

Regional Profile

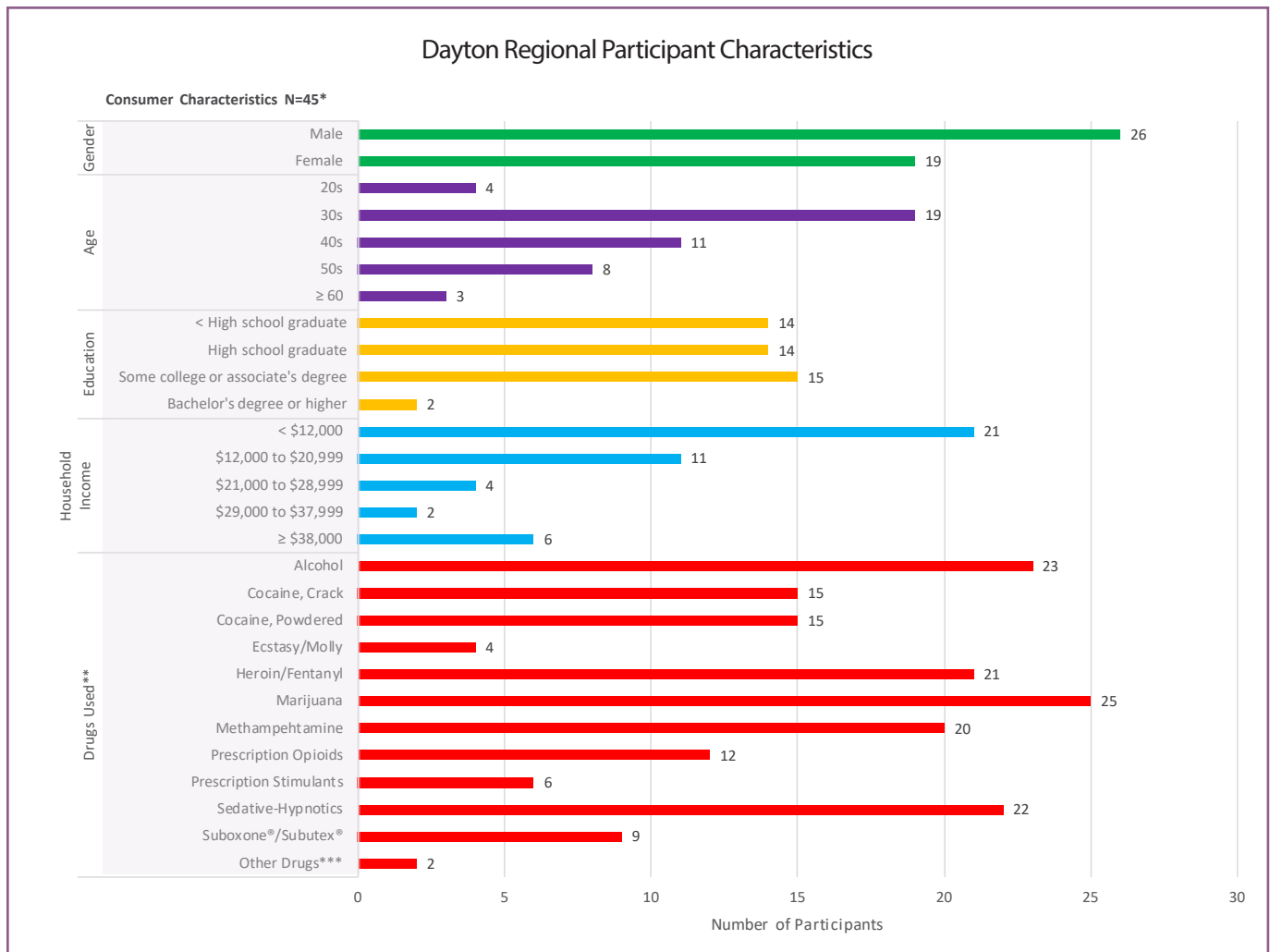
Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2019	11,689,100	1,346,208	45
Gender (female), 2019	51.0%	51.1%	42.2%
White, 2019	81.7%	83.5%	68.9%
African American, 2019	13.1%	11.7%	24.4%
Hispanic or Latino Origin, 2019	4.0%	2.8%	4.8% ²
High School Graduation Rate, 2014-18	90.1%	90.4%	68.9%
Median Household Income, 2018	\$54,533	\$55,409	\$16,000-\$20,999 ³
Persons Below Poverty Level, 2018	13.9%	13.6%	76.7% ⁴

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

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

³Participants 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 one participant due to missing and/or invalid data.

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



*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

***Gabapentin (Neurontin®) and psilocybin mushrooms.

Historical Summary

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

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

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

Participants and community professionals reported that the availability of methamphetamine had increased during the reporting period. Participants discussed crystal methamphetamine as replacing crack cocaine as the most available and widely used stimulant drug. Participants and community providers cited cocaine users switching to

methamphetamine due to its inexpensiveness and potency. In addition, respondents noted that methamphetamine was viewed as a “safer alternative” to opiates, thus some heroin/fentanyl users switched to methamphetamine use, and more dealers pushed methamphetamine due to its high profit margins.

Lastly, participants and treatment providers reported high availability of lysergic acid diethylamide (LSD) in the region. Miami Valley Regional Crime Lab reported that the incidence of LSD cases it processes had increased during the reporting period. Participants and community professionals described typical LSD users as younger, white people and “molly” (powdered MDMA) users.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants reported: “*A lot of people want to buy [powdered cocaine] with their ‘dope’ (heroin), so they can do them both [together] ... ‘speedball’ (concurrent or consecutive use of sedative and stimulant drugs to achieve an up and down effect); if you’ve got the money, it’s there; it’s easy to get ... it’s pretty known in the area ... if you don’t know somebody [who has powdered cocaine], you know somebody who knows somebody [who can get powdered cocaine]....*”




Treatment providers most often reported the current availability of powdered cocaine as ‘8,’ while law enforcement most often reported it as ‘10;’ the previous most common scores were ‘10’ and ‘8-9,’ respectively. A treatment provider stated, “*It’s quite available ... most of the clients seem to add [powdered cocaine] to their list [of drugs recently used] during intake [for treatment services].*” A law enforcement officer commented, “*You can pretty much get [powdered cocaine] anywhere. It’s not hard for us to arrange [undercover] purchases.*”

Corroborating data indicated that powdered cocaine is available in the Dayton region. Logan County Family

Court reported that of the 279 positive adult drug tests it recorded during the past six months, 3.6% were positive for cocaine (powdered and/or crack cocaine). Montgomery County Coroner's Office found cocaine (powdered and/or crack cocaine) present in 25.4% of the 338 drug-related deaths it processed during the past six months. In addition, the Ohio Department of Public Safety (ODPS) reported seizing 4.6 kilograms (10.1 lbs.) of powdered cocaine from this region during the past six months.

