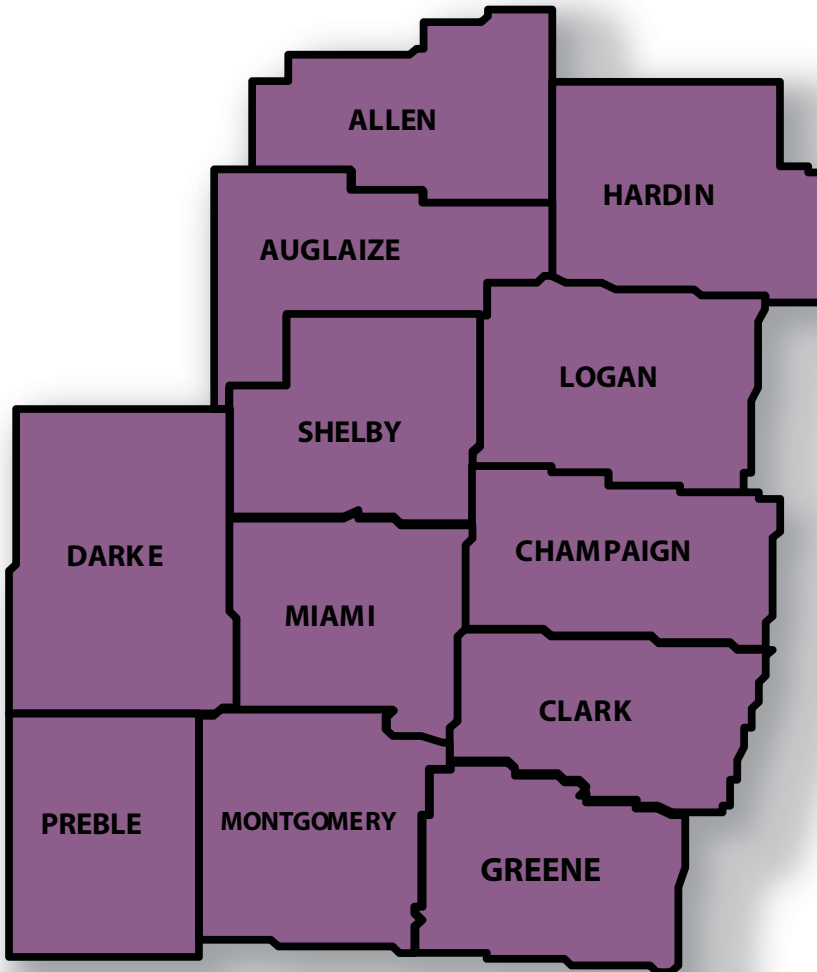




## Drug Abuse Trends in the Dayton Region



### Regional Epidemiologist:

**Tasha Perdue, MSW**

### Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen, Hardin, 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. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2013.

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

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### Regional Profile

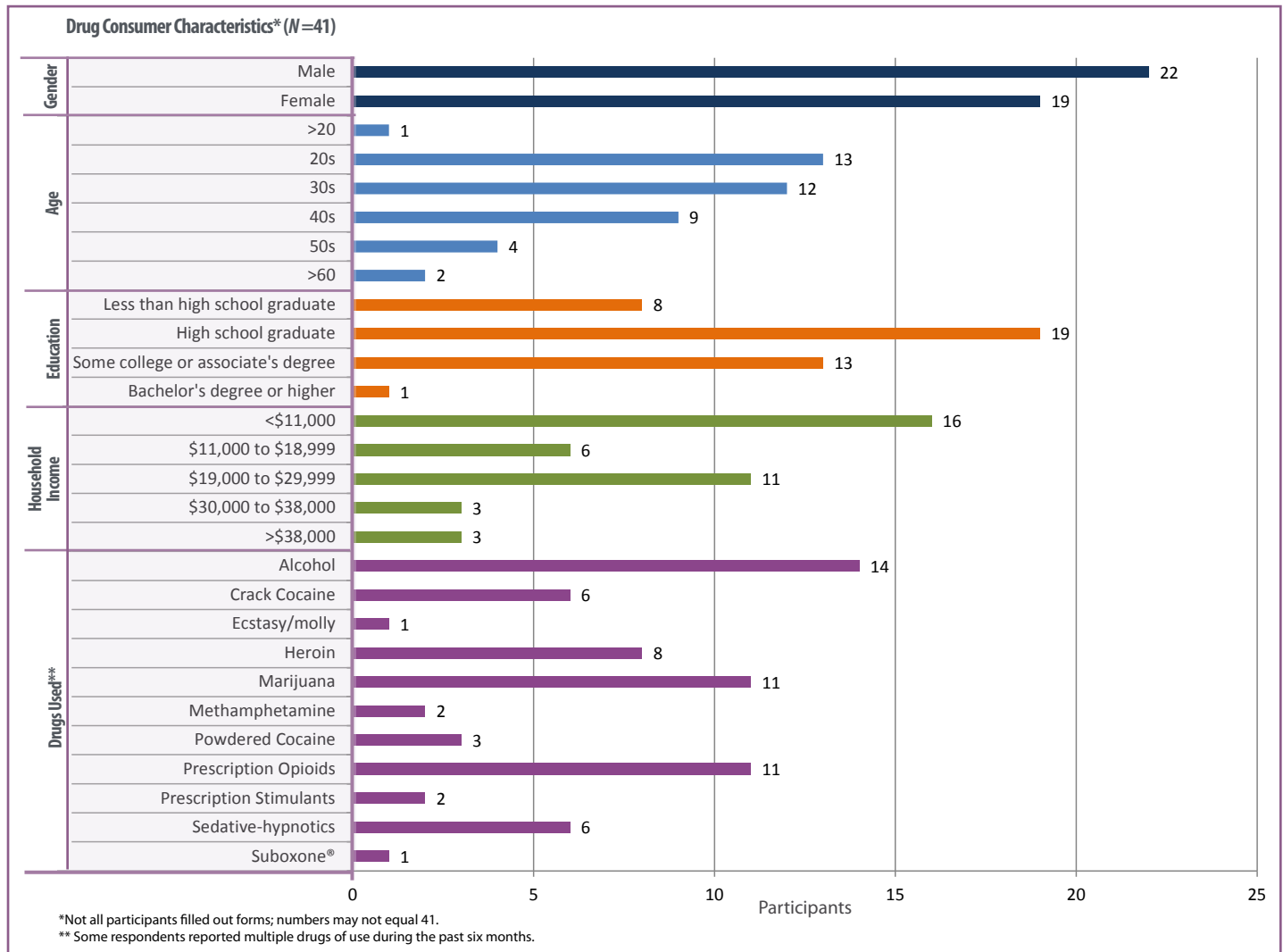
Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	41
Gender (female), 2010	51.2%	51.2%	46.3%
Whites, 2010	81.1%	83.1%	68.3%
African Americans, 2010	12.0%	11.3%	17.1%
Hispanic or Latino Origin, 2010	3.1%	2.0%	2.9%
High School Graduation Rate, 2010	84.3%	88.1%	80.5%
Median Household Income, 2012	\$46,873	\$47,061	\$11,000 to \$14,999 <sup>2</sup>
Persons Below Poverty Level, 2012	16.2%	14.4%	61.1% <sup>3</sup>

