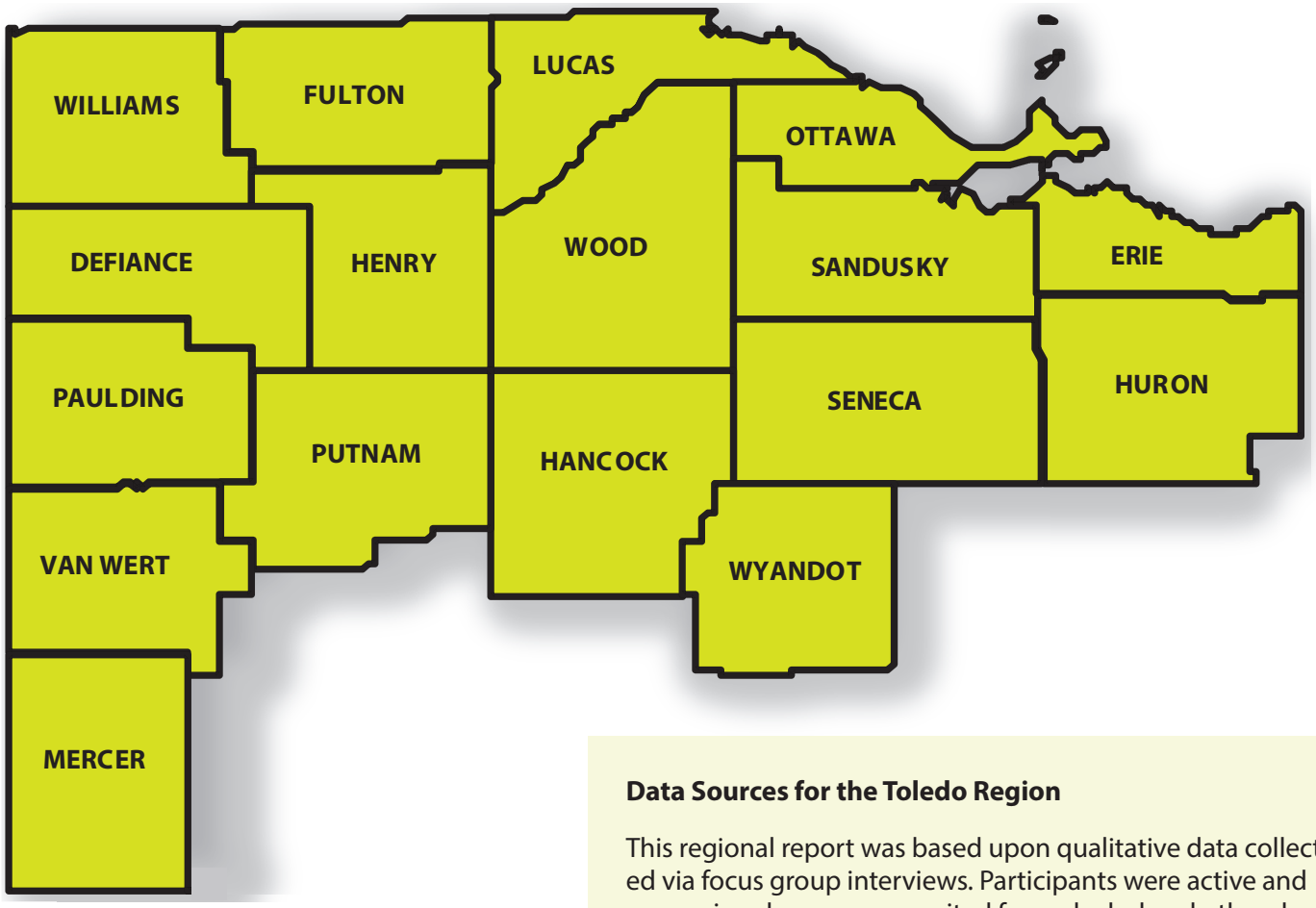
Drug Abuse Trends in the Toledo Region



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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 treatment programs in Defiance, Lucas and Williams counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews in Defiance, Lucas, Putnam and Williams counties, 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 June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

