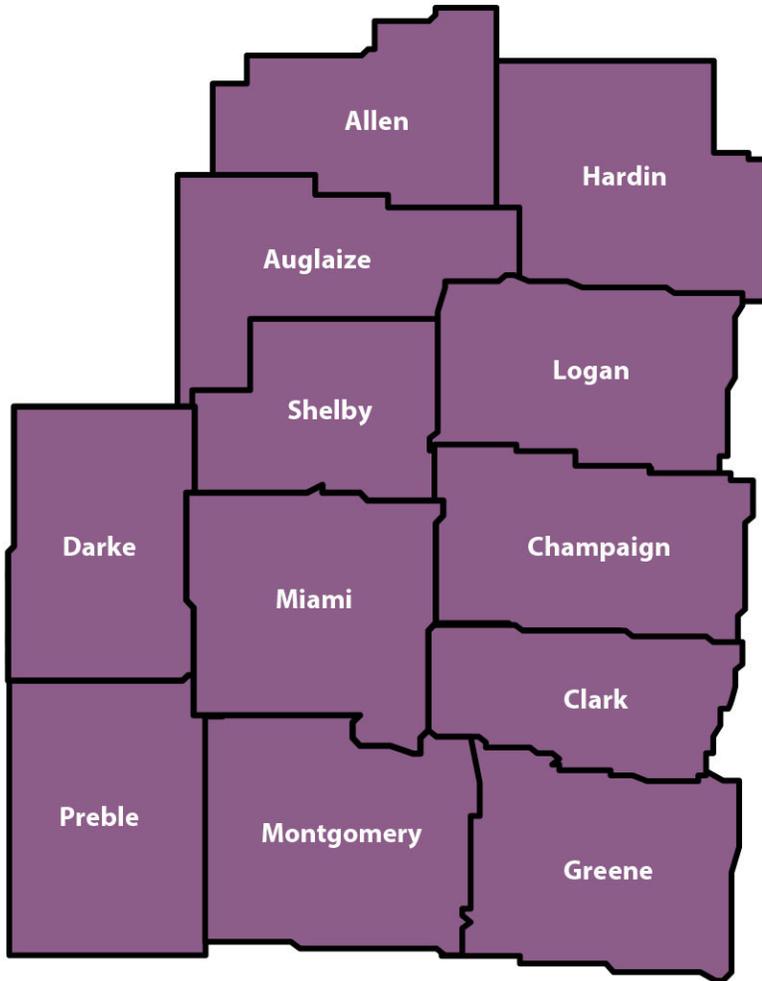




Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Kathryn Coxe, MSW, LSW

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 Champaign, Darke, Logan and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Miami Valley Regional Crime Lab, the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio, the Montgomery County Coroner’s Office, Logan County Family Court, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the Ohio. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2017.

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.

OSAM Staff:

R. Thomas Sherba, PhD, MPH, LPCC
OSAM Principal Investigator

Kathryn A. Coxe, MSW, LSW
OSAM Coordinator

Jessica Linley, PhD, MSW, LSW
OSAM Quantitative Data Analyst

Regional Profile

Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	1,342,139	39
Gender (female), 2016	51.0%	51.1%	15.4%
Whites, 2016	82.5%	83.9%	59.0%
African Americans, 2016	12.8%	11.7%	30.8%
Hispanic or Latino Origin, 2016	3.7%	2.5%	7.9% ²
High School Graduation Rate, 2012-16	89.5%	89.7%	87.2%
Median Household Income, 2012-16	\$50,674	\$50,817	\$20,000-\$24,999 ³
Persons Below Poverty Level, 2016	14.6%	14.7%	39.5% ⁴

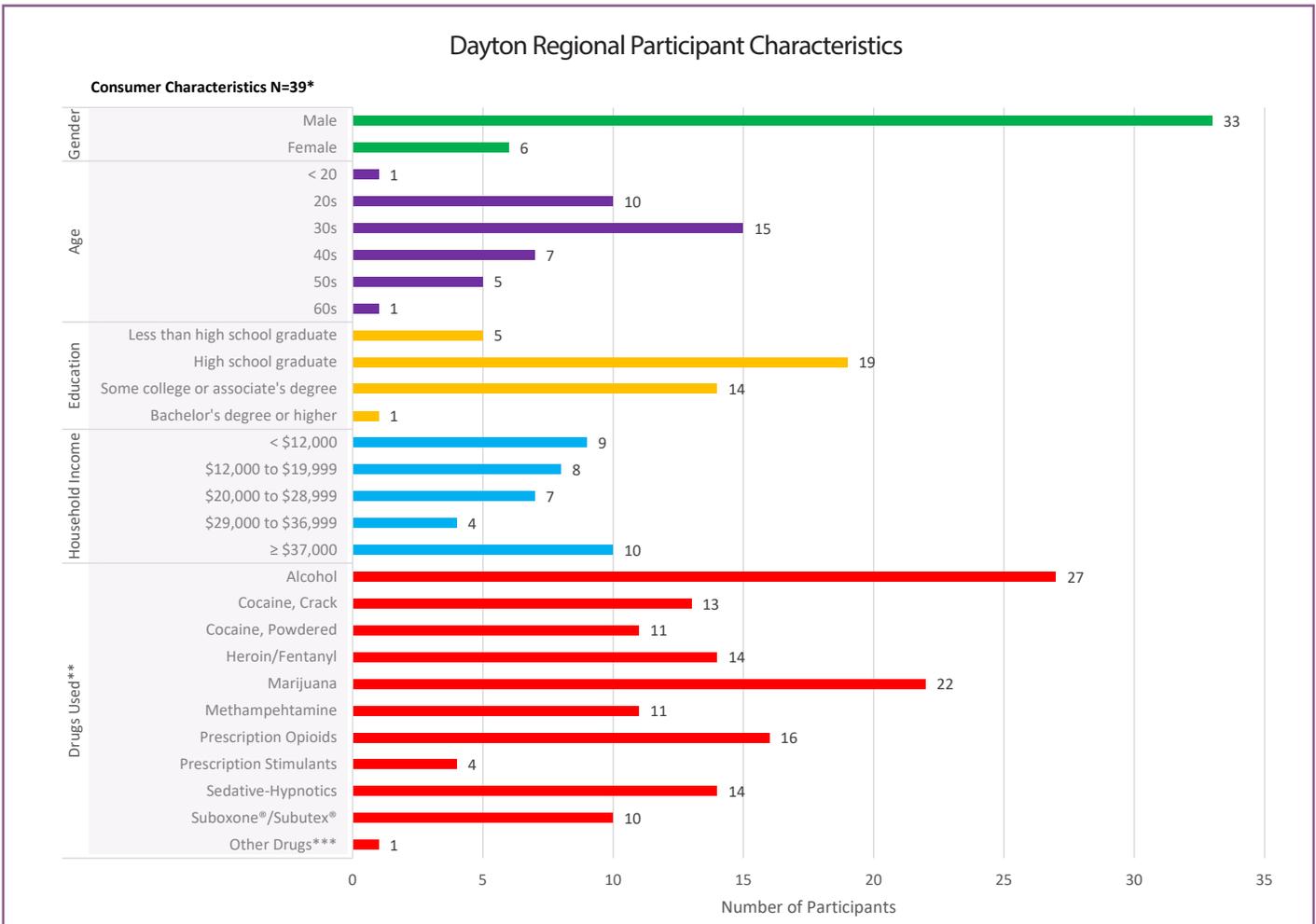
¹ Ohio and Dayton region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

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

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

⁴ Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Dayton Regional Participant Characteristics



*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.

***Over-the-counter (OTC) cough syrup.

Historical Summary

In the previous reporting period (January - June 2017), crack cocaine, heroin, marijuana, powdered cocaine and sedative-hypnotics remained highly available in the Dayton region; also highly available was methamphetamine. Changes in availability during the reporting period included: increased availability for heroin; and likely increased availability for methamphetamine.

While participants and treatment providers reported that the availability of heroin remained high and had increased during the reporting period, law enforcement reported low heroin availability. Participants indicated that users traveled to Dayton to purchase heroin/fentanyl due to the plentiful supply of the drugs in that city. The low availability rating of heroin by law enforcement reflected their reports that fentanyl had replaced much of the heroin in the region. The Montgomery County Coroner's Office found fentanyl present in 77.4% of the 168 drug-related deaths it processed during the reporting period; the lab reported heroin present in 19.0% of the 168 drug-related deaths.

Reportedly, brown and white powdered heroin were the most available types of heroin in the region. Participants discussed adulterants (aka "cuts") that affected the quality of heroin and reported that the top cutting agents included: carfentanil and fentanyl. Participants also reported that fentanyl was used as a cut for cocaine and acknowledged that the potency of carfentanil and fentanyl had led to many of the overdose deaths in the region.

The BCI London and the Miami Valley Regional crime labs reported that the number of carfentanil, fentanyl and fentanyl analogue cases they process increased during the reporting period; the BCI lab also reported U-47700 (synthetic opioid) as a heroin adulterant. Moreover, the BCI lab noted that heroin, fentanyl, cocaine and methamphetamine were seen in various combinations with each other.

The most common route of administration for heroin/fentanyl remained intravenous injection (aka "shooting"). Participants estimated that out of 10 users, eight would shoot and two would snort the drugs. Participants reported that injection needles were most available at retail drug stores and from drug dealers who typically sold

needles for \$5 each. Additionally, participants reported obtaining needles from needle exchange programs.

While participants reported that powdered methamphetamine remained the most prevalent form of methamphetamine in the region, the Miami Valley Regional Crime Lab noted that 99.0% of the methamphetamine cases it processed were the crystal form of the drug. Law enforcement indicated that crystal methamphetamine was coming from Mexico. Participants reported that the high availability of methamphetamine as increasing. They attributed increased availability to increased demand and reported that heroin users were transitioning to methamphetamine either out of fear of overdosing, or because they were being treated with Vivitrol® and could no longer use opiates.

Lastly, participants reported high availability of LSD (lysergic acid diethylamide) in the region. The BCI London and the Miami Valley Regional crime labs reported that the number of LSD cases they process increased during the reporting period. Reportedly, the most common quantity of purchase for LSD was a strip (10 doses) for \$60-80.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability 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 '9-10'. Participants remarked: *"I can make a phone call and I can get it ... I've got several options to pick from; It's so easy for me to find ... I worked in a bar, so I could get it any time of the day; A lot of people who are on or are using heroin have 'girl' (powdered cocaine) to go with their heroin."* Treatment providers most often reported the current availability of powdered cocaine as '7', while law enforcement most often reported it as '7-8'; the previous most common scores were '6-7' for treatment providers and '9' for law enforcement. One treatment provider commented, *"I hear how they're using the cocaine with the opiates to level themselves out ... they're*

using cocaine to bring them back up." A law enforcement officer stated, "It typically goes hand-in-hand [with heroin]. Some users will order cocaine along with their heroin."

