



Drug Abuse Trends in the Dayton Region



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Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Montgomery County Coroner’s Office, Logan County Family Court, Miami Valley Regional Crime Lab, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

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

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Regional Profile

Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,343,893	39
Gender (female), 2017	51.0%	51.1%	48.7%
White, 2017	82.2%	83.7%	41.0% ²
African American, 2017	12.9%	11.7%	51.3% ²
Hispanic or Latino Origin, 2017	3.8%	2.5%	2.6% ³
High School Graduation Rate, 2013-17	89.8%	90.0%	71.8% ⁴
Median Household Income, 2013-17	\$52,407	\$52,890	\$12,000-\$15,999 ⁵
Persons Below Poverty Level, 2017	14.0%	13.2%	51.3% ⁶

¹Ohio and Dayton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January through June 2019.

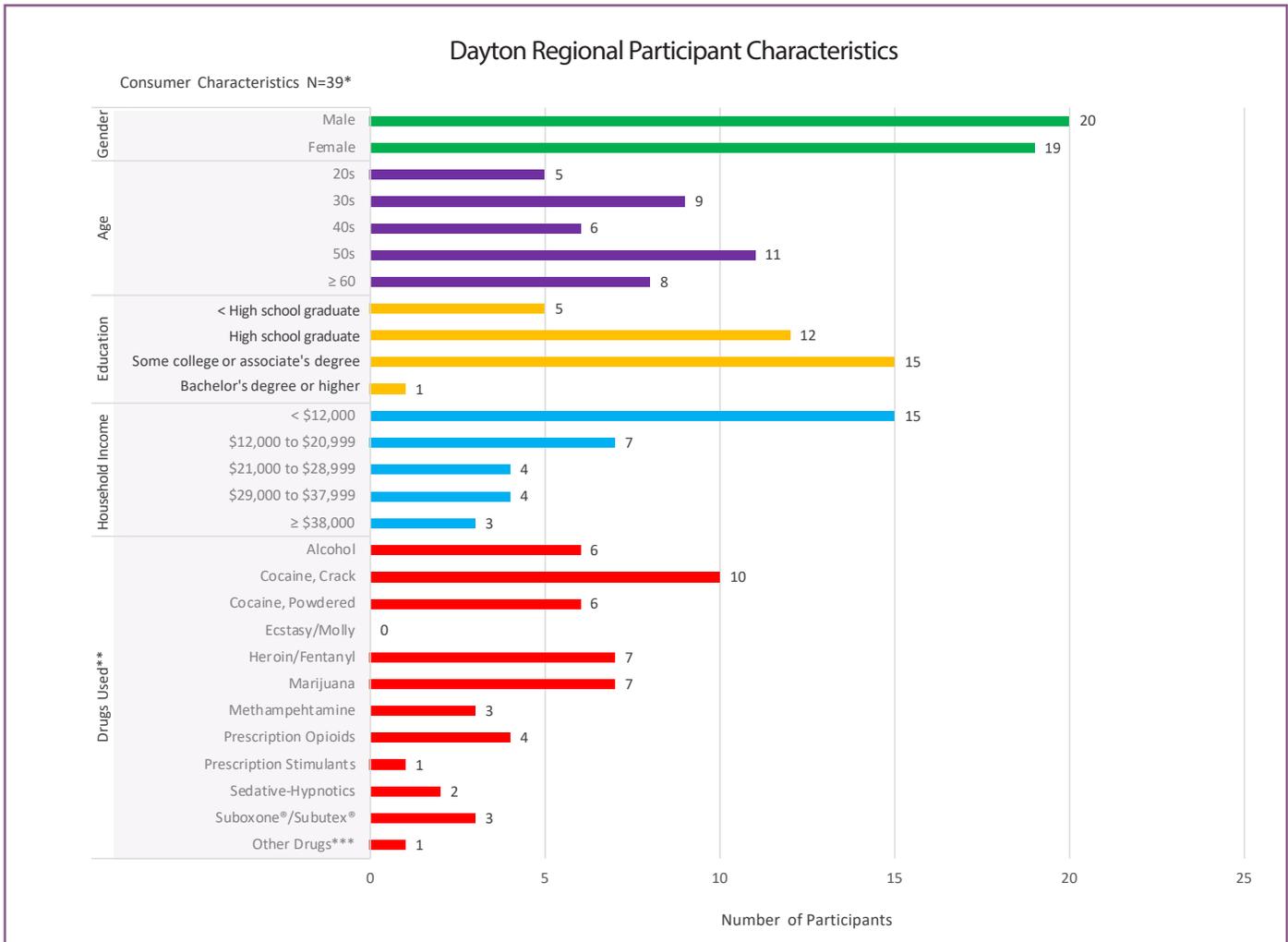
²Race was unable to be determined for 1 participant due to missing and/or invalid data.

³Hispanic or Latino Origin was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Graduation rate does not include 6 participants due to missing and/or invalid data.

⁵Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

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



*Not all participants filled out forms completely; therefore, numbers may not equal 39.

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

***Psilocybin mushrooms.

Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, fentanyl, heroin, marijuana and methamphetamine remained highly available in the Dayton region; also, highly available in the region were powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone®. Changes in availability during the reporting period included: increased availability for fentanyl and methamphetamine.

Heroin remained extremely easy to get in the region. Participants discussed that drug dealers aggressively pushed heroin. They said dealers sought out customers by profiling users, approaching people whom they suspected as users and offering heroin for sale. Reportedly, all users had to do was drive slowly down certain streets and they would be approached by dealers giving away “testers” (free samples of heroin). While many types of heroin were available in the region, participants reported white powdered heroin, followed by brown powdered heroin, as most available. To obtain black tar heroin, participants reported that one would have to travel to Columbus to acquire it.

Participants reported that the availability of heroin had increased during the reporting period. However, a participant commented on increased heroin availability: *“There is more fentanyl in the area that is being sold as heroin, this has increased, you are not really getting heroin.”* Participants discussed that much of the heroin in the region was actually fentanyl or heroin-fentanyl mixtures. BCI and Miami Valley Regional crime labs reported that the incidence of heroin cases they processed from this region had increased during the reporting period; the labs reported processing beige, blue, brown, gray, off-white, purple, tan and white powdered heroin as well as black tar heroin.

Participants and community professionals reported that the high availability of fentanyl had increased during the reporting period. Participants attributed increased availability to increased demand for the drug. They discussed users seeking fentanyl for its potency, a more intense high than heroin. Participants described the overall quality of fentanyl as extremely potent. One participant remarked, *“You are gonna get really high or you*

are going to die.” Overall, participants reported that the quality of fentanyl had increased during the reporting period.

