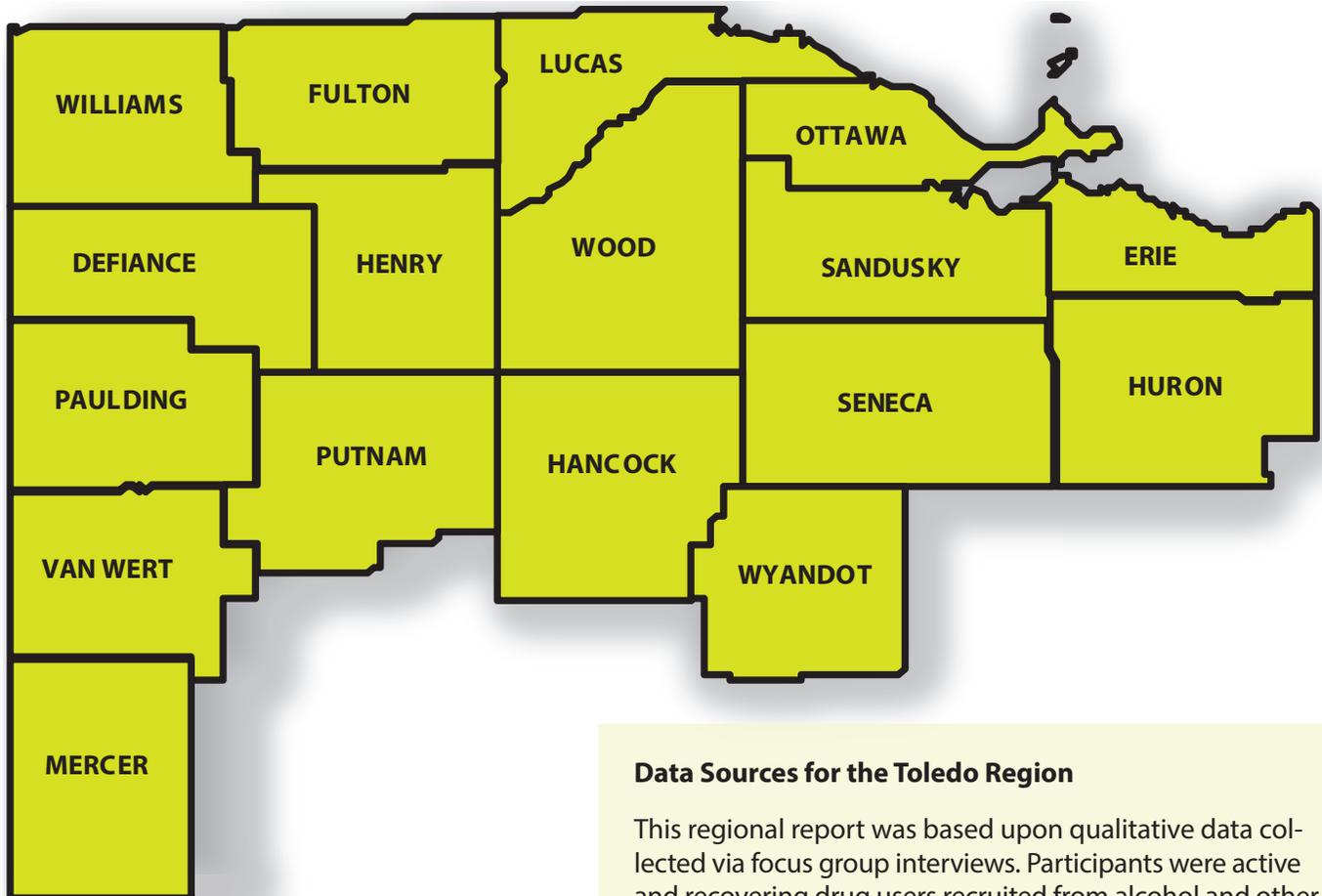


## Drug Abuse Trends in the Toledo Region



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### Data Sources for the Toledo 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 (AOD) treatment programs in Defiance, Fulton, Lucas and Williams counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and toxicology representatives) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green office. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