Corroborating data indicated that powdered cocaine is available in the region. The Logan County Family Court reported that of the 206 positive adult drug test results it recorded during the past six months, 25.2% were positive for powdered and/or crack cocaine. The Montgomery County Coroner's Office found powdered and/or crack cocaine present in 40.5% of the 385 drug-related deaths it processed during the past six months. In addition, the Ohio Department of Public Safety (ODPS) reported 22 drug task force seizures of powdered cocaine in the Dayton region during the reporting period (59.1% of the seizures were made in Allen County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Homeland Security Investigations obtained clearance to place a GPS tracking device on a vehicle after Ohio State Highway Patrol (OSHP) in Butler County found marijuana during a traffic stop; special agents tracked the vehicle traveling in Dayton, Chillicothe, Indianapolis and Detroit; officers searched a hotel room in Butler Township where two men operating the vehicle stayed and reported the men had 30.8 pounds of powdered cocaine allegedly brought from Texas to Ohio (www.daytondailynews.com, Sept. 22, 2017). West Central Ohio Task Force in Allen County seized multiple drugs during an ongoing investigation after a survey of a home in Lima lead officers to believe drugs were present; officers obtained a search warrant and confiscated 45 grams of cocaine and one pound of marijuana (www.hometownstations.com, Oct. 16, 2017).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider reported, "It's been around a long time ... it's not just heroin or fentanyl ...". The BCI London and the Miami Valley Regional crime labs reported that the number of cocaine cases they process have increased 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	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants reported the top cutting agents (adulterates) for powdered cocaine as baking powder, baking soda and prescription opioids (Vicodin® and Percocet®). Other adulterants mentioned included: baby formula, fentanyl, flour, laxatives, teething tablets and Tylenol®. Participants commented: "I think a lot of people are discovering different things to cut it with to make more money off of it; Everybody is robbin' nowadays and trying to rip you off ... 'cause they've got drug problems too and they're trying to feed their habit."

Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. A participant remarked, "I've done it numerous times in the last six months and every time it's been about the same."

Treatment providers discussed fentanyl as a cut for powdered cocaine. One provider said, "I know in this community we've had several overdoses from putting the fentanyl in the cocaine ... and these are the die-hard cocaine [users], who are like, 'I promise you, I was not doing [fentanyl].'" Another provider commented on cocaine as a cut for other drugs: "They're lacing [the drugs]. I had a lot of people who thought they were using the opiates and then they'll test positive for cocaine ... they didn't realize there was cocaine in it."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, participants in Montgomery County reported higher prices for 1/8 ounce and 1/2 ounce of the drug than did participants in Champaign County. 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. A participant commented, "It's been the same for the last 10 years."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$20-30
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$150-200
	1/8 ounce (aka "eight ball")	\$180-300
	1/2 ounce	\$400-500
	An ounce	\$900

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, all 10 would snort the drug. However, participants also reported that powdered cocaine users will smoke or intravenously inject (aka "shoot") the drug. A participant commented, "A lot of the smokers of it that I've known will put it on the end of a cigarette and call it [a] 'primo'."

Participants described typical powdered cocaine users as rap artists, people in the legal field, white people, and people 20-30 years of age. Treatment providers described typical powdered cocaine users as businessmen, construction workers, white people and people 20-50 years of age. Regarding businessmen using the drug, treatment providers commented: "It kind of seems to be more of an expensive high; Business men tend to use it more, even though it's a drug, they think it's more of a sexier, classier type of drug."

Treatment providers discussed that some opiate users receiving medication assisted treatment use powdered cocaine. One provider shared, "I hear lots of people saying, 'You can give me the Vivitrol® shot, but that doesn't mean I

can't find cocaine or find something else to use' ... and we see lots of people failing for cocaine once they're on the Vivitrol® shot."

In addition, law enforcement described typical powdered cocaine users as people who also use heroin. A law enforcement officer reported, "What you'll find are people will use heroin and then they'll use cocaine in between uses of heroin to keep themselves level [and] coherent ... and some users will use cocaine to wean themselves off of heroin, believe it or not."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: "It's everywhere around here; It's relatively cheap and people use it to counteract the effects of heroin; I would say just about anybody who sells 'dope' (heroin) sells 'crack' (crack cocaine) with it."

Treatment providers most often reported the current availability of crack cocaine as '10', while law enforcement most often reported it as '7-8'; the previous most common scores were '10' and '9', respectively. Treatment providers reported: "It's a common drug ... a popular drug; There's still a lot of people who are dependent on it, who are comfortable in using it; If [drug dealers] have cocaine, they have crack ... if they have crack, they have heroin. I mean most of these people have the whole [assortment of drugs] ...". A law enforcement officer commented: "It's still readily available. You just have to know where to go to get it."

Corroborating data indicated that crack cocaine is available in the region. The Logan County Family Court reported that of the 206 positive adult drug test results it recorded during the past six months, 25.2% were positive for crack and/or powdered cocaine. The Montgomery County Coroner's Office found crack and/or powdered cocaine present in 40.5% of the 385 drug-related deaths it processed during the past six months. In addition, ODPS reported 15 drug task force seizures of crack cocaine in the Dayton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Logan County Joint Drug Task Force arrested a man wanted

on prior felony warrants for cocaine possession after conducting a search of a residence in Bellefontaine and finding the man cooking crack cocaine (www.wpko.com, Aug. 7, 2017). Miami County Sheriff’s officers arrested three people after executing search warrants at four different residences in Piqua and seizing crack cocaine, firearms, stolen property and cash (www.wdtn.com, Oct. 13, 2017).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A participant reported, “It’s been high for 30 years ... crack cocaine has always been there.” A law enforcement officer stated, “In the last six months, I’d say it’s been pretty even keel. I don’t think we’ve seen it come in any more or any less ...” A treatment provider reported, “I don’t know that it’s ever left.”

The BCI London and the Miami Valley Regional crime labs reported that the number of cocaine cases they process have increased 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	No change

Participants most often rated the current overall quality of crack cocaine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘2-3’. Participants remarked: “They’re cutting it more to make their money; The cocaine that they cook the crack with ain’t good. Like the cocaine they use is so cut up already and then they add more cut to it pretty much. It’s like a waste of money anymore; It’s not really even crack anymore.” Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda. Other cuts mentioned included: aspirin, baby laxatives, creatine, isotol (dietary supplement), mannitol (diuretic), Orajel™, Sprite® and vitamin B-12. A participant commented, “There’s a lot of stuff you can use ... you’ll never know what they put in it anymore ... people are doing some pretty messed up things.”

One participant group discussed that when the crack cocaine is cut by someone, then cut again by another before selling it, the second person is called a “re-chef.” Participants in this group also discussed “water-whipping” the drug to increase its volume before selling it. Participants explained: “They whip it up and put some air bubbles in it; If it’s good cocaine, it’ll take the water and the water will blow it up, so you get double [the amount of] what you get for a ‘straight drop’ (pure cocaine).” Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. A participant remarked, “It’s always been crap.”

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetics (benzocaine, lidocaine and procaine)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 2/10 gram (aka “rock”) for \$20. However, a participant reported, “The guy I got it from, he didn’t even weigh it. He’d break me a piece off and usually it was a pretty good-sized piece of crack for 20 bucks.” Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 - 2/10 gram (aka “rock”)	\$10-20
	A gram	\$60-80
	1/16 ounce (aka “teener”)	\$90
	1/8 ounce (aka “eight ball”)	\$125-175
	1/2 ounce	\$350-400
	An ounce	\$800-1,200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and a two would intravenously inject (aka “shoot”) the drug.

Participants described typical crack cocaine users as older people, laborers (those who work in construction, roofing and trucking) and people of low socio-economic status. Participants stated: *"It's usually in the poor neighborhoods; Most people who smoke crack are in their 40s, 50s and 60s, 'cause when crack hit the streets in '83, '84 ... they were 15 to 20 years old and now thirty to 40 years later [it's the same person]."* Community professionals described typical crack cocaine users as older people, predominantly blue-collar workers, and white and African-American people. One law enforcement officer stated, *"Older folks ... I don't see too many younger folks rockin' crack. I think it's an older generation."* A treatment provider commented, *"For the most part, the ones that we've had [as clients] have been functioning users and a lot of them have jobs, construction, trade-type jobs"*

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 stated: *"There's more and more people every day that are getting addicted to heroin; It's what everybody is selling it seems like; There's a bunch of them, too ... different people [who sell heroin]."*

Treatment providers most often reported the current availability of heroin as '10', while law enforcement most often reported it as '5'; the previous most common scores were '10' for treatment providers and '2-3' for law enforcement. One treatment provider reported, *"Montgomery County specifically is number one in the U.S. when it comes to the heroin epidemic, so obviously it's very easy [to obtain heroin]. We have more overdoses than anywhere right now."* Law enforcement discussed: *"In the last six months, heroin and fentanyl are by far the most heavily used drugs that we were dealing with; Everyone wants the fentanyl; Users aren't wanting heroin."*

Although participants and community professionals reported high current availability of heroin, respondents across focus groups discussed that heroin is not "straight heroin," but heroin mixed with fentanyl. Participants commented: *"It's not really heroin though. It's fentanyl more than anything; The thing is, there's no such thing as heroin anymore that don't have fentanyl in it ... I came here and tested positive for heroin and also fentanyl, but I wasn't*

buying white fentanyl, I was buying heroin; [Heroin is] not in Montgomery County. Fentanyl is in Montgomery County; People prefer to do fentanyl or carfentanil." Treatment providers observed: *"I mean [clients] think they're getting heroin, but then when they test for it [it is fentanyl]; It's really confusing because when you think about it, the heroin is not heroin anymore."*

Corroborating data indicated that heroin is available in the region. The Logan County Family Court reported that of the 206 positive adult drug test results it recorded during the past six months, 7.3% were positive for heroin. The Montgomery County Coroner's Office found heroin present in 4.7% of the 385 drug-related deaths it processed during the past six months. In addition, ODPS reported 28 drug task force seizures of heroin and/or fentanyl in the Dayton region during the reporting period (46.4% of the seizures were made in Allen County); drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Logan County Joint Drug Task Force arrested a couple after Bellefontaine Police stopped the couple and searched their car; officers found heroin and fentanyl (www.examiner.org, July 1, 2017). Eaton Police (Preble County) arrested two people during an investigation where one individual sold heroin to undercover agents within 1,000 feet of a school; a Preble County grand jury indicted a total of four people as a result of the investigation (www.wdtn.com, Aug. 14, 2017). Security officers at a Dayton (Montgomery County) library called police to assist after finding a man unconscious in a bathroom; EMS administered Narcan® (naloxone, an opiate overdose reversal medication) to revive the man (www.nbc4i.com, Aug. 24, 2017). Greenville Police (Darke County) responded to an emergency call at a residence where a woman was passed out in a bathroom; EMS administered three doses of Narcan® to the woman to revive her before transporting her to a local hospital for additional treatment (www.earlybirdpaper.com, Sept. 1, 2017).