<sup>1</sup>Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup>Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.

### Dayton Regional Participant Characteristics



## Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana and sedative-hypnotics remained highly available in the Dayton region; also highly available were prescription stimulants and Suboxone®. Changes in availability included likely increased availability for methamphetamine, powdered cocaine and Suboxone®, as well as decreased availability for bath salts and synthetic marijuana.

Participants and community professionals reported that the availability of powdered cocaine had increased. A law enforcement professional suggested the increased availability was due to the growing popularity of mixing powdered cocaine with heroin (aka “speedballing”). Participants suggested an increase in use among younger individuals due to popular culture factors such as song lyrics that promote and glorify cocaine use. Community professionals noted that typical users of powdered cocaine were often white and also added that younger individuals were increasingly using powdered cocaine. In addition, participants discussed the strong connection between alcohol and powdered cocaine by explaining that this drug allows users to consume more alcohol.

Participants and law enforcement reported that the availability of methamphetamine had increased. The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period. Participants from across the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline and powdered tan, white and brown. A treatment provider in Dayton commented that methamphetamine was not as available in Dayton as it was in other areas of the region, while treatment providers in Lima (Allen County) reported high availability. Participants described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine was most often used in smaller social circles.

Participants and law enforcement reported a decrease in availability of bath salts. The Miami Valley Regional Crime Lab reported a decrease in number of bath salt cases it processed during the reporting period. Overall, participants reported that bath salts were not their drug of choice and they had not pursued them.

Despite legislation enacted in October 2011, synthetic marijuana continued to be available on the street from dealers as well as from “head shops.” However, participants and community professionals reported decreased availability of synthetic marijuana. Respondents commented on the impact the legislation had on the availability of the drug. Additionally, a treatment provider discussed information that was released on the dangers of synthetic marijuana use and cited that as having had a positive effect in keeping individuals from using this substance. Treatment providers also noted that users prefer to smoke regular marijuana.

Lastly, community professionals reported increased availability of powdered MDMA (aka “molly”). Law enforcement suggested this substance was increasingly popular with college age communities.

## Current Trends

### Powdered Cocaine




Powdered cocaine is moderately available in the region. Participants most often reported current availability as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants noted that while users may have to call around for powdered cocaine, they could find the drug if they desired it. A participant commented, *“I could find it [powdered cocaine] any day of the week that I wanted it.”*

Treatment providers most often reported the drug’s current availability as ‘5,’ law enforcement most often reported availability as ‘8;’ the previous most common score among community professionals was ‘6.’ A treatment provider commented, *“Powdered cocaine is not necessarily a drug of choice for this region. You know we [are] dealing more with the crack cocaine.”* A law enforcement officer reflected, *“I think [powdered cocaine] it’s always available ... It’s just whether or not people are using it I think.”*

A media outlet reported on powdered cocaine seizures and arrests in the region during this reporting period. The Miami Valley Bulk Smuggling Task Force searched homes in Huber Heights (Green and Montgomery Counties), New Carlisle (Clark County) and Tipp City (Miami County) and found large amounts of cocaine, heroin and methamphet-

amine; this task force confiscated over 400 grams of cocaine during this reporting period ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 14, 2013).

Participants reported that the availability of powdered cocaine has decreased during the past six months and explained: "It [powdered cocaine] was a '10' [highly available] before heroin showed up; I think that's true because heroin's taking over, because everybody wants that [heroin]." Treatment providers reported that availability of powdered cocaine has decreased, while law enforcement reported an increase in availability during the past six months. A law enforcement officer reported, "We're still seeing a lot more heroin than cocaine, but our cocaine numbers are increasing. It's been interesting because for years cocaine was down and we had hardly ever run it ... It's cyclical and we're on the high side right now." The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months (note: the lab no longer makes distinctions between powdered and crack cocaine).

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

Participants most often reported the current quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that powdered cocaine in the region is cut (adulterated) with creatine, baking soda, baby laxatives and isotol (diuretic). A participant commented, "People [drug dealers] buy quantities [of powdered cocaine] just to make money, and they cut it with just about anything they can possibly think of and they sell it to somebody else, and they do the same thing." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months.