Participants and law enforcement reported that the availability of powdered cocaine has remained the same during the past six months, while treatment providers reported increased availability. A participant stated, "[Powdered cocaine availability] really hasn't changed ... availability has always been there for me...." Treatment providers discussed, "[Drug] consumers use cocaine for 'speedballing' with whatever opiate that is out there. The availability increases because of supply and demand; I didn't hear about [powdered cocaine use] as much during certain periods, but now it's available quite a bit."

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of cocaine cases it processes from this region has decreased. 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	Increase	

Participants most often rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' However, participants discussed current quality of powdered cocaine as variable. They said: "I think the quality changes; Quality varies from time to time depending on who is making (selling) it.... Quality will be shitty for like three months, and then it will come back and be 'fire' (high quality).... I'll sell all of my TVs [to purchase high-quality cocaine], and it will be garbage

again; The more customers they get, the more they 'cut' (adulterate powdered cocaine)...."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baking soda, ether, fentanyl and methamphetamine. Participants reported: "A lot of [powdered cocaine] is cut with fentanyl; A lot of [powdered cocaine] is getting mixed with methamphetamines...." Other adulterants mentioned included: creatine and mannitol (diuretic). Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: "It's not pure, it's not even close. It doesn't smell the same, it does not feel the same, taste the same, it's just different; There's definitely been a quality change If it makes you high for a little bit [and] you get a rush and then you come down and you need to use it to get well again (alleviate withdrawal symptoms), you know it's fentanyl-based [powdered cocaine]."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<input type="radio"/>	caffeine
<input type="radio"/>	levamisole (livestock dewormer)	
<input type="radio"/>	local anesthetic (lidocaine & procaine)	
<input type="radio"/>	phenacetin (banned analgesic)	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, participants discussed that price is typically determined by the quality of powdered cocaine. One participant observed: "If they are going to charge me \$220-240 [for 1/8 ounce, aka 'eight ball'], it's definitely going to be some 'fire,' better stuff. If it's about \$180, I'd say it's pretty decent. But, there is stuff that runs as low as \$150, and you know it's just garbage." Reportedly, the most common quantity of purchase is gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40
	A gram	\$60-80
	1/8 ounce (aka "eight ball")	\$150-240
	An ounce	\$900-1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. However, a few participants discussed a preference for shooting powdered cocaine, saying: *“Everybody is different, but if I had some cocaine, I’d inject it; I’d prefer to inject it. I prefer needles (like shooting).”*

Participants described typical powdered cocaine users as wealthy with steady income, young people, working in the restaurant industries as well as partiers. Participants commented: *“Somebody who has a job, keeps a job ... has steady income ... can’t really be using a lot of cocaine and not have some type of income coming in; Usually, [work in] restaurant businesses [and frequents] clubs.... Work hard, play hard.”* On the other hand, community professionals described typical powdered cocaine users as anyone. Treatment providers stated: *“I don’t think there is a demographic of [powdered cocaine] users, I think it’s widespread socio-economically; We now see families coexisting in their [cocaine] use. You have multiple [cocaine] use going on in the household.”* One law enforcement officer shared, *“With crack cocaine, you see more lower income [people using it], whereas with powdered cocaine it spans the lower income, middle income and higher income.... I think there’s not so much of a stigma [with powdered cocaine use] as with crack cocaine, so there is more recreational use [of powdered cocaine among diverse populations].”*

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: *“A lot of people doing [crack cocaine] and have been for a long time.... Everywhere I go, it’s there; My dealer would throw [a piece of crack cocaine, aka “rock”] in for free with every other delivery ... like a prize or something to make you come back and buy more [drugs]; It’s plentiful. You can go within a 3-block radius and find ‘crack’ (crack cocaine).... You can find crack lying on the ground.”*

Community professionals most often reported the current availability of crack cocaine as ‘8’; the previous most common scores were ‘10’ for treatment providers

and ‘8’ for law enforcement. However, one treatment provider stated, *“It’s available, but people are not choosing it (crack cocaine is not a primary drug of choice).”* Law enforcement discussed: *“There are areas where [crack cocaine] is readily available at all times.... There are certain drug houses (aka ‘crack houses’) that service specific areas; Crack cocaine is readily available in the areas where there is street mobile prostitution.”*

Corroborating data indicated that crack cocaine is available in the Dayton region. ODPS reported seizing 269.4 grams (0.6 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Montgomery County drug task force raided a Dayton man’s home on the execution of a search warrant and arrested him, recovering a large quantity of crack cocaine and fentanyl along with two firearms (www.daytondailynews.com, Aug. 21, 2019).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A participant remarked, *“[Availability] has not changed ... it has always been high.”* BCI crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of cocaine cases it processes from this region has decreased. The labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘5.’ Participants discussed: *“[Crack cocaine] is cut with a lot of different things.... Young dealers don’t know what they’re doing, and they don’t care what they’re cutting it with; I don’t know what they’re putting in that stuff, but it gives me a headache.”* Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with fentanyl. Other cuts mentioned included:

baby laxatives, caffeine, Drano® (drain cleaner), rat poison and vitamin B-12. In addition, a participant stated, *"Anything under the kitchen sink, the bathroom cabinet ... anything they can find in the laundry room ... [drug dealers] use anything [to cut crack cocaine]."* Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant remarked, *"It's getting worse...."*

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

Reports of current prices for crack cocaine were varied among participants with experience buying the drug. Reportedly, the most common purchase is a \$20 amount. Participants shared: *"Usually, they don't sell it by the gram, they chip it off and sell the 'rock' (piece) to you; I'd say \$20 is most popular [amount spent at one time]."* However, participants noted that crack cocaine dealers sell any dollar amount: *"You can get whatever you want, you can get a 'dime' (\$10 amount). It just depends on how much money you want to spend.... You can get \$500 (worth of crack cocaine)."* Overall, participants reported that the price of crack cocaine has remained the same during the past six months. One participant stated, *"The quality has decreased, but the price really has stayed the same."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$5-10
1/2 gram	\$20-40	
A gram	\$50-80	