While many types of heroin are currently available in the region, participants reported powdered heroin (specifically, brown, gray and white) as most available, although participants discussed that white powdered heroin (aka "china white" heroin) is often fentanyl. Some community professionals reported powdered heroin as

most available, while others reported black tar heroin as most available. Treatment providers reported: *"Probably the brown and the tan color [are most available] because the white is pure and it's harder to come by. Most of it is adulterated with something that gives it the off color; I don't hear them talk about tar much anymore."* Law enforcement in Darke County reported only seeing black tar heroin in the area. A law enforcement officer in this county stated, *"Mostly black tar ... I haven't heard anything else."* Conversely, law enforcement in Montgomery County reported brown powdered heroin as most common and reported not seeing black tar heroin during the past six months. A law enforcement officer reported, *"I mean there's talk of black tar heroin, but I think I've seen it twice in 23 years."*

Reportedly, black tar heroin is available in the region according to a few participants. Among participants with knowledge of black tar heroin, participants rated the current availability of this type of heroin as '10,' a previous most common score was not reported. A participant commented, *"I go straight to the source and get it."* One participant group discussed "black finger" heroin as available in the region, which participants described as a mixture of both brown powdered and black tar heroin. Participants reported: *"It looks like asphalt; It's brown with black specks in it; It was black tar and then they cut it with powder and then, therefore, the powder's black."* Regarding availability of black tar heroin in the region, a treatment provider commented, *"I still hear of black tar. The people that are really afraid of fentanyl are using black tar."*

Participants reported that the availability of heroin has increased during the past six months. A participant stated, *"The availability of pain pills has gone down a lot, so a lot of people just switched over to heroin."* Treatment providers reported that the general availability of heroin has remained the same, while law enforcement reported that it has decreased during the past six months. Treatment providers commented: *"I just think that it's been a steady thing. I don't think it's increased or decreased; I think the availability has stayed the same. I think what is being pushed in the community has changed a little bit."* Law enforcement discussed lower availability: *"Customer demand. They don't want it; Fentanyl's a longer high, a harder high; For one reason or another, whether they're afraid that they're going to die [of overdose] ... heroin usage [has slowed down] and we're seeing a lot more 'meth' (methamphetamine) users and a lot of people are abusing their Suboxone® and stuff like that ..."*

The BCI London and the Miami Valley Regional crime labs reported that the number of heroin cases they process have decreased during the past six months; the labs reported processing beige, brown, off-white, tan and white powdered heroin along with black tar heroin.

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

Participants most often rated the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' A participant remarked, *"There's heroin out there, but it's not as potent as it used to be ... it's mostly fentanyl."* Participants discussed the potency of fentanyl related to heroin. One participant explained, *"Fentanyl raises your tolerance up, so even when you try to do good heroin, it won't give you the [same high]. Fentanyl's got more of a punch to it, that's why people are dying. It's a lot stronger."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for heroin as fentanyl. Participants discussed: *"When you come in here [for treatment] and they test your urine, a lot of people don't even test positive for opiates (heroin). They'll just test positive for fentanyl; When I thought I was getting 'dope' (heroin) I was actually getting cocaine or fentanyl. They were just mixed together."* Additional cuts mentioned included: aspirin, baking soda, Benadryl®, cinnamon, coffee grounds, Coca Cola®, creatine, isotol (dietary supplement), lactose, laxatives, mannitol (diuretic), menthol, Miralax®, niacin, prescription opioids (Percocet® and Vicodin®), sedative-hypnotics (Xanax®), sleep aides, tranquilizers, Tylenol® and vitamin B-12. A participant commented, *"They're putting Xanax® in [heroin] ... they're tryin' to make you tired, make you feel like your high off of heroin but really you're not."* Overall, participants reported that the general quality of heroin has decreased during the past six months. Participants stated: *"It's trash now; It's junk ... 'cause everybody's cutting it up; Most of the time it wasn't as good as I wanted it to be."*

Heroin	Cutting Agents Reported by Crime Lab	
	●	acetaminophen
	●	artificial sweeteners (lactose and sorbitol)
	●	caffeine
	●	cocaine
	●	diphenhydramine (antihistamine)
	●	dipyrone (banned analgesic)
	●	fentanyl/fentanyl analogues
	●	mannitol (diuretic)
	●	methamphetamine
	●	nicotinamide (vitamin)
	●	prescription opioids
●	quinine (antimalarial)	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a capsule (aka “cap”) for \$10, containing approximately 1/10 gram amount of heroin. A participant in Champaign County reported, “In Dayton it’s caps. In Columbus they do balloons [filled with heroin], and around here [heroin is] just bagged up in sandwich bags or foil.” Overall, participants indicated that the price of heroin has remained the same during the past six months. A participant remarked, “[Price] depends If you got it in Dayton, you’re gonna get it for cheaper”

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$10
	1/2 gram	\$40
	A gram	\$80-100
	1/8 ounce (aka “eight ball”)	\$350
	1/4 ounce	\$300-350
	1/2 ounce	\$1,200
	An ounce	\$2,200-2,800
	Black tar:	
	1/10 gram (aka “balloon”)	\$20
	1/2 gram	\$50
	A gram	\$100

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort or smoke the drug. Participants commented: “I know a lot of people that are smoking it now ... quicker effects ... because the fentanyl’s in it; It’s stronger now, so you can snort it or smoke it and you still get the effects.”

Participants reported that injection needles are most available from drug dealers and retail stores. Participants also reported obtaining needles for free at needle exchange programs in Columbus. Participants shared: “It’s usually a hustle ... you can get it from a drug dealer; There are [needle exchange programs], but they want you to use one needle, one time. You can only get however many you got ... so if you trade them one needle, what do you expect us to shoot dope with one needle, one time?” Reportedly, needles sell on the street for \$2-5 per needle. In addition, a participant reported, “A lot people share needles. Anybody else who says they haven’t, they’re lying. Nine out of 10 people got hepatitis, shoot dope.” Participants reported people who inject drugs often clean needles with hot water or alcohol prior to use.

A profile for a typical heroin user did not emerge from the data. Participants most often described typical heroin users as anybody. However, participants distinguished the drug as used commonly among white people, aged 20-40 years and people who work in construction. Participants remarked: “Everybody does opiates now. If it isn’t heroin, it’s something else, like pain killers Any age, race, or gender ... it’s crazy; A lot of people got back problems, pain issues, you know, and heroin definitely helps with that; I don’t want to sound racist, but I think a lot more white people use it than black people; I know a lot of old cats that use, too ... maybe 40s, 50 [years old].”

Community professionals described typical heroin users also as anyone. Treatment providers reported: “We get [heroin users] from all ages, races, different neighborhoods; It’s all over the place. There’s no particular community; I’ve had elderly gentlemen [as clients who use heroin], I’ve had young children [as clients who use heroin]; It’s all races ... not just one race.” A law enforcement officer stated, “[Heroin use] transcends. We’ve got Centerville pilots dying off of heroin in this area.”

Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants commented: *"It's easier to get fentanyl than it is to get a Big Mac®; The highways intersect. [Interstates] 70 and 75 is like right here in Dayton. It's like a hub for drug transportation; It's pretty easy to get ... it's all fentanyl pretty much; I could pull up to a gas station right now and be served 'dope' (heroin/ fentanyl) ... people walk up to your window trying to sell you what they say is dope but it's fentanyl; My brother-in-law is a cop here in [Champaign County] and he said there was a least two overdoses on fentanyl every day ..."*

Community professionals also most often reported the current availability of fentanyl as '10'; the previous most common score was not reported. Treatment providers reported: *"There's no shortage. I mean look at the number of overdoses; What they're getting now ... it's [fentanyl] in the pills. It's in the heroin ... I've even heard of cases that it's been mixed in with marijuana I'd say it's very available; They always think they're getting heroin, and it comes back [on drug screens as fentanyl]; I've got some [clients] that that's what they want is fentanyl now."* Law enforcement remarked: *"Off the scale. Off the charts; Did you get some thrown into your car on your way in here?; Supply and demand, cartels are just flooding this area with it; Our supply here is so great that people come from other counties [to purchase fentanyl]; Our potency is way up; You're getting pure fentanyl here; Straight from the cartels ... straight from China through the mail ... shipping it right here."*

In addition to fentanyl, participants also reported current high availability of carfentanil and other fentanyl analogues in the region. Participants reported gray, pink, white and yellow colored fentanyl. Treatment providers were not able to discuss the different fentanyl analogues available in the region. A treatment provider remarked, *"I don't believe that our clients particularly know what they're getting. They're just doing what they feel is powerful."* Law enforcement also reported current availability of carfentanil and other fentanyl analogues. Law enforcement reported pink, off-white and white fentanyl as available in the region.

Corroborating data indicated that fentanyl is available in the region. The Montgomery County Coroner's Office reported that 68.1% of the 385 drug overdose deaths it processed during the past six months involved fentanyl/ fentanyl analogues, while 46.2% involved carfentanil (an increase from the previous six months, when only two deaths had involved carfentanil). In addition, ODPS reported 28 drug task force seizures of heroin and/or fentanyl in the Dayton region during the reporting period (46.4% of the seizures were made in Allen County); drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A pediatrician at Dayton Children's Hospital (Montgomery County) reported to a local news source that the hospital treats up to two children per week due to unintentional exposure to opiates; hospital blood tests cannot screen for whether the drug is fentanyl or a fentanyl analogue (www.sent-trib.com, July 8, 2017). The Montgomery County Coroner's Office reported to a local news source that a 13-month old baby died from unintentional fentanyl and carfentanil intoxication after being exposed to the drugs while under the care of her grandmother; the grandmother was found dead several days later at a motel, and officers suspected her death was due to a drug overdose (www.nbc4i.com, July 7, 2017). Law enforcement in Darke County conducted a county-wide drug sweep and arrested 14 people, one of whom was a woman who faced felonious drug charges for trafficking fentanyl and heroin (www.dailyadvocate.com, July 10, 2017). A man plead guilty to drug trafficking in the federal court in Dayton for intending to distribute 178 capsules containing fentanyl, packaged as oxycodone; in one incident, the man approached an undercover officer with a free sample (www.daytondailynews.com, July 17, 2017). Lima Police (Allen County) on bicycle patrol arrested two people in a fast food parking lot after finding them passed out in their car; concerned that the two men had overdosed, officers woke them and found 57 grams of carfentanil in the car (www.thenewscenter.tv, July 21, 2017). Ohio Bureau of Criminal Investigation and Wood County Sheriff's Office investigated a shooting where SWAT officers shot a man during a search of a home in Lima; officers found suspected fentanyl, heroin, synthetic marijuana and multiple firearms (www.usnews.com, Aug. 4, 2017). OSHP in Montgomery County arrested a man responsible for causing a two-vehicle crash on Interstate

70 in Clayton after he admitted to using fentanyl earlier in the night, and after officers found an unidentified opiate at the scene, which they sent to the Montgomery County Crime Lab for testing (www.daytondailynews.com, Aug. 11, 2017). Dayton Police Street Crimes Unit and the U.S. DEA arrested two people after executing a search warrant at a Dayton home and seizing 100 doses of fentanyl, crack cocaine and drug paraphernalia (www.wohio.com, Aug. 23, 2017). OSHP in Montgomery County arrested a Texas man on Interstate 70 during a traffic stop after a K-9 officer alerted to the presence of drugs in the man's vehicle; officers found 8.8 pounds of fentanyl hidden in a backpack and in two purses (www.kfor.com, Aug. 25, 2017). A Miami County grand jury indicted two men for involuntary manslaughter and drug trafficking for selling fentanyl to a Concord Township man who subsequently died from an overdose after taking the drug; a woman at the same residence also overdosed, but did not die (www.daytondailynews.com, Oct. 4, 2017). Urbana Police (Champaign County) arrested two people after raiding a home and seizing suspected fentanyl, lysergic acid diethylamide (LSD), morphine, prescription pills, hashish (marijuana extract), guns, and finding a large marijuana grow operation (www.fox45now.com, Dec. 8, 2017).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants commented: *"It's cheaper than heroin; I think before a lot of people were scared of fentanyl, and now it's just becoming normal."* Treatment providers reported: *"It's shifting from heroin to fentanyl ... people actually wanting to buy the fentanyl ... it's a lesser [cost] for a better high; From what the clients say, it's cheaper than heroin."* Law enforcement stated: *"We don't see heroin anymore ... we see fentanyl and carfentanil; It's increased ... six months ago, we were just starting to hear stories about it in bordering counties and the bigger cities. Now ... it's here; We've had people OD (overdose) from it ... we know it's increased; It's just kind of become a normal thing."*

The BCI London and the Miami Valley Regional crime labs reported that the number of fentanyl, fentanyl analogues and carfentanil cases they process have increased during the past six months.

