

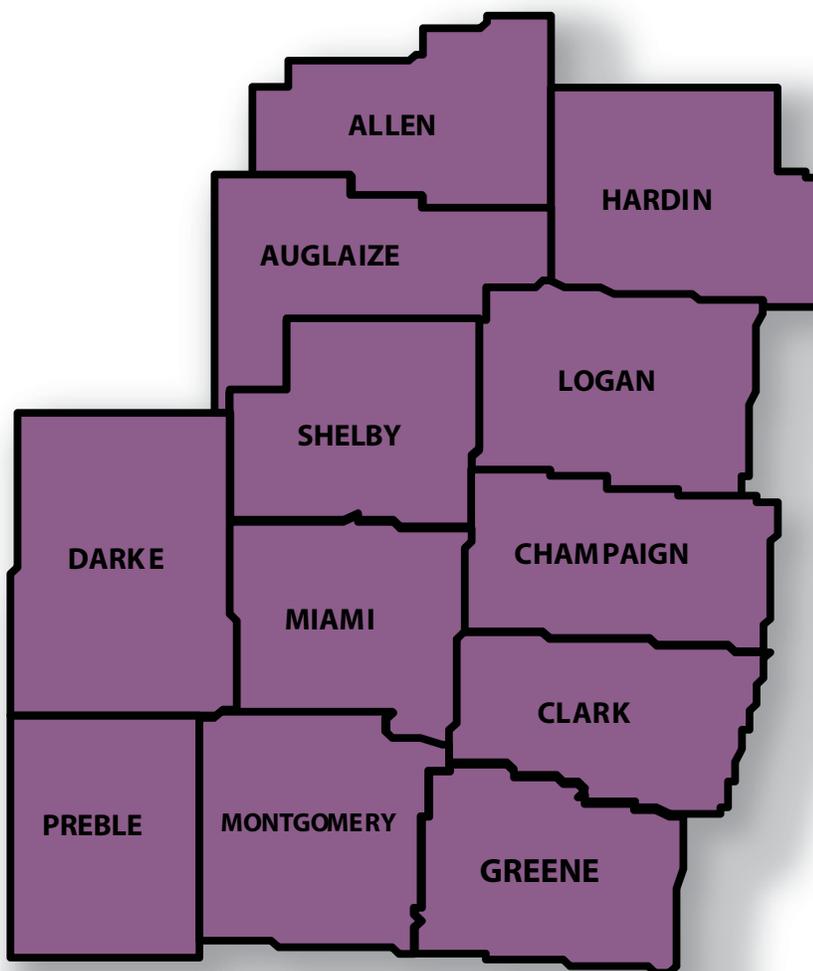
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Dayton Region

June 2012 - January 2013



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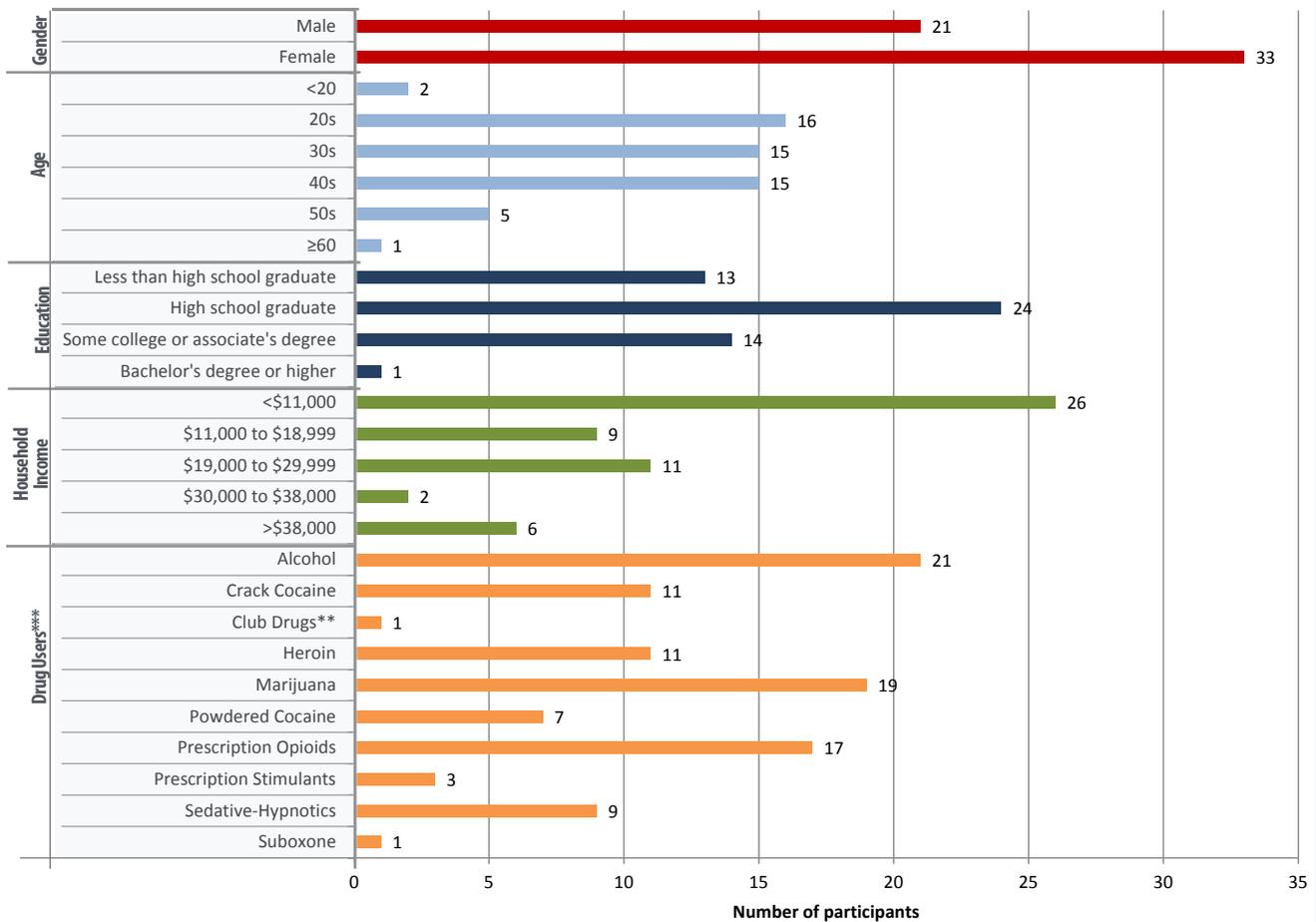
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Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	54
Gender (female), 2010	51.2%	51.2%	61.1%
Whites, 2010	81.1%	83.1%	75.9%
African Americans, 2010	12.0%	11.3%	18.5%
Hispanic or Latino origin, 2010	3.1%	2.0%	5.9%
High School Graduation rate, 2010	84.3%	88.1%	84.0%
Median Household Income, 2011	\$45,803	\$46,256	\$11,000-\$14,999 ²
Persons Below Poverty Level, 2011	16.3%	15.0%	63.0%

¹Ohio and Dayton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
²Participants reported income by selecting a category that best represented their household's approximate income for 2012.