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. A participant observed, *"I've seen some people shoot it. They break it down with vinegar, lemon juice or Kool-Aid®."*

Participants and community professionals described typical crack cocaine users as of lower socio-economic

status, residing in inner-city communities. Participants also indicated that crack cocaine use is associated with theft and prostitution. A participant said, *"If you don't got a job, and you ain't got no hustle (illegal activity to raise money), you can't smoke crack cocaine. You have to commit a crime ... at least 17 [crimes] a day to [afford to] smoke crack."* In addition, treatment providers noted crack cocaine use among older adults. One treatment provider commented, *"The older [users] usually go for the crack, while the younger go for meth."*

Heroin

Heroin is moderately to highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: *"You can get [heroin] anywhere. You pull up at the gas station, you can pull at a [stop] light [and drug dealers approach and offer heroin]; I've been able to find [heroin] just about anywhere; I could have it delivered three times a day ... any time of the day, and have it within minutes."*

Treatment providers most often reported the current availability of heroin as '2,' while law enforcement most often reported it as '5;' the previous most common scores were '10' and '4-5,' respectively. Treatment providers stated: *"I don't think it's that available, because fentanyl basically took [heroin's] place. Fentanyl must be cheaper, more profitable, more potent [than heroin]; I haven't seen [just] heroin in a urine [drug] screen in probably a year; The patients will use 'heroin' and 'fentanyl' interchangeably, and even they say that they mostly do fentanyl."* A law enforcement officer commented, *"We come across heroin [without fentanyl cut into it], very infrequently compared to the amount of fentanyl that we come across. [Heroin] is harder to come by because fentanyl has flooded the market."*

Corroborating data indicated that heroin is available in the Dayton region. Montgomery County Coroner's Office found heroin present in 16.3% of the 338 drug-related deaths it processed during the past six months. ODPS reported seizing 1.6 kilograms (3.4 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. U.S. Department of Justice for the Southern District of Ohio indicted 19

people after executing 17 search warrants in connection to an alleged drug ring operating out of Dayton; the drug ring allegedly trafficked large amounts of heroin, fentanyl, cocaine and methamphetamine throughout Ohio, Indiana, Kentucky and West Virginia (www.whio.com, Sept. 26, 2019). Miami Valley Bulk Smuggling Task Force seized 2.2 pounds of black tar heroin, 2.2 pounds of cocaine, 5.3 pounds of fentanyl and a stolen gun during a traffic stop in Montgomery County; officers arrested a man and a woman in the stopped vehicle on drug trafficking charges (www.wdtn.com, Oct. 23, 2019).

While many types of heroin are currently available in the region, participants continued to report white powdered heroin as most available. A participant indicated, "Unless you ask for the brown [powdered] or the 'tar' (black tar heroin), you will get the white [powdered]...." Additional types of heroin mentioned included: brown and gray powdered as well as black tar heroin. One participant reported, "There is also [heroin] that's gray [in color] out there ... [it] definitely has carfentanil (synthetic opioid more potent than fentanyl) ... [aka] 'gray death.'"




Treatment providers did not report a specific type of heroin as most available, while law enforcement reported brown powdered heroin as most available. One treatment provider commented, "It's hard for us to know what type, because [types] do not show up on the drug screen." A law enforcement officer said, "We don't see a lot of tar, maybe once in a while."

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. BCI and Miami Valley Regional crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, off white, pink, purple, tan and white powdered heroin as well as black tar heroin.

Participants most often rated the current overall quality of heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' Participants discussed: "There is no pure heroin; I overdosed every time I had done [heroin], so I don't do it anymore."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the following as cutting agents for the drug: carfentanil, fentanyl, gabapentin (Neurontin®), sedative-hypnotics (Ambien® and Xanax®) and sleep aids (Dormin®). Participants indicated that much of what sells as heroin is mostly fentanyl and/or carfentanil. Participants shared: "I've seen more gray death 'caps' (capsules filled with carfentanil) than I've seen ... real heroin caps (capsules filled with heroin). Fentanyl is a lot cheaper, carfentanil is a lot cheaper.... It just costs too much to get real heroin." Overall, participants reported that the general quality of heroin has decreased during the past six months. A participant commented, "People are making so much money off of [adulterating heroin]."

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

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

Current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase for heroin is 1/2 gram. Participants shared: "I've seen increase in [purchases of] 1/2 gram. [Dealers] don't want to transport big baggies of caps (1/10-gram amounts); [Dealers] took the caps away in the last six months, now 1/2 gram is the most common [unit of purchase]." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$5-10
	1/2 gram	\$60
	A gram	\$80-120
	Black tar:	
	1/10 gram	\$20

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Participants described typical heroin users as young, suburban, white people. Participants observed: *"Most dope dealers lean towards white people neighborhoods ... that's where the money is at; Most of the people I know [who use heroin] are young, Caucasian girls."* Community professionals could not describe a typical heroin user. One law enforcement officer commented, *"[It's everyone] from the suburbs to people who have been using heroin since the 70s."*

Fentanyl




Fentanyl remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: *"[The region] is flooded with fentanyl; [Drug dealers] will flag you down and ask, 'Hey, you party? I got some samples [of fentanyl] for you; They've got testers (free samples of fentanyl) available for you all day, every day; If somebody is hollering their phone number at you that means they've got some fentanyl to give you. Just call that number...."* A treatment provider reported, *"All of our drug screens show fentanyl, only some show opiates (heroin) ... but all show fentanyl, almost without exception."* A law enforcement officer surmised, *"[Fentanyl] is one of the most common things that we come across."*

Corroborating data indicated that fentanyl and carfentanil are available in the Dayton region. Montgomery County