Corroborating data indicated that fentanyl and carfentanil were available in the Dayton region. Montgomery County Coroner’s Office found fentanyl and fentanyl analogues present in 86.0% of the 129 drug-related deaths it processed during the reporting period; the office found carfentanil present in 10.1% of these 129 drug-related deaths. Ohio Department of Public Safety (ODPS) reported seizing 5.1 kilograms (11.2 lbs.) of fentanyl from this region during the reporting period. In addition, Miami Valley Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogues cases it processed had increased.

Lastly, participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. Both groups of respondents discussed drug dealers pushing methamphetamine like they did heroin by actively soliciting customers. Participants attributed increased availability to increased demand from heroin users, many of whom, reportedly use methamphetamine to get off heroin. Miami Valley Regional Crime Lab reported that the incidence of methamphetamine cases it processed had increased during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants stated: *“It’s everywhere; It’s been an epidemic ... it ain’t just opiates; There’s a lot of it; It’s one phone call away.”* Treatment providers most often reported the current availability of powdered cocaine as ‘10,’ while law enforcement most often reported it as ‘8-9;’ the previous most common scores were ‘8’ and ‘10,’ respectively. Law enforcement officers noted: *“It’s pretty available around*

here; if it's not immediately available, it's quickly available through networking sources ... it's readily available."

Corroborating data indicated that powdered cocaine is available in the Dayton region. Logan County Family Court reported that of the 306 positive adult drug tests it recorded during the past six months, 10.5% were positive for cocaine (powdered and/or crack cocaine). Montgomery County Coroner's Office found cocaine (powdered and/or crack cocaine) present in 33.7% of the 172 drug-related deaths it processed during the past six months. In addition, ODPS reported seizing 7.5 kilograms (16.4 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Riverside Police (Montgomery County) executed a search warrant and seized cocaine, methamphetamine, heroin and guns; officers arrested one individual for possession of drugs (www.abc22now.com, March 8, 2019). A Montgomery County drug task force conducted a long-term drug trafficking investigation and seized a large quantity of cocaine, marijuana and money; detectives arrested one individual for possession of drugs (www.abc22now.com, April 1, 2019). After a report of a suspicious vehicle, Dayton Police (Montgomery County) responded and found a postal service worker who appeared to be under the influence of a narcotic, and when approached by police, the individual took off and crashed their vehicle into a residence; officers found three bags of suspected cocaine and arrested the postal service worker for OVI (operating a vehicle under the influence of alcohol and/or other drugs) and failure to control a motor vehicle (www.daytondailynews.com, April 22, 2019). Dayton Police arrested a suspect after a head-on crash with a police cruiser during a pursuit; officers charged the suspect with possession of cocaine, possession of heroin, possession of a fentanyl, failure to comply with an order of a police officer, vehicular assault and improper handling of a firearm in a motor vehicle (www.whio.com, May 3, 2019). After a complaint of drug activity at a home, Dayton Police responded and seized cocaine and multiple handguns; animal control also responded and removed a few dogs from the home (www.wdtn.com, May 2, 2019).

Participants and treatment providers reported that the availability of powdered cocaine has increased during the past six months, while law enforcement reported it has remained the same. Participants shared: "It's increased because it's cheaper now [indicating increased supply]; The

people that are getting high are not using heroin because it's killing people ... so they are going back to cocaine; Increased because people ... like 'speedballing' (concurrent or consecutive use of sedative and stimulant drugs to achieve an up and down effect), they're using cocaine and 'heron' (heroin) ... they're doing a lot more with [powdered cocaine] than they used to." Treatment providers added: "That's another one on an upswing.... They like to speedball ... they like the effects of the mixed (heroin with cocaine) ... that's what my clients have been reporting to me." BCI and Miami Valley Regional crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4-5.' Participants commented: "I think it's garbage; It's 'stomped on' (adulterated)" However, many participants noted a range in quality, stating: "It depends on who you know because you got some guys that are trying to make some money and they are going to sell you some good [high-quality cocaine to secure repeat customers]; [Quality] depends on what they cut it with...." Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baby laxatives, baking soda and fentanyl. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetics (lidocaine and procaine) ● phenacetin (banned analgesic)

Current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50-80
1/8 ounce (aka "eight ball")	\$150	

The most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants commented: *"Just snort it; Some will do it with their [heroin] ... they want to do that speedball thing and they shoot it with the 'heron' in it; [Route of administration depends on] whatever crowd you're with; I would say more white people probably inject."* A few participants mentioned smoking as another route of administration. One participant highlighted, *"If you shoot up, it's bad (intravenous drug use is stigmatized as bad), but if you smoke it, it's okay (socially acceptable)...."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical powdered cocaine users as anyone, while disputing the stereotype of someone with money; however, participants did note more users are white and younger. Participants stated: *"It don't discriminate; Across the board; It used to be the rich man's drug, that's not the case no more; More white people do it; A lot of the younger addicts that come along now use a lot of powdered cocaine."* While a typical user did not emerge with law enforcement, treatment providers described typical powdered cocaine users as younger people and those in the party scene. Treatment providers shared: *"That's a younger crowd I think, in my work anywhere from 18 to 35 [years of age]. They like to use [powdered cocaine] recreationally; It's a party drug ... it's more socially acceptable [than other street drugs]...."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current

availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"You can get it anywhere; [You can] walk out the door and get it; I can go down the street and see people using it."* Treatment providers most often reported the current availability of crack cocaine as '10,' while law enforcement most often reported it as '8;' the previous most common scores were also '10' and '8,' respectively. One treatment provider commented, *"Easy, readily available, you can walk down the street [and get crack cocaine]."* A law enforcement officer stated, *"It's still readily available."*

Corroborating data indicated that crack cocaine is available in the Dayton region. Logan County Family Court reported that of the 306 positive adult drug tests it recorded during the past six months, 10.5% were positive for cocaine (crack and/or powdered cocaine). Montgomery County Coroner's Office found cocaine (crack and/or powdered cocaine) present in 33.7% of the 172 drug-related deaths it processed during the past six months. In addition, ODPS reported seizing 350.2 grams (0.8 lbs.) of crack cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After a long-term drug trafficking investigation, a Montgomery County drug task force executed search warrants and seized crack cocaine, cash and several guns; officers arrested several individuals for drug possession (www.whio.com, May 8, 2019). Dayton Police attempted to pull over a suspect who initially fled before officers were able to stop his vehicle and detain three people; officers released the suspect's two passengers, and when they removed the suspect from the back of the police cruiser, officers found crack cocaine and arrested him for aggravated drug possession, failure to comply with the order of a police officer and not having a driver's license (www.whio.com, May 23, 2019).