Dayton Regional Participant Characteristics

Drug Consumer Characteristics* (N = 43)



*Not all participants filled out forms; therefore, numbers may not equal 43.
 **Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
 ***Some respondents reported multiple drugs of use during the past six months.

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 Montgomery County Juvenile Court and the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to the aforementioned data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 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, all current secondary data correspond to the current reporting period of participants.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '9'. Community professionals agreed that the majority of the powdered cocaine in the community was used to make crack cocaine.

Participants and treatment providers reported that the availability of powdered cocaine had remained the same during the previous six months, although law enforcement reported a slight decrease due to increased demand for heroin. Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Miami Valley Regional Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: benzocaine (local anesthetic) and levamisole (livestock dewormer). Participants reported that a gram of powdered cocaine sold for between \$40-120, depending on the quality; 1/16 ounce, or "teener," sold for between \$80-120; 1/8 ounce, or "eight ball," sold for between \$120-300; 1/4 ounce, or "quarter," sold for \$350; an ounce sold for \$600.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. A profile of the typical powdered cocaine user did not emerge from the data. Participants reported use as common across all demographic categories, but potentially increasing among young people.

Current Trends



Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the next most common score was '5' with participants in Dayton and Hardin County reporting the moderate availability. However, many participants made comments relating to a decrease in powdered cocaine and an increase in crack cocaine. Most participants agreed with the following participant statement: *"I think crack cocaine is more available than powder [powdered cocaine]."* Another participant commented, *"They [dealers] just buying it [powdered cocaine] ... making a profit out of it by rocking it up [using powdered cocaine for the manufacture of crack cocaine]."*

Other participants reviewed the connection between powdered and crack cocaine and made statements reflecting this relationship. A participant stated, *"I think [powdered cocaine] it's out there sorta heavily 'cause you gotta use cocaine powder to make the crack ..."* Another participant reflected on the availability of powdered cocaine by examining the drug trade in general, *"I think [powdered cocaine] it's probably just as easy to get as any other drug ... I think by just a few phone calls or talking to the right people or whatever, you could go get"*

it [powdered cocaine].” Participants also noted the connection between heroin and powdered cocaine, discussing how many drug dealers now carry heroin and powdered cocaine for the heroin user who likes to use the two drugs together (aka “speedball”).

Community professionals most often reported the current availability of powdered cocaine as ‘5’. A community professional explained, “People are not using it [powdered cocaine]. I don’t know if it’s because they are using something else or that [powdered cocaine] it’s not available.” Participants and community professionals alike most often reported that the availability of powdered cocaine has decreased during the past six months. Participants cited “drug busts” and an increase in other substances (heroin) as reasons for a decrease in availability. A participant stated, “Heroin is the big thing right now.” A community professional commented, “[Availability of powdered cocaine has] decreased for sure.” The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that powdered cocaine in the region is cut with baking soda, baby laxatives, baby formula and “pills.” The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars. The Miami Valley Regional Crime Lab discussed cutting agents, “We usually find the contaminants ... and levamisole is huge ... and lidocaine ... see a little benzocaine as well. The levamisole is [found] so much [that] we are starting to use that as an indicator [of cocaine].” Participants also reported that fake materials are being sold in place of powdered cocaine. A participant warned, “[Some dealers] they’ll fleece you [sell you fake cocaine].” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were “girl” and “snow.” Participants listed the following as other common street names: “blow,” “powder,” “soft” and “white.” Current street prices for powdered cocaine were varied among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between \$50-90, depending on the quality; 1/8 ounce, or

“eight ball,” sells for between \$125-175. However, in Dayton participants also reported that users can buy capsules filled with powdered cocaine (aka “caps”) for between \$5-10. Other individuals reported that they would buy dollar amounts and not purchase weights of the drug. A participant explained, “I always told my dude [dealer] how much I wanted [the dollar amount I had to spend on powdered cocaine] and that’s what he gave me, so I don’t really know what gram prices were and all that.”

Participants reported that the most common way to use powdered cocaine is intravenous injection and snorting. Out of 10 powdered cocaine users, participants reported that approximately two to five would snort and five to eight would inject the drug, with smoking reported as uncommon.

Participants described typical users of powdered cocaine as being more likely “to party” and to be White and middle class to wealthy, although participants agreed that the typical user varies and that some people one wouldn’t expect are using powdered cocaine. A Miami Valley Regional Crime Lab professional reported, “Powdered cocaine is going to be more White [users], and I would say the age ranges.” A professional in the Dayton drug court system discussed, “Typically see male ... white males, 30 [years of age] and older [using powdered cocaine].”

Reportedly, powdered cocaine is used in combination with alcohol, heroin and sedative-hypnotics (benzodiazepines). As one participant discussed, “I didn’t do it [powdered cocaine] unless I had one or the other [alcohol or heroin] ...” Participants noted that other substances are needed to, “come down” from the stimulant high produced by cocaine use. A few participants also discussed “speedballing,” as a participant explained, “I didn’t like doing heroin by itself because I didn’t want to fall out [pass out], so it [powdered cocaine] kept me up in-between [heroin uses].”

Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and community professionals most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants and community professionals alike most often reported that the availability of crack cocaine had remained the same during the previous six months. The Miami Valley Regional Crime

Lab reported that the number of crack cocaine cases it processes had decreased during the previous six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Miami Valley Regional Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that the quality of crack cocaine had remained the same during the previous six months. Participants reported that a "rock" (1/10 gram) of crack cocaine sold for between \$10-20; 1/2 gram sold for \$30; a gram sold for between \$80-100; 1/8 ounce, or "eight ball," sold for between \$150-250.

The most common route of administration for crack cocaine remained smoking. However, participants reported that intravenous injection was more common within rural areas. While a profile of the typical crack cocaine user did not emerge from the data, law enforcement identified that lower socio-economic groups were more likely to use the drug, and community professionals in the Lima area (Allen County) explained that crack cocaine users were "getting younger" and included 13-year olds.

Current Trends

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). A participant in Dayton reported, "You can drop me off in any block in this city, and I can find crack cocaine, I really can." Another participant in Dayton claimed, "If I go to the bus hub and wait for the bus to come, every day at least one person comes up and asks me if I'm looking for 'hard, rock' [crack cocaine] or whatever ... at least one person." In addition, participants reported the availability of samples of crack cocaine as being distributed in the region. A participant in Dayton reported, "I know this one with crack ... the people who sell it now will give you a hit [sample] just to see if you like it [crack cocaine]. They call them testers." Reportedly, crack cocaine is also readily available in Lima (Allen County). Participants in Hardin county reported, "You got go to Lima [to obtain crack cocaine]; You gotta know somebody from Lima."