Coroner's Office found fentanyl and fentanyl analogues present in 79.3% of the 338 drug-related deaths it processed during the past six months; the office found carfentanil present in 1.8% of the 338 drug-related deaths. In addition, ODPS reported seizing 8.5 kilograms (18.8 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After recording 10 suspected overdose deaths in the first 10 days of July 2019, Montgomery County Coroner's Office put out a warning of fentanyl being mixed into other drugs, including cocaine (www.abc6onyourside.com, July 10, 2019). Dayton Police and the Community Overdose Action Team (Montgomery County) alerted the public that fentanyl had been detected in various illegal drugs, including cocaine; the alert contained information on where to obtain naloxone (opioid overdose reversal medication) (www.wdtn.com, Aug. 20, 2019). Dayton Police arrested a woman for drug possession and child endangerment after her two young children, ages 11 months and two years, overdosed on fentanyl; the children came in contact with a large amount of the fentanyl in the kitchen of their home (www.wdtn.com, Sept. 13, 2019). A drug task force in Montgomery County arrested three Dayton men for drug trafficking after seizing more than 40 pounds of suspected fentanyl with a street value of several million dollars, the amount of fentanyl seized was enough to kill the entire population of Ohio many times over; in addition to fentanyl, officers seized 1,500 grams of methamphetamine, 5,000 grams of suspected heroin, three guns and \$30,000 (www.news5cleveland.com, Oct. 30, 2019). A task force led by U.S. Drug Enforcement Administration (DEA) raided a home in Dayton and seized nine kilograms of fentanyl, unspecified amounts of cocaine and marijuana and \$50,000; one of the four suspects apprehended during the raid shot an officer twice in the face, leaving the officer in grave condition (www.wlwt.com, Nov. 5, 2019). A DEA-led task force raided a Dayton home and seized approximately 2,235 grams of suspected fentanyl from Mexico, arresting one individual (www.whio.com, Nov. 22, 2019). Dayton Police raided a home and seized several pounds of fentanyl that reportedly was enough to "probably kill everyone in the neighborhood;" officers also seized thousands of dollars and arrested two people at the home (www.wdtn.com, Nov. 26, 2019).

Participants and community professionals reported that the availability of fentanyl has remained the same during the past six months. One participant commented, *"I think [fentanyl availability remains] so high because of the availability and supply of heroin went down, so they need something to replace it."* One treatment provider stated, *"There's been a fentanyl problem.... It has been high and it's still high."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases it processes from this region has decreased. BCI and Miami Valley Regional crime labs reported that the incidence of carfentanil cases they process from this region has increased during the past six months but remains low.

Fentanyl	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 fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' However, participants noted variability in fentanyl quality. They said: *"It's really hard to tell. [Quality] fluctuates; It varies, sometimes you get a '10' (high quality) ... that's when you see people overdosing for a couple of days straight, and then it goes back to a '5' (moderate quality)."*

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the following as cutting agents for the drug: mannitol (diuretic), powdered sugar and vitamin powder. A participant remarked, *"It is cut with any white powder ... any white powder that they can get out there."* In addition, participants continued to note that fentanyl is typically the cut for other drugs. They relayed: *"[Drug dealers] are putting [fentanyl] in other drugs.... So, people are getting hooked on fentanyl without even realizing it."* Overall, participants reported that the quality of fentanyl has remained during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, similar to heroin sales, the most common quantity of fentanyl purchase is 1/2 gram. One participant stated, *"The most common unit purchased is 1/2 gram, more people are selling bags [containing 1/2-gram amounts] now rather than caps (1/10-gram amounts)."* 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 (aka "cap")	\$5-10
	1/2 gram	\$35-45
	A gram	\$60

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. One participant observed, *"Very few people snort anymore.... I guess ... if you can't find a vein, you would snort."*

Participants described typical fentanyl users as similar to heroin users: young, suburban, white people. One participant stated, *"It's very rare to see a young black girl or guy using fentanyl."* However, another participant noted, *"[Fentanyl use] is becoming more common with African-Americans too, lately. I was in jail with a few [African-American people] that were [using fentanyl]...."* Community professionals described typical fentanyl users as anyone. Law enforcement commented: *"Everyone from suburban kids to people in their 60s; Fentanyl, it's everybody."*

Prescription Opioids

Prescription opioids are moderately available for illicit use in the region. However, participants most often reported the current street availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants discussed that current availability varies by location. One participant stated, *"It's all about demographics ... in the suburbs [prescription opioids] are more available because people have better insurance."* Other participants commented: *"I don't hear*




about them; They are cracking down on doctors, so it's harder to get a prescription [for opioids]; If you've got a history in the system for being a drug user, you very rarely get anything from the doctor."

Treatment providers most often reported the current street availability of prescription opioids as '7,' while law enforcement most often reported it as '6,' the previous most common scores were '10' for treatment providers and not reported for law enforcement. Although, law enforcement noted that many of the prescription opioids available for street purchase are counterfeit, pressed fentanyl pills made to look like legitimate opioids. Law enforcement officers stated: "We come across a lot of counterfeit opioids that are sent in the mail... They're pressed to look like opioids but are actually fentanyl; We see more OxyContin® and Percocet® that turn out to be fentanyl."

Corroborating data indicated that prescription opioids are available for illicit use in the Dayton region. Logan County Family Court reported that of the 279 positive adult drug tests it recorded during the past six months, 9.3% were positive for prescription opioids (including buprenorphine, Suboxone®). In addition, Montgomery County Coroner's Office found at least one prescription opioid present in 10.7% of the 338 drug-related deaths it processed during the past six months.

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant commented, "'Perk 10s' (Percocet® 10 mg) are more common ... 'oxys' (OxyContin®) are kind of gone." Community professionals identified Percocet®, OxyContin® and Vicodin® as most popular.

Participants and community professionals reported that the availability of prescription opioids for illicit use has remained the same during the past six months. BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has decreased or remained the same during the past six months. Miami Valley Regional Crime Lab reported that the incidence of hydrocodone, oxycodone and tramadol cases it processes has increased during the past six months. BCI and Miami Valley Regional crime labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	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. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant noted, "The price has doubled because the doctors are getting busted (arrested) [limiting supply for diversion]. There are some people who give up on trying to find opioids."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Methadone	\$12 for 10 mg
	Opana®	\$50 for 40 mg
	OxyContin® OP	\$40 for 80 mg
	Percocet®	\$6-7 for 5 mg \$10 for 10 mg
	Roxicodone®	\$20-30 for 30 mg
	Vicodin®	\$8-10 for 7.5 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, on-line pharmacies and emergency rooms. In addition, a law enforcement officer indicated, "Oftentimes, people will sell their own prescription [opioids] to get money to buy other drugs."

The most common route of administration for illicit use of prescription opioids remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume and two would snort the drugs. A participant shared on personal experience with snorting, saying, "Snorting affects you faster. It gets into the bloodstream faster. It's more of a 'rush' (high), it hits you all at once rather than spread out [over time]. But, [the high] goes away quicker."