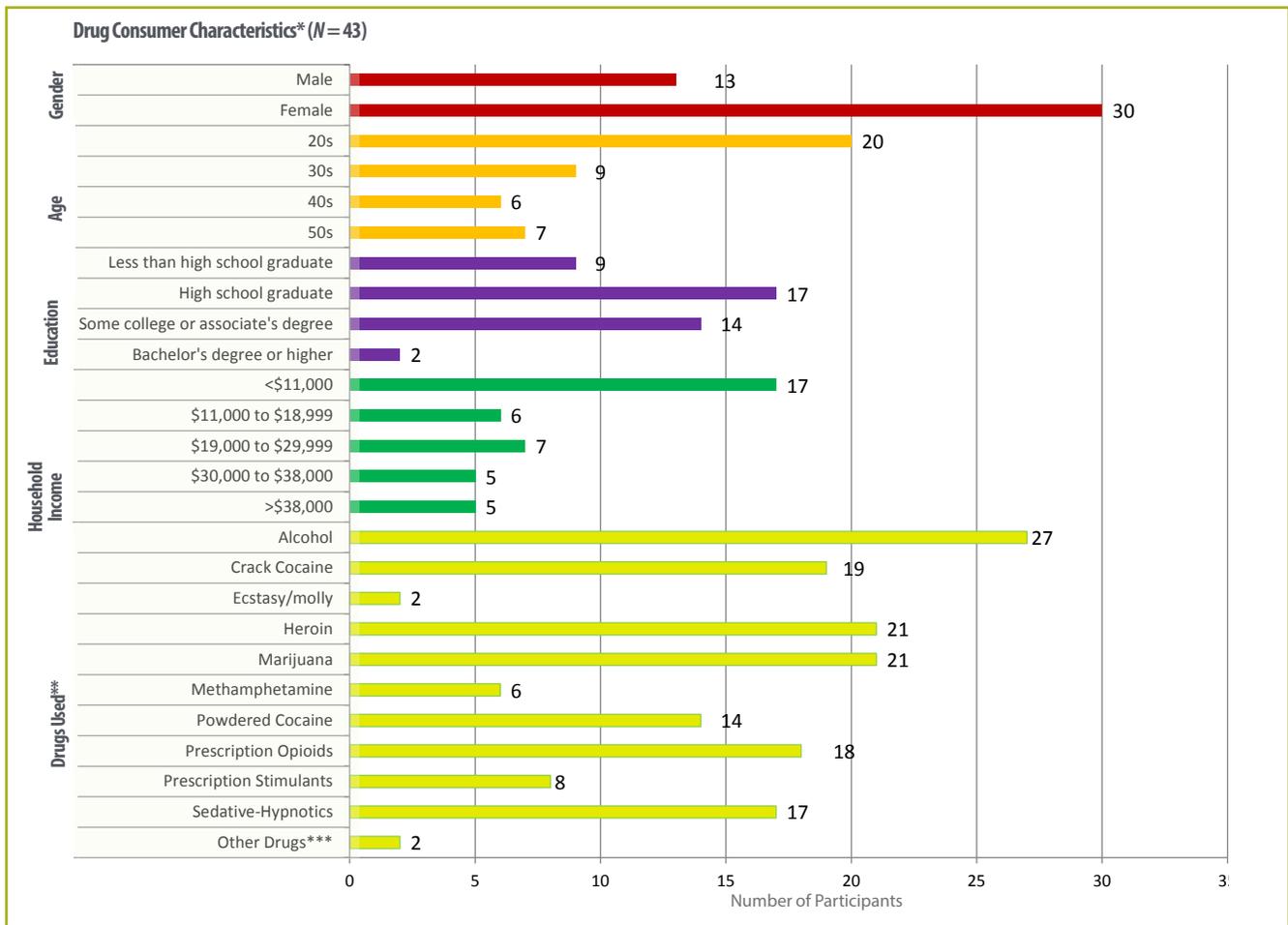
*Note:* OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	43
Gender (female), 2010	51.2%	51.1%	69.8%
Whites, 2010	81.1%	83.7%	72.1%
African Americans, 2010	12.0%	8.0%	20.9%
Hispanic or Latino origin, 2010	3.1%	5.4%	15.8% <sup>2</sup>
High School Graduation rate, 2010	84.3%	83.8%	78.6%
Median Household Income, 2013	\$46,873	\$47,682	\$11,000 to \$14,999 <sup>3</sup>
Persons Below Poverty Level, 2013	16.2%	12.8%	55.0% <sup>4</sup>

<sup>1</sup>Ohio and Toledo region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014 - January 2015.  
<sup>2</sup>Graduation status was unable to be determined for 1 participant due to missing and/or invalid data.  
<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 3 participants due to missing and/or invalid data.  
<sup>4</sup>Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

### Toledo Regional Participant Characteristics



\*Not all participants filled out forms completely; therefore, numbers may not equal 43.  
 \*\*Some respondents reported multiple drugs of use during the past six months.  
 \*\*\*Other drugs: Suboxone\*.

## Historical Summary

In the previous reporting period (January–June 2014), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. Increased availability existed for heroin and Suboxone®; decreased availability existed for bath salts and prescription opioids.

Participants and community professionals reported an increase in the general availability of heroin during the previous six months. Participants remarked that heroin was more available than crack cocaine; in fact, participants noted that many crack cocaine dealers had switched to heroin selling. Participants agreed with the belief that the region was experiencing an epidemic of heroin use. Treatment providers reported that they treated more heroin users than prescription opioid addicts.

While many types of heroin were available in the region, participants and community professionals reported the availability of white powdered heroin (aka “china white”) as most available, followed by tan and brown powdered heroin. Participants reported low availability for black tar heroin.

Most participants echoed the sentiments of one participant who said that white powdered heroin was being cut with fentanyl more often than previously. A participant described fentanyl-cut heroin as having a grayish color. Community professionals were also aware of fentanyl-cut heroin and observed an increase in overdoses as a result. Law enforcement observed more heroin overdoses during the previous six months.

The most common route of administration for heroin remained intravenous injection; participants noted difficulty in purchasing injection needles. Reportedly, in smaller town outside of Toledo, it was more difficult to purchase needles from stores and retail pharmacies, as some require a prescription for purchase. Participants discussed users trying to sharpen dull needles with a knife or a knife sharpener and re-using needles. Several participants expressed a necessity for a needle exchange in the region.

Participants described typical heroin users as white, middle-class, from the suburbs and between the ages of 16 and 30 years. Police officers also described a second group of typical users: older individuals who initially were prescribed opioids to address a pain issue, got addicted and switched to heroin.

Participants often attributed the decrease in availability of prescription opioids to decreased writing of prescriptions by doctors. Similar to participant’s responses, community professionals connected the decrease in availability to the reluctance of doctors to prescribe these drugs, as well as increased security measures. According to participants and community professionals, some prescription opioids, such as OxyContin® and Opana®, have fallen out of favor because of their new abuse-deterrent formulations; users were not interested in pills that cannot be easily snorted or injected.

Participants and community professionals identified Percocet® and Roxicet® as the most popular prescription opioids in terms of widespread use. Vicodin® was readily available, but not preferred. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes had generally decreased during the previous six months.

Law enforcement reported that illicit use of Suboxone® had become a problem, especially in correctional settings as inmates were getting Suboxone® mailed to them. Both participants and community professionals reported high and increased street availability of Suboxone®. Community professionals also noted an increase in the number of clinics that prescribed the drug. Participants only had knowledge of the film form of Suboxone®; tablets were not reported as available during the reporting cycle. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users who self-medicate to avoid withdrawal symptoms.

Finally, participants and community professionals indicated a decrease in bath salt availability during the previous six months. Law enforcement attributed the decrease to focused enforcement efforts.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants rarely identified cocaine as a drug of choice. Community professionals most often reported current availability as ‘10’; the previous most common score was also ‘10’. Treatment providers suggested that powdered cocaine availability is high due to users combining the drug with heroin use.

