigan men in Shelby County after finding 220 grams of marijuana in the trunk of their vehicle (www.statepatrol.ohio.gov, Feb. 3, 2016). OSHP arrested a Florida driver in Miami County after finding more than two pounds of marijuana and 52 grams of marijuana wax in his vehicle (www.statepatrol.ohio.gov, Feb. 17, 2016). OSHP arrested an Arizona man in Preble County after a K-9 officer alerted to the vehicle and 60 pounds of marijuana was found in a duffle bag (www.statepatrol.ohio.gov, March 1, 2016). Montgomery County Sheriff's officers and R.A.N.G.E. (Regional Agencies Narcotics and Gun Enforcement) Task Force seized 110 marijuana plants from a Dayton residence, as well as a large amount of processed marijuana (www.wdtn.com, March 10, 2016). The Clark County Sheriff's Office, German Township Police and the R.A.N.G.E. Task Force raided a home and shut down a marijuana grow operation, seizing 43 marijuana plants (www.otfca.net, April 8, 2016). A driver from Georgia was arrested in Miami County after OSHP found two pounds of hydroponic marijuana, two grams of marijuana wax and eight hydrocodone pills in his vehicle (www.statepatrol.ohio.gov,

www.wdtn.com, April 28, 2016). Police seized 120 marijuana plants and seven pounds of marijuana packaged for sale from a residence in Moraine (Montgomery County) (www.wdtn.com, May 24, 2016).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of these marijuana products as '10,' while community professionals most often reported it as '8,' the previous most common score for both groups of respondents was '10.'

Participants reported that the availability of marijuana has increased during the past six months. One participant stated, "[High-grade marijuana is] more available now than it's ever been." Participants also indicated that the availability of marijuana extracts and concentrates has increased during the past six months. One participant stated, "Dabs are ... more popular now." Community professionals also reported that the availability of marijuana has increased during the past six months. A law enforcement officer reasoned, "With the legalization and decriminalization of [marijuana] in some of the Western states, it's easier to get."

Treatment providers also reported that the availability of marijuana extracts and concentrates has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI London and the Miami Valley Regional crime labs reported that the number of marijuana cases they process have decreased during the past six months; note, the labs do not differentiate marijuana extracts and concentrates from other marijuana cases.

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

Participants most often rated the current overall quality of high-grade marijuana as '10' and of low-grade marijuana as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score overall was '10.'

Participant comments included: *"You don't hear nobody talking about bad weed. They're all talking about the good; Everyone really wants the 'hydro' (hydroponically grown marijuana) now, if they can afford it."* A treatment provider commented, *"If they can afford the high grade, they will buy it. That's what they want."* A law enforcement officer noted, *"The younger kids use the low-grade stuff because they can't afford the good stuff."*

Overall, participants indicated that the quality of low-grade marijuana has decreased during the past six months, while the quality of high-grade marijuana has increased. One participant remarked, *"The quality of 'dirt weed' (low-grade marijuana) is no good."* Other participants commented: *"High grade has gone up big time; The quality has really increased; They're bringing it in from the dispensaries, so it is good stuff."*

Reports of current prices for marijuana were provided by participants with experience buying the drug. A couple participants noted: *"It varies; Mostly depends on the dealer."* One participant shared, *"I know people who sell grams. I don't know anybody who sells 1/2 grams."*

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$5-10
	1/4 ounce	\$25-30
	An ounce	\$80
	A pound	\$600-800
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$20
	A gram	\$15-20
	1/8 ounce	\$50
	1/4 ounce	\$80-100
	An ounce	\$400
	A pound	\$2,200

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. One participant stated, *"I've experienced the [marijuana] cookies and brownies and stuff, but it's pretty much just smoked."* Other participants commented: *"The edibles are getting popular; Edibles are coming from the dispensaries."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone (of all ages and races). A participant remarked, *"It's everyone. Everyone smokes weed."* One participant recalled, *"I actually seen a 12-year-old boy ... just walking down the street smoking a blunt."* Community professionals described typical marijuana users similarly. One treatment provider said, *"Everybody ... young, old, professionals."* One treatment provider reflected, *"I've noticed a shift in my clients. They are getting younger and they're using heroin and they are smoking 'kush' (high-grade marijuana). And they will get it the same way the heroin users get heroin; they will sell something, they will trade something, they will steal, they will do whatever. This is the 18-25 year olds."* Other treatment providers commented: *"A lot of times they find jobs where there is no drug testing or the employers are liberal to marijuana use; We've got people working [fast food] a couple nights a week who smoke kush."*

Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the current availability of the drug 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'. Community professionals most often reported current availability as '8-10'; the previous most common score was '8'. A couple law enforcement officers shared: *"They're actually on the shot (Vivitrol®) and doing 'meth' (methamphetamine); The Vivitrol® shot that is working for heroin ... people are going and getting the shot and then getting meth to achieve the high."*

Corroborating data indicated the presence of methamphetamine in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 503 methamphetamine cases reported during the past six months, of

which 64.8 percent were Montgomery County cases (an increase from 361 cases for the previous six months, of which 60.1 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Dayton man with an outstanding warrant was arrested after authorities discovered several baggies of methamphetamine and capsules of heroin in his possession (www.wdtn.com, Feb. 20, 2016). OSHP arrested a man from Arizona after seizing marijuana and 25 grams of methamphetamine from his vehicle (www.statepatrol.ohio.gov, March 9, 2016). An Illinois man was convicted and sentenced to 11 years in prison after being caught in Montgomery County with 3,200 grams of crystal methamphetamine (www.wdtn.com, March 10, 2016). Dayton Police found a couple with methamphetamine outside an east Dayton church; the woman explained that she was there to use the drug before going into work (www.wdtn.com, May 22, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants reported that powdered methamphetamine is most prevalent. The powdered form of methamphetamine is typically referred to as “one-pot” or “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 stated, “You can make it in your home if you have the ingredients.”

Law enforcement reported crystal methamphetamine as the more prevalent form of the drug throughout the region. Law enforcement commented: “Powder has gone by the wayside; [Shake-and-bake] died out.” One law enforcement officer reported, “The type of ‘meth’ (methamphetamine) we typically see is crystal.” Another officer agreed, “I can’t remember the last time I saw powder. It’s almost all crystal meth now.”

Participants reported that the availability of methamphetamine has remained the same during the past six months. One participant stated, “It’s the same. You have to know someone to get it.” Community professionals reported that the availability of methamphetamine has increased during the past six months. A treatment provider stated,

“It has definitely increased. We have more clients who have used meth, especially when they can’t get heroin.” Another treatment provider reported, “Half the intakes I did, they were doing meth.” A law enforcement officer reflected, “The ‘Mexican meth’ (crystal methamphetamine) has really ‘blown up’ (increased) over the past several months.” The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, while the BCI London Crime Lab reported that the number of methamphetamine cases it processes has decreased; the labs reported processing crystal, brown, off-white and tan powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ Participants mentioned “pool shock” (super chlorinating chemicals for swimming pools) as an adulterate (aka “cut”) used for methamphetamine. Other participants did not seem to know any specific chemicals and responded: “All kinds of chemicals; It’s cut with whatever.” 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 reported that the most common amount of purchase is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$50
	A gram	\$100

Participants reported that the most common routes of administration for methamphetamine remain intravenous injection (aka “shooting”) and smoking. Participants estimated that out of 10 methamphetamine users, seven would shoot and three would smoke the drug.

Participants described typical methamphetamine users as white, rural, males, 18 years of age and older, of lower socio-economic status and/or gay. Participants commented: *“Rednecks’ and country guys; Poor people; Gay community.”* Community professionals described typical methamphetamine users as white, males and 18 years of age and older. One treatment provider added, *“Those trying to avoid the withdrawal from heroin and then they get hooked on meth.”* Law enforcement officers commented: *“Same as cocaine users; I’d say 20-40 [years of age] and white.”* An officer noted, *“I’ve never met anybody who’s over 60 [years old] and is a meth user.”*

Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported the current street availability of these drugs 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 ‘7.’ One participant commented, *“It’s not as available as other stuff.”* Treatment providers most often reported current street availability as ‘9,’ while law enforcement most often reported it as ‘2,’ the previous most common scores were ‘7’ and ‘2,’ respectively.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One participant stated, *“Adderall® is the most popular.”* One participant deliberated, *“Adderall® ... that’s when you’re in desperation mode. You’re waiting on something, money or something, or you’re waiting on your guy to get your stuff and you’re just trying to get by, so now you’re using alcohol, marijuana, Valium®, Adderall®, Xanax®, Klonopin®. These are the backups until you get the heroin.”*

Participants reported that the availability of prescription stimulants has remained the same during the past six months. Treatment providers reported that availability has increased, while law enforcement reported that availability has remained the same. The BCI London and the Miami Valley Regional crime labs reported that the number of

prescription stimulant cases they process have decreased or remained the same during the past six months, with the exception of Ritalin® cases which both labs reported as having increased in number.