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants in Dayton and Lima reported, "[Availability of crack cocaine] it's always been available; Right there, easy to get." A participant

in Dayton related the availability to crack as similar to that of heroin: "I've seen just as many crack paraphernalia lying on the ground as I've seen needles [used to inject heroin]." Community professionals reported that the availability of crack cocaine has decreased during the past six months. A community professional in Hardin county commented, "[Crack cocaine] it's not a drug of choice much around here anymore." A drug court professional in Hardin County commented, "Saw this shift about two years ago from crack to heroin. Epidemic levels [of heroin now]." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baking soda. Reportedly, cutting of crack cocaine is common as participants claimed, "They [dealers] cutting or stepping on it [crack cocaine] so much. You are lucky to get something good; I only know two people with real dope [crack cocaine] in this whole town." Media outlets in the region reported on the presence of fake crack cocaine in the region this reporting period. In January, police in Dayton arrested a man for possession of fake crack cocaine; possessing, making or selling any counterfeit controlled substance is illegal under Ohio Revised Code (www.whiotv.com, Jan. 18, 2013). Participants reported that the overall quality of crack cocaine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "crack," "medicine" and "work." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that 1/20 gram of crack cocaine sells for \$5; 1/10 gram sells for \$10; 2/10 gram sells for \$20. To further clarify pricing, participants described prices as, "\$5 for a match head [size of crack cocaine]; \$40 for the size of a thumbnail." However, a participant stated, "Most dealers won't sell [crack cocaine for] under \$20." Crack cocaine varies on whether it is weighed in the Dayton area, as dealers also sell in dollar amounts. A participant stated, "You get what you can get [you buy as much crack cocaine as the money you have affords]."

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration

remains smoking. Out of 10 crack cocaine users, participants reported that approximately 7-10 would smoke and 0-3 would intravenously inject the drug. A participant commented, *"Injecting seems to be getting more popular with it [crack cocaine]."* A profile of a typical user of crack cocaine did not emerge from the data.

Participants described typical users of crack cocaine as, "anybody" and noted that crack cocaine does not "discriminate." However, participants discussed younger users venturing into crack cocaine use. A participant reported, *"I've seen them 13, 14 [years of age] smoking crack."* A community professional identified, *"We're still seeing more of a black demographic [using crack cocaine] ... and the age I would say is across the board."* Another community professional described typical crack cocaine users as, *"Lower-income African Americans ... It [use] can range male, female ... [age] range from mid-20s and older ... tilt toward African-American men and a bit older ... thirty [years of age] and up."*

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, sedative-hypnotics (Xanax®) and other "downers" (depressant drugs). Most substances are used to "come down" and for the "up and down" or "speedball effect." Commenting on the use of other substances, a participant said, *"If I used anything else [with crack cocaine], I was using heroin."*

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's overall availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While participants and law enforcement reported brown powdered heroin as the most available type of heroin within the region, participants also reported that black tar heroin was highly available. Participants and community professionals alike reported that the overall availability of heroin had increased during the previous six months. Miami Valley Regional Crime Lab reported that the number of powdered and black tar heroin cases it processes had remained the same during the previous six months.

Most participants reported the overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of heroin varied within

the region. According to the Miami Valley Regional Crime Lab, cutting agents for heroin included: acetaminophen, caffeine, diphenhydramine (antihistamine) and lidocaine (local anesthetic). A tenth of a gram (aka "caps," "balloons" and "berries") remained the most popular way to purchase powdered and black tar heroin. Caps of powdered heroin sold for between \$10-20; berries of black tar heroin sold for between \$10-20; balloons of black tar heroin sold for between \$10-25. Participants also reported that a gram of brown or white powdered heroin sold for between \$60-200.

The most common routes of administration for heroin remained intravenous injection and snorting. Participants most often described typical heroin users as individuals in their 20s and 30s and individuals who had been prescribed pain medications in the past. Community professionals reported that typical heroin users were young (late teens to early twenties), middle class and White.

Current Trends

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants in Dayton reported brown powdered heroin as the most available type of heroin, while participants in Hardin County and Lima (Allen County) reported black tar heroin as most available. General comments on current heroin availability include: *"[Heroin] it's everywhere; Right down the block; It's downtown ... [heroin] it's bigger than crack [cocaine] right now."* While participants most often reported the current availability of brown powdered heroin as '10', they reported other types of heroin as less available. Participants most often reported the availability of white powdered heroin as '7', with more availability reported in Lima and Marion (Marion County); participants in Hardin County and Lima reported the availability of black tar heroin as '10', while participants in Dayton rated its availability as '2'.

Community professionals reported all types of heroin as highly available. A law enforcement officer in Hardin County stated, *"Every [police] bust we go to, there is always heroin there."* Another community professional commented, *"[Heroin use] it's become epidemic proportions in the last probably three years."* Participants and community professionals alike identified Dayton as a hub for individuals from surrounding counties and areas to buy heroin. A community professional

explained, "We get them [heroin users] from 100, 150 miles away because we have cheap heroin." Another community professional agreed and stated, "They're driving several hours. I mean I had a college student from Athens, Ohio ... driving to Dayton daily [to purchase heroin]."

Media outlets in the region reported on heroin seizures and arrests this reporting period. In July, The Safe Streets Task Force announced that federal and local authorities arrested 12 members of a violent heroin gang in Dayton; the 12 were indicted on multiple heroin and weapons charges (www.daytondailynews.com, July 18, 2012). In August, police in Dayton arrested a man in an apparent drug house where police found marijuana in jars, gel caps of heroin, a digital scale, a handgun and a rifle (www.daytondailynews.com, Aug. 25, 2012). In November, *The Dayton Daily News* reported Miami Valley rural areas and outlying cities are seeing an increase in thefts, car break-ins and other crimes committed by heroin users in need of money for heroin; instead of heroin users going to Dayton, Dayton dealers are going into rural and outlying areas of Dayton to sell heroin (www.daytondailynews.com, Nov. 4, 2012). In January, media reported on three separate incidences where individuals were arrested for selling heroin: A man was arrested after an undercover investigation concluded that he was selling heroin from a Dayton home (www.whiotv.com, Jan. 18, 2013); another Dayton man was arrested for trafficking in drugs after police found heroin, scales, cash and a handgun in his residence (www.whiotv.com, Jan. 23, 2013); a Dayton woman was arrested after narcotics officers observed her selling heroin to people in cars outside her home (www.whiotv.com, Jan. 25, 2013).

Participants and community professionals reported that the overall availability of powdered and black tar heroin has remained the same during the past six months. The BCI London Crime Lab reported that the number of cases it processes for powdered and black tar heroin have remained the same during the past six months.