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers indicated increased availability. Treatment providers shared: *"I hear about people doing more 'crack' (crack cocaine) now; With the invention of medication-assisted treatment (MAT) [for opioid use disorder], people are not able to get high on heroin when they're on Vivitrol®, but they can use crack to get high."* BCI and Miami Valley Regional crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7.' However, participants concluded: "You can get some real cocaine, you can get some whatever; Honestly, it depends on who you deal with..." Participants reported that crack cocaine in the region is adulterated (aka "cut") with candy, cement, drywall, Orajel® and soap. Treatment providers also mentioned fentanyl as a possible adulterant. One treatment provider confirmed, "Everybody who [reportedly] smokes crack, they're always positive [on urine drug screens] for fentanyl." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a 1/10-gram piece (aka "rock"). However, a participant commented, "[The amount and price of purchase] depends on how much you got to spend."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$50

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug.

A few participants also mentioned intravenously injecting (aka "shooting") as another route of administration for crack cocaine. One participant remarked, "Speedball it with 'heron.'"

A profile for a typical crack cocaine user did not emerge from the data. The majority of respondents described typical users as everybody. One participant confirmed, "It doesn't discriminate." Community professionals described typical crack cocaine users as of lower socio-economic status and people who engage in prostitution. One law enforcement officer commented, "Prostitutes ... lower income ... regardless of race."

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: "It's everywhere; It's not hard to get heroin; [Heroin dealers are] waiting for people to leave jails and probation [offices], they'll stand around a corner and wait and try to give you 'testers' (free samples of heroin) and 'caps' (capsules filled with heroin)." However, many participants continued to struggle with distinguishing heroin from fentanyl and reported lower current availability for unadulterated heroin. These participants stated: "You can get [heroin] but it's fentanyl; It's going to be a very few people with raw heroin, very few; All the [drug dealers] got is fentanyl ... they order it online; They're mixing [heroin] with fentanyl to make it more potent; [Users] don't want heroin ... they want 'fetty wop' (fentanyl)." Treatment providers most often reported the current availability of heroin as '10,' while law enforcement most often reported it as '4-5,' the previous most common scores were '10.' Law enforcement commented: "I'd say pure (unadulterated) heroin ... it's harder [to obtain]; It's here, it's just always mixed with fentanyl, so to get [heroin] from somebody where they don't have fentanyl mixed in is getting rare..."

Corroborating data indicated that heroin is available in the Dayton region. Montgomery County Coroner's Office found heroin present in 14.5% of the 172 drug-related deaths it processed during the past six months. ODPS reported seizing 2.1 kilograms (4.7 lbs.) of heroin from this region during the past six months. In addition, media

outlets reported on law enforcement seizures and arrests in the region this reporting period. Federal Bureau of Investigation (FBI) Safe Streets Task Force along with Ohio State Highway Patrol (OSHP) and Southern Ohio Drug Task Force conducted an operation spanning from Portsmouth (Scioto County) to Dayton (Montgomery County) that resulted in the arrest of three suspects on charges of drug trafficking after officers seized 120 grams of suspected heroin with a street value of \$16,000 (www.portsmouth-dailytimes.com, Jan. 14, 2019). Hardin County Crime Task Force conducted two traffic stops that resulted in two arrests when officers charged a suspect with trafficking and possession of heroin after seizing heroin; officers charged a second suspect with trafficking in fentanyl after seizing eight grams of the drug (www.limaohio.com, March 22, 2019). Allen County Sheriff's Office assisted the West Central Ohio Crime Task Force in executing a search warrant and in seizing heroin, fentanyl, crack cocaine, marijuana and multiple firearms; officers arrested an individual for drug possession and two unrelated warrants (www.limaohio.com, April 30, 2019). OSHP in Clark County arrested an individual for trafficking and possession of heroin after conducting a traffic stop that resulted in a K-9 officer finding a large quantity of U.S. currency wrapped in plastic; troopers executed a search warrant of the suspect's residence and seized a large bag of suspected heroin weighing approximately 100 grams, a bag of white substance suspected to be cocaine and a digital scale (www.springfieldnewsun.com, June 21, 2019).

While many types of heroin are currently available in the region, participants continued to report white powdered, followed by brown powdered, as most available. Participants also noted the presence of gray and tan colored powdered heroin. Reportedly, black tar heroin is low in availability in the region. Participants shared: *"That's what they call the 'Mexican mud' (brown powdered heroin) and 'china white' (white powdered heroin); [Black tar], that's hard to get now; I've had some gray, there's a lot of gray going around."* Law enforcement also confirmed: *"Brown is typical, but you can get others; We haven't seen black tar here for a while now."*

Participants reported that the availability of heroin has decreased during the past six months, while community professionals indicated that heroin availability has remained the same. Participants explained: *"Decreased because it's all now fentanyl, but they're selling it like it's heroin; A lot of people are switching [from heroin] to 'meth' (methamphetamine), too."* BCI and Miami Valley

Regional crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, blue, brown, gray, off white, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '3.' Participants reported: *"Quality is not there; They're dropping bodies (selling lethal fentanyl as heroin); Nobody can really find real heroin, not no more."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for heroin as brown sugar, fentanyl, Neurontin® (gabapentin), powdered sugar and rat poison. Participants shared: *"They're mixing [heroin with fentanyl] to make it more potent; From my experience, it was straight fentanyl; I heard they got some tests out now you can test your heroin before you use it to see if you have fentanyl in it."* Overall, participants reported that the quality of heroin has remained the same during the past six months. Participants noted the only change they have noticed is that heroin tends to be more fentanyl now.

		Cutting Agents Reported by Crime Lab	
Heroin		acetaminophen	
		caffeine	
		cocaine	
		diphenhydramine (antihistamine)	
		fentanyl	
		inositol (dietary supplement)	
		lidocaine (local anesthetic)	
		mannitol (diuretic)	
		methamphetamine	
		quinine (antimalarial)	
		sorbitol (artificial sweetener)	
	tramadol		
	xylazine (animal sedative)		

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants discussed: *"If you buy more, usually they'll cut a few dollars off [the price]; It's \$10 a 'cap' (capsule)."* Reportedly, the most common quantity of purchase is a gram.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "cap")	\$10-20
	1/2 gram	\$70
	A gram	\$80-100

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Participants commented: *"I would say definitely inject; There's probably more inject now; There's people that snort it still; I heard they smoke it, too, but I never seen it."*