Participants and community professionals described typical illicit prescription opioid users as white people, blue-collar workers and people of middle to high socio-economic status. A participant remarked, *“Those who can afford it, buy [prescription opioids] and turn it into a bigger addiction.... When you just cannot afford it anymore, you go to bigger drugs ... more affordable [drugs like heroin].”* In addition, community professionals noted illicit use among young people, particularly adolescents. A law enforcement officer said, *“I see a lot of high school students use prescription opioids, illicitly.”*

Suboxone®






Suboxone® remains 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); the previous most common score was also ‘10.’ Participants commented: *“I always knew someone who had Suboxone® and was willing to sell it; You come up with \$130, and you can get a whole ‘script’ (prescription of Suboxone®).... All you have to do is to have heroin in your system. I could’ve ... bought [Suboxone® from a pay clinic] for \$130 and flipped (sold) it for \$700 ... that’s why it’s on the streets so much, it’s a big money maker....”*

Treatment providers most often reported the current street availability of Suboxone® as ‘9,’ while law enforcement most often reported it as ‘3;’ the previous most common scores were ‘10’ and ‘8,’ respectively. A law enforcement officer explained, *“We will find [Suboxone®] in places where we will find other drugs. At traffic stops, we will find people with 5-10 ‘strips’ (Suboxone® sublingual filmstrips) that are not prescribed to them, but it’s not as common [to find] as some of the other stuff.”*

Community professionals identified Suboxone® filmstrips as more popular than the pill form of Suboxone® in terms of widespread illicit use. Law enforcement stated, *“We see pills rarely.... There are mostly strips.”* Participants commented: *“I think [the type of Suboxone®] just depends on which doctor you’re getting your prescription from [and] what pharmacy; The strips, in my opinion, are stronger ... [and] they cost more [on the street than the pill form], too.”*

Participants reported that the street availability of Suboxone® has increased during the past six months, while community professionals reported that street availability has remained the same. Participants attributed increased availability to increased prescribing and user demand. One participant said, *“It’s all the people who are trying to get off [heroin] and substitute it [with Suboxone®].”* BCI and Miami Valley Regional crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

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

Current street prices for Suboxone® were reported by participants with experience buying the drug. Participants discussed that prices vary between sellers and that the filmstrip form sells for higher prices than the pill form. They said: *“[Price] depends on the person. I can sell \$10 for an 8 mg strip [and] there are some that will [sell] \$25 for an 8 mg strip; I am a good example of taking (using) part of my Suboxone® [prescription] and selling the rest.... In Dayton, Ohio ... I was getting (prescribed) strips, at first ... the most I would get for my strips was \$15 (per 8 mg filmstrip) ... then, I got off my strips and started getting the pills ... the most I could get for my pills was \$10 (per 8 mg pill) and that was within the past six months.”* 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	\$10-25 for 8 mg
	Pill	\$10-15 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through prescription from doctors and clinics, as well as from other users with prescriptions. The most common route of administration for illicit use of Suboxone® remains oral consumption (sublingual).

Participants estimated that out of 10 illicit Suboxone® users, six would orally consume, three would snort, and one would intravenously inject (aka “shoot”) the drug. One participant observed, *“If you buy a strip, you probably won’t inject it ... but I’ve seen some people put it into water [to dissolve it] and inject it....”* Participants and community professionals described typical illicit Suboxone® users as opioid users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants discussed that similar to prescription opioids, sedative-hypnotics are counterfeited by pressing fentanyl into pill form. With the high prevalence of fake Xanax® and other counterfeit pills, users are fearful of illicit purchase of sedative-hypnotics. One participant said, *“Our area got hit really hard with pressed Xanax®, and it was such a good press (imitation) that you couldn’t tell that it wasn’t real.... So, a lot of people quit taking Xanax® all together. Unless, it is prescribed by a doctor to them ... you know what you’re getting [through prescription].”*




Treatment providers most often reported the current street availability of sedative-hypnotics as ‘7,’ while law enforcement most often reported it as ‘8;’ the previous most common scores were ‘10’ for treatment providers and not reported for law enforcement. Community professionals also noted a high presence of counterfeit sedative-hypnotics as available in the region. A treatment provider reported, *“We have a lot of patients who identify that they use ‘benzos’ (benzodiazepines) but show (test positive for) fentanyl [in drug screening results].”* A law enforcement officer added, *“We see a lot of counterfeit Xanax® that comes in here (police crime lab), some with fentanyl and tramadol in them, but others just [fentanyl] ... counterfeit Xanax®.”*

Corroborating data indicated that sedative-hypnotics are available for illicit in the Dayton region. Montgomery County Coroner’s Office found at least one benzodiazepine and/or other sedative-hypnotic present in 10.4% of the 338 drug-related deaths it processed during the past six months; the majority of the sedative-

hypnotics (85.7%) were benzodiazepines. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Preble County Sheriff’s Office arrested a man during a traffic stop when a K-9 officer alerted to the man’s car and a probable search found prescription pills for which the man did not have prescriptions, including clonazepam and diazepam (benzodiazepines) and gabapentin; the traffic stop was relayed to the man’s parole officer who went to the man’s New Paris home and found in his bedroom: three ounces of methamphetamine, psilocybin mushrooms, digital scales, chemicals to manufacture methamphetamine and \$1,359 (www.whio.com, Aug. 22, 2019).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants attributed decreased availability to doctors limiting their prescribing of these drugs. One participant remarked, *“They are harder to get because [doctors] are not writing prescriptions like they used to.”* Treatment providers reported that the general availability of sedative-hypnotics has increased during the past six months, while law enforcement reported that it has remained the same. A treatment provider stated that, *“We’ve seen a spike in Xanax® and Klonopin® because the availability of opioids has decreased, and people are trying to substitute with other drugs.”* However, a law enforcement officer acknowledged, *“[Doctors] are not prescribing [sedative-hypnotics] as they used to.”*

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

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$2-3 per milligram. 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	
	Klonopin®	\$2 for 1 mg
	Valium®	\$2 for 10 mg
	Xanax®	\$3 for 1 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers and other users. A participant stated, "If you get a prescription from the doctor, you would sell the whole bottle to the dealer. So, dope dealers have everything, they're like drug stores." The most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs.

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals described typical illicit users as from all socio-economic classes and racial/ethnic groups, although some participants noted illicit use among young people. One participant stated, "It's usually younger people, late teens and up to 25 [years of age] ... also partiers." A treatment provider commented that illicit sedative-hypnotics users are, "all across the board."