Most participants generally rated the quality of heroin as '10' for the black tar, '6' for the brown powdered and '5' for the white powdered on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of heroin has remained the same during the past six months. Miami Valley Regional Crime Lab reported, "The cuts [cutting agents] that we see [in heroin samples], overwhelmingly is caffeine. We see a lot of diphenhydramine, lidocaine and benzocaine. On occasion, we'll see a 'speedball' where [a heroin

sample] it's got some cocaine in it." The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants reported that brown and white powder heroin is primarily available in "caps" (capsules filled with approximately 1/10 gram of heroin); a cap typically sells for \$10. Reportedly, participants pay more for caps the farther away from Dayton they are located, and the caps usually contain less heroin. Black tar heroin is primarily sold in balloons containing approximately 1/10 gram; a balloon sells for between \$20-25.

While there were a few reported ways of using heroin, generally, the most common routes of administration remain intravenous injection and snorting. Out of 10 heroin users, participants reported that approximately five to 10 would intravenously inject, and another one to five would snort the drug. Participants continued to note a progression of use with heroin; typically first-time users snort heroin before progressing onto intravenous injection. Reasons for moving to injection include: "It [heroin] hits you quicker [when you inject] ... it hits you in 15 seconds versus 15 minutes ... you don't have to use as much. You can do one [cap] versus five [caps]."

Participants reported obtaining injection needles from multiple sources, including area retailers, dealers, diabetics and local pharmacies. Needle availability from pharmacies and stores varies throughout the region. A participant commented, "Nowhere in Miami County can you get a clean needle without a prescription." Reportedly, some drug dealers also sell needles as a participant explained, "A lot of drug dealers sell them with the heroin. I don't know where they get them, but a lot of drug dealers have them with them, so they'll sell them for \$2 a piece or something." Participants expressed the need for clean needles. As reported by participants and community professionals, heroin overdoses are a common occurrence throughout the region. Miami Valley Regional Crime Lab reported, "Our number of overdose is more than I ever remember. I mean it's through the roof." A community professional commented, "If it weren't for Narcan® [opiate antidote] there'd be a whole lot more [overdoses]."

Participants reflected on the link between jail release and overdose. A participant stated, "I know somebody that got released from jail, and she was locked up for like four months ... she got out November 10th and she was dead November 12th

[from an overdose]. A community professional commented on release into the community and overdose: "They [heroin users] get out of treatment ... or get released from jail, and two days later you are dead [from an overdose]." Reportedly, this trend is especially rampant among young females. A community professional stated, "Young, white females ... that's who's hitting the obituaries right now [overdosing and dying on heroin]." Most participants have lost a friend or family member to overdose or have personally overdosed. A participant stated, "My ex had to the call EMS a few times on me [after overdosing]."

Participants and community professionals alike identified Xanax® as a huge contributor to overdose. Participants in all areas discussed the danger of mixing Xanax® with heroin: "[Overdose] it's real bad with Xanax®; I have known so many people that have OD'd ... and that's basically because they took Xanax® with dope [heroin]."

Participants described typical heroin users as White, with "younger" individuals identified as most likely to use the drug. Participants also identified an increase in heroin use among young, White women. Community professional reported that typical heroin users are more likely to be suburban and have "money." A community professional in Dayton reported an increase in young females using heroin: "Seeing younger white females [using heroin] like we've never seen before. In drug court, that's probably at least half of our drug court population." Miami Valley Regional Crime reported, "A lot in the younger age groups, a lot of young White [heroin] users." Heroin, reportedly, is used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®) to intensify its effect. Heroin, and crack and powdered cocaine to "speedball."

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use, with Opana® and OxyContin® as popular in different areas of the region; community professionals identified methadone, OxyContin®, Percocet® and Vicodin® as most popular.

Participants and community professionals alike reported that the availability of prescription opioids had increased during the previous six months. Miami Valley Regional Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Some exceptions included increases in fentanyl and Opana® cases, and decreases in Lortab®, morphine, Norco®, Percocet® and Vicodin® cases. Reportedly, many different types of prescription opioids were sold on the region's streets.

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report obtaining them from emergency rooms and doctors. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained snorting and swallowing, with snorting indicated as the preferred abuse method. A profile of the typical illicit prescription opioids user did not emerge from the data, though some participants commented that prescription opioids abuse was common among adolescents and young adults.

Current Trends

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). A participant stated, "Pain pills [prescription opioids] be everywhere." Participants and community professionals alike identified Percocet®, OxyContin® and Vicodin® as the most popular prescription opioids in terms of illicit use; additionally, participants included Opana® as most popular.

Participants reported that the availability of prescription opioids has decreased during the past six months primarily because, "everybody's doing heroin." A participant commented on the high availability of heroin: "More people have switched to heroin, it's so readily available." Community professionals reported that the availability of prescription opioids has remained the same during the past six months. A community professional commented, "Pain management is doing a better job. They are making them drop [doctors are requiring urine drug screens of pain management patients] monthly to see if there are other substances in their systems ... and if there are, they are immediately removed from pain management." Miami Valley Regional Crime Lab reported, "Seeing a rise

in oxycodone, oxymorphone and hydromorphone." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (8 mg sells for \$12), fentanyl (75 mg sells for \$40), Lortab® (10 mg sells for \$7), methadone (10 mg sells for between \$5-8; 60 mg of liquid methadone sells for \$30), Opana® (60 mg sells for \$60 or \$1 per milligram), OxyContin® OP (aka "oxy's;" usually sells for \$1 per milligram), Percocet® (aka "P's" and "perc's;" 5 mg sells for \$3; 10 mg sells for between \$7-10), Ultram® (50 mg sells for between \$0.50-1) and Vicodin® (aka "V's;" "vikes" and "vikings;" 5 mg, aka "baby vikes," sells for between \$2-3; 7.5 mg sells for \$4; 10 mg sells for \$5).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remain snorting and swallowing. Out of 10 prescription opioids users, participants reported that approximately one to five would orally consume and five to nine would snort the drugs. A participant noted, "I've noticed younger kids snorting [prescription opioids]."

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from the family doctor, emergency rooms or family members. Participants identified "older" individuals as more likely to sell prescriptions and discussed prescription trading among users. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as, "anyone; anybody; everybody." Community professionals also reported prescription opioids users as, "across the board." However, community professionals noted an increase in "older" people abusing prescription opioids. A community professional reported, "Trend seeing now [with prescription opioids abuse] ... the older person, 35, 40 [years of age] on up ... were a professional, lost their job, had an injury, boom ... they are on that [prescription opioids] and before you know it, they are done ... get addicted to it really fast."

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination sedative-hypnotics (Xanax®). As a participant claimed, "Xanax® is awesome to use with everything. Everything."

Suboxone® Historical Summary

In the previous reporting period, Suboxone® remained moderately available in the region. Participants most often reported the drug's availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '7'. Community professionals reported that availability varied between rural and metropolitan areas.