Reported Availability Change during the Past 6 Months		
Fentanyl	 Participants	Increase
	 Law enforcement	Increase
	 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); a previous most common score was not reported. Participants reported: *"Fentanyl is so much stronger than heroin, and people are tending to use it a lot more often because it wears off five times as fast, too. So they use it and use it and use it; There's only one of two levels ... either it's [very good], or you gonna die. You either overdose or not; Yeah, there's no middle; Every time I've shot fentanyl, almost every time, I've blacked out for an hour or two and not realized what I did ... I woke up in the woods and I don't know what happened."*

Participants discussed fentanyl as an adulterant (aka "cut") for other drugs. They reported that fentanyl is most often mixed with other drugs; thus, for those seeking fentanyl, they often get it in combination with other drugs. A participant commented, *"I 'dropped dirty' (screened positive on a urinalysis drug test) for methadone, benzos (benzodiazepines), meth (methamphetamine) ... I didn't do any of those. It was just the fentanyl, just before I 'dropped' ... I didn't know about any of that (other substances combined with the fentanyl)."* Overall, participants reported that the quality of fentanyl has increased during the past six months. Participants reported: *"It takes you straight up out of here; They make sure they're making it so you die."*

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a 1/10 gram in a capsule (aka a "cap") for \$5-10. A participant commented, *"[Price varies] because the color. If it's white or gray ... some people try to differentiate ... the gray is better, so they'll put a bigger price on it ..."* Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$5-10
	1/2 gram	\$50
	A gram	\$100

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, seven would shoot and three would smoke or snort the drug.

Participants described typical fentanyl users as heroin users, aged teens to 30s and white people. Participants commented: “People that have died, the demographics are mainly white people; The reason you’re here is because white, suburban kids are strung out on fentanyl ...” Community professionals described typical fentanyl users as heroin users. One treatment provider remarked, “[My clients] are usually the same as the heroin.” In addition, other providers observed: “We’ve had several individuals over 60 [years of age] overdose in our community; With my females (female clients), it goes into the 30s ... for some of them, it was that they’ve always been prescribed pain medications, and then with the changing cultures, doctors are no longer prescribing them a handful of ‘perks’ (Percocet®) and a handful of ‘vikes’ (Vicodin®) every day, and then they get cut off ...”

Law enforcement reported: “Same as the heroin; What used to be heroin users are now fentanyl users. Just take that same demographic and substitute that word heroin for fentanyl; A lot of the users call it interchangeable. They ask the dealer for ‘boy’ (heroin) and before you got heroin or maybe a little mixture of it, and now it’s just straight fentanyl; Some of the people know that what they’re buying is fentanyl half of the time ... chasing that high ... they’re just buying whatever they can get their hands on ...”

Prescription Opioids

Prescription opioids are 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 ‘7-8’. Participants reported: “If you’ve got money to

support your habit, then it’s easy to get. If you don’t got a lot of money, then you’ll be on fentanyl and heroin; It’s one of the top drugs of choice, and everybody knows if you can get them prescribed, and your insurance pays for them, then you have a bottle of money sitting in front of you ... so you’re gonna get rid of (sell) them.”

Treatment providers most often reported the current street availability of prescription opioids as ‘10’, while law enforcement most often reported it as ‘6’; the previous most common scores were ‘10’ and ‘5-7’, respectively. Treatment providers remarked: “I think pain management is one of the biggest causes (source of diversion), honestly ... They’re giving them out in excessive amounts and people aren’t taking them like they’re supposed to, they’re selling them; We still have a lot of pain doctors and pain clinics and they go and get their monthly ‘scripts’ (prescriptions); You have it in your parent’s medicine cabinet, or for high school injuries they’re given that, and they share; I will say too, on the availability of the pills, is they aren’t always getting them prescribed because they’re pill pressing them now ... that’s why we’re seeing the increase in the fentanyl and the cocaine in them because they’re literally making [fake prescription opioids with other drugs] look exactly like a prescription pill ...”

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Montgomery County Coroner’s Office reported that 21.0% of the 385 drug overdose deaths it processed during the past six months involved prescription opioids. In addition, ODPS reported four drug task force seizures of prescription opioids in the Dayton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dayton Police (Montgomery County) responded to a call of a child unconscious in a home due to an opioid overdose; officers called EMS to revive the child (www.ohio.com, July 26, 2017). Clark County Sheriff’s officers arrested a man in Springfield for attempting to smuggle 70 hydrocodone tablets hidden in a Play-Doh set that he attempted to send by mail using a fake return label to a location in North Carolina; a shipping store identified the suspicious package and notified police; officers in North Carolina also arrested a suspect possibly connected to the crime (www.cleveland.com, Sept. 9, 2017).

Participants identified Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. A participant commented, "Vicodin® is probably one of the easiest one's to get ... it's as strong as oxycodone and the detox is not as bad as other opiates." Community professionals identified oxycodone, Percocet®, Ultram® and Vicodin® as most available in terms of widespread illicit use. Treatment providers reported: "Percocet® seems to be the easiest ones to get on the streets; Tramadol (Ultram®) you can order from out of the country rather cheaply [reportedly from Canada] ... and it comes rather quickly." A law enforcement officer stated, "They use tramadol a lot to cut with fentanyl!"

Participants and community professionals reported that the street availability of prescription opioids has remained the same during the past six months. A participant remarked, "It's always been there ... it still is." Treatment providers commented: "It hasn't changed; I think they know that heroin could kill them and the pills are not going to kill them, well, it's not real likely, so it seems safer I think in their mind."

The Miami Valley Regional Crime Lab reported that the number of hydromorphone (Dilaudid®), morphine, and tramadol cases it processes has increased, while the number of hydrocodone (Vicodin®), methadone, oxycodone (OxyContin®), oxycodone/acetaminophen (Percocet®) and oxymorphone (Opana®) cases it processes has decreased or remained the same during the past six months. The BCI London Crime Lab reported that the number of hydrocodone, methadone, morphine, oxycodone, oxycodone/acetaminophen and oxymorphone cases it processes have increased; the number of cases for hydromorphone and tramadol have decreased or remained the same.

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

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. One participant commented, "When I first started taking Percocet®, I could

get a Percocet® 10 (10 mg) for \$3-4, now they're a dollar per milligram ... that makes them harder to get (too expensive). If you got the choice between buying a \$10 Percocet® or a \$10 cap [of heroin/fentanyl] that's gonna keep you out all day, you gonna buy a cap." Overall, participants indicated that the price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8 for 4 mg \$12-30 for 8 mg
	Pharmaceutical fentanyl	\$10 for 25 mcg \$30 for 50 mcg \$55-75 for 75 mcg \$70-80 for \$100 mcg
	Methadone	\$5 for 5 mg \$10 for 10 mg \$30 for 25 mg \$40 for 40 mg
	Opana®	\$10 for 5 mg \$15 for 7.5 mg \$20 for 10 mg \$50-60 for 30 mg
	OxyContin® OP	\$10 for 20 mg \$15 for 30 mg \$20-25 for 40 mg \$40 for 80 mg
	Percocet®	\$5-7 for 5 mg \$7-8 for 7.5 mg \$10-15 for 10 mg
	Roxicodone®	\$40 for 30 mg
	Ultram®	\$ 0.50-2 for 50 mg
	Vicodin®	\$1 for 5 mg \$3-4 for 7.5 mg \$7 for 10 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors, family members, friends, and through social media sites and Internet purchase. Participants commented: "A lot of people like to take their scripts as needed. So, the extras they will sell to other people who are users; It's mostly older people who get those meds prescribed ... they sell their meds; You can be on 'the book' (Facebook) and people advertising on there, 'I got perks

(Percocet®), I got vikes (Vicodin®) right now' ... you look at the comments and you got the little hand emoji ... and then the next thing you know you got a line [of people wanting to buy]; You can get it anywhere. Once you foolin' around with pills and poppin' pills you could be in a conversation ... 'Oh my cousin has a bunch of 'perks.'"

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would intravenously inject (aka "shoot") or smoke the drugs. Some participants specifically discussed shooting and smoking Percocet® to produce a more intense high.

Participants described typical illicit prescription opioid users as younger, female, white people, and people who work labor intensive jobs. Participants commented: *"I think people who work factory jobs ... there's more people who use it in factories ... I think 'cause their bodies are tore down; Same thing with construction. I don't think I've ever met a man in construction that doesn't do some kind of drugs, or drink [alcohol]."*

Community professionals most often described typical illicit prescription opioid users as anyone. However, several treatment providers described typical users as young, people in pain, and people who work in labor intensive jobs or jobs that require long hours. A treatment provider observed, *"I think we're seeing an uptick in young, females ... teen years."* A law enforcement officer stated, *"I'd say by far the abusers of them can pretty much be anybody ... these people can be high functioning ... very educated and very well-known individuals in the community."*

Suboxone®



Suboxone® is 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 '7'. Participants reported Suboxone® as available in both sublingual filmstrip (aka "strip") and pill forms. Participants commented: *"They're doing away with the strips because people's insurance won't cover them anymore and we're getting the orange tablets; We're seeing a lot of pills now."*

Treatment providers most often reported current street availability of Suboxone® also as '10', while law enforcement most often reported it as '4-5'; the previous most common scores were '10' and '5', respectively. Treatment providers commented: *"Right there at the clinics, right in the parking lot [users sell their Suboxone®], as sad as that is; They have this extra amount ... somebody hits them up and says, 'Hey, I'll give you 10 bucks for one of your Suboxone®."* A law enforcement officer remarked, *"People are selling their Suboxone® strips."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Bellefontaine Police (Logan County) arrested two men during a traffic stop after the driver gave consent for officers to search his vehicle; officers found a bag of cocaine and drug paraphernalia; while checking the man into the Logan County Jail, officers also found three 8 mg Suboxone® filmstrips hidden in the man's pants (www.peakofohio.com, July 31, 2017).

Participants reported that the street availability of Suboxone® has increased during the past six months. Participants commented: *"Because of the fentanyl, carfentanil epidemic, there's more Suboxone® clinics ... more people are going to treatment [and] more medically assisted treatment is available now; I'd say it's increased because a lot of people ... get them prescribed and sell them so they can go get some other kind of drug."* Treatment providers reported that street availability has remained the same, while law enforcement reported it has remained the same or increased during the past six months. A law enforcement officer who indicated increased availability stated, *"I can only speak to the prisons ... but I think it's higher because it's gotten so much easier to conceal ... they come up with some pretty creative ways [to get Suboxone® while incarcerated] ..."* The BCI London and the Miami Valley Regional crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months.