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 stated: "We can grow it ourselves plus the [medical marijuana] dispensaries are out there now; I don't need [a medical marijuana card], I can just walk down the street and buy it; It's not a big deal to [use marijuana] anymore." A treatment provider confirmed, "It's everywhere." One law

enforcement officer noted, "Decriminalization [of marijuana use] in Western states created a huge boom (legal industry), where you can order [marijuana products] on-line."




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 and community professionals most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common scores were '10' and not reported, respectively. One participant remarked, "Marijuana and extracts are [easily] available, it's as if you're going to get a pack of smokes (cigarettes)." A treatment provider stated, "Due to legalization of [medical marijuana] in the neighboring states, [marijuana] is widely available in all forms."

Corroborating data indicated that marijuana is available in the Dayton region. Logan County Family Court reported that of the 279 positive adult drug tests it recorded during the past six months, 57.7% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana); the court also reported that 97.0% of the 67 positive juvenile drug tests it recorded during the past six months were positive for THC. In addition, ODPS reported seizing 184.2 kilograms (406.1 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dayton Police tweeted that two K-9 officers helped to get 30 pounds of marijuana off Dayton streets on Halloween night; officers also confiscated a large amount of cash (www.wlwt.com, Nov. 1, 2019). A Hardin County Sheriff's deputy arrested one individual during a traffic stop near Kenton after a probable search revealed over 30 pounds of marijuana and hash (hashish, a drug made from the resin of the cannabis plant), methamphetamine and numerous edible marijuana products (www.10tv.com, Dec.1, 2019). Moraine Police (Montgomery County) out on patrol noticed a suspicious vehicle and upon investigation, seized a large amount of marijuana and a stolen firearm; officers arrested one individual in connection with the suspicious vehicle (www.wdtn.com, Dec. 3, 2019).

Participants and community professionals reported that the availability of marijuana has increased during the past six months. Participants and community professionals also indicated that the availability of marijuana extracts and

concentrates has increased during the past six months. One participant stated, “[Availability] *definitely went up with the dispensaries opening up* [in other states and Ohio].” BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of cannabis cases it processes has decreased. Both labs reported that the incidence of concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ A participant stated, “[Marijuana] *is more potent* [than it was in the past].” Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase for marijuana is a “blunt” (marijuana-filled cigar); the most common quantity of purchase for marijuana extracts and concentrates is a cartridge filled with THC oil, which is inserted into vaporizers (aka “vape pens”).

Marijuana	Current Prices for Marijuana	
	A blunt (cigar)	\$5-10
	A gram	\$10-20
	An ounce	\$150-200
	A pound	\$2,500-3,000
	Extracts and concentrates:	
A gram or a cartridge	\$35-40	

The most common route of administration for marijuana remains smoking/vaping. Participants estimated that out of 10 marijuana and marijuana extracts and concentrate users, all 10 would smoke/vape the drug. A participant explained, “*You could vape [dabs] or you could lace [THC oil] with ‘weed’ (marijuana) in a blunt and smoke it.*”

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone, while noting the use of marijuana extracts and concentrates as more common among young people. Participants stated: “*Everybody uses [marijuana]; It doesn’t discriminate; It can be anybody.*” Law enforcement discussed: “*People who still smoke the plant (marijuana) have been smoking it for a long time; There is also an older population who are growing [marijuana] in their house and starting to use tinctures (extracts) and other things like that; There is an increase in the high school population with vaping [dabs].*”

Methamphetamine



Methamphetamine 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.’ A participant stated, “*Everywhere I go [I find methamphetamine] ... there’s just a lot of it. It’s abundant because it’s cheaper* [than other drugs].” A treatment provider observed, “*[Methamphetamine] is all over the place, particularly a little bit further west, just outside of Montgomery County, it is everywhere.*” Law enforcement officers shared: “*We are catching more people with ‘meth’ (methamphetamine) than we are catching people with fentanyl; Many people will try to get off fentanyl and will use meth instead; With the prescribed Vivitrol® shot (injectable medication-assisted treatment for opioid use disorder, MAT), [drug users] cannot get high [with opioids], so they go to meth instead.*”

Corroborating data indicated that methamphetamine is available in the Dayton region. Montgomery County Coroner’s Office found methamphetamine present in 30.5% of the 338 drug-related deaths it processed during the past six months; the majority of these deaths (87.4%) also included fentanyl. In addition, ODPS reported seizing




7.7 kilograms (17.1 lbs.) of methamphetamine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Kettering Police (Montgomery County) responded to a call about a suspicious person with a knife in a grocery store parking lot which led to a foot chase and eventual arrest of a man for resisting arrest and possession of drug paraphernalia; officers also recovered suspected methamphetamine (www.whio.com, July 2, 2019). As a result of a 6-month investigation, Darke County’s Sheriff’s Office and Greenville Police arrested 13 people for trafficking and/or possession of methamphetamine (www.dailyadvocate.com, July 2, 2019). DEA orchestrated a controlled delivery of more than 4,000 grams of 100 percent pure crystal methamphetamine to a Dayton man (Montgomery County); the man was convicted and sentenced to 20 years in prison for conspiracy to possess with the intent to distribute methamphetamine (www.whio.com, July 15, 2019). Eaton Police (Preble County) arrested a man after an undercover buy of methamphetamine from his West Alexandria (Preble County) home; officers charged the man for trafficking in methamphetamine and for child endangerment as children were present during the drug sale (www.wdtn.com, Sept. 13). Preble County Sheriff’s Office arrested an Indiana man during a traffic stop in Eaton; officers charged the driver with drug possession and paraphernalia after he consented to a search of his vehicle and they found suspected methamphetamine and digital scales (www.wdtn.com, Dec. 19, 2019).