Participants reported that the street availability of Suboxone® had remained the same during the previous six months, while community professionals reported that availability had increased, linking the increase to an increase in opiate use. Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that Suboxone® 8 mg strips and tablets sold for between \$8-20; a month's prescription sold for \$300. Suboxone® was most commonly administered sublingually, with some participants reporting snorting or injecting when abusing the drug. A profile of the typical illicit Suboxone® user did not emerge from the data.

Current Trends



Suboxone® remains moderately available in the region. Participants reported the street availability of Suboxone® as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). In outlying rural areas participants discussed difficulty obtaining Suboxone®. A participant in Miami County stated, "But you know what is sad? I live here in Troy and I have to go to Dayton to find a doctor that will prescribe it [Suboxone®] because there is no doctor in Miami County who is licensed [to prescribe Suboxone®]." Community professionals most often reported the current availability of Suboxone® as '8'. A community professional reported, "[Suboxone®] it's kind of a niche market. It's available, but it's gonna depend on if

they want to spend the money for it." Another community professional commented, "I think [Suboxone®] it's becoming more available legitimately, so the illicit market is going to kind of follow along. If you got more people prescribing it, then there's going to be more of it out there." A community professional in Hardin County reflected, "They [heroin users] think they are [using it to get clean] but then they get addicted to it. It's from one addiction to the other, and they end up doing both of them."

Participants and community professionals most often reported that the availability of Suboxone® has decreased during the past six months. A participant stated, "[Suboxone®] they're harder to find now for some reason." A community professional commented, "A slight decrease ... but we're still seeing a decent amount of it [Suboxone®]." Prescribing patterns are attributed to the decrease in an outlying area as a community professional in Hardin County reported, "They've tried to limit it [Suboxone® diversion]. They've went to tabs that dissolve in your mouth. Some of the doctors we've talked to will make them go every day to get it. They just don't give them a prescription because they know they are selling it." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

No slang terms or street names were reported for Suboxone®. Current street prices for Suboxone® were varied among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between \$10-20. A participant discussed the high price paid for prescriptions of Suboxone® without insurance: "My God, I don't have insurance, and I pay almost \$500 a month for my [Suboxone®] prescription, but it's worth it to stay off heroin ... I wish I didn't have to drive to Brookville once a month. My first appointment was \$300 then I had to pay \$100 in two weeks to see him [the doctor] you know, and now I pay \$180 a month to go plus my medication you know. And the cheapest place you can go is Wal-Mart®, and it equals out to be \$6.80 a strip."

Participants continued to report the most common route of administration for Suboxone® is sublingual. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from Suboxone® clinics, although participants discussed that it's easier to buy Suboxone® on the street. Price is a huge factor in participants being able to obtain Suboxone® through legal routes. Another participant without insurance discussed barriers, "If you don't have insurance or anything, which I don't, you know 'cause I was on the street. They [doctors] won't take you ... I

can't get a medical card 'cause I don't have kids living with me and stuff. I don't have a disability ..." A participant reported, "Suboxone® clinics can get you in the next day if you are self-pay." Another participant agreed, "Yeah, if you've got the cash."

Participants described typical illicit users of Suboxone® as heroin and prescription opioids addicts. Detox is a popular identified reason to use Suboxone® as a community professional reported, "And they are trying to kick it [heroin] on the street ... 'cause the detox availability around here is next to nothing that I know of."

Reportedly, Suboxone® is used in combination with cocaine or sedative-hypnotics but it is not common. Most respondents agreed that it's not typical to use other substances with Suboxone® because, "you'll get sick; it won't work [you won't get high] anyway."

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use. Community professionals identified Ativan® and Xanax® as most popular; the also reported an increase in Soma® use.

Participants and community professionals alike reported that the availability of sedative-hypnotics had remained the same during the previous six months, with the exception of increased availability for Klonopin®. Miami Valley Regional Crime Lab reported that the number of sedative-hypnotics cases it processes had decreased during the previous six months.

The most common routes of administration for sedative-hypnotics were eating (chewing the pills before swallowing), swallowing and snorting. A profile of the typical sedative-hypnotics user did not emerge from the data. Participants reported use as being common across all demographic categories.

Current Trends



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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). Participants continued to identify Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals agreed and also named the aforementioned as most popular. Xanax® has reportedly been the most popular sedative-hypnotic, but some participants reported that Klonopin® is becoming the most popular.

A participant commented on Ambien® and claimed, *"People are starting to take that [Ambien®] a lot lately but they're not using it for sleeping. They're staying awake on it ... and it's weird."* A community professional reported, *"[Sedative-hypnotics] that's what they [users] are killing themselves with. When they come off [relapse], they will use Xanax® and heroin and that's when they die [overdose]."* A community professional from Miami Valley Regional Crime Lab discussed poly drug use with sedative-hypnotics: *"It's interesting because we do DUI's [process driving under the influence cases] ... we do the post mortem, and man, we see a lot of benzo's [benzodiazepines] in DUI's ... multiple benzo's."*

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. Reasons for the decline in availability varied. Some participants claimed that users who are prescribed sedative-hypnotics do not want to get rid of them, holding onto them for personal use. Other participants stated that users with prescriptions are not selling their sedative-hypnotics because they are afraid of, *"getting busted."* Community professionals also reported that availability of sedative-hypnotics has decreased during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the

following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for between \$1-2; 2 mg sells for between \$3-4), Valium (10 mg sells for between \$1-2) and Xanax® (0.5 mg, aka "peaches," sells for between \$0.50-2; 1 mg, aka "footballs," sells for between \$2-3; 2 mg, aka "bars" and "school buses," sells for between \$4-8).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately five to eight would orally consume and two to five would snort the drugs. A participant reported, *"A lot of them [users] don't like snorting them [sedative-hypnotics] ... it burns a little."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from area doctors and emergency rooms. However, some participants felt that it is getting difficult to obtain sedative-hypnotics through legal channels and claimed, *"I think it's still hard to get them [sedative-hypnotics] from the emergency room; I remember it used to be easy but that was almost two years ago."* A participant reflected, *"Dealers is number one [primary source for sedative-hypnotics]."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described sedative-hypnotics use as more socially acceptable than previously: *"It's sort of accepted. You can be strung out on Xanax®, but because you have a script [prescription], it is okay."* Community professionals identified "younger" individuals (40 years of age and younger) as more likely to abuse sedative-hypnotics.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Participants explained that sedative-hypnotics are not a typical solo drug of abuse or a drug of choice among users. A treatment provider reported, *"I've had some clients come in recently [enter treatment] that list Valium®, but it's like they have two or three other drugs. Heroin is first and then maybe cocaine, and if they can't get those two, then they might take a Valium® or something [other sedative-hypnotics] just to help them out."* Heroin is a popular drug to use in combination with sedative-hypnotics. A participant stated, *"Everybody uses heroin with barbiturates and that's how they end up dying [overdosing]."*

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings on the quality of marijuana ranged from '3' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), depending on grade of marijuana purchased. Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana also depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a "blunt" (cigar) or two "joints" (cigarettes) sold for \$5; 1/4 ounce sold for between \$25-70. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between \$20-30; 1/4 ounce sold for between \$100-125.