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

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, powdered cocaine is now sold in capsules (aka "caps"). A participant commented, "I mean nowadays they're selling it [powdered cocaine] like heroin [in capsules]."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a capsule (aka "cap")	\$5
	a gram	\$50-100
	1/16 ounce (aka "teener")	\$70-100
	1/8 ounce (aka "eight ball")	\$150-250
	an ounce	\$1,000-1,200
a kilo	\$18,000	

Participants reported that the most common routes of administration for powdered cocaine are snorting, intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 powdered cocaine users, four would snort, three would inject and another three would smoke the drug.

Participants described typical powdered cocaine users as of higher socio-economic status and 18-30 years of age. Treatment providers described typical users as more often male, 25-40 years of age and drug dealers. A treatment provider responded, "The guys that actually sell drugs [typically use powdered cocaine] because they think if they sniff cocaine that they don't have a problem." However, a professional from the coroner's office reflected that cocaine users are a diverse group: "I feel like our OD [overdosing] population is really widespread. I think that there are probably an equal number of cocaine users that are white and black, equal male and female."




### Crack Cocaine

Crack cocaine is moderately to highly available in the region, depending on location. Participants in Dayton (Montgomery County) and Lima (Allen County) 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), while participants in Hardin County and Troy (Miami County) most often reported current availability as '5-8;' the previous most common overall

score was '10'. A participant in Hardin County claimed, "[Crack cocaine] *that's Lima stuff.*" A participant in Lima commented, "[Crack cocaine] *it's always been available as far as I knew.*" Similarly, treatment providers in Lima most often reported the drug's current availability as '10', while treatment providers in Hardin County reported current availability as a '4'; the previous most common score overall was '10'. A treatment provider in Hardin commented, "*I don't have any clients that are admitting to smoking crack [cocaine].*"

This reporting cycle participants also discussed obtaining crack cocaine paraphernalia at regional gas stations. A participant commented, "*They selling pens like right there at [that] store and make it look like there's a rose in it ... and it's a crack pipe ... and they sell bags [prepackaged smoking kits] with a Brillo® [pad, steel wool to use as a filter], pen [to use as a pipe] and lighter.*"

Participants and community professionals reported that the availability of crack 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 (note: the lab no longer makes distinctions between powdered and crack cocaine).

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

Participants most often reported the current quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported that the quality can vary depending upon from whom the user purchases the drug. Participants reported that crack cocaine in the region is cut with baking soda as well as substances from "head shops." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant commented, "*More cutting and less cocaine.*"

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

Current street prices for crack cocaine were variable among participants with experience buying the drug. Participants explained that users can buy crack cocaine by the piece (aka "rock"). A participant stated, "*They [drug dealers] usually already have it [crack cocaine] chopped up into nickels [\$5 pieces], dimes [\$10 pieces], whatever you want.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	a gram	\$40-100
	1/16 ounce (aka "teener")	\$60-70
	1/8 ounce (aka "eight ball")	\$120-170

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. Participants speculated about a possible increase in shooting crack cocaine. A participant commented, "*I think [injecting crack cocaine] is common now. I used to do it all the time.*"

A profile for a typical crack cocaine user did not emerge from the data. A participant quipped, "*It don't make no difference these days [anyone can use crack cocaine].*" Another participant replied, "*It's all about the money sometimes ... or if you can't find anything else [crack cocaine is readily available and cheap].*" A treatment provider commented, "*Could be anybody ... it [crack cocaine] doesn't discriminate.*"

## Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of heroin 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'. A participant remarked, "*All you gotta do is walk out this building and give them [heroin dealers] the right look and they got you.*" Another participant claimed, "*There's some people that travel from far away to come to Dayton to get heroin. They come here to get the good stuff and it's cheaper.*"

While many types of heroin are currently available in the region, participants reported the availability of brown and




white powdered heroin as the most available even though black tar heroin was also rated highly available in all areas. Participants most often reported the current availability of all heroin types as '10' throughout the region, with the exception of black tar heroin in Troy (Miami County) where participants there most often reported the current availability of black tar heroin as '3.' Community professionals also reported the availability of brown and white powdered heroin as most available in the region. Additionally, crime lab professionals most often reported black tar heroin's current availability as lower than that of brown and white powdered heroin.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. A SWAT team arrested five individuals in Kettering (Montgomery County) for trafficking heroin ([www.abc22now.com](http://www.abc22now.com), July 8, 2013). A woman was arrested in Darke County for trafficking heroin while her one-year-old child was with her ([www.abc22now.com](http://www.abc22now.com), July 16, 2013). A Kettering couple was arrested after being pulled over with heroin caplets and paraphernalia in their car ([www.abc22now.com](http://www.abc22now.com), July 22, 2013). Two more individuals were found in Preble County collecting scrap metal along the Norfolk and Southern Railroad; they possessed hypodermic needles and capsules used for heroin and were arrested ([www.abc22now.com](http://www.abc22now.com), July 23, 2013). Three men were arrested for selling heroin in the Dayton Mall parking lots ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 6, 2013). Further, a heroin dealer from Springfield (Clark County) was sentenced to three years in prison following his third drug-related arrest this year; he was in possession of heroin (some of which were in capsules), crack cocaine and Suboxone® ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 20, 2013). Later in the reporting cycle, a crying one-year-old was discovered in a running van in which two unresponsive women were found overdosed on heroin ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 5, 2013). Three people were arrested in a drug raid at a home in Sidney (Shelby County); heroin and marijuana were found during the raid ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 17, 2013). The Miami Valley Bulk Smuggling Task Force also seized 13.3 pounds of heroin ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 14, 2013).