Participants and community professionals reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they continued to note crystal methamphetamine as more prevalent. A law enforcement officer remarked, *“It’s almost entirely crystal.”* A treatment provider stated, *“There is some ‘powder’ (powdered methamphetamine) because you hear people saying that they’re putting it in the needle with fentanyl. For the most part, however, they smoke [crystal methamphetamine].”* The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants stated: *“It is getting more available because it’s so cheap; [The high] lasts longer, so people prefer it more [than cocaine]; [Drug cartels] make thousands of pounds of [methamphetamine] in Mexico and send it to us.”* A treatment provider commented, *“[Methamphetamine] is cheaper and [its high] lasts longer compared to fentanyl.”* A law enforcement officer stated, *“Before we used to see it in small amounts because individuals would cook it (manufacture powdered methamphetamine). Now, we are dealing with a lot of [crystal methamphetamine]. It’s all coming from Mexico in kilos ... and it’s cheap.”*

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of methamphetamine cases it processes has remained the same during the past six months. The labs reported processing mostly clear crystal methamphetamine as well as some brown and tan powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7.’ Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported the following as cutting agents for the drug: aspirin, baby laxatives, Drano® (drain cleaner), ecstasy (MDMA), fentanyl, heroin and vitamin B-12. Participants discussed, *“The powder is more cut than the crystal; I think they are cutting it with other stuff. I went to get tested (drug screened) for Vivitrol® [as required by MAT program] and was dirty for benzos (screened positive for benzodiazepine use), MDMA, heroin ... it was just cut with other things.”* Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.



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

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. However, one participant commented, *"If you get it from the big dog (top drug dealer), you need to pay more.... If you buy it off someone on the street, it has gone through people (it's been adulterated) 3 or 4 times [and is cheaper]."* Reportedly, the most common amount of purchase for methamphetamine is a gram. Overall, participants reported that the price of methamphetamine has decreased during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	1/10 gram	\$10
	1/2 gram	\$30
	A gram	\$40-50

The most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, eight would smoke, one would intravenously inject (aka "shoot"), and one would snort the drug.

Participants and community professionals described typical methamphetamine users as of lower socio-economic status, young and white people. One participant stated, *"I see young white people ... that's just the majority."* A treatment provider stated, *"We come in contact with [users who are] 20-21 [years of age], but there are those who are much younger."* Another treatment provider added, *"We see many people from rural [areas]."* And, a law enforcement officer said, *"[Typical users are] probably more Caucasian than African American."*




Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-3.' Participants discussed that illicit use of prescription stimulants is not as popular as other drugs. They said: *"You don't hear of it anymore; Some people don't even go to [seek] these ... I can't get high off [prescription stimulants]...."*

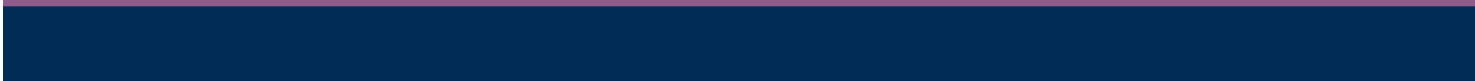
Treatment providers did not report on the current street availability of prescription stimulants, while law enforcement most often reported it as '1'; the previous most common scores were '10' for treatment providers and not reported for law enforcement. A law enforcement officer stated, *"It's one of those things where teenagers are selling their prescription, like Adderall®."*

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. Participants commented: *"Adderall® is the one I see that is the most common; Vyvanse® is more prevalent toward the richer cities (suburbs of Dayton); The only place I know that I've heard of Adderall® in the past six months is [a local university]."* Law enforcement reported Adderall® as most available.

Participants reported that the street availability of prescription stimulants has decreased during the past six months, while law enforcement reported that street availability has remained the same. Participants stated: *"They're cracking down on doctors about [over prescribing stimulants]; Doctors are not giving them out to everyone like they used to."*

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

BCI crime labs reported very few to no cases of amphetamine (Adderall®) from this region during the



past six months, while Miami Valley Regional Crime Lab reported that the incidence of amphetamine cases it processes has increased. Both labs reported very few to no cases of lisdexamfetamine (Vyvanse®) and methylphenidate (Ritalin®) from this region during the past six months.

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Reportedly, Adderall® 20 mg most often sells for \$10. Participants reported obtaining prescription stimulants for illicit use from drug dealers, people with prescriptions for the drugs and from doctors through personal prescription. Participants commented: *“I’d buy it off the street; You’d obtain it through a friend of a friend ... somebody who has ADHD (attention-deficit-hyperactivity disorder), they’d get Adderall®.”*

The most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs. Participants described typical illicit prescription stimulant users as high school and college aged, as well as individuals who work long and/or late hours. One participant said, *“People who work long hours because they’d need to stay up.”* Law enforcement also described typical illicit users as young people. A law enforcement officer observed, *“It’s more available among young people, high-school and college students.”*




Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10’ for both ecstasy and molly. One participant stated, *“I could not find any, not in the last six months.”* Other participants commented: *“I can go on Snapchat and there would be at least three of my people (connections) with bags full of [ecstasy for sale].... But, I can’t say how real they are ... anybody can buy a pill press*

and get a bunch of different shapes and make [fake ecstasy tablets] however they want to ... different colors, [different dose amounts] ‘double stack’ (medium dose), ‘triple stack’ (high dose); Molly is easier to find ... the ecstasy pills are harder to find, but I was still able to find them.”

Treatment providers most often reported the current availability of ecstasy and of molly as ‘6,’ while law enforcement most often reported availability for both as ‘5;’ the previous most common scores were ‘10’ and ‘3-4,’ respectively. Law enforcement discussed: *“Dealers that we typically target are just not selling ecstasy or molly; We come across it more with postal service deliveries because [ecstasy and molly] comes from Denmark and Germany....”*

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. One law enforcement officer said, *“It’s still there for the group of people who are using it (wanting ecstasy/molly).”* BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has remained the same during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of MDMA cases it processes has increased.

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

Participants discussed the quality of ecstasy and molly and rated the current overall quality of both as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘5’ for ecstasy and ‘8-9’ for molly. However, a participant remarked, *“[Quality] just depends on who you’re getting it from.”* Reportedly, ecstasy and molly are often “cut” (adulterated) with other substances, including laundry detergent, heroin and methamphetamine. Overall, participants reported that the quality of ecstasy and molly has decreased during the past six months. A participant stated, *“The odds of getting real [ecstasy or molly] have definitely decreased.”*

Current prices for ecstasy and molly were reported by 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.

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

The most common routes of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, seven would orally consume and three would snort the drugs. A participant shared, *"I'd 'parachute' (wrap in tissue and swallow) with a piece of toilet paper."*

Participants and community professionals described typical ecstasy and molly users as young people of higher socio-economic status who frequent dance clubs. A participant stated, *"I'd say 20 to 30-year olds, club-type scene."* Law enforcement commented: *"It's more of a party, club-type drug, so people from that type of community; We are more likely to find it during search warrants in the nicer areas of town; We get a lot of it in [the university district] because of [its popularity among] the college kids."*

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: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (gabapentin).