The most common route of administration for marijuana remained smoking. A profile for the typical marijuana user did not emerge from the data. Participants and community professionals reported that marijuana use stretched across all demographic categories.

Current Trends

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). A participant commented, "*[Marijuana] it's everywhere.*" Another participant commented, "*You can find that [marijuana] in the middle of the street.*"

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In August, agents with the Montgomery County Range Task Force and Ohio BCI agents confiscated at least 200 marijuana plants from a

Miami County home; much of the marijuana was already dried, packaged and ready for sale (www.daytondailynews.com, Aug. 30, 2012). In December, police were called to a high school in Trotwood (Montgomery County) to find out who was handing out marijuana-laced brownies (www.daytondailynews.com, Dec. 11, 2012).

Collaborating data also indicated that marijuana is readily available in the region. The Montgomery County Juvenile Court reported that of the 1,298 juveniles it drug tested during the past six months, 68.3 percent tested positive for the presence of an illicit drug; and of those positive, 71.7 percent were positive for the presence of marijuana.

Participants and community professionals alike reported that availability of marijuana has remained the same during the past six months. A community professional stated, "*[Marijuana] it's always gonna be there [available].*" However, another community professional responded, "*Marijuana is usually something we don't deal a lot with because everybody is hooked on heroin. The marijuana is kinda the side drug.*" Another community professional added, "*We don't have to worry about them overdosing on marijuana. You don't overdose and die on that.*" A community professional in the Miami Valley Regional Crime Lab reported, "*I mean to kind of put it into perspective ... by the end of the year, we'll have about 1,400 marijuana cases and about 1,000 heroin cases.*" The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participants most often reported the quality of commercial (low-grade) marijuana as '7' and the quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current street jargon includes countless names for marijuana. The most commonly cited names were "commercial" and "reggie" for commercial marijuana; and "dank," "dro," "Kesha," "kush" and "perp" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for \$5; 1/8 ounce sells for between \$20-25; 1/4 ounce sells for between \$20-40; an ounce sells for between \$50-60; a pound sells for between \$400-450. Higher quality marijuana sells for significantly more: a blunt or two joints sells for \$25; 1/8 ounce sells for between \$50-100; 1/4 ounce sells for between \$65-100; an ounce sells for \$300; a pound sells for between \$700-900.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine to 10 would smoke and one would consume the drug in baked goods. A profile for a typical marijuana user did not emerge from the data.

Participants and community professionals described typical users of marijuana as, "everybody," although some participants felt that marijuana use is more prevalent among teens and those in their early twenties. Reportedly, marijuana is used in combination with crack and powdered cocaine to come down from the stimulant effect of cocaine use, and alcohol and heroin when users want that "extra high."

Methamphetamine *Historical Summary*

In the previous reporting period, methamphetamine was moderately available in the region. Participants in the Dayton area most often reported availability of methamphetamine as '5' or '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers and law enforcement most often reported availability as '8.' Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported that availability had increased. Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for \$80. The most common routes of administration for methamphetamine were smoking and snorting. A profile of the typical methamphetamine user did not emerge from the data.

Current Trends

Methamphetamine availability is variable in the region. Participants in one area of Dayton 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 Lima and in Hardin and Miami counties most often reported current availability as '0.' Many participants had no knowledge of methamphetamine.

Participants and community professionals in Dayton reported on the production of "one-pot" or "shake and bake" methamphetamine. "One-pot" or "shake-and-bake" refers to production of 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, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location.

A community professional in Dayton discussed one-pot methods, "We've had an increase in [methamphetamine] labs ... a lot of one pots ... personal use ... a lot of times they are making it just for their personal use." Community professionals most often reported the current availability of methamphetamine as '3.' Methamphetamine use may be undetected in parts of the region as a community professional in Miami Valley Regional Crime Lab discussed, "[Methamphetamine] that's probably one of them that is going less detected than other stuff"

Participants reported that the availability of methamphetamine has decreased during the past six months. A participant commented, "It [methamphetamine] used to be pretty bad but not no more." Many participants appeared wary of methamphetamine: "It [methamphetamine] eats your face up ... your teeth; My God, you are shooting Drano® and lighter fluid into your arm, you know." Community professionals reported that availability of methamphetamine has remained the same during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. In addition, personnel with the Miami Valley Regional Crime Lab reported on a newer trend involving methamphetamine. A staff member with the crime lab reported, "I'd say if we had to have a newest trend that would be ... meth [methamphetamine] and heroin. My best guess to that is there are more IV [intravenous] users, so like yeah, if I'm shooting up [injecting] meth, might as well shoot up heroin." The crime lab also reported, "A lot of times in our cases a lot of syringes at the scene ... a lot more than it used to be."

Participants were unable to provide information regarding the current quality of methamphetamine in the region. A community professional in Miami Valley Regional Crime Lab reported, "We typically don't get anything like 'ice' ... anything with strong purity. Typically, people just making it [methamphetamine] themselves and using it themselves."

Current street jargon includes a few names for methamphetamine. The most commonly cited names were “crystal,” “ice” and “meth.” Participants did not report current street prices for methamphetamine; they reported that more individuals are making their own methamphetamine rather than purchasing it on the street. A participant reported, *“You can make 2.5 grams [of methamphetamine] for less than probably \$30. If you buy a gram on the street, it’s about \$80 a gram.”* A participant discussed being tricked into buying methamphetamine, *“I remember one time we bought an ‘eight ball.’ It was supposed to be coke [cocaine] and it was crank [methamphetamine].”*

While there were several reported ways of using methamphetamine, the most common route of administration is intravenous injection. Out of 10 methamphetamine users, participants reported that approximately eight would intravenously inject and two would smoke the drug. A community professional from Miami Valley Regional Crime Lab commented, *“I don’t know if maybe . . . possibly there are more IV meth users. So now it’s like, ‘yeah, if I’m shooting up meth, I might as well shoot up heroin too to kind of regulate.’ We are seeing a lot more meth IV users where we used to see a lot of pipes.”*

While participants could not describe a typical methamphetamine user in terms of demographic categories, participants discussed being able to visually identify methamphetamine users: *“They look like death and smell like death; They don’t take a bath, they don’t brush their teeth . . . wash their hands.”* A community professional in Miami Valley Regional Crime Lab reported that methamphetamine use is, *“More rural but we have been getting some in from the City of Dayton . . . more so than probably past years.”* Community professionals reported typical methamphetamine users as White, both men and women. The ease of cooking methamphetamine is thought to contribute to a change in demographics of methamphetamine cooks. A community professional reported, *“We are getting more women cooks where you used to see the men cooking, and the women using [methamphetamine].”*

Reportedly, methamphetamine is used in combination with cocaine, prescription opioids and other “downers” (depressant type drugs) to bring a user down from the stimulant high of methamphetamine.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were moderately available in the region. Participants most often reported the availability of these drugs as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants reported Adderall® and Ritalin® as the most available prescription stimulants in terms of illicit use, with Adderall® being more popular than Ritalin®.