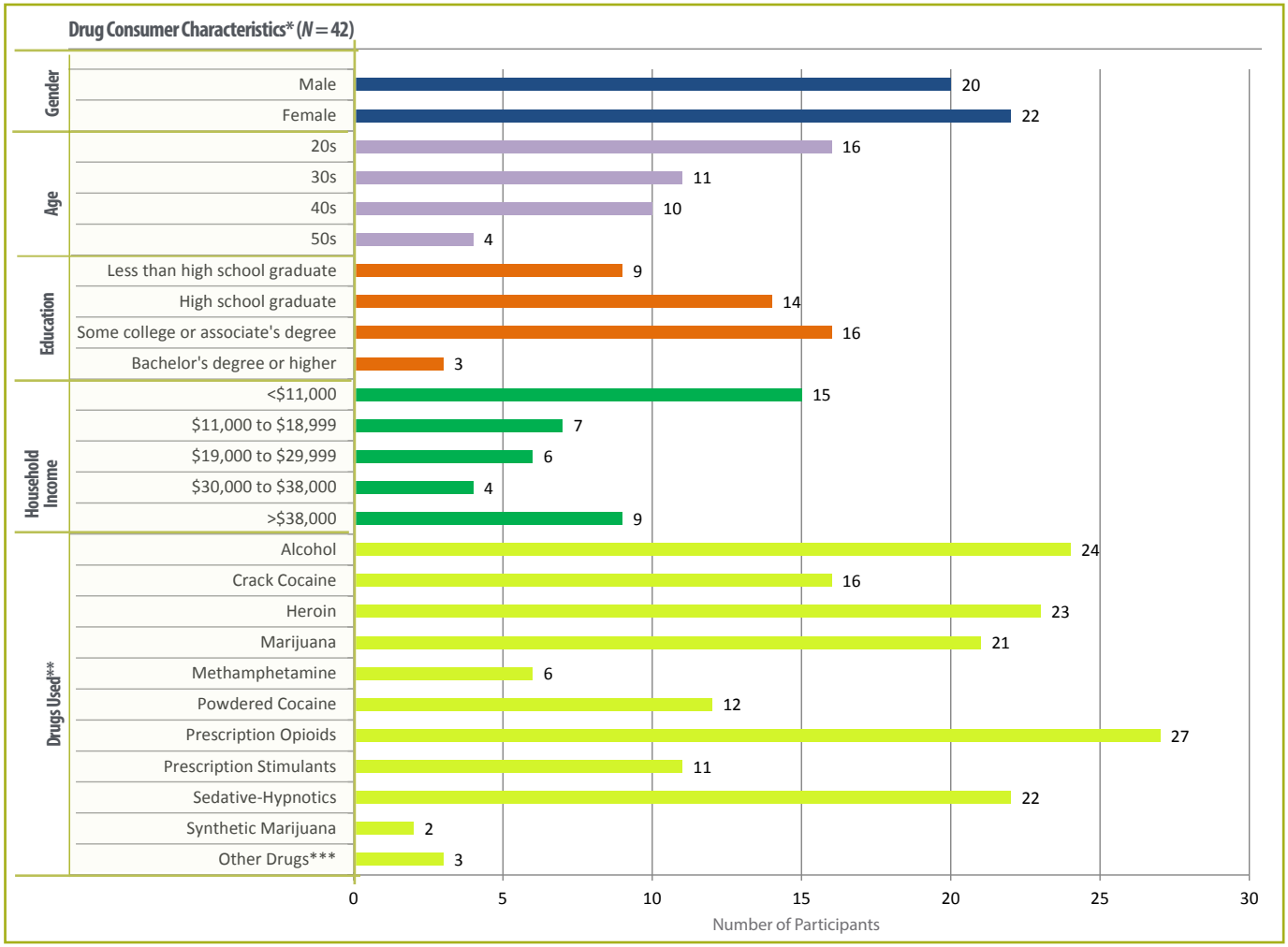
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the current reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	42
Gender (female), 2010	51.2%	51.1%	52.4%
Whites, 2010	81.1%	83.7%	81.0%
African Americans, 2010	12.0%	8.0%	14.3%
Hispanic or Latino origin, 2010	3.1%	5.4%	2.5% [2]
High School Graduation rate, 2010	84.3%	83.8%	78.6%
Median Household Income, 2012	$46,873	$47,682	$15,000 to $18,999[3]
Persons Below Poverty Level, 2012	16.2%	12.8%	42.9%[4]

[1]Ohio and Toledo region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.
[2]Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.
[3]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 one participant due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Toledo Regional Participant Characteristics



*Not all participants filled out forms; numbers may not equal 42.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: bath salts. ecstasy, molly (MDMA).

Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. Changes in availability included decreased availability for ecstasy.

Participants and community professionals reported that extremely high availability of heroin remained the same during the previous reporting period. Participants often referred to heroin use as epidemic and reported more heroin-addicted individuals than crack-addicted individuals. White powdered heroin remained the most available heroin type in the region. The Toledo Police Crime Lab reported processing all types of heroin, including black tar heroin.

Participants observed increased death rates from heroin overdose and attributed this to more potent heroin and to adulterated heroin (specifically heroin adulterated with fentanyl and Percocet®). Participants also noted bath salts and sleep aids as cutting agents for heroin. Participants explained that reported overdoses were viewed by addicts as a signal of higher quality heroin, which spurred users to seek the dealer of that specific heroin, so as to purchase heroin of the same high quality. Both Toledo police and the Multi-Area Narcotics Unit reported an increase in juveniles using heroin.