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

Reports of current street prices for Suboxone® varied among participants with experience buying the drug. Participants in rural areas reported higher prices for the drug. Regarding selling the strips on the street or in prisons, a participant commented, *"They take the 'eights' (8 mg strips) and just split them and make them 2 mg a piece or whatever. In prison they split them in tenths, and one [8 mg strip] goes for \$100. But they will cut them into ten pieces and sell them \$10 a tenth."* Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$6-7 for 4 mg \$20 for 8 mg
	Pill	\$10-20 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through Suboxone® clinics and from other users. A participant reported, *"You can go to a treatment center yourself and get them."* A treatment provider stated, *"There are a lot of shady clinics, and people know where they are, and they know how to get it ... they know who to sell it to."*

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip form remains oral consumption (sublingual) followed by snorting. Participants commented: *"Put it in water and sniff the water; There's always people that do shoot (inject), but it's rare."* The most common route of administration for illicit use of the pill form is snorting.

Participants and community professionals described typical illicit Suboxone® users as aged 20-30 years, and people who are still using heroin and/or fentanyl or who are trying to come off of these drugs.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to 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 '8'. Participants stated: *"They're so easily prescribed, and a lot of people don't really need them ... they just get them prescribed, that way they can sell them and make some money; I feel like they're prescribed in mass amounts ... I know somebody who gets them prescribed and he's only supposed to take one a day but he gets 90 [Klonopin®]."*

Treatment providers most often reported the current street availability of sedative-hypnotics as '5,' '7' and '10,' while law enforcement most often reported it as '7,' the previous most common scores were '5-6' for treatment providers and '8' for law enforcement. Treatment providers who reported moderate available explained: *"You gotta know somebody to get it; They're overdosing off those mixed with alcohol, so they're cutting back (doctors aren't writing as many prescriptions as previously)."* One treatment provider who reported high current street availability stated, *"They're easy to obtain, people are getting prescribed them ... it's popular right now."* A law enforcement officer remarked, *"I think it's there more than we know."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Montgomery County Coroner's Office reported that 42.6% of the 385 drug-related deaths it processed during the past six months involved one or more benzodiazepine. In addition, ODPS reported one drug task force seizure of benzodiazepines in the Dayton region during the reporting period.

Participants identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Participants commented: *"I can get Xanax® anywhere. I mean I can get Xanax® any time of the day, all day; Xanax® are a '10' (highly available) for sure but some of those are harder to come by, but Xanax® and Valium® I can get like all the time; [Xanax® is] the best ... it's the strongest benzo; It's the most commonly prescribed."* Participants in a couple groups reported high availability of pressed "fake" Xanax®. Participants reported: *"A lot of the "bars" (Xanax® 2 mg) nowadays are pressed ... like pressed into pills with fentanyl and other fillers; People will take the original prescription and crush it up and like cut it with fentanyl and repress them; You can't tell the difference between a pressed pill and a regular pill. You can't tell the difference unless you had some kind of tester [for fentanyl]. You know, they look exactly the same."*

Treatment providers identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use, while law enforcement identified

Xanax® as most available. Treatment providers commented: *"They're very highly prescribed; I had a woman on them for 20 years, four milligrams a day. A neurologist was prescribing that for depression."* Law enforcement reported, *"[Xanax® is] probably one of the most prescribed drugs by doctors ... people are selling those out on the street or giving them away ..."*

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Participants remarked: *"I don't think anything's changed. I can get a script of Xanax® ... any day of the week if I wanted to; People are buying it faster than you can get them ... and they buy them as soon as [prescriptions] get filled ..."*

The BCI London Crime Lab reported that the number of alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), diazepam (Valium®) and lorazepam (Ativan®) cases it processes has increased during the past six months, while the number of zolpidem (Ambien®) cases has decreased. The opposite was reported by the Miami Valley Regional Crime Lab, where the number of various benzodiazepine cases it processes has decreased or remained the same, while the number of zolpidem (Ambien®) cases has increased. In addition, the BCI London Crime Lab reported that it has seen an increase in cases of designer benzodiazepines during the past six months.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 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. Reportedly, sedative-hypnotics most often sell for \$1-2 per milligram. However, a participant noted, *"If you buy a whole bunch [of Valium®], you get a discount ... if you're a loyal customer."* Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$0.50 for 0.5 mg \$0.50 for 1 mg \$2 for 2 mg
	Klonopin®	\$0.50-1 for 0.5 mg \$2 for 2 mg
	Valium®	\$1-2 for 2 mg \$0.50-1 for 5 mg \$3 for \$10 mg
	Xanax®	\$0.50 for 0.25 mg \$1 for 0.5 mg \$2-3 for 1 mg \$4-5 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, physicians, by robbing pharmacies and through purchasing supplies and substances through the Internet to press the pills. A participant remarked, *"You can get it in powder form if you go online ... from Canada and press it into whatever form you want."*

The most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would snort and one would orally consume the drugs. A participant commented, *"Me and my people used to get 'pop' (soda) ... 'roxi' (Roxicodone®), Xanax® ... crush them up ... [and mix] with some codeine."*

Participants described typical illicit sedative-hypnotics users as millennials, and people in their 40s. A participant commented, *"The younger generation likes that type of buzz (high) ... People don't really look at it as a hard drug."* Community professionals described typical illicit sedative-hypnotic users as teens to 40-year olds and females. A treatment provider remarked, *"Usually women."* Law enforcement stated, *"18 to 24 [year of age] ... the ones I can remember off the top of my head have all been females, younger females ..."*

Marijuana



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

(highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"It's very easy to get; It's everywhere; It's like (as available as) alcohol; It doesn't get you sick like everything else does, so, more people are prone to smoke 'weed' (marijuana) instead of something hard; I just think it's what a lot of people have grown up seeing their parents do ... it's just really common in their household."*

Treatment providers discussed: *"Everybody smokes it; They think it's not as bad ... it's not a drug; We seem to have a pipeline from Michigan [bringing marijuana to Ohio]; It seems really socially acceptable; Parents are providing it. It's birthday presents, it's Christmas presents ... their parent smokes, so they're smoking with them ... smoking the higher quality stuff together."*

Law enforcement reported: *"One, it's more socially acceptable now than it was before, and two, the supply ... I mean there's a huge supply we have here; It's a recreational party drug. People use it for that. People use it to calm down. People use it because they think it's some medical thing based on what's being told to them on the news; There's just a lot of it."*

Corroborating data indicated that marijuana is available in the region. The Logan County Family Court reported that of the 206 positive adult drug tests it recorded during the past six months, 59.7% were positive for THC (tetrahydrocannabinol, the psychoactive component of marijuana); the court also reported that 96.6% of the 118 positive juvenile drug tests it recorded during the past six months were positive for THC. In addition, ODPS reported 31 drug task force seizures of marijuana in the Dayton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A grand jury in Allen County indicted a former Miss Kentucky USA for smuggling marijuana into the Allen Correctional Institution in May while visiting an inmate (www.wtol.com, July 20, 2017). The Miami Valley Bulk Smuggling Task Force arrested two people during a traffic stop in Dayton (Montgomery County) after discovering 100 pounds of marijuana in their vehicle; this lead officers to

search a residence in Columbus (Franklin County), where officers seized an additional 300 pounds of the drug (www.cleveland.com, July 21, 2017). Officers with the Montgomery County Sheriff's Office and the Miami Valley Bulk Smuggling Task Force arrested three people after seizing 200 pounds of marijuana from a car during a traffic stop in Dayton and observing two men attempting to get rid of crystal methamphetamine (www.wdtn.com, Aug. 11, 2017). Law enforcement in Preble County arrested a man who rolled his vehicle over on US 127 in Eaton; officers found 14 pounds of marijuana in vacuum-sealed bags in the overturned vehicle; the man admitted to driving to Michigan to obtain medical marijuana to bring back to Ohio (www.pal-item.com, Aug. 24, 2017). Law enforcement in Montgomery County arrested a man after executing a search warrant at his home in Trotwood and seizing 20 pounds of marijuana, a gun and cash (www.wdtn.com Sept. 22, 2017). Ohio State Highway Patrol (OSHP) in Preble County arrested a man during a traffic stop on Interstate 70 after a K-9 officer alerted to the presence of drugs in his vehicle; officers confiscated 157 pounds of marijuana; a day prior to this, OSHP in Preble County arrested another man during a traffic stop on Interstate 70 after finding 190 ecstasy pills, 67 grams of marijuana, and a loaded gun in a U-Haul trailer he was driving (www.daytondailynews.com, Oct. 18, 2017). OSHP in Miami County arrested a Michigan man during a traffic stop after seeing marijuana residue on the driver-side door handle and finding 29 grams of hashish (marijuana extract) and three pounds of hydroponic marijuana in the car's trunk (www.wdnt.com, Nov. 15, 2017). OSHP in Preble County arrested a California man during a traffic stop in Interstate 70 after criminal indicators prompted a search of the man's vehicle; officers seized over 76 pounds of hydroponic marijuana (www.statepatrol.ohio.gov, Nov. 16, 2017). OSHP in Xenia (Greene County) reported that a teenage male was charged with vehicular homicide in Greene County Common Pleas Court for causing a crash while under the influence of marijuana that killed two other teenagers (www.nbc4i.com, Dec. 4, 2017). Clarke County Sheriff's officers arrested four people during a traffic stop in Springfield after discovering they were transporting over 50 pounds of marijuana from the West Coast to be sold in the Miami Valley and Central Ohio (www.fox45now.com, Dec. 11, 2017). OSHP in Preble County arrested a California man during a traffic stop on Interstate 70 after a K-9 officer alerted to the presence of drugs in the car; officers confiscated 120 pounds of hydroponic marijuana (www.nbc4i.com, Dec. 18, 2017).