Although prescription stimulants were available, they were not as desired as other drugs among participants. Community professionals most often reported prescription stimulants as highly available, but agreed with participants that these drugs were not very desirable.

Participants reported that the availability of prescription stimulants had remained the same during the previous six months. Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes had increased while the number of Concerta® and Ritalin® cases it processes had decreased during the previous six months.

The following prescription stimulants were available to street-level users: Adderall® (20 mg sold for between \$8-9; 30 mg sold for \$10). Participants and community professionals reported illicit prescription stimulants use as common among high school and college students and young mothers.

Current Trends

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); community professionals most often reported current availability as ‘3.’ Although participants reported high availability of prescription stimulants, a participant commented, *“[Prescription stimulants use] it’s not as common as heroin and weed.”* Community professionals reported that they do not typically see or deal with prescription stimulants abuse. Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were reported by one participant with experience buying the drug. The following prescription stimulants are available to street-level users: Adderall® (20 mg sells for \$3; 25 mg sells for \$4; 30 mg sells for \$5).

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends and family. A profile for a typical illicit prescription stimulants user did not emerge from the data. However, a participant claimed, *"I know a lot of college kids and dancers [use prescription stimulants] ... a lot, like at the strip clubs, they [dancers] do Adderall® now instead of cocaine 'cause it's easier to hide."*

Reportedly, prescription stimulants are called, *"poor man's coke,"* thus participants thought cocaine users might use the drugs more often than others. A community professional commented on the typical illicit user: *"Female. We got a lot of stuff to do ... I wonder if there's still that group of women who are like, 'well this [prescription stimulants] is a prescription and it gets me where I need to go without cooking it myself [reference to methamphetamine].'"*

Bath Salts

Historical Summary



In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained moderately available in the region despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '5.' There was general consensus among participants that the availability of bath salts had decreased since the law banning their sale took effect.

However, despite the reduced availability, participants said bath salts could be obtained in area retail stores. Media in the region reported that Dayton narcotics officers continued to purchase bath salts and synthetic marijuana through undercover buys. The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes

had increased during the previous six months. Participants reported that a gram of bath salts sold for between \$20-40. Participants said stimulants users were likely to use bath salts. Law enforcement identified "younger," white males as likely to use bath salts.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. Participants 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); community professionals most often reported current availability as '4.' Most participants had never tried bath salts and appeared scared to try them with comments like: *"I've seen people get wiggled out over that [bath salts]. I've never tired it, don't want to try it; I never done them, they scared me."* A community professional commented, *"People are scared of them [bath salts]. If they weren't scared, they've gotten scared."*

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants attributed legislation as a driving factor for decreased availability. A participant claimed, *"That [bath salts use] was really bad, but they outlawed them."* The Miami Valley Regional Crime Lab personnel reported that they are seeing a decrease in cases they process for bath salts; they too attributed a decrease in cases to legislative action and the bad reputation of the drug. Additionally, a crime lab professional reported, *"I'll do whole runs now and none of them will be positive [for bath salts], whereas before I would do a whole run, and they would all be positive. We are seeing a quarter of [the number of bath salts cases] that we were seeing at the beginning of the year."* The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New labels for bath salts are emerging to help circumvent the laws; participants said bath salts are currently sold under labels like, "hookah cleaner." Current street prices for bath salts were not reported by participants. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from on-line and in regional head shops and gas stations. A participant commented, *"I know you can buy it on-line and get it mailed right to your house."* Another participant stated, *"They sell it [bath salts] as hookah cleaner. I don't do it ... the gas stations*

they call it hookah cleaner." Changes in bath salts formulation were also discussed as a crime lab professional reported, "We also have some [law enforcement] agencies that hit some batches [of bath salts] that weren't controlled [that contained chemical analogues which weren't specially banned by law]. And there's nothing they [law enforcement] can do, so they stopped making buys until that new Ohio legislation passes ... they are ready to knock doors down like tomorrow as soon as it is signed, they are ready to go."

Participants described typical users of bath salts as aged mid-20s and younger. A community professional in Hardin County reported a typical user as, "mainly younger people, like 25 [years old] around here." Within Dayton a community professional reported, "Younger kids ... Teenagers, 18, 19 [years of age] ... white males."

Synthetic Marijuana Historical Summary

In the previous reporting period, there was some evidence of synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") within the region. While participants did not report on synthetic marijuana, treatment providers discussed client use of the drug. Treatment providers reported that users had moved away from synthetic marijuana due the many negative effects produced by the drug, such as paranoia and panic; they reported that users liked marijuana.

Additionally, treatment providers reported that individuals who believed there were no legal ramifications to synthetic marijuana use were likely to use the drug. Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "I've been offered it [synthetic marijuana] before around here, but I wouldn't say it was that common." Community professionals in Dayton most often reported the drug's current availability as '4', while community professionals in Hardin County reported much higher availability. Law enforcement in Hardin County reported, "We just got [confiscated] 20 pounds of it [synthetic marijuana] at a [local] house."

Participants and community professionals in Dayton reported that the availability of synthetic marijuana has decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Current street prices for synthetic marijuana varied among participants with experience buying the drug. Participants reported that synthetic marijuana sells for: "\$20 for a packet; \$30 for a little round container with like two joints in it; Now that the drug dealers have it, they'll give you a shit ton of it for like 10 bucks." Participants reported that the most common route of administration for synthetic marijuana is smoking.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from area gas stations and head shops. Participants described typical users of synthetic marijuana as either "kids" or "adults on probation." A participant discussed the use of synthetic marijuana, "I think it was more common for the young probations 'cause anyone that could smoke real weed was gonna smoke real weed. But if you were an addict and you smoke weed and couldn't, it was the next big thing." Participants also reported that synthetic marijuana is commonly used by individuals subjected to urine drug screens.

Ecstasy Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.'

Participants most often reported that the availability of Ecstasy had decreased during the previous six months, while community professionals reported that availability had remained the same. Miami Valley Regional Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants reported that a "double stack" or "triple stack" (high doses of Ecstasy) sold for between \$10-25; a gram of pure Ecstasy (aka "Molly") sold for \$50. The most common route of administration for Ecstasy remained oral consumption.

Participants and community professionals described typical Ecstasy users as recently graduated from high school and in college. "Ravers" (those who attend underground dance parties and music festivals) were another group cited as likely to use Ecstasy.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is infrequently available in the region. Participants most often reported the current availability of Ecstasy as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported the current availability as '1.'