Both participants and community professionals reported that the availability of powdered cocaine has remained consistent during the past six months. The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; note, the crime lab does 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 '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' A participant indicated that color is an aspect of quality of powdered cocaine and remarked, "If it doesn't have yellow in it, I don't even buy it." Other participants reported that the quality of powdered cocaine depends on "how many people stepped on it," meaning how much the drug has been adulterated (aka "cut") by other substances. Participants reported that powdered cocaine is cut with aspirin, baby laxatives, baking soda, dry milk and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>levamisole (livestock dewormer)</li> </ul>

Reports of current street prices for powdered cocaine varied among participants with experience buying the drug because pricing depends on location and quality. Reportedly, powdered cocaine costs more in rural areas. A participant explained, "If I have junk (poor-quality cocaine), I'll sell it to you for \$40 ... If I have fire (high quality cocaine), I'll sell it to you for \$80." Participants also said that dealers prefer to sell powdered cocaine in smaller quantities to make more money. One participant reported, "I always 'wacked people's heads' (charged more) when they wanted smaller amounts."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-80
	1/16 ounce (aka "teener")	\$70-100
	1/8 ounce (aka "eight ball")	\$100-250

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, six would snort and four would shoot the drug. One participant shared, "I don't like needles, so I don't shoot [powdered cocaine]."

Participants described typical powdered cocaine users as "upwardly mobile" and "rich people" between the ages of 16 and 24 years. Community professionals described typical users as "middle-class," 20s to 30s, white and more often male. A treatment provider added, "The typical cocaine user is also the typical heroin user."

### 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.' However, rural participants indicated low availability in their area (Defiance and Williams counties) and one said, "I've never really got 'crack' (crack cocaine) out here. You have to drive 30 miles to get crack." Community professionals most often reported current availability of crack cocaine as '4,' the previous most common score was '4-6.' A law enforcement deputy reported, "We're just not seeing [much crack cocaine]. If we see someone who's using it we think, 'Oh, they went retro on us.'"

Participants most often reported that the availability of crack cocaine has remained the same during the past six months, but indicated that the drug may now be concentrated in low-income areas. One participant shared, "I was in a public housing unit and [crack cocaine] was everywhere." Several participants also agreed when a participant commented, "People stopped using [crack cocaine] and moved on to heroin." Community professionals reported that availability of crack cocaine has decreased during the past six months. A sheriff's deputy reported, "There's a lower demand for it." The BCI Bowling Green Crime Lab reported that the number of cocaine cases

it processes has increased during the past six months; note, the crime lab does not differentiate between powdered and crack cocaine.

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

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 '7'. There were several complaints about the quality, as demonstrated by one participant who remarked, "[Quality is] zero, past minus." Participants reported that crack cocaine in the region is cut with acetone, baby formula, baking soda, laxatives, Midol®, quinine (antimalarial), sleep aids and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. Participants said quality depends on amount and types of adulterants in the drug. One participant explained, "People cut it down to make money... It's easy to cut it and double, triple, quadruple your money with crack."

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. One participant explained, "Most street vendors ain't selling 'eight balls' (1/8 ounce amounts) ... They're piecing it out. That's a good way to make money."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A "rock" (0.1-0.2 grams)	\$10-20
	A gram	\$50-60
	1/8 ounce (aka "eight ball")	\$100-120
	1/16 ounce (aka "teener")	\$150

While there were a few reported ways of administering crack cocaine, generally the most common route of administration is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. One participant explained that users who inject are, "gonna need some vinegar to break the rock down." Participants also mentioned typical items being used as 'crack pipes' and reported, "breaking [an] antenna off of a car" to use as a crack pipe or buying a rose from a gas station and using the glass tube at the base of the rose as a pipe.

Participants described typical crack cocaine users as older, lower-income and African-American. Community professionals agreed with the coroner's toxicologist report: "More African-American males, than females." One participant also reported that crack cocaine attracts users who are drawn to "drugs for the heavy rush ... the initial heavy rush." Another participant noted, "[Crack cocaine users are] people who have been using crack cocaine for years, not new users." A participant explained the difference between a 'crack head' (aka crack cocaine "fiend") and a social crack cocaine smoker: "A smoker will go and get some money and smoke good [crack cocaine]. A fiend will do anything for it, for little or nothing ... or get high with little amounts."

### Heroin



Heroin remains highly available in the region. Participants most often reported the overall 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'. One participant remarked, "[Heroin use is] an epidemic." Other participants commented on how easily the drug is obtained: "One phone call away; Walk to somebody's house."

While many types of heroin are currently available in the region, participants reported the availability of white and brown powdered heroin as most available. One participant described powdered heroin: "It varies from tan to a brown color." Participants varied in their opinions as to availability of black tar heroin, rating it from '2' to '10'; the previous most common score for this type of heroin was '1'. A participant confirmed, "Not too many people sell black tar (heroin)."

Treatment providers most often reported the drug's current availability as '10', while law enforcement most often

reported it as '7;' the previous most common score for all professionals was '10.' A Sheriff's deputy commented, "If we could go above a '10,' we could ... [Heroin is] everywhere." One treatment provider commented, "We're seeing a lot of people come in [for treatment] who aren't going from drug to drug. They just used heroin for the first time and that's all they use." A treatment provider reported, "We've gone from 239 [patients] in July to 426 in the last four months ... This could be due to an increase in knowledge of our services ... we have to cap the number of assessments per week to 25 and we reach that [early] every week because there are so many people coming in." Community professionals also reported powdered heroin as the most available type of heroin in the region; however, law enforcement added that black tar heroin is also highly available.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Lucas County Sheriff's Office announced that they will begin treating heroin overdose deaths like homicides ([www.13abc.com](http://www.13abc.com), July 16, 2014). Celina police (Mercer County) found three heroin capsules when they searched an apartment of a man who was arrested for probation violation; that same day, they found an additional 51 heroin capsules when they stopped an SUV following a reported drug deal ([www.daytondailynews.com](http://www.daytondailynews.com), Aug. 6, 2014). The Ohio State Highway Patrol (OSHP) seized 103 grams of heroin during a traffic stop in Wood County ([www.toledonewsnow.com](http://www.toledonewsnow.com), Jan. 8, 2015). The Heroin Interdiction Team (HIT) of Mercer County, a newly formed drug task force, is making a difference: they already found 25 heroin capsules inside a residence they searched; seized nine heroin capsules and two prescription bottles of pills during a traffic stop and found a bag of marijuana and additional capsules of heroin in another traffic stop ([www.wdtn.com](http://www.wdtn.com), Jan. 21 and 29, 2015).