Participants described typical heroin users as anyone. They commented: *"Everybody; All ages; It don't discriminate."* Treatment providers described typical heroin users as young, white males, while law enforcement described typical heroin users as white and long-term drug users. Treatment providers shared: *"Males ages 20 to 35 [years]; It's definitely a Caucasian epidemic."* Law enforcement explained: *"People who use fentanyl and heroin go across the board, but some of the older people we cross have been using for a long time, like 30 years, a lot of them say they try to find actual heroin because that's what they're used to; I still think you see more Caucasians more often than not"*

Fentanyl



Fentanyl remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous

most common scores were also '10.' Participants reported: *"Wherever you go, you can get some fentanyl ... that's all you gonna get; You can get [fentanyl] before you get marijuana; It's easy to get; It is everywhere ... it's out there more than heroin...."* Treatment providers discussed: *"Everything's got fentanyl in it; Even if you don't want to use it, you're getting it."* Law enforcement highlighted the ease of securing fentanyl, stating: *"Do you want some? 25 minutes [is all it would take to locate fentanyl]; There's more fentanyl [than other drugs]."* Participants also mentioned carfentanil as available in the region, describing its appearance as a gray or pink powder. Participants shared: *"Carfentanil, the potency is so high that it can tranquilize an elephant; It's like a grayish color, and it's so strong that if it gets out and exposed in the air, if one of us gets a particle of it, we will overdose from it ... police officers have overdosed on it."*

Corroborating data indicated that fentanyl and carfentanil are available in the Dayton region. Montgomery County Coroner's Office found fentanyl and fentanyl analogues present in 85.5% of the 172 drug-related deaths it processed during the past six months; the office found carfentanil present in 2.9% of these deaths. In addition, ODPS reported seizing 14.9 kilograms (32.8 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A K-9 officer alerted police to a piece of luggage at Dayton International Airport that contained suspected heroin and over 400 grams of fentanyl; officers removed the narcotics and OSHP followed the suspect, eventually pulling them over in Montgomery County and placing them under arrest for intent to distribute fentanyl (www.daytondailynews.com, March 6, 2019). Dayton and Montgomery County Public Health issued a warning that Dayton Police Narcotics Bureau and Montgomery County Sheriff's Office continued to encounter powdered fentanyl during drug seizures, including a seizure of more than 8,000 blue fentanyl pills disguised as oxycodone and three pounds of heroin (www.wdtn.com, March 11, 2019). Montgomery County Coroner's Office issued a warning after Miami Valley Regional Crime Lab found xylazine (animal sedative) mixed with cocaine and fentanyl related to a suspected overdose death (www.daytondailynews.com, March 29, 2019). Miami County Sheriff's deputies executed a search warrant where they seized fentanyl, steroids, marijuana with related

paraphernalia and a firearm; officers arrested an individual for felony drug trafficking (www.wdtn.com, April 15, 2019). West Central Ohio Crime Task Force executed a search warrant and contacted OSHP in Allen County to conduct a traffic stop where a suspect was taken into custody for having approximately 77 grams of fentanyl on their body; officers also arrested the owner of the stopped vehicle for possession of a fentanyl-related compound and trafficking in heroin (www.limaohio.com, April 24, 2019). Montgomery County Sheriff's Office, Miami Valley Bulk Smuggling Task Force and OSHP conducted a joint investigation and seized more than 23 kilograms of fentanyl, six kilograms of heroin, two kilograms of fentanyl analogues and five kilograms of cocaine; officers arrested two individuals who both pled guilty to conspiring to distribute large amounts of fentanyl, heroin and cocaine in the Dayton area (www.wdtn.com, May 3, 2019). Montgomery County Sheriff's Office conducted an investigation and seized a large amount of fentanyl reported as enough to "take out an entire city;" officers arrested an individual for possession with intent to distribute 400 or more grams of fentanyl (www.10tv.com, June 28, 2019).

Participants and treatment providers reported that the availability of fentanyl has increased during the past six months, while law enforcement reported that availability has remained the same. Participants explained: "It's more people that's selling it [and] there's more people doing it; It's readily available ... people get it in the mail." Treatment providers shared: "Increase ... it's in everything now; Even when you're not looking for it, you're getting it; Dope dealers wanting to hook people with the biggest high." BCI and Miami Valley Regional crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil cases they process from this region has decreased or remained the same, very few cases.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants explained: "It's straight fentanyl, so yeah, it's a '10; Fetty will knock you down." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and continued to report the top cutting agent for fentanyl as heroin. A participant commented, "When you get fentanyl, usually you are cutting it with 'dope' (heroin). You're putting it with [heroin] to make [heroin] stronger." One participant noted overdoses due to carfentanil, stating, "Carfentanil is the killer." Participants generally agreed that fentanyl is typically the cut for other drugs. They said: "They're mixing both heroin and cocaine with fentanyl to make it stronger; They're putting it in meth; They're putting it everything."

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants stated: "I heard that you can get it as little as \$5 in 'caps; I paid \$80 a gram." Overall, participants reported that the price of fentanyl is similar to that of heroin, stating, "Same as the 'boy' (heroin); Same as 'heron.'"

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram (aka "cap")	\$5-10
	A gram	\$60-80

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants shared: "Same as heroin; Very few people you hear snorting it now ... most of these people down here ... they're shooting it; You still got your snorters, the majority are shooters."

A profile for a typical fentanyl user did not emerge from the data. Participants commented: "Fentanyl ain't prejudice at all; It doesn't make a difference [who you are] as long as you got some money [to buy it]." However, some participants noted fentanyl use among white people. They discussed: "I say it's' more white race; Mostly white, all ages; I sold mostly to white folks, all they want was fentanyl and the black people they want some real (unadulterated) heroin." Treatment providers described typical fentanyl users as white males, aged 20-35 years and crack users

due to fentanyl contamination, while law enforcement reported younger people as fentanyl users. Treatment providers stated: *“White males, 20 to 35; Everybody who smokes crack, they’re always positive with fentanyl.”* Law enforcement reported: *“It’s a lot of younger people; There’s more younger people using fentanyl than we see using other types of drugs....”*

Prescription Opioids



Prescription opioids remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants shared: *“It’s still easy to get; If that’s what you’re looking for, you can find it; Make a few calls, you’d find it.”* Treatment providers most often reported the current street availability of prescription opioids as ‘10,’ while law enforcement did not assign a rating score for current street availability; the previous most common scores were ‘7’ for both treatment providers and law enforcement. A treatment provider confirmed, *“They’re readily available.”* Although law enforcement did not rate current availability, they discussed: *“They’re not readily as available as fentanyl ... [users say] ‘what’s the point when fentanyl is so easy to get;’ It’s a lot more expensive [than heroin/fentanyl] but they are available, we come across them...”*

Corroborating data indicated that prescription opioids are available for illicit use in the Dayton region. Logan County Family Court reported that of the 306 positive adult drug tests it recorded during the past six months, 15.4% were positive for prescription opioids (including buprenorphine, Suboxone®). In addition, Montgomery County Coroner’s Office found at least one prescription opioid present in 25.6% of the 172 drug-related deaths it processed during the past six months (not including fentanyl).