Participants and community professionals 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 ‘5;’ the previous most common score was ‘10.’ Participants remarked: *“That’s not a big thing here; Yeah, you gotta kinda look for it, but if you really wanna find it, you’ll find it; In the last six months, that’s still ‘privy’ (privilege), we don’t even get into dabs to be knowing were the dab at ... that’s still in the suburbs.”*

Treatment providers most often reported the current availability of marijuana extracts and concentrates as ‘2;’ while law enforcement most often reported it as ‘7-8;’ the previous most common score among both treatment providers and law enforcement was ‘10.’ Treatment providers reported: *“You don’t hear about that too often; I just haven’t heard it as being as common as regular marijuana. I’ve heard people say that they ‘dab’ and things like that, but it’s not as common as smoking [marijuana].”* Law enforcement stated: *“It’s pretty high. A lot of the times what we find is people who are cultivating marijuana are making the hash oils and dabs themselves. So, I think it’s readily available; We’ve had a couple [arrests in Darke County] ... it’s fairly new to this area. Now, I do know in Montgomery County they’ve had a little bit more of it, and recently, they just had a big bust ... I think a guy was passing through and they found a lot.”*

Participants reported that the availability of marijuana has increased during the past six months. Participants discussed: *“Cause of all the shops (marijuana dispensaries); Many people who’s never done ‘pot’ (marijuana) do it now since it’s legal; It’s less frowned upon than it used to be; They decriminalized it and people don’t care so much as they used to.”* Participants indicated that the availability of marijuana extracts and concentrates has remained the same during the past six months. Participants remarked: *“It’s always available where I be at; Everybody in my circle smokes it.”*

Community professionals reported that the availability of marijuana has remained the same during the past six months. Treatment providers commented: *“I think it’s the same. There’s never really been a problem [obtaining] that. I think it’s always been available; I would say it’s at least stayed the same, if not increased ... it just seems like here lately, everybody that I’ve had coming in [to treatment] ... smokes marijuana ...”* Law enforcement stated, *“Probably stayed the same ... it’s been pretty high for a while now.”*

Treatment providers reported that the availability of marijuana extracts and concentrates, often referring to hash oil, has increased during the past six months, while law enforcement reported unchanged availability. Treatment providers stated: *“There’s a lot of Internet buyers and you can gain access to it through a lot of different head shops; It’s like the new thing ... and so people are trying it and experimenting with it to see what kind of high it brings them.”* Law enforcement remarked, *“There’s a lot of out of state resources you can go to now to get all of the different food products [containing marijuana extracts and concentrates] ... and there’s how many different videos on YouTube that shows you how to make it and different ways to make it? Plus, you’ve got out of state facilities that are professionally making it now so that stuff is reaching out into other states.”*

The Miami Valley Regional Crime Lab reported that the number of marijuana and marijuana extracts and concentrates (oils, “dabs”) cases it processes has decreased during the past six months, while the BCI London Crime Lab reported that the number of marijuana and marijuana extracts and concentrates cases it processes has increased.

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

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.’ Participants commented: *“Nobody likes the taste of bad weed; Don’t nobody want ‘reggie’ (low-grade marijuana) no more unless you’re an older person or you are a younger kid who really ain’t got no money.”*

Participants and community professionals discussed the prevalence of different strains of marijuana in the region. Treatment providers stated: *“There are so many different types of marijuana now; They want the ‘loud’ (high-grade marijuana) ... they can [find a way to] afford it ... there are people who only smoke ‘loud.’ They don’t want regular; Definitely higher THC content. I have this one [younger*

client] who educates me every time I see him on the mixed breeds ... one for attention and focus, and there's one for relaxation, and there's another color or flavor for this. So, there's definitely a higher quality."

Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants commented: "It's increased! There's more THC in it than there's ever been; That's why they call it 'loud.'" Participants also discussed the prevalence of lacing marijuana with other substances. Participants discussed: "I've noticed that some people are putting meth and other stuff with marijuana ... I just know if you smoke a joint and take a pee test (urinalysis drug screen) you fail for all kinds of stuff; I dropped (took a urinalysis) and got told I had cocaine in my system, and I ain't touched that shit; I know that when I tried to go off of opiates and I went to a Suboxone® clinic, I had dropped dirty (screened positive) for meth and the only thing I had done was smoke weed. I've never even done meth before; I've heard that they're lacing it with fentanyl right now. I've heard that that's a big thing; I've heard that, too. I've heard that they do it just to get people addicted and have them coming back." One participant reported that because drug dealers often handle many different drugs without washing their hands, the drugs contaminate each other, causing marijuana to be unintentionally mixed with other substances.

Participants also discussed the high quality of marijuana extracts and concentrates. Participants reported: "You take one hit of it and you feel like you've smoked a whole 'blunt' (marijuana-filled cigar) of weed; I don't know why everybody don't smoke dabs. I mean it's smarter. They say it's the best. If you're gonna do it, do it right! Smoke the good shit."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/4 ounce. Overall, participants reported that the price of marijuana has decreased during the past six months. A participant stated, "I say it decreased because you can buy 'loud' like you buy (for the same price as) 'reggie' now because the demand. So many people got it, the price has dropped dramatically."

Current Prices for Marijuana		
Marijuana	Low grade:	
	A blunt (cigar) or a gram	\$5-10
	1/4 ounce	\$25
	1/2 ounce	\$50
	An ounce	\$100
	A pound	\$800
	High grade:	
	A blunt (cigar) or a gram	\$20
	1/8 ounce	\$40-50
	1/4 ounce	\$80
	1/2 ounce	\$125
	An ounce	\$240-300
	A pound	\$3,000
	Extracts and concentrates:	
	1/2 gram	\$20-25
1/8 ounce	\$120-150	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants discussed smoking the drug includes vaporizing it or using a water bong. Regarding marijuana extracts and concentrates, a participant reported, "The oil pens was pretty good 'cause you can smoke them in public, like at a concert, you can smoke them at a club." Another participant discussed, "Right now, blunts are probably ... the majority ... but there's people doing the dabs, there's edibles, there's vaporizers, there's all kinds of ways of doing weed. But the majority is probably smoking blunts." A few participants also discussed eating the drug. Participants shared: "They got candy [made with marijuana]; Some people are boiling the THC out of it and putting it in edibles; Yeah, edibles are really big right now."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as everyone; however, they reported that low-grade marijuana is more often used among younger people due to the lower price. Participants discussed: *"I'd say everybody. I don't think there is any age range or race. It's everybody; From nine [years of age] all the way up to 99 [years of age]."* Community professionals also described typical marijuana users as anyone. Treatment providers remarked: *"It's just everybody . . . They all smoke; I've got a guy who's 67 years old that's doing it, and swears he's not ever going to stop doing it . . . I mean it just ranges the whole entire age groups, and the older they are, the harder it is to get them to stop . . ."* Law enforcement commented: *"12 to 112 [years of age]; It's pretty much everybody across the board . . . you can't really stereotype the marijuana users . . ."*

Methamphetamine



Methamphetamine 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 '8-9'. Participants reported: *"Pretty much everybody's kinda switching from heroin over to 'meth' (methamphetamine) . . . you can get off heroin with the 'meth' . . . The detox won't be as bad; Heroin goes away and meth's taken over; Meth's been a life saver for me . . . I mix it with my heroin and I won't OD (overdose); The last time I got out of rehab . . . I was on Suboxone®, and because it has a blocker in it, I couldn't use heroin. So, I started doing 'speed' (methamphetamine) and it don't block speed, so I could get high on it; My buddy said that because a lot of people are on Vivitrol® and you can't get high off of the heroin [people use methamphetamine]."*

Treatment providers most often reported the current availability of methamphetamine as '8,' while law enforcement most often reported it as '9'; the previous most common scores were '3' and '10,' respectively. A treatment provider stated, *"A lot of people are using it to come up [after heroin use] . . . they aren't using one without the other."* Law enforcement discussed: *"We've never not been able to get it; I'd say this area is probably flooded by the cartel with large amounts of meth . . . instead of people having to make it, now it's just getting supplied in mass quantities; Meth has really become the drug of choice again . . . I don't know if it's because people are scared of the*

fentanyl and heroin laced with fentanyl . . . but meth has really been a drug of everybody's choice lately . . ."

Corroborating data indicated that methamphetamine is available in the region. The Montgomery County Coroner's Office reported that 17.1% of the 385 drug-related deaths it processed during the past six months involved methamphetamine. In addition, ODPS reported 19 drug task force seizures of methamphetamine in the Dayton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Montgomery County reported to a local news source that methamphetamine was increasing in the region, amidst the current opioid epidemic; reportedly, drug cartels are pushing the drug into the region by the kilogram and using Dayton to push the drug to other parts of the country; a task force in Montgomery County seized over 20 pounds of crystal methamphetamine in February and 20 pounds in March, among other methamphetamine seizures (www.fox45now.com, July 20, 2017). The Darke County Sheriff's Office Narcotics Unit, assisted by the Greenville Police, the Darke and Miami County Special Response Teams arrested two people after raiding an apartment in Gettysburg (Darke County) and finding methamphetamine, drug paraphernalia and a handgun (www.daytondailynews.com, July 24, 2017). Law enforcement in Clark County sent crews to dismantle an active methamphetamine laboratory at a park in Springfield after receiving reports from nearby campers of suspicious activity; officers raided the campsite to safely neutralize the scene, and evacuated two nearby campsites, arresting one person (www.wohio.com, July 30, 2017). U.S. DEA officers arrested a man in July after a GPS trafficking device placed on the man's car lead officers to seize 26 pounds of crystal methamphetamine and a kilogram of heroin when they stopped the man for a traffic violation in Preble County; the man was driving to pick up heroin/fentanyl; a task force officer also wrote in the affidavit that the man transported large amounts of U.S. currency from Ohio to California, and that he also possessed a firearm with a felonious conviction from a prior drug case (www.daytondailynews.com, Aug. 16, 2017). A man was sentenced to 18 months in prison in Darke County Common Pleas Court for attempting to cook methamphetamine; the man was arrested for methamphetamine and heroin possession previously (www.earlybirdpaper.com, Oct. 16, 2017). A man was sentenced to five years in prison in Darke County Common

Pleas Court for methamphetamine possession; a video showed a police informant purchasing methamphetamine at the defendant's home; Darke County Sheriff's officers also seized the drug from the man's home (www.dailyadvocate.com, Oct. 18, 2017). Clarke County Sheriff's officers arrested a man after noticing a fire at a residence in Medway and seeing evidence consistent with methamphetamine manufacturing; officers found a trailer in the back of the residence with a methamphetamine laboratory in it, as well as an infant child in the home, who had been exposed to the chemicals during the manufacturing process (www.nbc4i.com, Nov. 15, 2017). An Allen County Court of Common Pleas judge sentenced a man to five years in prison on felonious charges of trafficking methamphetamine and ordered him to pay a fine to the West Central Ohio Drug Task Force (www.limaohio.com, Nov. 15, 2017). An undercover agent with the Delaware County Sheriff's office arrested a teenager after she admitted to making regular trips from Muncie, Indiana to Dayton, Ohio to purchase crystal methamphetamine to sell in Indiana; the officer reported to the news source that methamphetamine was becoming easier to find and more cases involved methamphetamine than heroin (www.fox59.com, Nov. 16, 2017). The Logan County Joint Task Force and the Champaign County Sheriff's Office collaborated to arrest two men after a K-9 officer alerted to the presence of drugs in their vehicle at a business in Urbana; officers found a large amount of methamphetamine in the vehicle, and inside the business, the K-9 officer alerted to additional methamphetamine; officers believed the men delivered methamphetamine to the store clerk (www.oeakofohio.com, Nov. 17, 2017). The Auglaize and Mercer County Grand Lake Drug Task Force arrested five people responsible for trafficking methamphetamine in Auglaize County (www.hometownstations.com, Nov. 22, 2017). A woman was sentenced to 60 months of probation, 100 hours of community services and charged a fine in Darke County Common Pleas Court for methamphetamine trafficking and child endangerment (www.earlybirdpaper.com, Dec. 4, 2017). Springfield Police responded to a call of a man passed out in his vehicle; officers found 136 grams of crystal methamphetamine and other drugs in the man's vehicle; the man was charged with drug trafficking in Clarke County Municipal Court (www.wohio.com, Dec. 12, 2017).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they noted crystal methamphetamine as the most prevalent form of the drug. 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.