Both participants and community professionals reported an increase in the availability of white and tan/brown powdered heroin during the past six months. A law enforcement officer commented, "[Heroin availability has] gotten worse (increased) ... We've probably had about eight overdoses and four deaths in the last six months." The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians now carry Narcan® on overdose emergency calls. A coroner's toxicologist also confirmed the use of this treatment and stated, "There's a push to distribute naloxone. It's very effective ... instantaneous reversal [an opiate overdose]. It hits the receptor and blocks. It's wear off ...

but it's a rescue technique on the way to the hospital." MAN representatives reported that, in the case of overdose deaths, they will attempt to, "go after [dealers for] an involuntary manslaughter or some type of homicide charge." The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has decreased. The lab noted having processed powdered heroin that was white, off-white, tan, gray, brown, as well as any mixture of these colors.

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

Participants most often rated the current general quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' One participant commented, "[Quality of heroin is] obviously pretty good because a lot of people are overdosing." Participants explained that heroin dealers are so prevalent that they must deliver a high-quality product to maintain customers, as exemplified by a participant who commented, "I got 25 dealers at least that sell heroin ... The first day that he has bad dope ... I'll go to the next guy."

Participants in more rural areas reported variability in quality, as one participant explained, "There's all these junkies now and they have to get their fix and they're cutting everything more and more. A lot of people around here are junkies and they're selling [heroin] because they're supporting their habit. The worse their habit gets, the worse the quality of the dope gets." Another participant agreed and stated, "Ninety-nine percent of dealers in these small towns are only dealers ... supporting their habit." Contrarily, participants from more urban areas agreed with a participant when he said, "In Toledo, [dealers are] not doing the 'dope' (heroin). They're just selling it."

Participants reported that white powdered heroin in the region is most often cut with fentanyl; however, both white and brown powdered heroin may also be cut with baby formula, baby laxatives, powdered cocaine and vitamin B-12. Toledo treatment providers explained that unbeknownst to users, some china white heroin is cur-

rently being cut with powdered cocaine. Thus at treatment intake, while many clients report they used heroin cut with fentanyl, client testing often reveals that in many cases, participants have ingested heroin cut with cocaine. One provider commented, *"They think they're getting china white [with] ... fentanyl and heroin, but they're not. They're getting the coke and heroin."* Another treatment provider added, *"I don't think they realize it at first, because then they'll 'drop' (submit to random urine drug screening) and say, 'I didn't use cocaine.'"*

Overall, participants reported that the general quality of heroin has remained the same during the past six months. Treatment providers reported that while most clients believe and report they have used heroin cut with fentanyl, drug screens reveal that heroin is often cut with cocaine. A toxicologist reported that greater than 50 percent of heroin-related deaths included Benadryl® or fentanyl.

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

Participants reported no longer obtaining heroin from dealers at a residence, rather on the street by using phone connections. Several participants explained: *"You're meeting [the heroin dealer] in the alley. You're meeting on the street; It's just phones ... prepaid phones [aka "burners"]; They pass the phone around. There's one number, but there'd be like 10 different people that run that number and you'd meet them in different locations."*

Reportedly, established dealers will attempt to hold on to their drug dealing business even when incarcerated by entrusting their cell phones to a family member until their release. One participant reported, *"That's all you hear in jail, 'My little brother's got my phone. Call my phone number when you get out of jail.'"* Nevertheless, competition can become fierce as one participant explained, *"I've seen in the paper there'd be 15-20 people get busted ... and then right after, you'll see a huge rise in availability of [heroin] because there's all these other people trying to step up."*

Contrarily, rural participants reported that users know their drug dealer very well. One participant commented, *"It's people you ... grew up with and it's just, you go to their house."* Another participant interjected, *"Or you meet them*

*where there is a high population of people, so as not to be suspicious ... [retailer parking lots], food places, fast food."*

Reports of current street prices for heroin were consistent among participants with experience buying the drug. Small amounts of powdered heroin are typically sold in "packs" or "papers," which are often folded lottery tickets; whereas small amounts of black tar heroin are typically wrapped in foil and sold in "balloons" or "baggies." In Toledo, participants reported that dealers often give out free samples, as one participant explained, *"My dealer, if he'd get new stuff [and] before I even buy it, he'd let me get a free taste test because he didn't want to sell me no garbage."* This practice was not reported by rural participants. Participant clarified that black tar heroin is more difficult to find and that dealers do not typically offer larger quantities of this type of heroin. Furthermore, larger quantities of tar are often unaffordable. Reportedly, black tar heroin is most often reserved for professional dealers to cut and distribute.

<b>Heroin</b>	<b>Current Street Prices for Heroin</b>	
	<b>Brown &amp; white powdered heroin:</b>	
	1/10 gram	\$10-20
	A gram	\$75-100
	1/4 ounce	\$450
	<b>Black tar heroin:</b>	
	1/10 gram	\$20
A gram	\$140	

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"), followed by snorting. Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug.