Participants reported that the availability of Ecstasy has decreased during the past six months, while community professionals reported that availability has remained the same. A participant stated, "*It [Ecstasy] used to be more common.*" Another participant remarked, "*It's kind of like Ecstasy disappeared.*" However, a participant reported, "*Seek and you shall find [Ecstasy].*" The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Ecstasy; however, the most commonly cited name remains "E." Typical imprints on Ecstasy tablets include Superman and an eyeball. Current street prices for Ecstasy were reported among the few participants with experience buying the drug; participants reported minimal purchasing experience. A participant reported, "*\$25 for an Ecstasy pill. Last time I did them, they were Supermans.*" Participants described typical users of Ecstasy as "younger" or individuals who go to dance clubs.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) medications.

Anabolic steroids remained rarely available in most of the region; however, they were identified as highly available in

rural areas. The Miami Valley Regional Crime Lab reported that the number of anabolic steroids cases it processes had decreased during the previous six months. A six-week supply of anabolic steroids reportedly sold for \$150. Participants described typical users of anabolic steroids as athletes and body builders. Law enforcement reported use to be more common among young, white males.

Hallucinogens (LSD and psilocybin mushrooms) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability of hallucinogens as '3.' Participants reported that hallucinogens were more commonly seen in the rural areas of the region. Participants reported that the availability of LSD had decreased during the previous six months, while the availability of psilocybin mushrooms had increased. Law enforcement reported an increase in psilocybin mushrooms.

The Miami Valley Regional Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes had decreased during the previous six months. However, Miami Valley Regional Crime Lab reported increases in cases involving PCP (phencyclidine) and DMT (dimethyltryptamine) during the previous six months. Participants reported that LSD sold for between \$8-10 a "hit" (dose); 1/8 ounce of psilocybin mushrooms sold for between \$20-30; 1/4 ounce sold for \$40. Participants reported use of hallucinogens as common among young people of high school and early college years.

Inhalants remained readily available at several outlets throughout the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported little experience with or interest in inhalants, but reported that inhalants were most common among high school youth. Participants described the typical illicit user of OTC medications as young, African-American individuals of middle and high school age.

Current Trends

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, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and inhalants.

Anabolic steroids remain available in the region. A participant in Dayton commented, "I only know one person ... [anabolic steroids] it's available in pretty much any gym." Another participant in Miami County identified younger individuals as more likely to use steroids: "I think the younger crowd [uses anabolic steroids], like high school and college [aged individuals] because my son goes to [university name omitted] ... and he talks ... and he's on the rugby team, and he talks about it [anabolic steroids] all the time. Like you can just walk into the locker room [and find anabolic steroids users]." A crime lab professional reported, "We are still seeing them [anabolic steroids], but it has dropped off because Warren County [law enforcement] took out the supply of Southwest Ohio."

Hallucinogens vary in availability in the region. There was no consensus among participants as to the current availability of these drugs. However, most participants made comments similar to the following: "I haven't seen that stuff [hallucinogens] in a long time; I still hear about it [hallucinogens], but it's hard to find." A participant in Dayton commented, "If you can get [psilocybin] mushrooms, it's hard. And they'll go quick because everyone wants them. It's like a weed sell ... fifty bucks a quarter [ounce]."

Other participants discussed the necessity for a connection: "You can get it [hallucinogens], just gotta know certain people; [Psilocybin] mushrooms are a '10' [highly available] if you know where to get them." A participant in Miami County discussed a range in availability: "When Hookaville [a music festival] comes around, that time of year, early spring ... Yeah, you'll hear, 'I got some acid [LSD] for Hookaville or I got some drops [LSD] for Hookaville, but you don't hear people calling, 'you know where I can get some 'shrooms' [psilocybin mushrooms]?" A crime lab professional commented, "I think a lot of hallucinogenic stuff [effects] they [users] are getting through the [use of] designer drugs."

The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens

reported, the crime lab further noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months.

Participants reported that inhalants remain highly available in the region; however, participants continued to report low desirability for them. Participants also continued to report that inhalants appeal to "kids." A community professional in Dayton discussed inhalants: "Not very many [users], but there are dedicated 'huffers' [inhalant users]. We had a couple in [treatment], and they say that they went to inhalants when placed on supervision because they knew that we couldn't [drug] test for it." A community professional further discussed characteristics of an inhalant user: "We've got this fairly small hardcore group of huffers, and [inhalants] that's all they do, and they've been doing it for years ... older, White guys who probably started as teenagers."

Conclusion

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

Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as on-line and in regional head shops and gas stations. New labels for bath salts are emerging to help circumvent the laws; participants said bath salts are currently sold under labels like "hookah cleaner." Most participants had never tried bath salts and stated being scared to try them. Participants and community professionals reported that the availability of bath salts has decreased during the past six months, attributing legislation as a driving factor in this. Miami Valley Regional Crime Lab personnel reported that they are seeing a decrease in cases they process for bath salts; they too attributed a decrease in cases to legislative action and the bad reputation of the drug.

Participants and community professionals alike most often reported that the availability of powdered cocaine has decreased during the past six months. Participants cited dealers holding onto to powdered cocaine for the manufacture of crack cocaine, a more profitable drug, along with “drug busts” and an increase in other substances (heroin) as reasons for general decreased availability. However, participants noted that it has become more common for heroin dealers to also carry powdered cocaine for the users who like to use the drug with heroin (aka “speedball”).

Participants and community professionals reported that the availability of sedative-hypnotics has decreased during the past six months. Reasons for the decline in availability include: users who are prescribed sedative-hypnotics not wanting to get rid of them, holding onto them for personal use and users with prescriptions not selling their sedative-hypnotics because they are afraid of “getting busted.” Participants and community professionals reported new concerns regarding sedative-hypnotics abuse. A participant reported that users are abusing Ambien® in a different way to stay awake and not to sleep; community professionals noted that sedative-hypnotics combined with other substances has led to an increase in drug overdoses and deaths, particularly when heroin is combined with benzodiazepines. Also concerning is that participants

described sedative-hypnotics use as more socially acceptable than previously. Community professionals identified “younger” individuals (40 years of age and younger) as likely to abuse sedative-hypnotics. Participants and community professionals most often reported that the availability of Suboxone® has decreased during the past six months. In outlying rural areas, participants discussed difficulty obtaining Suboxone® due to no or few doctors licensed to prescribe the drug. Community professionals attributed the reported decrease in street availability of Suboxone® to a change in prescribing patterns; they described doctors trying to limit diversion by prescribing the film form of the drug and requiring some patients to visit their office daily.

Lastly, while availability is variable within the region, methamphetamine use is of growing concern. The Miami Valley Regional Crime Lab reported that methamphetamine use may be undetected in parts of the region as users typically make the drug solely for personal use and not for sale. The crime lab also noted a rising trend of methamphetamine use with heroin; participants in past cycles referred to the concurrent use of methamphetamine with heroin as the “ultimate speedball.” Lastly, the crime lab noted an increase in intravenous methamphetamine use, while another community professional noted an increase in female cooks.



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