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. One participant shared, *“[Percocet®], I’d give it a ‘10’ (Percocet® is highly available), that’s why I’m here (in treatment for opioid use disorder).”* Community professionals identified Percocet®, tramadol and Vicodin® as most popular. Law enforcement noted:

“Tramadol, yes, those come in a lot of the mixtures of counterfeit pills and powders; They’ll cut (adulterate) the fentanyl and heroin [and] occasionally we get a lab [result] combo of fentanyl, heroin with tramadol thrown in.” Many participants also reported counterfeit pills circulating as prescription opioids in the region. They discussed: *“[Prescription opioids] are getting mixed in with fake pills nowadays; That’s exactly what’s going around my area, they’re scary as hell; There’s pills out there, but it’s fentanyl. They pressed up all the pills with fentanyl; You can make a lot of money off of [selling pressed fentanyl]; You’re playing with your life [when you illicitly buy prescription opioids].”*

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants explained: *“It’s gone way down; A few calls or texts [to locate prescription opioids for sale], but it’s gotten a lot harder; The medical field cracked down; A lot of doctors are not prescribing narcotics or anything of that nature anymore; It’s work to get pills now ... you have to have a prescription, the pills they got now is crushed up, mashed up fentanyl; I really don’t know anybody that messes with pills anymore.”* Treatment providers also reported that street availability of prescription opioids has decreased during the past six months, while law enforcement reported that street availability has remained the same. Treatment providers shared: *“With the rise of heroin and the other cheaper drugs, I think the prescription pill went down (supply and demand has decreased) some because ... they won’t give folks 90 day supplies anymore; Doctors aren’t prescribing [as much as previously]; Because of the OARRS (Ohio Automated Rx Reporting System), they can’t shop doctors as much.”* One law enforcement representative summarized, *“We have not noticed a significant increase or decrease in any of the [prescription opioids].”*

BCI crime labs reported that the incidence of morphine and tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®) and oxycodone (OxyContin®, Percocet®) cases they process from this region has remained the same. Miami Valley Regional Crime Lab reported that the incidence of tramadol cases it processes has increased during the past six months, while the incidence of oxycodone and hydrocodone cases it processes has decreased. The labs reported having processed very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Participants shared: *"Depends on the milligram; Dollar a milligram [usually]; [Price] depends on the person who wants to sell it."* Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants commented: *"[Oxycodone] prices have gone way up, '10s' (10 mg pills) are \$15; They're usually pretty expensive...."*

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, persons with prescriptions and through Internet purchase and theft. Participants shared: *"Off the street; They're robbing the drug stores now; Emergency room; Go to the right doctor and say you're in pain, and they'll give it to you; Sometimes people will hurt themselves so they can go to the doctor [to get prescription opioids]; There's people I know that go to [another area of the state] to pain doctors to get medicine to sell; When I would get a 'script' (prescription), I would sell the whole thing to the drug dealer so I could get something better."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is oral consumption. Participants estimated that out of 10 illicit prescription opioid users, seven would orally consume and three would snort the drugs. One participant stated, *"You snort them or pop (swallow) them."* In addition, a few participants discussed intravenous injection (aka "shooting") as a route of administration for prescription opioids. Participants observed: *"Some people shoot them; Put them in that water, let them dissolve, shoot them up."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Methadone	\$8-10 for 5 mg
	Morphine	\$15 for 10 mg
	Norco®	\$2-3 per pill (milligram unspecified)
	Opana®	\$80 for 40 mg
	OxyContin® OP	\$12-15 for 10 mg \$15-20 for 15 mg \$25 for 20 mg \$35 for 30 mg \$45 for 60 mg \$30 for 80 mg
	Percocet®	\$5-7 for 5 mg \$10-13 for 7.5 mg \$15 for 10 mg \$17 for 15 mg
	Roxicodone®	\$30 for 30 mg
	Vicodin®	\$5 for 5 mg \$6-7 for 7.5 mg \$11-12 for 10 mg

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anyone. A participant stated, *"Any race, age, creed or color."* However, treatment providers described typical illicit prescription opioid users as 35-50 years of age, while law enforcement reported drug dealers as typical users. Treatment providers shared: *"An older crowd because it's a lot of people dealing with pain, and it's harder to get prescriptions legally nowadays. So, either people are transferring to Suboxone® or they're buying the pills off the street; 35 to 50 [years of age], that's the age group, and it wasn't one gender over the other ... it was both."* Law enforcement explained: *"Small level [drug] dealers ... will actually trade stuff to get the pills; Even [drug dealers] don't trust their own product (prefer prescription opioids over street drugs); It's safer [to them] because you know what dosage you're getting, you can kind of predict the outcome."*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use 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.' Participants responded: *"Readily available; Everywhere; People that get it ... sell part of their prescription; People going through withdrawals, they give them Suboxone® for that (to alleviate withdrawal symptoms); It's a heroin substitute."* Treatment providers most often reported the current street availability of Suboxone® as '10,' while law enforcement most often reported it as '8;' the previous most common score was '10' for both treatment providers and law enforcement. A treatment provider summarized, *"People are always selling their 'subs' (Suboxone®)."* Law enforcement concluded: *"It's definitely out there; Suboxone® is very prevalent in the prison system, it is easy for them to get it in, it can come in the mail under stamps ... it's very profitable in prison."*

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months, while law enforcement reported that street availability has remained the same. A participant observed, *"Increased ... Suboxone® clinics are more available now."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of Suboxone® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use from clinics and other users with prescriptions. Participants stated: *"I'd go to a clinic; A friend who gets them prescribed."*

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-20 for 8 mg
	Pill	\$10 for 8 mg

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, all 10 would orally consume the drug. Participants and community professionals described typical illicit Suboxone® users as heroin users. A participant commented, *"Anyone who uses [heroin] got to have it."* A law enforcement representative concluded, *"The same as the heroin and the fentanyl [user]."* Treatment providers also noted males as typical illicit Suboxone® users. A treatment provider confirmed, *"I would probably say the majority is male. If you look at all the people on MAT, it's males."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants confirmed: *"They still sell it ... it's easy [to obtain sedative-hypnotics]; Sell some of your 'script' (prescription) to get other drugs; [Users] know what doctors give (prescribe) that."*

Treatment providers most often reported the current street availability of sedative-hypnotics as '10,' while law enforcement did not assign a rating score for current street availability; the previous most common scores were '7-8' for both treatment providers and law enforcement. A treatment provider confirmed, *"A lot of drug seeking behavior behind [the ease of obtaining sedative-hypnotics]."* Although law enforcement did not rate current availability, they discussed: *"We don't see those a lot [in arrests and seizures] ... they're around ... the availability is knowing somebody who has a prescription; Everybody knows to go to the pill guy (dealer) because he has all the pills ... it's usually somebody who has an elderly relative or somebody who has easy access to that medication...."*

Corroborating data indicated that sedative-hypnotics are available for illicit in the Dayton region. Montgomery County Coroner’s Office found at least one benzodiazepine and/or other sedative-hypnotic present in 25.6% of the 172 drug-related deaths it processed during the past six months.