Community professionals also reported crystal methamphetamine as the most prevalent form of the drug in the region. Treatment providers commented: "You [used to have] a lot of private makers around. I don't think they're doing that anymore. They busted a lot of them; They describe it as the 'good shit' ... the 'Mexican shit' (imported crystal methamphetamine)." Law enforcement stated: "It's all crystal; Crystal meth most likely coming across the border; We have a lot of people attempting to make their own or are making their own, but in the last six months, it's all coming from Mexico through to us via Dayton ... same avenue as heroin ... they're going to Dayton and buying a stronger meth that originated in Mexico."

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants reported: "It's getting real big; I've seen more of that around than probably 'dope' (heroin) or anything." Treatment providers stated: "Meth is becoming more prevalent ... people are experimenting more with it; We know from the task forces from the other communities that the cartels are bringing it up and almost doing like a Black Friday special on it ... [giving] a real cheap discount on it." Law enforcement discussed: "It's progressively increasing ... we're coming across it a lot more; I think it's just the cartels trucking it in, kilo after kilo; Also, I think the users keep seeing their friends dropping dead over fentanyl or carfentanil, and meth is ... I guess in their mind, a better substance to use. Also, the Vivitrol® shot is designed for heroin ... with fentanyl they get sick if they use it ... they use meth, they still get a high; The overdose rate I think has gone down a little bit. When we get the report, we used to have 13 to 14 people overdose a day, and now we're getting five ... it's just gone way down because they're switching over to meth."

The BCI London and the Miami Valley Regional crime labs reported that the number of methamphetamine cases they process have increased during the past six months; the labs reported processing blue, clear, pink and white crystal methamphetamine as well as brown, tan and white powdered methamphetamine.

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

Participants most often rated the quality of crystal methamphetamine as '7-10' and of powdered methamphetamine as '3-4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '8-9' and '5-6,' respectively. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: glass (fiber glass), isotol (dietary supplement), MSM (methylsulfonylmethane, a joint supplement), rock candy, Epsom® salt and sugar. The BCI London Crime Lab reported dimethyl sulfone (dietary supplement) as a cut for methamphetamine.

Overall, participants reported that the quality of methamphetamine has remained the same during the past six months. However, a few participants discussed quality as decreasing. A participant stated, "A lot of people get their hands on it ... cut (adulterate) it up to make more money and stretch it out ... like the quality went down."

Current prices for methamphetamine were reported by participants with experience buying the drug. Participants in Montgomery County reported that the most common amount of purchase for methamphetamine is between a gram and 1/4 ounce, whereas participants in Champaign and Logan counties reported the most common amount of purchase as 1/10 gram. Overall, participants reported that the price of methamphetamine has decreased during the past six months. A participant remarked: "There's a lot more people figuring out how to make it and also there's a lot more competition." However, another participant remarked, "It depends on where you are. If you're in Dayton, it's really, really cheap, but if you're in Greene County, it's almost like \$100 a gram"

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/8 ounce	\$60
	Crystal:	
	1/10 gram	\$10-20
	1/2 gram	\$20-40
	A gram	\$60-80
An ounce	\$400-600	

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, eight would smoke and two would snort or intravenously inject (aka "shoot") the drug. Participants commented: "I can tell you that people start off smoking it, and then end up shooting it ... 'cause they get the most out of it; It burns like hell if you snort it."

Participants and community professionals described typical methamphetamine users as white people, aged 20-40 years, as well as people who work labor intensive jobs. In addition, law enforcement noted members of motorcycle gangs as typical users. Participants commented: "Probably white ... 20-40 [years of age] really ... and definitely probably work construction jobs and a lot of truckers and mechanics and stuff ... truckers have to stay up longer and drive long distances and stuff; You see whites more than black [using methamphetamine]; I would say more white than it is any [other group] ... most black people are still doing the crack ... I think more white people do it around here. They say more Mexicans, but I haven't been around enough Mexicans to do a study on it; With strippers it used to be 'coke' (cocaine) and now its meth."

Treatment providers stated: "It's typically the younger generation ... 18-25 [years of age]; I see more parents and children doing meth together; I have yet to encounter a black person use it." Law enforcement reported: "It's really popular among your motorcycle gangs, and there's several in this area; Suppliers run the gamut from white, motorcycle gangs

to black males and everything probably in between. White females are also supplying and dealing."

Prescription Stimulants

Prescription stimulants remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-5'. A participant commented, "I don't think a lot of people are that much interested in them anymore."

Treatment providers most often reported current street availability as '2' and '8-10', while law enforcement most often reported it as '6'; the previous most common scores were '4-5' for treatment providers and '4' for law enforcement. Treatment providers who reported low availability stated: "I think a lot of doctors are up on that and they're not wanting to prescribe it; if they want the 'speedy' (stimulant) effect they're either going to do crack, cocaine or meth." A treatment provider who reported high availability explained, "They'll get it from their friends ... and if they have siblings that have it, they will take it." Law enforcement reported, "That's usually popping up in drug screens along with other stuff ... for a while it was heroin and some of that stuff, now it's meth and [some prescription stimulants]."

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. A participant commented, "I see people selling their Ritalin®, and most of them are for their kids ... and they're selling them." Community professionals identified Adderall® as most available. Treatment providers discussed: "College students, they use it as a recreational [drug]; They also say it helps them to concentrate more while they study, and I think they tend to abuse it."

Participants and community professionals reported that the general street availability of prescription stimulants has remained the same during the past six months. A treatment provider reported, "I think coming into an institution, they try to get prescribed it, but they're not chasing it out there."

The Miami Valley Regional Crime Lab reported that the number of amphetamine (Adderall®) cases it processes has decreased during the past six months, while the number

of methylphenidate (Ritalin®) cases has increased. The BCI London Crime Lab reported the opposite: increased number of amphetamine cases and decreased number of methylphenidate cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, prescription stimulants typically sell for less than \$1 per milligram.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$3 for 10 mg
	Concerta®/Daytrana®	\$0.50 per milligram

Participants reported obtaining prescription stimulants for illicit use from doctors, family members and friends. A participant stated, "If you know anyone that's got ADHD (attention-deficit hyperactivity disorder) or has ADHD kids, then they're gonna try and sell them." The most common route of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs.

Participants described typical illicit prescription stimulant users as people who work third shift (factory workers and nurses) and teens and college students. A participant remarked, "People that worked third shift and stuff ... they always wanted them to stay up." A few law enforcement officers described typical illicit users as younger people (late teens to early 20s). One law enforcement officer commented, "The clientele we're seeing with this are 18-22/23 [years of age] ... they received a DUI or something, they get sent to us, and they're testing positive for this."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '4' and of "molly" (powdered MDMA) as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5-6' and '1-3', respectively. Participants reported: *"I ain't heard nobody say I've got an 'X' (ecstasy) pill in six months, or I ain't heard no wild and crazy stories, like 'Oh man, we had a rock star night and took 'X'; I think a lot of the other drugs are taking over. Nobody really does it anymore; It's not really a drug of choice."*

Treatment providers most often reported the current availability of ecstasy as '10'; while law enforcement most often reported it as '3-4'; the previous most common scores were '0-1' and '5-6', respectively. Law enforcement did not assign a current availability rating for molly, while treatment providers most often reported the current availability of molly as '5-8'; previous most common scores were not reported for molly. Regarding ecstasy, a treatment provider stated, *"It's a party drug and it's just easy to get."* Regarding molly, treatment providers commented: *"I think that's on top of the list for certain populations; 'Cause they came out with that song [referencing the rap song, 'Molly']"*. Law enforcement stated: *"I'd say 'X' here lately has been with the 'weed guys' (marijuana users) ... it's a niche ... We've had a bunch of them come through the mail; The thing is, people aren't 'knocking over' (robbing) drug stores to fund their habit for MDMA. They're doing it for heroin or fentanyl ... that's what our concentration is"*.

Participants reported that the availability of ecstasy and molly has decreased during the past six months. A participant commented, *"I think 'X' has dropped off ... molly, too."* Treatment providers reported that the availability of ecstasy and molly has remained the same during the past six months. A treatment provider stated, *"I think that it's just been out there ... there's other things that people have been doing ..."* Law enforcement reported that the availability of ecstasy has remained the same, while the availability of molly has increased. Regarding ecstasy, a law enforcement officer commented, *"I would guess stayed the same. It's not something we run into a lot."* Regarding molly, law enforcement reported: *"We've see more of it ... but that's because we've started doing (searching and seizing) packages more; Mostly that is shipped in through the mail ... and we've just recently started to see them a little more."*

The BCI London and the Miami Valley Regional crime labs reported that the number of MDMA (ecstasy/molly) cases they process have increased during the past six months.

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

Participants did not have knowledge of the current quality of ecstasy and molly during the past six months; the previous most common quality scores were '10' for both ecstasy and molly on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, a few participants in one focus group discussed molly "cut" (adulterated) with powdered cocaine and heroin. A participant stated, *"Just after you use it, you kinda figure out [what was in it]"*.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Overall, participants reported that the prices of ecstasy and molly have remained the same during the past six months.

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	Ecstasy:	
	Low dose (aka "single stack")	\$10
	Medium dose (aka "double stack")	\$20
	High dose (aka "triple stack")	\$25-30
	Molly:	
	1/10 gram	\$10
A gram	\$80-100	

Participants indicated that ecstasy and molly are obtained through drug dealers, at “raves” (dance parties) and by making the drugs themselves by ordering supplies through the Internet. Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs.

Participants described typical ecstasy and molly users as teens to 30-year olds who are involved in the party scene. A participant remarked, “It’s like a party drug.” Community professionals described typical ecstasy and molly users as teens to 20-year olds, white people and people involved in the party scene. Treatment providers commented: “It’s being promoted in music, on TV, in the streets; I think when it comes to the psychedelics, there’s more of a demand for it in the white population.” A law enforcement officer observed, “Young, white, party crowd.”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the current availability of synthetic marijuana as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); a previous most common score was not reported. Participants commented: “People want it, so people find a way to get it ... supply and demand. There’s a market there; It’s in [Hardin County] real bad.” Treatment providers most often reported current availability as ‘3’ and ‘10’; a previous most common score was not reported. A treatment provider who reported high availability stated, “You can go to the store and buy it because it’s on the end of the register.” A treatment provider who reported low availability commented, “I think it’s [low] because of marijuana being so easy to obtain.”

Participants reported that the availability of synthetic marijuana has increased during the past six months, while treatment providers reported that it has remained the same. A participant stated, “It’s still here, and they still sell it ... you just gotta know [the drug dealers].” A treatment provider remarked: “There are still shops that sell it ... it’s pretty easy for people to get ... and [users are] ordering it online.” The BCI London and the Miami Valley Regional crime labs reported that the number of synthetic marijuana cases they process have decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A blunt (cigar)	\$2
	An 8-gram bag	\$30

Despite legislation enacted in October 2011, participants and treatment providers reported obtaining synthetic marijuana at gas stations, head shops and through Internet purchase. Participants reported that the most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as people on probation, parole, or in prison, and people aged 20-30 years. Both participants and treatment providers reported users often report use of the drug because of their belief that its use is legal.

Other Drugs in the Dayton Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts (synthetic cathinones), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, ketamine, Neurontin® (gabapentin), promethazine (prescription-strength cough syrup) and Seroquel® (antipsychotic).

In addition, secondary data sources reported other drugs not mentioned by respondents. The BCI London Crime Lab reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months.