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. Participants commented: *“It’s really not that much; Prescription stimulants are not near what they used to be [in cost].”*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$4 for 20 mg \$6 for 30 mg \$10 for 60 mg
Ritalin®	\$10 for 30 mg	

Participants reported obtaining these drugs from dealers and physicians. One participant stated, *“People are prescribed them and then misuse them.”* Participants reported that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, six would orally consume and four would snort the drugs. One participant stated, *“You can eat them.”* Another participant remarked, *“If the pattern is injecting and there is any way to inject it, then you’ll inject it.”*

Participants described typical illicit users of prescription stimulants as high school and college students, professionals, parents of youth who are prescribed stimulants as well as heroin users. One participant explained, *“Parents have their kids prescribed them and they use them.”* Other participants stated: *“Heroin users use this to take the edge off; People who got a lot of stuff to do.”* Community professionals described typical illicit prescription stimulant

users as high school and college students. One treatment professional stated, "Students and younger individuals." Another treatment provider shared, "We have clients who use them because they think it will help them in school ... it will help them to study." A treatment provider added, "It's not really used to get a high off of. It's goal oriented ... to study or do well in school."

Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is highly available in the region. Participants most often reported the current availability of both ecstasy (traditional pressed tablet) and "molly" (powdered MDMA) as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7-8'. Participants commented: "Molly is more popular now; People want molly more than ecstasy."

Community professionals reported availability of both ecstasy and molly as '8'; the previous most common scores were '4' for ecstasy and '7' for molly. A couple of treatment providers reported: "I heard a lot about it; Molly is the powder, a party drug." Another treatment provider shared, "I know one guy who does it ... and it's molly." One treatment provider noted, "Ecstasy is still pretty popular."

Participants reported that the availability of both ecstasy and molly has increased during the past six months. One participant stated, "It's increased in the clubs." Another participant agreed, "If there's music, there's molly." Community professionals reported that availability of ecstasy and molly has remained the same during the past six months. A treatment provider replied, "It's stayed the same. It's still out there." Law enforcement reported: "It's staying the same; We don't deal with a whole lot of it; It's not something common that we see." The BCI London and the Miami Valley Regional crime labs reported that the number of ecstasy cases they process have increased during the past six months; note, the labs do not differentiate molly cases from ecstasy cases.

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

Participants rated the current overall quality of ecstasy and molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Participants did not provide information on substances used to adulterate (aka "cut") ecstasy or molly, although one participant commented, "They cut it with stuff." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying these drugs. Participants reported that molly is usually sold in capsules. One participant stated, "You buy [molly] in little 'caps' (capsules) or baggies here, but mostly you get them in little capsules."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-20
	Medium dose (aka "double stack")	\$25-50
	Molly:	
1/10 gram (one capsule)	\$10-20	
	A gram	\$70-90

Participants indicated that molly is obtained at "raves" (dance parties) and at clubs. Participants reported that the most common routes of administration for ecstasy and molly remain snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, seven would snort and three would orally consume the drugs. One participant responded, "You snort it or you eat it."

Participants described typical ecstasy and molly users as younger (high school and college aged) and those attending clubs. Participants commented: "All that stuff is college kids; Teens and club kids; Those in the music scene." Likewise, community professionals described typical ecstasy and molly

users as younger individuals who attend clubs. Treatment providers replied: *"People in the party scene; People in that lifestyle."* One treatment provider clarified, *"There's not as much of the 'raving' (dance party), but there's still the 'Phish' (popular music band) following."* A law enforcement officer commented, *"Young individuals in the club scene."*

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the current availability of the drug as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants were unable to assign an availability score for synthetic marijuana in the previous report. One participant reported, *"There's at least two places selling it in the south end!"* Another participant shared, *"I have a friend ... and she physically gets sick if she doesn't have it."* Community professionals reported availability of synthetic marijuana as '4,' the previous most common score was '2.' A treatment provider reflected, *"I don't hear about it as much."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, *"It's harder to get now."* Several participants indicated decreased availability due to fear and unpredictability of the high it produces. One participant stated, *"No one wants it because it gives you a crazy kind of high."* Another participant remarked, *"It's scary."* Treatment providers reported that availability of synthetic marijuana has remained the same during the past six months, while law enforcement reported that availability has decreased. A treatment provider reasoned, *"They've made it really difficult to buy."* A law enforcement officer thought, *"They don't want [synthetic marijuana] because they are scared of its effects."* The BCI London and the 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	No change