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. One participant noted, “Xanax® are really readily available.” Community professionals identified Valium® and Xanax® as most available.

Participants reported that the street availability of sedative-hypnotics has decreased during the past six months, while community professionals reported that street availability has remained the same. Participants explained: “Doctors don’t prescribe them [as often as previously] and people [who are prescribed] hold on to them now; You gotta [have a legitimate disorder] to get some Xanax® nowadays.”

BCI crime labs reported that the incidence of alprazolam (Xanax®) and clonazepam (Klonopin®) cases they process from this region has slightly increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of alprazolam and clonazepam cases it processes has remained the same. BCI crime labs reported that the incidence of diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®) cases they process from this region has decreased or remained the same, while Miami Valley Regional Crime Lab reported processing very few cases of diazepam, lorazepam and zolpidem during the past six months; both labs reported processing very few cases of carisoprodol (Soma®).

sedative-hypnotics for illicit use through personal prescription from doctors and from individuals with prescriptions. Participants explained: “[Illicit users] are making up mental health [disorders], saying they have issues to get a hold of these drugs [from doctors]; They sell their scripts; You gotta know people [with prescriptions to obtain sedative-hypnotics].”

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

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drugs. One participant remarked, “Eat them.” Many participants also mentioned other routes of administration, mainly snorting, and a few participants reported intravenous injection (aka “shooting”), stating: “I’d say the majority are snorting it to get that effect immediately; They do [shoot], you can crush them and shoot them.”

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals described typical illicit sedative-hypnotics users as anyone. A few treatment providers noted illicit use of benzodiazepines among persons with opioid use disorder receiving MAT: “It’s another one of those medications that is drug seeking ... when you’re on medication-assisted treatment, Suboxone® controls (blocks) the [opiate] high ... a lot of people who are on Suboxone® are drug seeking for ‘benzos’ (benzodiazepines); Another reason why people switch [MAT] providers [is to get benzodiazepines]; I’ve had a lot of people walk out [of MAT appointments] as soon as I tell them we don’t do (prescribe) Ativan®.”

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. However, participants discussed: “[Price] varies; People sell it for whatever they want to depending on how much [users] need it.” Participants reported obtaining

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: *"Isn't it legal now; It's everywhere; Off the Richter scale."* Treatment providers confirmed: *"Very available; [Users] think because [marijuana] got legalized for medicinal use that means it's legal for recreational use.... You smell 'weed' (marijuana) everywhere; Every time I'm at the gas station, people approach me and ask me if I want some weed, every time, doesn't fail."* Law enforcement stated: *"Readily available; It's flourishing; You see it on the ground, you just keep walking, no one really cares anymore."*

Participants also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was also '10.' A participant remarked, *"[There's a] lot of dabs, lot of wax."* Community professionals did not comment on the current availability of marijuana extracts and concentrates.

Corroborating data indicated that marijuana is available in the Dayton region. Logan County Family Court reported that of the 306 positive adult drug tests it recorded during the past six months, 46.4% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana); the court also reported that 89.4% of the 142 positive juvenile drug tests it recorded during the past six months were positive for THC. In addition, ODPS reported seizing 301.9 kilograms (665.6 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Springfield Police (Clark County) conducted a traffic stop during which they removed one child from the vehicle and seized 695 grams of marijuana and a baggie filled with suspected cocaine; officers arrested the intoxicated driver for child endangering, drug trafficking, drug possession, OVI (operating a vehicle under the influence of alcohol and/or other drugs) and driving under license

suspension (www.springfieldnewssun.com, Jan. 4, 2019). A Bellefontaine police officer (Logan County) attempted to talk to the operator of a vehicle at a gas station that had improper plates, but when the occupants of the vehicle entered the convenience store, they slipped out the back door and fled from the scene; the officer located the suspects and found a bag of marijuana in their possession, which resulted in the arrest of one suspect for possession of marijuana, and the arrest of the other suspect on outstanding warrants (www.examiner.org, Jan. 18, 2019). Sidney and Piqua Police (Shelby County) executed two search warrants and seized large amounts of marijuana, marijuana edibles (food products made with marijuana), vape cartridges containing marijuana concentrate/oil and about \$15,000; officers arrested one suspect for drug trafficking (www.wdtn.com, April 4, 2019). After reports of priority mail packages being ripped open, special agents, postal inspectors and a regional drug task force set up surveillance and conducted a traffic stop of two suspects during which officers seized 10 pounds of marijuana, and later executed search warrants on each suspect's home, seizing 27 pounds of marijuana, methamphetamine, two handguns and \$15,000; police charged one suspect with possession with intent to distribute marijuana and theft of mail by a postal employee and charged the other suspect with possession with intent to distribute methamphetamine and theft of mail (www.abc22now.com, April 11, 2019). A Greene County task force and the United States Air Force Office of Special Investigations executed a search warrant and seized several marijuana plants and cultivation items (www.whio.com, May 24, 2019).

Participants reported that the availability of marijuana has increased during the past six months, while community professionals reported that availability has remained the same. Participants explained: *"It's constantly increasing; It's increased because of legalization and medical cards; Everybody loves it; People aren't as secretive about it anymore, they'll be in their car smoking ... walk into an apartment building and smell it..."* Participants indicated that the availability of marijuana extracts and concentrates has also increased during the past six months. A participant commented: *"Increased, dabs, because of the legalization in a lot of states."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has remained the same during the past six months. Miami Valley

Regional Crime Lab reported that the incidence of cannabis cases it processes has decreased during the past six months, while the incidence of concentrated THC cases it processes has increased.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' A participant confirmed, "It is high quality." Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants stated: "Increased, better quality; They grow it different and house it different [than previously]; They got that pharmaceutical (high-grade) [available]; Medical marijuana, [quality] got better because of that."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants discussed: "[Price] depends on if you are buying it for yourself or you're selling it; \$10 a gram for the good stuff, \$5 a gram for the bad; The 'loud' (high-quality marijuana) sells for more ... loud is more potent." On marijuana extracts and concentrates, one participant added, "They're a little bit more expensive...." Reportedly, the most common quantity of purchase for marijuana and for marijuana extracts and concentrates is a gram.