Participants reported that injection users often share needles. A participant stated, *"In rural areas you have limited choices."* Another participant explained, *"Because when you're 'dope sick' (going through withdrawal), you'll do anything to get high."* A third participant added, *"The insanity of this whole thing is someone will tell you, 'Hey, I have such-and-such disease or whatever, but you can use [my needle] if you want.' If I was dope sick and I had 'dope' (heroin) and no needle, I'd say, 'Screw it. Give me it.'"*

Reports of current prices of needles were consistent among participants with experience purchasing them. The most common pricing was \$1.85 for 10 or \$9.00 for a case of 100. Reportedly, needles are most often purchased at local pharmacies. However, several participants reported fear of being turned away by a pharmacy and would share needles as an alternative. Participants reported it is common for pharmacies to refuse to sell needles without a prescription or identification. One participant commented, *"It can be hard or embarrassing to go to these stores and a lot of the stores won't give them to you without a prescription and the one's that will, it's still awkward going there to get them."*

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as any ethnicity or race and between the ages of 14 and 40 years. Referring to the age range, one participant supposed, *"A lot of older people know better ... or they're dead."* Community professionals also had difficulty in describing typical heroin users and reported both younger and older users from ages 18 to 78 years. Treatment providers specifically noted an increase in heroin users ranging in age from 18-24 years. A toxicologist reported that overdose deaths have been more often white males aged 17 to 70 years, with the average age being 38 years. A police officer reflected, *"We've had some prominent families in the area. Their children are becoming addicted to [heroin], so it covers everybody (all socio-economic classes)."*

## Prescription Opioids

 Prescription opioids remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread use.

Participants explained that other prescription opioids are available, but not preferred because many of these pills, such as Opana® and OxyContin®, were re-formulated with abuse-deterrent that makes them more difficult to inject. A participant commented, *"You can find [others], but not everybody messes with them."* Participants also thought prescription opiates in general are expensive. One participant confirmed, *"[Prescription opioids] got a lot harder [to obtain] ... and a lot more expensive."*

Community professionals most often reported current availability of prescription opioids as '10'; the previous most common score was '8'. One treatment provider commented, *"[Users] get started on Vicodin® or Percocet® and it leads to other stuff."* Community professionals identified Percocet® as the most popular prescription opioid in terms of widespread use. A community professional discussed how the addition of abuse-deterrent formulations of prescription opioids has changed drug of choice for many users: *"[Users] can no longer shoot [many prescription opioids] intravenously, so they go to heroin."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested and 310 oxycodone pills seized during a traffic stop in Hancock County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 27, 2014). A driver was arrested in Hancock County when OHSP troopers discovered 479 oxycodone pills and nearly eight grams of marijuana hidden in the trunk of his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 30, 2014). OSHP stopped a vehicle in Hancock County and the troopers located 139 oxycodone pills in the glove box and some marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Aug. 8, 2014). OSHP stopped a driver for speeding in Hancock County and, while questioning the driver, a bag of marijuana fell out of the driver's pocket and troopers found 200 hydrocodone pills in a briefcase during a search of the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Jan. 27, 2015).

Both participants and community professionals reported that the availability of prescription opioids has decreased during the past six months. Reasons given were doctor, pharmacy and law enforcement intervention. One participant commented, *"A lot of doctors stopped prescribing them. That's how I got into heroin, because they started cutting me off."* One sheriff's deputy commented, *"I gotta give credit to the pharmacies and the DEA with the crack down on it. Prescription drugs ... they are really trying to watch, and it is bringing down the availability."* The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has decreased during the past six months, with the exception of increased number of cases for fentanyl.

Prescription Opioids	Reported Availability Change during the Past 6 Months		
		Participants	Decrease
	Law enforcement	Decrease	
	Treatment providers	Decrease	

Reports of current street prices for prescription opioids (aka “beans,” “pennies”) were consistent among participants with experience buying the drug. One participant commented, “[Prescription opioids] got a lot harder [to obtain] ... and a lot more expensive.” Another participant further explained, “[Doctor’s] changed my ‘oxy’s’ (OxyContin®) to Opana® and it was so hard to bust my script [fill my script], it wasn’t funny. It costs so much, my God ... you have to get the pharmacist to basically let you fill just half of it ... ‘cause I gotta go sell the first half and come get the other half.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$50 for 100 mcg
	Percocet®	\$10 for 10 mg
	Roxicet®	\$25-30 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from family, friends, and older adults who have prescriptions or through personal prescription from doctors. A couple participants revealed: “Older people; Doctors have tightened up ... The older people are selling their scripts to survive ... That’s their other source of income is selling their pills.” A few participants also reported dentists as a good source for prescription opioids. One participant commented, “I went to the dentist last week and I got 40 Vicodin®.”

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, approximately five would snort and five would orally consume the drugs. A participant stated, “Most people I know snort [prescription opioids].”

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical users of prescription opioids as everybody. Community professionals were also likely to report that users were “across the board.” However, one treatment provider reported, “Most are younger. They start on Percocet® and go to ‘china.’ China white (heroin) is cheaper.” This treatment provider further stated, “Parents don’t realize how addictive [prescription opioids] can be. Their kid falls down and they give them a pill (prescription opioid).”

## Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘9.’ One participant commented, “They’re readily available.” Community professionals most often reported the drug’s current availability as ‘10;’ the previous most common score was ‘10.’ One treatment provider commented, “That’s a 10 plus.” Suboxone® strips are more available than the Suboxone® pill form. One treatment provider commented, “That’s all you hear about are the [Suboxone®] strips.” One Sheriff’s officer commented, “I’m not seeing the pills. It’s more the instant dissolve strips. They’re very popular on the street.” Most participants confirmed that it is easier for them to get the strips on the street as one participant commented, “It’s all strips, no pills.” However, another participant commented, “I can get the pills, the generic.”