Bath Salts

Bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") remain available in the region. However, only a few treatment providers reported on bath salts. These treatment providers most often reported the drug's current availability as '2,' '3' and '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. A treatment provider stated, *"I've only had two people report doing it, and only one said she was actively doing it."* Treatment providers reported that the availability of bath salts has decreased during the past six months. Treatment providers described typical bath salts users as aged 18-30 years and white people. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the Miami Valley Regional Crime Lab reported that it did not process any bath salts cases during the past six months.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported current availability as '4' and '8' for DMT, '3' and '8' for LSD, and '2-3' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' for LSD, with no previous most common scores reported for DMT and psilocybin mushrooms. Regarding DMT, participants discussed: *"You can get all that stuff off the Internet; I mean if you want it, you can get it!"* Regarding LSD, participants stated: *"You don't just buy it from anybody; I don't hear about it much."* Regarding psilocybin mushrooms, a participant remarked, *"I haven't heard about mushrooms since I was a teenager."*

Treatment providers most often reported the current availability of LSD as '9,' while law enforcement most often reported it as '5,' the previous most common scores among community professionals were not reported. A treatment provider stated, *"My youth [clients] are using it, so it can't be*

too difficult for them to find." One law enforcement officer remarked, *"On some of our controlled [buys] we've had LSD, too."* Treatment providers most often reported the current availability of psilocybin mushrooms as '0' and '8,' while law enforcement most often reported it as '5,' the previous most common scores were not reported among community professionals for psilocybin mushrooms or for DMT.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Union City Police (Darke County) arrested a Columbus woman in October after finding her with LSD; the woman was charged with felonious drug trafficking (www.dailyadvocate.com, Oct. 31, 2017).

Participants and community professionals reported the availability of LSD has remained the same during the past six months. Participants reported that the availability of DMT and psilocybin mushrooms has increased during the past six months, while community professionals reported that the availability of psilocybin mushrooms has remained the same; they had no comment on a change of availability for DMT. A participant commented, *"More people are figuring out how to grow them (psilocybin mushrooms)."*

The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom and DMT cases it processes have decreased or remained the same, with very few cases of each. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has increased, while the number of LSD and DMT cases have decreased or remained the same.

Reports of current prices for hallucinogens varied among participants with experience buying the drugs. Regarding LSD, a participant commented, *"If you buy in bulk, you get deals."*

Hallucinogens	Current Prices for Hallucinogens	
	Psilocybin mushrooms:	
	1/8 ounce	\$30-35
	1/4 ounce	\$50-70
	LSD:	
	A liquid drop or a single dose (aka "hit")	\$5-10
	10 hits (aka "strip")	\$50-75
	100 doses (aka "sheet")	\$300-500
A vile of liquid LSD (unspecified dose)		\$500

Participants reported obtaining hallucinogens through drug dealers, friends, at concerts or by producing the drugs themselves. Regarding psilocybin mushrooms, participants stated: *"They're lab grown; You can buy kits off the Internet nowadays [to grow them]."*

Participants reported that the most common route of administration for psilocybin mushrooms is oral consumption. Participants indicated that out of 10 psilocybin users, all 10 would eat or consume the substance in beverages. Participants reported drinking psilocybin mushrooms by mixing them into teas, or eating them by mixing them with chocolate, peanut butter or putting them in sandwiches. A participant commented, *"I put them on a peanut butter sandwich or something to take that nasty taste out of them."*

Participants described typical hallucinogen users as high-school aged to 25 years and "partiers." Participants stated: *"The psychedelics (hallucinogens) are more like an experience type of drug; It's more of a party-goer scene."* Community professionals described typical hallucinogen users as white people, hippies and college students. A treatment provider stated, *"My kids (clients) talk about wanting to 'trip' (experience the hallucinogenic high) because they hear such great things about the trip It's also in the marijuana at times, so they're trying it without realizing they're trying it ... I have several [clients], early 20s, who talk about using it because they want that spiritual experience"* Law enforcement stated, *"The white, hippy group ... the same ones who use the 'dabs' (concentrated marijuana)."*

Inhalants

Inhalants (duster [DFE] and nitrous oxide [N2O], aka "whippets") are available in the region. Participants reported the current availability of whippets as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. A participant stated, *"You could always get that! They have it everywhere. I mean they sell them at the sex shop (adult store). You buy little things (canisters) ... like they sell a whole entire kit."* Reportedly, a can of N2O sells for \$45 at adult stores, and a can of air duster sells for \$5 at big box stores.

Ketamine

Ketamine (an anesthetic typically used in veterinary medicine) is available for illicit use in the region. However, only a few treatment providers reported on the current availability of the drug for illicit use. They reported it as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. A treatment provider stated, *"I would say [availability is] pretty low because we don't hear about it too often."* Treatment providers reported typical ketamine users as young males.

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. Participants stated: *"They're easily prescribed; Doctors haven't been prescribing some narcotics as much and they're prescribing those instead; I go to this outpatient program and everybody tries to get it prescribed ... and justify their addiction by saying it's not heroin or whatever. They say they're sober, but they eat like 20 of them things a day."*

Treatment providers most often reported the current street availability of Neurontin® as '8'; while law enforcement most often reported it as '2'; no previous most common scores were reported. Treatment providers discussed: *"You can easily get a prescription ... anybody can; It's a drug addict's drug; A lot of people start taking it to get off heroin because it really helps with the withdrawals ... when you take too much, you get the high feeling"*

Participants and community professionals reported that the street availability of Neurontin® has increased during the past six months. A participant remarked, "People found out that it helps with withdrawals so more people take it." A treatment provider stated, "It's increased from what I've seen ... a lot of our clients here in residential treatment are not abusing it, but a lot of mental health clients are abusing it." A law enforcement officer explained, "It went from nothing ('0' on the availability scale) to '2' because I hadn't really heard about it until a few months back"

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

Reports of current street prices were consistent among participants with experience buying the drug.

Neurontin®	Current Street Prices for Neurontin®	
	300 mg	\$0.25-0.50
	600 mg	\$0.50-0.75
	800 mg	\$0.75

Participants reported obtaining Neurontin® for illicit use from drug dealers and doctors. A participant commented, "Usually a doctor. Any doctor will give you Neurontin®." Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. A few participants also commented on snorting the drug. A participant stated, "You could actually snort them if you wanted to."

Participants described typical illicit Neurontin® users as people addicted to opiates. A participant stated, "Usually, recovering heroin addicts try to replace one thing with another." Treatment providers described typical illicit users as white people, aged 20-50 years, people addicted to opiates and alcoholics.

Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) is highly available for illicit use in the region. Participants and treatment providers most often reported the current street availability of promethazine as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. A participant reported, "I say a '10' for me because when I was doing my thing, I always knew people who had 'scripts' (prescriptions for promethazine) ... so, I bought stuff in bulk ... I could get it every day" However, participants generally reported that the current street availability of promethazine has decreased during the past six months, while treatment providers reported that it has remained the same. A participant commented, "Here recently, I think it's went down ... before I could find it all the time"

Prices for promethazine varied among participants with experience purchasing the drug. Reportedly, three ounces of promethazine sells for \$30. Overall, participants indicated that the price of promethazine has remained the same during the past six months.

Participants reported that promethazine is most often consumed by drinking the drug mixed in sodas. A participant remarked, "You gotta mix it with Pepsi® or root beer." Participants reported that when the red-colored promethazine is mixed with Sprite®, it is called a "Sprite® remix." One participant reported cutting (adulterating) the drug with other prescription drugs: "You might crush up a couple Xanax® or crush up a 'roxi' (Roxicodone®)."

Participants described typical illicit promethazine users as aged 20-40 years. A participant remarked, "Cause at 40 [years of age] your heart might not be able to take it. It might slow down." Treatment providers reported typical illicit users as younger and African-American people.

Seroquel®

Seroquel® (antipsychotic) is available for illicit use in the region. However, only a few treatment providers reported on the current street availability of the drug during the past six months. These providers most often reported the current street availability of Seroquel® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was

not reported. Treatment providers stated: *"Oh, it's candy here; It's prescribed a lot; You can get your psychiatrist to prescribe it, you can get your MD (medical doctor) to prescribe it ... ER (emergency room) will prescribe it."*

Treatment providers reported that the street availability of Seroquel® has remained the same during the past six months. Treatment providers described a typical illicit Seroquel® user as cocaine users and people in jail. A treatment provider stated, *"I know a few of the guys ... doing it ... they don't have anything (other drugs), so they're stealing their girlfriend's [medication] ..."*

Conclusion

Crack cocaine, heroin, marijuana and methamphetamine remain highly available in the Dayton region; also highly available are fentanyl, Neurontin® (gabapentin), prescription opioids and Suboxone®. Changes in availability during the past six months include: increased availability for fentanyl, methamphetamine and Neurontin®; likely increased availability for marijuana; and possible increased availability for Suboxone®.

Although participants and community professionals reported high current availability of heroin, respondents across focus groups discussed that heroin is not "heroin," but rather heroin mixed with fentanyl. Participants explained heroin unadulterated with fentanyl or carfentanil is nearly unavailable in the region. They, along with community professionals, noted users now desiring fentanyl and carfentanil over heroin; many seek the synthetic opioids.

Fentanyl is extremely available in the region. Law enforcement reported that drug cartels have flooded the region with the drug. They also noted that fentanyl is purchased online from overseas vendors, primarily in China, and mailed to addresses in the region. Participants and community professionals attributed the increase in availability of fentanyl during the past six months to increased demand for the drug. They discussed that fentanyl provides a "better" (more potent) high than heroin and at a cheaper price. Both respondent types also discussed a higher frequency in overdose in the region as indicative of a higher supply of fentanyl.

Participants reported gray, pink, white and yellow colored fentanyl. Participants discussed fentanyl as an adulterant (aka "cut") for other drugs (e.g. cocaine). In fact, they reported that fentanyl is most often mixed with other drugs; thus, for those seeking fentanyl, they often get it in combination with other drugs. Participants described typical fentanyl users as heroin users, aged teens to 30 years and white people. In addition to fentanyl, participants also reported current high availability of carfentanil and fentanyl analogues.

Participants and community professionals reported that the high availability of methamphetamine has increased during the past six months. Participants discussed heroin users switching to methamphetamine as a way to detox from heroin as methamphetamine is believed to be "safer" than opiates. Likewise, law enforcement indicated some heroin users have switched to methamphetamine use possibly out of fear of opiate overdose. Additionally, some users discussed coupling their heroin use with methamphetamine use. One participant stated, *"Meth's been a life saver for me ... I mix it with my heroin and I won't 'OD' (overdose)."* Participants and treatment providers also discussed users receiving Vivitrol® as medication assisted treatment for opioid use disorder continuing to get high with methamphetamine.

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they noted crystal methamphetamine as the most prevalent form of the drug. In addition to heroin users, participants and community professionals described typical methamphetamine users as white people, aged 20-40 years and people who work labor intensive jobs. Law enforcement also noted members of motorcycle gangs as typical users.

Neurontin® is highly available for illicit use in the region, and participants and community professionals reported that its street availability has increased during the past six months. Reportedly, typical illicit Neurontin® users are those addicted to opiates who use the drug to alleviate opiate withdrawal symptoms.

Lastly, the BCI London Crime Lab reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months.