Participants most often reported that the general availability of heroin has increased during the past six months. A participant commented, "[Heroin availability] *it's gotten worse, and it's getting worse.*" In addition, participants reported an increase in overdose rates as well. Participants

commented: "[Overdose rates are] *increasing; I know a few people that died this year from it [overdosing on heroin]. I know like five people actually, that died this year.*" Participants shared that hesitation to call for assistance when a user is overdosing is common among heroin addicts. A participant stated, "*If somebody dies around me, I'll leave them where they're at.*" A participant explained, "*You'll get involuntary manslaughter; That's why people are laying there dying.*" Another participant added that those who overdose face felony charges themselves: "*There's this law in Kenton that if they go out to the hospital ... if they're overdosing, they're going to charge them [the overdosing heroin addict] with a felony five and that's not right.*"

Community professionals also reported that the general availability of heroin has increased during the past six months. A law enforcement officer said, "*A lot of people are starting to know heroin addicts which I think is interesting, because I don't think a lot of people before the last six months or a year could say they knew a heroin addict. But, I know now I can say that personally.*" A crime lab professional reported, "*We're not that far from being able to say that heroin is our most prevalent drug, and I mean it's always been marijuana.*" Community professionals also reported an increase in overdose rates. A crime lab professional reported, "*If not every day, at least every other [day] we get one or two [heroin] overdoses.*" Treatment providers also explained that users are hesitant to call for assistance when they see someone overdose. A treatment provider remarked, "*Like if someone overdoses, they'll just leave them there or they'll just keep quiet because they understand that they can get charges as well as the person that's overdosed.*" The Miami Valley Crime Lab reported that the number of heroin cases it processes has increased during the past six months; the lab reported processing brown, tan and white powdered heroin.

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

Participants most often reported the general quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Several participants shared stories of ending up in a

hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. A participant shared, *"I don't know [what heroin is cut with], but I've been in the hospital three times and got surgery and my vein removed out of my arm and out of my hand because of what it was cut with."* Another participant reflected, *"My sister, she's in a coma from doing some heroin [that was cut with something]. For a month she had to go to a nursing home and she's 30 years old ... I've been in the hospital the last two years and at 36 [years old] I had two heart attacks from doing heroin."* Participants also explained that drug dealers have increased awareness of the quality of their drugs and often give warnings to the users. Participants shared: *"Dude [the dealer] told me, 'Don't snort more than half a cap because it's so potent.' And I didn't listen. I went home and I woke up in the hospital and I was blue and breathing ten times a minute; My dope boy called me later to make sure that I was okay 'cause he said it [heroin] was so strong. I was like, 'How nice of him to call me and make sure that I'm alive.'"*

Participants reported that heroin in Dayton is cut with dietary supplements, fentanyl and other unidentified substances. Several participants discussed a particular blue colored heroin reportedly cut with fentanyl. Community professionals also discussed heroin mixed with fentanyl. A crime lab professional reported, *"We did, too, just get inundated with a lot of overdoses because of the fentanyl issue ... We had probably close to 20 overdoses in a four-day [period], Friday, Saturday, Sunday, Monday, it was overwhelming."* Additionally, in a press release, the Montgomery County Coroner's Office disclosed that heroin cut with fentanyl is being sold by regional drug dealers. Since November 2013, the coroner's office reported 23 suspected heroin deaths in the county: eight cases have been confirmed as having contained both heroin and fentanyl, with another 23 cases still under investigation ([www.mcoho.org/government/coroner/newsdetail1139.html](http://www.mcoho.org/government/coroner/newsdetail1139.html)). Overall, participants most often reported that the general quality of heroin has remained variable during the past six months.

<b>Heroin</b>	<b>Cutting Agents Reported by Crime Lab</b>
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● quinine (antimalarial)</li> </ul>

Participants reported that heroin is available in different quantities. Reportedly, brown and white powdered heroin

are most often sold in capsules (aka "caps") containing approximately 1/10 gram. Reportedly, users get a deal if they purchase in greater quantities; for example, three capsules can be purchased for \$20. Participants referred to a purer form of powdered heroin as "raw" which costs substantially more than "regular" brown and white powdered heroin. Black tar heroin is most often sold in folded corners of a piece of paper (aka "folds" or "papers") and placed in a baggie; the paper helps to keep the product from sticking to the bag. Participants also reported purchasing black tar heroin in "bundles" which are 10-12 small packs of heroin. A participant discussed traveling out of the Dayton region to get cheaper pricing on heroin: *"I was getting ounces for like \$800, but I had to go to Toledo, Detroit [Michigan] area to get it for that [price]."* Participants also continued to mention dealers in Dayton giving away free testers of heroin.

<b>Heroin</b>	<b>Current Street Prices for Heroin</b>	
	brown and white powdered:	
	1/10 gram	\$10
	1/2 gram	\$50
	a gram	\$70-100 ("regular") \$200 ("raw")
	1/2 ounce	\$1,100-1,500 ("regular") \$2,200-2,400 ("raw")
	black tar:	
	1/10 gram	\$20
	1/2 ounce	\$1,500

While there were a few reported ways of using heroin, the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, five would shoot and the other five would snort the drug. Participants commented: *"Snorting it [heroin] takes a good 5-10 minutes for the sickness to go away; I'd rather shoot because it goes straight, especially when I'm sick."* A treatment provider commented, *"And they [heroin users] would start out, most of them, they would start out snorting and then go to shooting."*

Participants reported trouble obtaining new needles: *"You'd have to go out of this area to get them at a store ... But they're very hard to come by; The pharmacy here quit selling them. I went off on them, 'You want everybody to get Hep C and AIDS!'"* Others reported easy access: *"I get 'em right*

here in Lima. I mean if you need them you just go to the pharmacy and tell 'em you need some diabetic needles and they have you sign and you get a little pack for \$3 with 20 in there; Yeah you can go to Bellefontaine [Logan County] and get a box for 100 for \$21.99 and come back and sell them [on the street] for \$5—sometimes \$5 for one." Participants revealed concerns about sharing needles. Participants commented: "I'm sure there's a lot of fear there, but when you're dope sick you don't care. You really don't ... But I guarantee probably 80 percent of heroin addicts have Hep C; I would say 80-90 percent of people that does heroin has Hep C." A treatment provider agreed and commented, "I think all of my clients who have used heroin have Hepatitis."