Both participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. One treatment provider commented, “I think it’s been pretty steady. When they can’t get heroin on the street, they’ll get Suboxone® so they don’t go through withdrawal.” Some participants eluded to the lack of access to prescribed Suboxone® fueling the illegal use of Suboxone®. One participant commented, “They shouldn’t make Suboxone® so hard to get. People are trying to get off heroin and opiates and they gotta jump through hoops. It doesn’t matter if you’re a felon or your own probation or off probation ... if you’re trying to get clean, it shouldn’t be so hard to get. There’d be less people dying with a needle in their arm.” However, an officer from the Multi-Area Narcotics Task Force pointed out that some users will, “go to [a treatment program] and get their [Suboxone®] script; they’ll sell it and ... go buy heroin.” The BCI Bowling Green Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual strips sell for \$10-20. One participant shared that the lower price, *"is someone being nice."* Another participant added, *"They'll pay whatever, because they are 'dope sick' (going through withdrawal)."*

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from physicians. A law enforcement officer from the Multi-Area Narcotics (MAN) Task Force reported, *"[Users will] go to [a Suboxone® clinic] and get their script. They'll sell it and ... go buy heroin."*

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual or intravenous injection (aka "shooting"). One participant commented, *"You can dissolve [Suboxone® strips] in water ... You can shoot them."*

Participants described typical illicit Suboxone® users as a heroin addicts. One participant reported that heroin users will purchase Suboxone® when they are "dope sick" and can't find their drug of choice. Community professionals suggested typical illicit Suboxone® users are more often young males. A treatment provider also reported: *"[Addicts are] using [Suboxone®] to not feel sick. If they can't find what they really want on the streets, they'll use the Suboxone® until they find what they really want."*

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals continued to most often report the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10'. Additionally, both participant and community professional groups identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider suggested that Xanax® is preferred over Klonopin® and explained, *"[Klonopin® is] not strong enough ... they'd rather have the Xanax®."* Further, treatment providers indicated that Xanax® has become a secondary drug of choice for most users and explained: *"You don't see [Xanax® as] the main addiction, but it runs hand-in-hand with the other stuff."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A canine officer alerted to a vehicle during a traffic stop in Hancock County, which led to the arrest of a woman when 620 Xanax® pills were discovered hidden in the trunk ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 29, 2014).

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months, with the exception of increased number of cases for Valium® and Xanax®.

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

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

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1-2 apiece (dosage unspecified)
	Xanax®	\$1.75 for 0.5 mg \$2 for 1 mg \$5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends or others who have prescriptions, as well as getting personal prescriptions from doctors. One participant reported, *"Most of [the people you get sedative-hypnotics from] are just like friends or people that get prescriptions."* Another participant reported, *"It's very, very easy to go to a psychologist and say, 'I'm having all of this anxiety and whatnot,' and they don't know if you're telling the truth and so of course they are going to medicate you. But if you go to the doctor saying, 'I'm having this physical pain, this physical injury,' they can do things to try and see if it's real or not and that's why opiates and pain killers are harder to get [than sedative-hypnotics]."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is oral consumption. However, participants were quick to point out that those who liked injecting drugs would prefer to ‘shoot’ (inject) sedative-hypnotics as well.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants most often described typical illicit users as anybody. A few participants described illicit sedative-hypnotic users as ‘drug addicts’ or ‘women,’ but no one could identify a illicit typical user in terms of age, race/ethnicity, or socio-economic status.

## Marijuana

Marijuana remains highly available in the region. . Participants and community professionals continued to most often report 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 for both groups was also ‘10’. Participants agreed that marijuana was everywhere. A participant shared, “A lot of people are growing [marijuana], too.” A Sheriff’s deputy remarked, “[Marijuana is] just about as available as cigarettes.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers discovered approximately two pounds of marijuana in a vehicle they stopped in Wood County for speed and lane change violations; the drug was divided into three freezer bags ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 1, 2014).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants suggested an increase in availability of high quality marijuana. A participant explained, “As soon as they passed the medicinal (marijuana) law [in Michigan], that’s all you can find [in Toledo region] is ‘chronic’ (high quality marijuana).” Several agreed when a participant reiterated, “Mids’ (lower quality marijuana) aren’t as available as chronic.” Community professionals also reported that the availability of marijuana has remained the same during the past six months, but they also indicated an increase in the availability of higher quality marijuana. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participant 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 ‘7’ for low-grade and ‘10’ for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low-grade marijuana) or “hydro” (hydroponic, high-grade marijuana). One treatment provider commented, “It might be an insult now to smoke ... ‘reggie,’ or regular weed. It’s all ‘loud’ (high quality). [User THC] levels are at an all-time high and it’s blowing the counselors’ minds.”

Reports of current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported that the price depends on quality purchased and reported that commercial grade marijuana is the cheapest form of the drug.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/4 pound	\$250
	A pound	\$1,000
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50
	1/4 ounce	\$100
	1/4 pound	\$500
A pound	\$1,500	

While there were several reported ways of consuming marijuana, the most common route of administration remains

smoking. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals alike were unable to identify a typical user. Community professionals commented: *"It's everybody. You could pull up at a stop sign and smell [marijuana] next to you; Marijuana doesn't discriminate. It's all races, all class, all ages."*

## Methamphetamine

 Methamphetamine remains variable throughout the region. Participants most often reported higher availability in more rural areas of the region. Participants in rural areas (Defiance and Williams Counties) most often reported the current availability of methamphetamine as '10', while urban participants most often reported current availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were the same, '10' in rural areas and '1' in the Toledo area. Rural participants remarked: *"It's everywhere; [Methamphetamine] dealers [are] a dime a dozen."* Community professionals most often reported rural availability of methamphetamine as '9'; the previous most common scores were '7-10' for rural and '1-4' for more urban areas. An officer of Multi-Area Narcotics (MAN) Task Force reported, *"We are investigating a lot of [methamphetamine cases]."*

While participants reported that methamphetamine is available in both powdered and crystal forms, they reported the powdered form as the most prevalent type in the region. A participant described, *"[Powdered methamphetamine is] white powder. It's got crystals in it [which] you can see a little bit ... [while] crystal meth looks like broken glass ... You know if you get crystal glass shards it was made somewhere else 'cause you need a sophisticated lab [to make that type of methamphetamine]."* Another participant remarked, *"You can make 'shake-and-bake' (powdered methamphetamine) almost to an 'ice' (crystal methamphetamine) texture, but it's not the same."* A participant explained, *"They are trying to push [powdered methamphetamine] off as 'ice' (crystal methamphetamine), and it ain't really ice, you know? A lot of people fall for [that]."*