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a gram.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A blunt (cigar)	\$5-10
	A gram	\$20-30

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, head shops and online. Participants reported that the only route of administration remains smoking. Participants described typical synthetic marijuana users as teenagers, those involved in drug court and others who need to pass random drug screens for probation or employment. Participants commented: *"Younger kids; Those who want to pass drug tests; Probation kids."* Likewise, community professionals described typical synthetic marijuana users as young individuals and those trying to pass drug tests. A treatment provider said, *"Younger individuals on probation might use it to try to avoid testing positive [for drug use]."*

Other Drugs in the Dayton Region

Participants and community professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants (duster or difluoroethane [DFE] and nitrous oxide), Neurontin® (gabapentin, an anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic medication).

Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the current availability of bath salts as a '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2.' Community professionals most often reported current

availability as '0-1;' the previous most common score was '0-2.' One treatment provider reported, "We are not seeing them." Another provider stated, "That was popular five years ago, but not now." Law enforcement agreed and one officer commented, "Those pretty much died out."

Participants and community professionals reported that availability of bath salts has decreased during the past six months. The BCI London and the Miami Valley Regional crime labs reported that the number of bath salts cases they process have decreased during the past six months.

Only one participant had information on the current price of bath salts and reported that the drug sells for \$30 per gram. Participants reported that the most common route of administration for bath salts remains snorting. They estimated that out of 10 bath salt users, nine would snort and one would intravenously inject (aka "shoot") the drug. Participants reported that there is no typical user of bath salts; however, law enforcement described typical bath salt users as young, white males.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens generally as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '9' for LSD and '5' for psilocybin mushrooms. Participant comments included: "[LSD is] readily available in the music scene; It's pretty much around the bands." Other participants noted: "It depends on the season; [Psilocybin] mushrooms are seasonal." Community professionals most often reported current availability of hallucinogens generally as a '2'; the previous most common score was also '2' for both LSD and psilocybin mushrooms. One treatment provider reported, "I have found that the mushrooms (psilocybin mushrooms) actually scare people, much like the bath salts. They would actually trust 'acid' (LSD) more than mushrooms." One law enforcement officer commented, "Don't see much [LSD] ... see more mushrooms."

Participants and community professionals reported that the availability of both LSD and psilocybin mushrooms has decreased during the past six months. However, one treatment provider reflected, "I think the mushrooms are becoming more prevalent." The BCI London and the Miami Valley Regional crime labs reported that the number of LSD and

psilocybin mushroom cases they process have increased during the past six months.

Participants explained that LSD is sold as a liquid in a vial and by the drop on squares of blotter paper; each square is considered one dose (aka "hit").

Current Prices for Hallucinogens		
Hallucinogens	LSD:	
	A dose (aka "hit")	\$10-15
	10 doses (aka "strip")	\$50-70
	100 doses (aka "sheet")	\$100
	A vial of liquid (200-300 doses)	\$350
	Psilocybin mushrooms:	
	1/8 ounce	\$30-50
	An ounce	\$100

Participants continued to report that the most common route of administration for either hallucinogen remains oral consumption. One participant stated, "You put [LSD] on your tongue."

Participants described typical hallucinogen users as white, young, hippies and individuals who attend music festivals. Participants responded: "High-school to age 20s and 30s; Hippies who follow the bands; 'Dead heads' (those who like the Grateful Dead band)." Community professionals described typical LSD users as males, in their 20s and white. One treatment provider replied, "Individuals 17 to 25 years of age at music festivals." Other professionals also noted: "Individuals going to music festivals; Those following the Grateful Dead; The Grateful Dead and 'Phish' (popular music band) type culture."

Inhalants

Inhalants are moderately to highly available in the region. Participants reported on nitrous oxide, while law enforcement reported on DFE. Participants reported the current availability of nitrous oxide as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants stated: "They are a '10' (highly

available) at 'raves' (dance parties) and in the club scene; They are at all the raves." Law enforcement reported the current availability of DFE as '7'. A law enforcement officer commented, "[Dusters] are easy to get."

Participants and law enforcement reported that the availability of inhalants has remained the same during the past six months. Participants were only able to report pricing of nitrous oxide, explaining that it is sold in balloons for \$5 per balloon. Participants described typical inhalant users as young people (teens and 20s) who attend clubs and raves. Law enforcement described typical inhalant users as hippies, younger males and those aged in their 20s. An officer also observed, "Those in the music scene."