Participants described typical heroin users as younger. A participant added, "It's more suburban areas [where heroin use is most common]. It's not in the city. It's outside [the city]." Community professionals described typical users of heroin as white, male or female of all ages. A treatment provider noticed an increase in African American users: "And the heroin is becoming such a major issue that, yeah, in the Caucasian community it's high, but in the African-American community in the past few months it is starting to rise."




## Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8' for participants and '10' for community professionals. A participant said, "You can get it [prescription opioids] on the street easy." A treatment provider said, "[Prescription opioid use] it's at an all-time high." Participants and community professionals identified Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on prescription opioid seizures and arrests, as well as community efforts addressing opiate addiction in the region during this reporting period. A man was arrested in Dayton when he went to a pharmacy to pick up a fraudulent prescription for 180 Norco® tablets ([www.abc22now.com](http://www.abc22now.com), Aug. 3, 2013). Several media outlets (*Dayton Daily News*, WHIO Radio and WHIO-TV) collaborated to inform the community about the opiate addiction problem in Ohio; the special was titled "Prescription For Pain" and brought together experts who answered

questions and discussed how people in all walks of life are touched by opiate addiction; The Montgomery County Coalition for Drug Free Communities also held a town hall meeting to discuss the same issue ([www.springfieldnews-sun.com](http://www.springfieldnews-sun.com), Oct. 21, 2013).

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider commented on the use and access of prescription pain pills in the region: "The abuse of it [prescription opioids] is still, I mean I haven't seen it taper off none ... it's like really, really bad." The Miami Valley Regional Crime Lab reported the following changes in case numbers during the past six months: increased numbers for Dilaudid®, Percocet® and Vicodin®; decreased numbers for Kadian®, methadone and OxyContin®.

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

Reportedly, many different types of prescription opioids (aka "killers") are currently sold on the region's streets. Current street prices for prescription opioids were variable among participants with experience buying the drug. Participants reported that the price of pills has increased to \$1 or more per milligram. Some participants reported noticing an increase in individuals switching over to heroin and commented: "Heroin is cheaper; Some people is going to the heroin because it's more cheaper and the pills cost more than what they used to cost." Participants reported the following prescription opioids as available to street-level users.



Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8-10 for 8 mg
	methadone	\$6-7 for 10 mg \$40 for 40 mg wafer
	Opana® (old formulation)	\$60 for 40 mg
	Percocet®	\$3 for 7.5 mg \$5-14 for 10 mg
	Roxicodone®	\$15-30 for 30 mg
	Roxicet®	\$25 for 15 mg
	Ultram®	\$0.50-1 for 50 mg
	Vicodin®	\$2-3 for 5 mg \$3-5 for 7.5 mg \$5-7 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from dentists, doctors, pain clinics and emergency rooms. A participant commented, "Dentist. You can tell them you got a toothache, and they sending you home with Vicodin®." Another participant shared, "My last doctor I could pay. I paid like \$350 for a visit, but she would give me the syrup with codeine in it; she'd give my oxycodone; she'd give me the xani-bars [Xanax®], the vike's [Vicodin®], the Somar®—anything I'd want."

While there were a few reported ways of consuming prescription opioids, the most common routes of administration are snorting followed by intravenous injection (aka "shooting") and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five to nine would snort and the others would either orally consume or shoot the drugs. A participant explained that medications with acetaminophen in them are undesirable for snorting.




A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anybody. Community professionals reported that young people often initiate drug abuse with prescription opioids.

## 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'. Community professionals most often reported current availability as '7'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has decreased during the past six months. A participant claimed, "It's a little harder to get [Suboxone®]. People that get it don't want to get rid of it." Contrarily, community professionals reported that availability of Suboxone® has increased during the past six months. Law enforcement commented, "[Suboxone®] it's definitely less [available] than heroin, but our numbers have doubled in the second half of the year." A law enforcement officer reflected, "My only two guesses are that [Suboxone®] is what is being prescribed instead of methadone. And, as the population of heroin users is increasing, the population [availability] of the Suboxone® is just going with it." A treatment provider added, "It's getting more readily available to them [heroin users]." The Miami Valley Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant explained that prices varied on the street: "[Suboxone® street pricing] just depends on who you're running into, I guess."

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	\$10 for 8 mg \$25-30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from clinics. Reportedly, legitimate prescriptions are more difficult to obtain. Participants commented: *"With Suboxone®, it's very expensive ... If you don't have insurance, it's very expensive and stuff; A lot of people can't afford it [Suboxone®] ... How many heroin addicts that needs Suboxone® do you know that can walk into a clinic and afford to pay \$700 a month for something like that? You know what I mean? It's just not possible."*




Most often, participants reported taking Suboxone® sublingually. Participants estimated that out of 10 illicit Suboxone® users, nine would take the drug sublingually and the other one would intravenously inject it. Participants described typical users of Suboxone® as opiate users. Participants commented: *"Depends on your mindset [if] you're gonna use it [Suboxone®] or abuse it; If you're using it correctly, it's gonna help you, but I also see people who are on pills [prescription opioids] that you know [are not using Suboxone® correctly]. It's hard to get off pills."* Community professionals often described typical users of Suboxone® as self-medicating: *"Someone that's trying to get off heroin; Someone that's trying to, you know, get clean."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants continued to most often report the current availability of sedative-hypnotics 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 also '8'. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant remarked, *"It's all available. You can get anything basically that you want if you know how to talk it."* Likewise, community professionals most often reported current availability as '8'; the previous most common score was also '8'. Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant claimed, *"Actually, you know what? Besides heroin, that's the main thing that everybody wants—Xanax®, Valium®, Klonopin®."* A law enforcement officer reported, *"I can say*

*our benzo [benzodiazepines] numbers are up already."* The Miami Valley Regional Crime Lab reported the following changes in case numbers during the past six months: increased numbers for Ativan®, Klonopin®, Lunesta® and Valium®; decreased numbers for Ambien® and Xanax®.