When participants refer to "one-pot" or "shake-and-bake" methamphetamine, this means users are producing 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, typically found in some allergy medications, users can

produce the drug in approximately 30 minutes in nearly any location. A few participants reported that users often make the drug on their own property and use some and sell the rest. An officer commented, *"They're reverting to their own one-pot method, where they can make [methamphetamine] themselves ... and consume it."* Task force officers explained: *"There are different recipes; They make [methamphetamine] in their vehicles and at home ... right in the kitchen ... anywhere."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo HAZMAT (hazardous materials) crews were called to the scene of a drug bust after police found an established methamphetamine lab inside a house they went to search ([www.toledonewsnow.com](http://www.toledonewsnow.com), Aug. 13, 2014). A fire broke out in a Bryan (Williams County) duplex when a one-pot methamphetamine lab burst causing serious injuries to one individual ([www.toledoblade.com](http://www.toledoblade.com), Jan. 3, 2015).

Both participants and community professionals reported that the availability of methamphetamine has increased during the past six months. A rural participant explained, *"[Methamphetamine] used to be nowhere. In the last six months, it's gone up 99 percent [here], but zero in Toledo."* An officer commented, *"I think it's on the rise, especially in Williams County."* The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

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

Participants most often reported the current quality of both types of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score for both types was also '10'. Even though both were highly rated, one participant offered the comparison in the quality of powdered methamphetamine versus crystal methamphetamine when he said, *"It's like comparing 'mids' (lower quality marijuana) to 'chronic' (high*

quality marijuana). Shake-and-bake (lower quality methamphetamine) to 'crystal' (higher quality meth)." A participant said, "When I had it, [methamphetamine quality] was like an '8' to '10.'" Another participant shared, "I always cooked mine (methamphetamine), so I always liked it." Overall, participants reported that the general quality of methamphetamine has remained the same during the last six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that methamphetamine costs \$170-180 per gram. One participant reported he purchased methamphetamine for \$20. He commented, "It's just like heroine, \$20 for a tenth of a gram." Although a task force officer explained, "Four times we've dealt with the same people, moving around counties ... They're not doing it to make money. They are just basically users."

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, five would shoot and five would smoke the drug. Participants described typical users of methamphetamine as of lower socio-economic status, white, and young (18-25 years of age).

## Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants did not report on this class of drugs in the previous reporting period. One participant explained the current moderate availability of prescription stimulants as those with prescriptions holding onto their prescriptions: "People don't like to get rid of [prescription stimulants] ... because they use them." Community professionals most often reported current availability as '6'. Participants and community professionals identified Adderall® as the most popular prescription stimulant for widespread illicit use. A treatment provider remarked, "It's rare to see Ritalin® [or] Concerta®... It's Adderall®."

Both participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Adderall® cases it processes has decreased during the past

six months, while the number of Ritalin® and Concerta® has increased.

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 the drugs. Participants reported that Adderall® sells 30 mg for \$5. In addition to obtaining prescription stimulants on the street from dealers, participants most often reported getting these drugs from people they knew who had prescriptions, or who had children with prescriptions. Reportedly, prescription stimulants are not as easily accessed as an adult by prescription through doctors. One participant remarked that these drugs are obtained from "anybody that's got a kid [with a prescription]."

While there were several reported ways of using prescription stimulants, the most common route of administration for illicit use is oral consumption. Participants most often described typical illicit users as 'speeders' (those who enjoy stimulants), aged 16-30 years, white and those who attend clubs/bars. A treatment provider commented, "You'll see [illicit prescription stimulant use] with the cocaine users. If they can't get cocaine, they'll use Adderall®." Another treatment provider added that illicit prescription stimulant users are often, "College students, so they can study for long periods of time."

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains 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); only one participant reported on synthetic marijuana in the previous reporting period. Participants reported that synthetic marijuana is not a drug of choice, as there are many negative effects associated with its use. Participants with experience using this drug described: "chest tightening; Zoned out; Horrible; Scary." One participant shared, "I only 'hit it' (smoked it) one time and I

went straight to my bed and started praying and said, 'Jesus, please forgive me.' I thought I was fixin' to die." Community professionals most often reported current availability of synthetic marijuana as '4;' community professionals did not report on this drug during the previous reporting period.

Both participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$15-20 per bag (quantity unspecified). One participant described a bag of synthetic marijuana as the size of a "deck of cards" and informed it was called a "packet." Another participant added that users can get "three or four blunts out of [a packet]."

Legislation enacted in October 2011 limited the availability of synthetic marijuana to a few gas stations; a participant added, "You get it at the 'head' (headshop)." Participants continued to report that the only route of administration for synthetic marijuana is smoking.

Participants described typical synthetic marijuana users as young, white, and people subjected to regular drug testing (probation, job related, etc.). Erroneously believing that programs cannot test for synthetic marijuana, one participant commented, "I know a lot of people that can't smoke weed that went to K2." Another participant reflected, "A lot of younger kids are smoking Spice." The few treatment providers who had knowledge of synthetic marijuana described typical users as aged 18 to 25 years and more often African-American males. One treatment provider commented, "[Synthetic marijuana use] goes hand-in-hand with the marijuana smokers. If they can't smoke weed, they smoke K2."

## Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participant most often reported the current availability of ecstasy as bi-modal, '4' and '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 '2.' Participants indicated that this drug is more available in urban locations, as is evidenced by participant comments: "You can't really find it [here, Defiance and Williams counties]; You have to go to Toledo for that." Community professionals most often reported the current availability of ecstasy as '4;' the previous most common score was '7.' A treatment provider commented, "[Ecstasy is] socially acceptable in the inner city and suburban [areas of region]."