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as '7' and of psilocybin mushrooms as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7-8' for LSD and not reported for psilocybin mushrooms. A participant described that LSD can be obtained through Internet purchase, saying, *"You can buy research chemicals to drop on your own blotter sheets."* Another participant stated of psilocybin mushrooms, *"Availability is seasonal."* Reportedly, psilocybin mushrooms are highly available during the summer months.

Community professionals did not report/comment on current availability of LSD, while law enforcement most often reported the current availability of psilocybin mushrooms as '3'; the previous most common score was not reported. A law enforcement officer commented, *"It's one of those things where you need to know a guy. You're not just going to walk down to the corner and find [psilocybin mushrooms]."*

Participants reported that the availability of LSD and of psilocybin mushrooms has remained the same during the past six months, while community professionals did not comment on change of availability for hallucinogens. One participant remarked, *"It's been steady."* BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has slightly increased during the past six months, while the incidence of LSD cases they process from this region has slightly decreased. Miami Valley Regional Crime Lab reported that the incidence of psilocybin mushroom and LSD cases it processes has decreased or remained the same during the past six months. Both labs reported that the incidence of LSD and psilocybin mushroom cases they process from this region remains low.

Participants most often rated the current overall quality of LSD as '10' and of psilocybin mushrooms as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' for LSD and not reported for psilocybin mushrooms. A participant commented, *"The quality [of LSD and psilocybin mushrooms] depends on who you are connected to. I know the right people."* Overall, participants reported that the quality of LSD and psilocybin mushrooms has remained the same during the past six months.

Current prices for LSD and psilocybin mushrooms were reported by participants with experience buying the drugs. Overall, participants reported that the price of LSD and psilocybin mushrooms has remained the same during the past six months.




Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A "tab" or "hit" (single dose)	\$10
	A "strip" (10 doses)	\$70-100
	Psilocybin mushrooms:	
1/8 ounce	\$30	

The most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants estimated that out of 10 LSD users, nine would orally consume and one would place the drug in the eye; and of 10 psilocybin mushroom users, all 10 would orally consume them. A participant said of LSD, "You can drop it in your mouth, and you can put it in your eye." Participants shared of psilocybin mushrooms: "I'd chew it; You can also make tea with it." Participants described typical hallucinogen users as young people. One participant commented, "You see it among younger, 18 [years of age] to mid-20s. It's a party drug."

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. Participants most often reported the drug's current street availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants discussed: "A lot of addicts get gabapentin because they don't want to be 'dope sick' (experience withdrawal symptoms); It's so available because it is prescribed to a lot of people." Treatment providers most often reported the current availability of illicit Neurontin® as '9,' while law enforcement did not report on current availability; the previous most common scores were not reported. A law enforcement officer remarked, "We generally don't come across [Neurontin®], unless it's mixed in with other drugs."

Participants reported that the street availability of Neurontin® has remained the same during the past six months, while treatment providers reported increased availability, and law enforcement did not report on change of availability. Treatment providers discussed: "[Demand/supply of Neurontin® has increased] because drug users found out that they can take gabapentin with some methadone and get that euphoria; Doctors are prescribing it [more frequently], so it's easy for [drug users] to sell them."

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

Reports of current prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is an 800 mg pill for \$1. The most common route of administration for 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 participant stated, "You would swallow it." A profile for a typical illicit Neurontin® user did not emerge from the data. Community professionals described typical illicit users as users of other drugs.

Conclusion

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

While participants continued to report high availability of heroin, community professionals reported the current availability of heroin as low to moderate. Community professionals discussed fentanyl, which is cheaper and more potent than heroin, as having supplanted heroin in the region. Treatment providers noted that users often do not distinguish heroin from fentanyl. A provider stated, *"Patients will use 'heroin' and 'fentanyl' interchangeably...."*

Montgomery County Coroner's Office found heroin present in 16.3% of the 338 drug-related deaths it processed during the past six months; fentanyl was present in 79.3% of the 338 drug-related deaths. One treatment provider stated, *"There's been a fentanyl problem.... It has been high and it's still high."*

Participants reported that the availability of Suboxone® for illicit use has increased during the past six months. They attributed increased street availability to increased prescribing and user demand for Suboxone®. Reportedly, opioid users continue to seek the drug to help alleviate opioid withdrawal symptoms in the absence of heroin/fentanyl, and many users continue to pursue prescriptions due to the profitability in selling all or part of their prescribed Suboxone®. Participants discussed prices as varying between sellers and that the sublingual filmstrip form of Suboxone® (aka "strips") sells for higher prices than the pill form, reporting that Suboxone® 8 mg filmstrips sell upwards of \$25 each. BCI and Miami Valley Regional crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

Participants and community professionals discussed the current high availability of marijuana and high-grade marijuana extracts and concentrates (aka "dabs") as having increased during the past six months. BCI and Miami Valley Regional crime labs reported that the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months. Respondents noted

the use of marijuana extracts and concentrates as more common among young people.

Participants and treatment providers attributed the current high and increasing availability of methamphetamine to heightened user demand for the drug, which is cheaper and produces a longer-lasting high than other drugs, including fentanyl. Law enforcement also noted users transitioning from fentanyl to methamphetamine, particularly users receiving Vivitrol®, an injectable medication-assisted treatment (MAT) for opioid use disorder. They explained that Vivitrol® and other forms of MAT block the ability to obtain an opioid high; thus, users who still desire to continue drug use are turning to methamphetamine for an alternative high. An officer stated, *"We are catching (arresting) more people with 'meth' (methamphetamine) than we are catching people with fentanyl."*

Montgomery County Coroner's Office found methamphetamine present in 30.5% of the 338 drug-related deaths it processed during the past six months; the majority of these deaths (87.4%) also included fentanyl. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. BCI and Miami Valley Regional crime labs reported processing mostly clear crystal methamphetamine cases from this region during the past six months. A law enforcement officer confirmed, *"It's almost entirely crystal."*

Lastly, participants and treatment providers discussed high current availability of Neurontin® for illicit use. Both respondent groups discussed doctors prescribing the drug more readily than opioids and writing more prescriptions than previously. Reportedly, many users seek Neurontin® to alleviate opioid withdrawal symptoms and to aid in coming down from the high of other drugs, particularly the extreme stimulant high produced by methamphetamine.