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

Reportedly, many different types of sedative-hypnotics (aka "pharmies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant explained, *"People will hold their medication until someone is really geeking for that medicine, so you're gonna pay a few dollars more you know."* Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 for 2 mg
	Klonopin®	\$0.50-2 for 1 mg \$2-4 for 2 mg
	Valium®	\$2 for 10 mg
	Xanax®	\$0.50-2 for 0.5 mg \$2-3 for 1 mg \$5-6 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and therapists. A participant commented on the availability of sedative-hypnotics: *"Everybody knows somebody that got something, a muscle relaxer, or something."* Another participant reflected on the ease of obtaining these drugs from medical professionals: *"If you go to your local psychiatrist or your local therapist, benzodiazepines are pretty easy for you to get your hands on. You can use them for a variety of things and you can use them a variety of different ways, so they're pretty common."* A law enforcement officer also commented, *"I also think benzos are a lot easier to get than a lot of other prescriptions. You can go to a doctor and say you feel anxious and they'll give you something."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration for illicit use are oral consumption, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit sedative-hypnotic users, three to eight would snort, two to seven would orally ingest and one would shoot the drugs.

Participants described typical users of sedative-hypnotics as someone with mental health issues. Community professionals described typical illicit users of sedative-hypnotics as most often white and using heroin.




## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants reported: "You can get that [marijuana] anytime; You can get weed [marijuana] just about anywhere." A treatment provider commented, "People think marijuana is ... less [harmful] than cigarettes, so they think it's better to smoke marijuana than to smoke cigarettes."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. A man in Shelby County received a gun safe that he ordered online; the safe was made in Mexico and the man found 280 pounds of marijuana inside when he opened it ([www.vindy.com](http://www.vindy.com), Aug. 18, 2013). Also, the Miami Valley Bulk Smuggling Task Force seized over 20 pounds of marijuana this reporting period ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 14, 2013).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. Participants mentioned that growing marijuana used to be seasonal; however, participants agreed that marijuana is now being grown all year round. One participant commented, "That's how people are doing it, they got grow machines. People are growing [marijuana] in their houses ... instead of getting it shipped in." A treatment provider noted, "I think people are more likely to experiment with trying to grow it [marijuana]. In our area, there are more people that live on farms that grow quite a bit. They will put it in the middle [of a cornfield] and they will grow it." A crime lab professional added, "Now we get loads of [marijuana] plants all the time

because so many people are doing indoor grows." Additionally, crime lab professionals reported an increase in hash labs and food products made with marijuana. The Miami Valley Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participant quality scores of marijuana ranged from '3' for low-grade, '5' for mid-grade and '10' for high-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2' for low-grade, '5' for mid-grade and '10' for high-grade. Several participants explained that the quality of marijuana depends on the grade of marijuana. A treatment provider had also heard of different varieties of marijuana: "I mean you're not just talking about regular marijuana or the 'kush' [high-grade marijuana] ... I mean there's 180 different types of marijuana ..."

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

Marijuana	Current Street Prices for Marijuana	
	<b>low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/4 ounce	\$30-40
	an ounce	\$100
	a pound	\$700
	<b>high grade:</b>	
	a blunt or two joints	\$20-25
	an ounce	\$50-120
	a pound	\$1,500

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would vaporize or orally ingest the substance. A participant added, *“My friend, he had throat cancer, so he couldn’t smoke and went to Michigan and a friend up there was like a pharmacist and—I mean there was like lollipops, there was cakes, there was all kinds of stuff [made with marijuana].”*

A profile of a typical marijuana user did not emerge from the data. Participants and community providers continued to describe typical marijuana users as *“anybody and everybody.”* However, both respondent groups noted an increase in individuals using marijuana at earlier ages, indicating that first-time marijuana use typically occurs between ages 12-17.

## Methamphetamine




Methamphetamine’s availability is variable in the region. Participants most often reported the drug’s current availability as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6’. Participants reported that methamphetamine is available in powdered and crystal forms. A participant explained, *“Well there’s two different types. You got ‘shake-and-bake’ [powdered methamphetamine] and you just got regular ‘shards’ [crystal methamphetamine], like glass ... the shards are better than the shake-and-bake. The shake-and-bake is just made in a bottle ... the other stuff [crystal methamphetamine] is made in a laboratory.”* Participants commented about the production of “one-pot” or “shake-and-bake,” which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine (aka “cooks”) can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Community professionals most often reported the current availability of methamphetamine as ‘6’ with more rural areas of the region reporting higher availability: ‘10’ in Lima, ‘8’ in Hardin County and ‘6’ in the City of Dayton; the previous most common overall score was ‘4’. A treatment provider commented, *“With my poly [drug] users, all of them have identified using it [methamphetamine] ... it seem like*

*everybody that I work with have it in their history of using. I mean, I don’t think it was so much their drug of choice, it’s because it was there [available].”*

A media outlet reported on methamphetamine seizures in the region during this reporting period. The Miami Valley Bulk Smuggling Task Force seized over 25 pounds of methamphetamine ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 14, 2013).

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. A participant reflected, *“Most people around here are hooked on heroin or you’d probably see it [methamphetamine] more.”* A crime lab professional commented, *“And we’re seeing a lot more meth within the City of Dayton in the last six months to a year and that increase is gonna come from the one-pots [one-pot method of production].”* The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing brown, tan and white powdered along with crystal forms of the drug.