Both participants and community professionals reported that the availability of ecstasy has increased in urban areas during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

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

Participants who had experience with the drug reported a decrease in quality of ecstasy and an increase in quality of 'molly' (powdered MDMA). Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported ecstasy sells for \$5 for one tablet, despite strength of the drug. Additionally, participants shared that molly costs approximately \$20 for 1/4 gram.

Participants reported the most common route of administration for ecstasy is oral consumption. Participants referred to both ecstasy and molly as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African-American, 'dope boys' (heroin dealers) and people "going out to the clubs." Participants also specified that molly is often used by people who at-

tend outdoor music festivals, as well as college students and members of the gay community. Community professionals had difficulty identifying a typical ecstasy or molly user, as treatment providers explained: *“You don’t see many people addicted [to ecstasy or molly]; You hear about [ecstasy use by clients], but never diagnosed [it as an addiction] here.”* One treatment provider added, *“The rappers talk about it and stuff.”*

## Other Drugs in the Toledo 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 and hallucinogens (psilocybin mushrooms).

### Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants most often reported the drug’s current availability as ‘1’ 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’. A participant remarked, *“[Bath salts are] not available anymore.”* Community professionals most often reported bath salts current availability as ‘2’; the previous most common score was ‘3’. Treatment providers explained that clients previously used bath salts to avoid testing positive for drugs and one provider added, *“Now we have a test that tests for [bath salts].”*

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Several participants agreed when one shared that the decrease in bath salts availability has happened over the last year to two years. Participants indicated negative perceptions surrounding the use of this drug and commented: *“You go crazy. You don’t ever come back; [Using bath salts] fries your brain; [You go] psycho; You never know what you’re gonna get ... a bad trip.”* The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reportedly the most available brand of the drug in the region is Jumpstart. Reports of current street prices for bath

salts were consistent among participants with experience buying the drug. Participant shared that bath salts typically sell for \$20 per 1/2 gram. Participants reported knowing very few places from which to purchase the drug.

Participants reported that the most common route of administration for bath salts is intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 bath salt users, six would shoot and four would snort the drug. One participant reported, *“I snorted [bath salts] and it burned. It actually tasted like salt going down your throat.”* Participants described typical users of bath salts as younger (20s and 30s), male, white and those who enjoy stimulants.

### Hallucinogens

Participants discussed psilocybin mushrooms as being present in the region. Rural participants in Defiance and Williams counties continued to report high availability of the drug year-round. In fact, participants most often reported current psilocybin mushroom 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’.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two Rossford (Wood County) individuals face charges after police found psilocybin mushrooms inside their residence ([www.13abc.com](http://www.13abc.com), July 9, 2014).

Although participants lacked much information on this particular drug, they identified typical users as white and of lower to middle class. One participant also said, *“People who like to ‘trip’ (get high on psychedelics/hallucinogens).”*

## Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Toledo region. Changes in availability during the past six months include increased availability for ecstasy, heroin and methamphetamine, as well as decreased availability for bath salts, prescription opioids and synthetic marijuana.

While many types of heroin are currently available in the region, participants reported the availability of white and brown powdered heroin as most available. However, law

enforcement added that black tar heroin is also highly available. Treatment providers noted that they are seeing more people who began drug use with heroin, instead of the typical progression from prescription opioids to heroin.

Both participants and community professionals reported increased availability of white and tan/brown powdered heroin during the past six months. The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians (EMTs) now carry Narcan® on overdose emergency calls. Participants reported that white powdered heroin in the region is most often cut with fentanyl. Treatment providers reported that while most clients report use of heroin cut with fentanyl, agency drug screens reveal that heroin is often cut with cocaine. Nonetheless, a toxicologist reported greater than 50 percent of heroin-related deaths include Benadryl® or fentanyl.

Participants most often rated the current general quality of heroin as '10' (high quality). Participants explained that heroin dealers are so prevalent that they must deliver a high quality product to maintain customers. However, participants in more rural areas reported variability in quality and explained that dealers in rural areas are selling to support their own heroin habits, thus they adulterate the drug more to compensate for the product they use. Participants reported no longer obtaining heroin from dealers at a residence, rather on the street by using phone connections; and reportedly, established dealers will attempt to hold onto their drug dealing business even while incarcerated by entrusting their cell phones to a family member until their release.

Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread use. Participants explained that other prescription opioids are available, but not preferred because many of these pills, such as Opana® and OxyContin®, were re-formulated with abuse-deterrent that makes them more difficult to inject. Both participants and community professionals reported that the availability of prescription opioids has decreased during the past six months. Reasons given were doctor, pharmacy and law enforcement intervention.

Methamphetamine remains variable throughout the region. Participants and community professionals most often reported high availability in more rural areas of the region and low availability in urban areas. While participants reported that methamphetamine is available in both powdered and crystal forms, they reported the powdered

form as the most prevalent type in the region. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants described typical users of methamphetamine as of lower socio-economic status, white and young (18-25 years of age).

Participants reported that synthetic marijuana is not a drug of choice, as there are many negative effects associated with its use. Both participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Ecstasy remains available in the region. Participants indicated that this drug is more available in urban locations. Both participants and community professionals reported that the availability of ecstasy has increased in urban areas during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

Participants referred to both ecstasy and molly as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African-American, 'dope boys' (heroin dealers) and people "going out to the clubs." Participants also specified that molly is often used by people who attend outdoor music festivals.

Lastly, bath salts are rarely available in the region. Treatment providers explained that clients previously used bath salts to avoid testing positive for drugs, and now most programs test for bath salts use. Participants indicated that negative perceptions surrounding the use of bath salts have led to its decreased popularity and availability.

Reportedly the most available brand of bath salts in the region is *Jumpstart*. However, participants reported knowing very few places from which to purchase the drug. Participants reported that the most common route of administration for bath salts is intravenous injection and snorting. Participants described typical users of bath salts as younger (20s and 30s), male, white and those who enjoy stimulants.