Marijuana	Current Prices for Marijuana	
	A blunt or a gram	\$5-10
	1/2 ounce	\$50
	An ounce	\$100-160
	Extracts and concentrates:	
A gram	\$50-75	

The most common route of administration for marijuana remains smoking or vaping. Participants estimated that out of 10 marijuana and marijuana extracts and concentrate users, eight would smoke/vape and two would orally consume the drug in the form of edibles. A profile of a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everybody. However, participants did describe typical marijuana extracts and concentrates users as younger people. Participants stated: "I see a lot of young people have a lot of dabs, a lot of extracts, young white boys; The younger generation." Participants also observed that other drug users use marijuana when stopping other drug use. One participant said, "They term it 'marijuana maintenance,' especially if you've been addicted to some other substance."

Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of methamphetamine as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '7,' respectively. Participants commented: "It's readily available; It's replacing 'crack' (becoming more popular than crack cocaine)." A law enforcement officer remarked, "I'd say '11' (extremely available)."

Corroborating data indicated that methamphetamine is available in the Dayton region. Montgomery County Coroner's Office found methamphetamine present in 32.0% of the 172 drug-related deaths it processed during the past six months. In addition, ODPS reported seizing 140.6 kilograms (310.0 lbs.) of methamphetamine from this region during the past six months; ODPS reported seizing 17.7 kilograms (39.1 lbs.) of methamphetamine from this region during the previous reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After a complaint of drug activity at a home, Preble County Sheriff's deputies executed a warrant and seized nearly 15 grams of methamphetamine; deputies arrested an individual at the home for trafficking in drugs, possession of drugs and possession of drug paraphernalia (www.pal-item.com, Jan. 15, 2019). Investigating methamphetamine

trafficking in the region, Miami County Sheriff’s Office executed a search warrant and seized methamphetamine, syringes, scales, plastic bags and other drug paraphernalia; officers arrested two suspects for trafficking and possession of methamphetamine (www.abc22now.com, March 15, 2019). After a complaint of drug activity at a home, Dayton Police confirmed the presence of liquid methamphetamine and multiple portable labs for making the drug at the home that required a HAZMAT (hazardous materials) response to perform cleanup; officers arrested an individual for illegal manufacturing of drugs (www.wdtn.com, April 5, 2019). West Central Ohio Crime Task Force and the Allen County Sheriff’s Office SWAT team executed a search warrant and seized suspected methamphetamine; officers arrested an individual for possession of methamphetamine (www.limaohio.com, May 1, 2019). After a suspect sold about two grams of suspected methamphetamine to an undercover officer, Eaton Police (Preble County) arrested the suspect for trafficking in drugs (www.wdtn.com, June 28, 2019).

Participants reported that methamphetamine is available in crystal and powdered forms in the region; however, they noted crystal methamphetamine as most prevalent. A participant confirmed, *“It’s all crystal anymore.”* The powdered form of methamphetamine is typically referred to as *“shake-and-bake,”* which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants discussed: *“More people doing it; It gets you higher than cocaine ... a longer high [and] it’s less expensive; It’s safer [than the opioids]; A lot of money in [selling] it, too.”* A treatment provider confirmed: *“People say you can just do a little bit, so you get more bang for your buck, too. You do just a little bit and you’re up for a week.”* Law enforcement concluded: *“I say it’s trending slightly upward; Prices have fallen like crazy over the last couple years, I mean everybody has meth now, all the dealers; [Dealers] are getting as much as they want for a pretty low price.”*

BCI crime labs reported that the incidence of methamphetamine cases they process from this region

has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of methamphetamine cases it processes has decreased during the past six months. The labs reported processing mostly clear crystal methamphetamine as well as some brown and tan powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ However, participants reported a range of quality scores from ‘4’ to ‘10,’ sharing: *“It just depends, it could be good one day, garbage the next day; Depends on who you can get it from.”* Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the following as cutting agents for methamphetamine: battery acid, gasoline, household chemicals (bleach), rat poison and wasp spray. A participant further explained, *“Clorox®, bleach, anything that’s clear.”*

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  dimethyl sulfone (DMSO; dietary supplement)  magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram for \$40-60. Participants commented: *“It’s real cheap; It’s cheaper than crack.”* The most common routes of administration for methamphetamine are smoking and intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, five

would smoke and five would shoot the drug. In addition, a few participants discussed “hot railing”(a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) as an alternative route of administration for methamphetamine. A participant observed, *“A lot of people do hot rails.”*

Participants and community professionals described typical methamphetamine users as of lower socio-economic status, younger and white people. Participants elaborated: *“I don’t know too many other people besides white people; I know that more Caucasians use meth.”* Treatment providers described: *“White ... 19-35 [years of age]; Both men and women.”* A law enforcement representative summarized, *“Most of the ones I see are lower income, white people....”*

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘2-3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7.’ Participants explained: *“You have to know somebody; Nobody really does that around here; Not too many people are going to sell their Adderall®; I was going to say not very many people sell their Adderall®, it’s very hard to get just on the street.”* However, many participants reported prescription stimulants as highly available to adolescents and college students, stating: *“It’s very available especially with our youth, they’re selling it in the schools to other children; The college students use a lot [of prescription stimulants].”*

While law enforcement did not report on the street availability of prescription stimulants, treatment providers most often reported the current street availability of these drugs as ‘10’; the previous most common scores were ‘10’ for treatment providers and ‘7-8’ for law enforcement. A treatment provider summarized, *“It’s available. [Students] are using it to study and stay awake.”*

Participants identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. Participants reported that the street availability of prescription stimulants has remained the same during

the past six months, while treatment providers reported increased availability. BCI and Miami Valley Regional crime labs reported processing very few to no cases of amphetamine (Adderall®), lisdexamfetamine (Vyvanse®) and methylphenidate (Ritalin®) from this region during the past six months.

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

Participants did not report on current street prices for prescription stimulants. The most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. One person mentioned snorting as another route of administration.