Neurontin®

Neurontin® remains available in the region. Participants most often reported 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); the previous most common score was also '10'. Community professionals most often reported current street availability as '5'; the previous most common score was also '5'. A law enforcement officer stated, "We see quite a bit of Neurontin®."

Participants reported that the availability of Neurontin® has remained the same during the past six months. However, one participant noted, "It's gone up for those in jails and on probation." Community professionals also reported that availability of the drug has remained the same during the past six months. A few participants reported that Neurontin® sells for \$1 per pill (unspecified dose).

Participants reported that the most common route of administration remains oral consumption. However, a treatment provider reported, "They are cheeking them in the jails and then snorting them." Community professionals described typical users of Neurontin® as white and female.

OTCs

Participants and community professionals reported that OTCs for illicit use remain available due to legal sales of these drugs. Both respondent groups reported that illicit use has remained the same during the past six months. Treatment provider comments included: "They have the Nyquil® and they will just chug that whole bottle and have a little trip on that; They drink it straight." A law enforcement

officer stated, "They drink it straight or mix it with soda."

Participants and community professionals described typical illicit users of OCTs as younger, African-American individuals in their 20s and those in the hip-hop community. Treatment providers reasoned: "Kids because they can't get anything else; You can get it right at the store. It's cheap and available." A law enforcement officer reported, "That is common among the young individuals in the hip hop community." Another officer commented, "The [dealers are] all drinking that and then sell heroin and smoke weed." Participants commented: "The young kids use the 'lean' (codeine syrup mixed with soda); That's popular with hip hop."

Seroquel®

Seroquel® remains available in the region. Participants most often reported the current street availability of the drug as '10', while community professionals most often reported it as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were the same, '10' for participants and '5' for professionals. A participant stated, "People use it to sleep." Participants and community professionals reported that the availability of Seroquel® has remained the same during the past six months.

Only one participant reported on current street pricing for Seroquel® and shared that the drug sells for \$0.50-1 per pill (unspecified dose). Participants reported that the most common route of administration for Seroquel® remains oral consumption. Respondents described typical illicit users of Seroquel® as white and female.

Conclusion

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

Corroborating data indicated the presence of heroin in the region. The Logan County Family Court reported that of the 267 positive adult drug test results it recorded during

the past six months, 34.1 percent were positive for heroin, which is a greater percentage than what was recorded for marijuana (30.7 percent).

While many types of heroin are currently available in the region, participants and community professionals reported brown and white powdered heroin as most available. There was consensus among respondent groups that the high availability of heroin has continued to increase during the past six months. Law enforcement also noted an increase in fentanyl being sold as heroin and an increase in heroin-fentanyl mixtures as well; and they reported that users are now seeking fentanyl. Reportedly, the top cutting agents (adulterants) for heroin are fentanyl, prescription opioids, vitamins and Xanax®. In addition, treatment providers indicated that heroin is also cut with cocaine.

The BCI London Crime Lab reported processing a lot of powdered heroin cases that are coming up as heroin-fentanyl mixtures, and sometimes even as straight fentanyl. All respondent groups commented on an increase in overdoses due to fentanyl. Participants and law enforcement reported that heroin in the region is commonly sold in capsules for \$5-10. Participants also noted that testers of the drug are given for no fee or sell for \$5. Reportedly, heroin users will usually spend whatever amount of money they have on the drug.

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that sharing needles is extremely common. Participants also discussed re-using syringes until the break. A profile of

a typical heroin user did not emerge from the data; however, law enforcement reported an increase in heroin use among African Americans.

Treatment providers discussed that marijuana is so socially accepted among their clients that clients do not often view its use as part of their substance abuse history. Community professionals attributed the increase in marijuana availability, particularly high-grade marijuana, and the increase in the social acceptance of marijuana to the legalization and decriminalization of the drug in some Western states. Participants indicated that high-grade marijuana is more available than it has ever been. Additionally, both respondent groups reported high availability of marijuana extracts and concentrates, often appearing as oil (aka "BHO," butane honey oil) and wax (aka "dabs").

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants reported that powdered methamphetamine is most prevalent, while law enforcement reported crystal methamphetamine, imported from Mexico, as the most prevalent form of the drug. Community professionals reported that the availability of methamphetamine has increased during the past six months. Treatment providers noted an increase in the number of clients entering treatment who use methamphetamine. Reportedly, heroin users will use methamphetamine when they cannot obtain heroin. Participants described typical methamphetamine users as white, rural, males, age 18 years or older, of lower socio-economic status and/or gay.