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

Most participants rated the current overall quality of methamphetamine as ‘8’; the previous most common score was ‘7’. Current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	1/2 gram	\$40
	a gram (powdered)	\$60
	a gram (crystal)	\$100

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking, snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, four would smoke, three would snort and three would shoot the drug.




Participants described typical users of methamphetamine as “bikers” and those living in rural areas. A participant explained that methamphetamine is more available in rural areas, *“Cause you can hide a meth lab easier out there because your closest neighbor is two miles away, you know? They ain’t going to smell nothing or hear anything.”* Community professionals also described typical users of methamphetamine as more rural. In addition, a crime lab professional commented, *“And we’re seeing meth from white [individuals]—I would say maybe 40 [years of age] and below.”* Treatment providers commented: *“Rural population, definitely, with the meth; You don’t hear much about the urban population [using methamphetamine].”*

### Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread use. A participant commented, *“Adderall® is pretty common now.”* Another participant remarked, *“Just because everybody’s got ADD now ... it’s another one of those things that the doctors kind of just throw us a script [prescription].”* Community professionals most often reported current availability as ‘8’; the previous most common score was also ‘8’. Community professionals also identified Adderall® as the most popular prescription stimulant in terms of widespread use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider shared, *“We’re seeing more and more and more children in our area being diagnosed with that [ADHD]. You know, it seem like every kid we got, got an IEP [individualized education plan] in some shape, form or fashion.”* The Miami Valley Regional Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during

the past six months, with the exception of an increased number of Adderall® cases.

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

Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$3 for 10 mg \$4-5 for 30 mg

While there were a few reported ways of consuming prescription stimulants, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription stimulant users, seven would snort and three would orally consume the drugs.




Participants described typical users of prescription stimulants as college students. A participant remarked, *“College kids are eating them [prescription stimulants] like candy.”* Participants explained: *“You can get your homework done and then some; Someone in school studying or someone that’s drinking or partying all night—they want to stay up all night. More of a younger age group for those stimulants.”* Community professionals described typical users of prescription stimulants as white, younger and often female. A crime lab professional commented, *“Yes, and we’ve also had a case or two where the parent is stealing from their child. Again, white and I’d say maybe like early- to mid-20s type situation. I see more moms. Yeah, more women. Their kid is getting it prescribed and they [the mom] are using it.”*

## Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are low to moderately available throughout the region. Participants most often reported current availability of bath salts as '3-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '0'. Community professionals most often reported bath salts current availability as '4'; the previous most common score was '10'.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. One participant commented, "You can't find that [bath salts] no more." A treatment provider remarked, "We don't hear anything about bath salts anymore." A crime lab professional attributed the decrease in bath salts availability to: "Laws, and I think some people, too, got scared. And then was another round of deaths a few months ago that got some publicity and so again, I think people probably backed off of those [bath salts]." The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Most participants did not have first-hand knowledge of bath salts and those that did reported negative experiences. A participant shared, "It was a bad experience every time. Shit [bath salts] was the devil. I'm surprised I didn't eat someone's face off like that guy in Florida. Seriously, it was worse than any upper I've ever done."

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell \$15-20 per gram. Bath salts continue to be available on the street from dealers as well as from gas stations and through the Internet. A participant commented, "If you ask [for bath salts at a gas station] sometime the dude will go in the back and grab them. He didn't sell it on

the shelves, but the people he knew that used to come buy it—that he felt comfortable with—you can go ask for it and he would go in the back and come back out with it [bath salts]." Internet availability was also discussed by a participant: "You can still buy it online, and they'll send it to you over the mail, but you have to buy like bulk."




While there were a few reported ways of consuming bath salts, the most common route of administration is snorting. Participants described typical users of bath salts as: "People that like stimulants; People that do meth and crack." Community professionals described typical users of bath salts as younger or people trying to pass drug tests.

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is highly available in the region. Participants most often reported 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 '2'. A participant explained, "You can get it [synthetic marijuana], [but] people don't really want it anymore." Community professionals most often reported current availability as '7'; the previous most common score was '3'.

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant reflected, "Not as much [available] because the K2s illegal now, so you don't see it at gas stations or anything. It was very readily available six months ago." The Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Although participants were unable to rate quality of the product, many participants remarked on physical discomfort from using synthetic marijuana. A participant shared, *"That shit [synthetic marijuana] gives you headaches."*

Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$20-35 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." A participant shared, *"You can still get it [synthetic marijuana] at head shops that sell bowls [smoking devices] or pipes."* Another participant remarked, *"They changed the recipe [of synthetic marijuana], and there's a lot of herbal smoking blends out there."*







While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking. Participants and community professionals described typical users of synthetic marijuana as similar to typical users of bath salts: younger and people on probation.

### Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) and "molly" (powdered MDMA) remain moderately available throughout the region. Participants most often reported current availability of these substances 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'. A participant commented on the increased popularity of club drugs: *"I'd say it's more popular because first of all, in hip-hop songs they're talking about 'popping molly' and glamorizing it. And then, I just think people want to stay up all night and they want to be able to party and dance."* Although club drugs are available, a participant commented, *"[Ecstasy and other club drugs] it's not an addiction drug around here."* Community professionals most often reported current availability as '5,' the previous most common score was '6.' A treatment provider posited, *"With the molly, I think that's kind of scared some people because of the mixture of the types of drugs that they using and the reaction that people have had to that drug. I think that's scared people and keeping them away from that."*

Participants and community professionals reported that the availability of ecstasy and molly has remained the

same during the past six months. The Miami Valley Regional Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

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

Current Street Prices for Ecstasy		
Ecstasy	high dose (aka "double stack" or "triple stack")	\$20 per tablet
	100 tablets (aka "jar")	\$300
	1,000 tablets (aka "jug")	\$3,000
Current Street Prices for Molly		
Molly	1/10 gram	\$10-25
	a gram	\$80

While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is snorting. Participants described typical users of ecstasy as younger and those that like the club scene. Community professionals described typical ecstasy users as more likely male. A crime lab professional commented on typical users as follows: *"White, under 30. I would probably say more male as well."*

## Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, inhalants, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], over-the-counter (OTC) medication, ketamine and Neurontin®.