Participants described typical illicit prescription stimulant users as younger people and college students. Participants highlighted: *“College students ... to study; They use it to stay awake.”* Treatment providers commented: *“Younger demographic; High school ... even junior high [students].”* In addition, treatment providers also reported parents of youth who are prescribed prescription stimulants as typical illicit users. They said: *“The parents ... are using them, too; They steal their kids [prescriptions], use their kids as a vessel to get it.”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) 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 ‘7’ and ‘8,’ respectively. A participant noted, *“It’s everywhere ... in the clubs, ecstasy, molly, LSD (lysergic acid*

diethylamide).” Treatment providers most often reported the current availability of ecstasy and molly as ‘10,’ while law enforcement most often reported it as ‘3-4;’ the previous most common scores for both treatment providers and law enforcement were ‘6’ for ecstasy and ‘7’ for molly. Law enforcement explained the moderate availability score: *“It’s readily available amongst the people that use it and know how to get it ... [otherwise] it’s not widely used; You would have to know somebody to get it; It’s not like on every corner where you see meth and you see heroin.”*

Participants reported that the availability of ecstasy and molly has increased during the past six months, while community professionals reported that availability has remained the same. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has decreased during the past six months, while Miami Valley Regional Crime Lab reported processing very few cases of MDMA during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the current overall quality of ecstasy as ‘5’ and of molly as ‘8-9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’ for both ecstasy and molly. Participants shared: *“Ecstasy’s trash down here; Molly’s ‘fire’ (high quality).”*

Reportedly, ecstasy and molly are often cut with other substances including heroin and methamphetamine. A participant concluded, *“You don’t know what’s in them, could be heroin based, meth based.”* Law enforcement confirmed participants did not always know what they are getting. An officer said, *“It’s kind of like fentanyl and heroin, people don’t know what they’re getting, they just take whatever they get.”* Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drug. Participants reported that ecstasy most often sells for \$10 a ‘single stack’ (low-dose tablet), and molly most often sells for \$10 for a 1/10-gram amount. The most common route of administration for ecstasy and molly remains oral consumption. A participant commented, *“Popping (swallowing) it or putting it in their drinks.”*

Participants and treatment providers described typical ecstasy and molly users as young people who are involved in the party and music scenes. Participants commented: *“People that go to the bars; People that like to party and have a good time; Young people.”* Treatment providers stated: *“It is a younger, like concert going, party type; Late teens to early twenties; Music influences the younger demographic, [song lyrics] talk about ‘yayo’ (cocaine) and molly and then when they go to the concerts, they want to use it, and that starts a whole trend.”* In addition, law enforcement also described typical ecstasy and molly users as white people of middle to upper socio-economic status and hallucinogen users. Law enforcement shared: *“The same guys that have the ecstasy, have the ‘mushrooms’ (psilocybin mushrooms), have access to the ‘acid’ (LSD) and all that; Usually, younger to middle-aged Caucasian males and females [and] usually of a middle to upper income.”*

Other Drugs in the Dayton Region

Participants and community professionals listed hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) as another drug available in the region, but hallucinogens were not mentioned by the majority of people interviewed. In addition, BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months, while Miami Valley Regional Crime Lab reported that it processed few cases of synthetic cannabinoids. Miami Valley Crime Lab reported that the incidence of substituted cathinones (“bath salts”) it processes has increased during the past six months, although it remains low, while BCI crime labs reported that they processed very few cases of substituted cathinones from this region.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' While law enforcement did not rate the current availability of LSD, treatment providers most often reported the current availability of the drug as '10,' the previous most common scores were not reported. Law enforcement added: *"We see it [during arrests and seizures], but it's rare ... it's infrequent; It's more of a unique time when we come across [LSD] rather than just a regular stopping somebody on the street, somebody standing on the corner...."*

Participants reported that the availability of LSD has remained the same during the past six months. Miami Valley Regional Crime Lab reported that the incidence of LSD cases is processes has increased during the past six months, while BCI crime labs reported that the incidence of LSD cases they process from this region remained the same. And while participants did not report on current availability of psilocybin mushrooms, BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has increased during the past six months; Miami Valley Regional Crime Lab reported that it processed very few cases of psilocybin mushrooms and five cases of ketamine (aka "Special K," an anesthetic typically used in veterinary medicine) during the past six months.

Participants most often rated the current overall quality of LSD as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Reports of current prices for LSD were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a hit (single dose) for \$10. The most common route of administration for LSD remains oral consumption. Participants estimated that out of 10 LSD users, all 10 would orally consume the drug. Participants discussed that hits of LSD are typically administered by the drop on a sugar cube.

Participants and community professionals described typical LSD users as younger, white people and molly users. Participants stated: *"Younger crowd for sure; White; Mid 20s."* Treatment providers stated: *"That's a younger drug; It's the same as the molly, DMT (dimethyltryptamine),*

[psilocybin] mushroom crowd." Law enforcement confirmed *"Same people as the molly; We do find it from time to time, but again all those are used together ... the mushrooms, the molly, the LSD; Readily available at a concert."*

Conclusion

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

While participants and community professionals described heroin as currently available "everywhere," and participants observed drug dealers soliciting customers outside of jails and probation offices with free samples of heroin, many participants continued to struggle with distinguishing heroin from fentanyl. Participants and treatment providers reported lower availability of "pure" (unadulterated) heroin during the past six months. A participant summarized, *"You can get [heroin] but it's fentanyl."* Participants also noted that many users prefer the more potent fentanyl over heroin. BCI and Miami Valley Regional crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months, while the incidence of fentanyl and fentanyl analogue cases the labs process has increased.

Corroborating data indicated that heroin is less available than fentanyl in the Dayton region. Montgomery County Coroner's Office found heroin present in 14.5%, and fentanyl present in 85.5%, of the 172 drug-related deaths it processed during the past six months. ODPS reported seizing 2.1 kilograms (4.7 lbs.) of heroin and 14.9 kilograms (32.8 lbs.) of fentanyl from this region during the past six months. Participants continued to report white powdered, followed by brown powdered, as the most available heroin types. Participants also noted the presence of gray and tan colored powdered heroin; reportedly, black tar heroin is low in availability.

Participants and community professionals reported that the high availability of methamphetamine has increased during the past six months. Participants discussed that crystal methamphetamine is replacing crack cocaine as the most available and widely used stimulant drug. Participants and community providers cited cocaine users switching to methamphetamine due to its inexpensiveness and potency; reportedly, crystal methamphetamine produces a “stronger and longer lasting high for cheaper” than cocaine. In addition, respondents noted that methamphetamine is viewed as a “safer alternative” to opiates, thus some heroin/fentanyl

users are switching to methamphetamine use, and more dealers are pushing methamphetamine as its profit margins are high.

Lastly, participants and treatment providers reported high current availability of LSD in the region. Miami Valley Regional Crime Lab reported that the incidence of LSD cases is processes has increased during the past six months. Participants and community professionals described typical LSD users as younger, white people and molly users.