Current availability of anabolic steroids varies from low to moderate throughout the region. Participants in Hardin County reported overall availability as '6,' while participants in Miami County reported overall availability of '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Crime lab professionals reported current availability as '3.' A participant commented, "There's a lot of people around here into the weight lifting and stuff." Law enforcement suggested a slight decrease in availability during the past six months. A crime lab professional commented, "We're down a little bit from where we were six months ago [regarding availability of anabolic steroids]. The fact that we've had 15 steroid cases is still a big deal. I mean that's still pretty significant."

Current prices were consistent among participants with experience buying anabolic steroids, but varied depending on the method of obtaining them. A participant explained different purchasing options for anabolic steroids: "If you get them online, it's probably \$50-75 by the bottle. But if you get them from someone that already has them in town, it's like \$100-\$120 a bottle—and that's just one cycle." Participants most often reported in-person purchases ranged from \$120-150 for one cycle of anabolic steroids.

Participants described typical steroid users as individuals who regularly go to gyms to work out and those involved in sports. A participant observed, "Junior, senior year they'd start [using steroids in high school] ... If they want to get bigger for the next season or if they want a little boost." Community professionals described typical steroid users as athletes and often individuals in prison. A treatment provider reflected, "You hear about it [steroid use] amongst the athletes. See here's the thing, in high schools they don't really test for steroids. They get a one-time drug screen going into the season ... the push is bigger, stronger, faster for the athletes—and the bigger, stronger, faster you are, the better chance you have to get a scholarship ... there's a lot of kids that's been exposed to it." In addition, a crime lab professional reported, "A big case that we did this year was correc-

tions people [corrections officers] selling them in prison ... So yeah, they've been going around to prisons."

Participants reported high availability of inhalants in the region due to the legality of the substances and the ease of store purchase. However, participants did not report personal inhalant use during the past six months. Participants identified that youth and people who are required to take drug screens might be more likely to use inhalants. A participant explained, "A lot of teenagers [use inhalants], and I know for me, they can't screen for it [inhalants]. You can't get tested for it, so if ... you go in for a drug screen and if you're on probation ... it's cheap, it's easy, and they can't test for it."

Hallucinogens are low to moderately available throughout the region. Participants most often reported the overall availability of hallucinogens as a '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "If it's [hallucinogens] around, people will buy." Law enforcement professionals most often reported overall hallucinogenic availability as '2.' A crime lab professional remarked, "We're getting a lot of [psilocybin] mushroom grows ... It's not illegal to buy the spores on the Internet ... they're just not illegal until you start growing them." Pricing was consistent among users with experience buying hallucinogens.

Current Street Prices for Other Drugs		
Other Drugs	LSD:	
	a hit (single dose, aka "trip")	\$5-10
	100 hits (aka "sheet")	\$300
	psilocybin mushrooms:	
	1/8 ounce	\$20-30
	an ounce	\$120

Participants described typical users of hallucinogens as: "hippies; experienced drug people; white people."

Over-the-counter (OTC) medicines remain highly available throughout the region due to the legality of the substances and the ease of store purchase, although participants reported the drugs as undesirable personally. Participants identified motion sickness medications, sleep aids and cold and flu/cough medications as most popular in terms of



widespread abuse. Treatment providers recounted low reporting of OTC medications among their clientele. One participant suggested an increase in popularity of Dramamine® (motion sickness medication). Another participant shared, *"I got addicted to sleep aids, like Unisom® and stuff like that because when I stopped doing drugs—if I don't have drugs—I gotta have something to help me sleep, so I got addicted to PMs [nighttime medicine], bad."* Participants reported that typical OTC users are more likely to be younger or *"those that ain't got the money to get high."* A treatment provider agreed, *"It's popular among the younger people because they can't get the codeine, so they'll try to get the Nyquil®."*

Participants reported increased ketamine availability throughout the region. Participants explained that ketamine has similar effects to heroin. Reportedly a gram of ketamine sells for \$70-80. In addition, participants and treatment providers reported increased interest in Neurontin®, a seizure medication.

## Conclusion

Heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Dayton region. Changes in availability during the past six months include increased availability for heroin and Suboxone® and decreased availability for bath salts and synthetic marijuana.

While many types of heroin are currently available in the region, brown and white powdered heroin are the most available heroin types; black tar heroin is also highly available. Community professionals observed that heroin may have eclipsed marijuana as the most available drug in the region. Participants continued to note dealers in Dayton giving away free testers of heroin.

In addition to a general increase in heroin availability during the past six months, participants and community professionals also noted an increase in overdose rates. Both groups of respondents reported that hesitation to call for assistance when a user is overdosing is common among heroin addicts due to fear of criminal prosecution.

Several participants shared stories of ending up in a hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. Participants also explained that drug dealers have increased awareness of

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

Community professionals were in agreement in reporting an increase in street availability of Suboxone® during the past six months. In addition, the Miami Valley Crime Lab reported that the number of Suboxone® cases it processes also increased during the past six months. Community professionals postulated that Suboxone® has supplanted methadone as the drug most often prescribed to combat opiate addiction. Law enforcement speculated that as heroin use continues to climb, so will the illicit use of Suboxone®. Participants and community professionals continued to describe opiate addicts who are self-medicating as typical illicit users of the drug.

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

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