According to participants and community professionals, the availability of ecstasy decreased during the previous reporting period, with availability concentrated among small pockets of people. The same was reported for powdered MDMA (aka "molly") which reportedly was concentrated within the arts community. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes remained the same during the previous reporting period. Participants stated that ecstasy was being "cut" (adulterated) with cocaine, heroin and methamphetamine. Participants and community professionals reported that ecstasy was more often a drug used in clubs and described typical ecstasy users as more often white and 15 to 30 years of age.

Lastly, despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available through certain convenience stores, gas stations and "head shops" (in and out of the region), as well as through the Internet. Community professionals reported a decrease in the availability of synthetic marijuana during the previous reporting peroid; law enforcement attributed the decrease to enforcement efforts and a general lack of interest in the product.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Treatment providers and law enforcement most often reported the drug's current availability as '10;' the previous most common score was '9.' When discussing the high availability of powdered cocaine, a law enforcement officer indicated, "*There may be a new supplier in town.*"

Participants reported that the availability of powdered cocaine has decreased during the past six months. A participant reported, "*It's easier to get crack cocaine than powdered cocaine.*" Another participant explained, "*I can't usually find* [powdered cocaine] *because* [dealers have] *usually 'rocked it up' (made it into crack cocaine) before I can buy powder.*" Community professionals reported that availability of powdered cocaine has remained the same during the past six months. A treatment provider commented, "*I have not heard of any changes, but* [powdered cocaine is] *definitely prevalent.*" A law enforcement officer stated, "[Availability of powdered cocaine is] *pretty consistent.*" The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

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

Most participants rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common

score was also '5.' However, several participants qualified their answers by stating that quality is often variable and commented: "[Powdered cocaine quality] *can be good as a '10' or as bad as a '0.' It depends on who you go through; Depends on what you're doing with it and how many times they've stepped on it* [adulterated the powdered cocaine with other substances]." Participants reported that powdered cocaine in the region is most commonly cut (adulterated) with baby aspirin, baby formula, baking soda, creatine, lactose, laxatives, Sleepinal® and vitamin B12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. One participant commented, "[Users] *want more highs instead of a quality high*."

Powdered Cocaine

Cutting Agents Reported by Crime Lab
• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for powdered cocaine were variable among participants with experience buying the drug. One participant explained, "*If you're a user, you're going to* [purchase powdered cocaine] *for more. If you're a dealer, you're going to* [purchase powdered cocaine] *for less*." One participant observed, "[Powdered cocaine is] *a lot more expensive than crack cocaine … It never used to be that way.*"

Powdered Cocaine

Current Street Prices for Powdered Cocaine	
A gram	$60-85
1/16 ounce (aka "teener")	$80-100
1/8 ounce (aka "eight ball")	$125-300
An ounce	$800

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug. There is a pattern among intravenous (aka "IV") heroin users to shoot all other drugs used, including powered cocaine, as participants related: "*I'm an IV drug user, so I shoot; Heroin users tend to shoot*."

Participants described typical users of powdered cocaine as middle class, white or Hispanic. Participants discussed the economic status of a typical powdered cocaine user and commented: "*The powdered cocaine user usually has plenty of money. . . More upwardly mobile*." Treatment providers described typical powdered cocaine users as white, middle aged, male or female and often employed in factory work. Law enforcement was unable to identify a typical powdered cocaine user, as one officer commented, "[Powdered cocaine use is] *across the board*."

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: "*Crack is very available in Toledo; Every other house;* [With] *crack cocaine, someone will still come up to your car* [to sell it]." However, participants in more rural areas reported moderate availability of crack, rating current availability most often as '5,' as one participant commented, "*I never really got crack* [cocaine] *out here. I got it from Toledo.*" Community professionals most often reported current availability as '4-6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.'

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. A two-year investigation back in 2010 has finally led to the indictment of seven crack cocaine distributors from Toledo (www.northwestohio.com, Jan. 10, 2014).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. One participant remarked, "*I think* [availability of crack cocaine has] *been a '10' for 15 to 20 years*." Another participant noted a shift in preference for the drug and commented, "*People stopped using* [crack cocaine] *and moved on to heroin*." A treatment provider reflected, "*A lot* [of clients] *say … they've used* [crack cocaine] *in the past*." Regional law enforcement reported decreased availability of crack cocaine during the past six months. Officers commented: "*It's not like the '90s where everybody had crack cocaine;* [Crack cocaine is] *not what people want*."

Crack Cocaine

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

Most participants rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' A participant said, "[Quality of crack cocaine] *depends on where you get it from*." Another participant added, "*The people who have the better* [quality crack cocaine] *seem to stay in business longer and have more sales*." Participants reported that crack cocaine in the region is cut most commonly with baking soda. One participant reported, "*When Christmas and holidays come around,* [dealers] *cut* [crack cocaine] *more so that they can make more money*." Participants reported that the quality of crack cocaine has been variable during the past six months. One participant commented, "*I've had stuff that's been a '7,' and I've had stuff that's been a '3.'*"

Crack Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- lidocaine and procaine (local anesthetics)

Current street prices for crack cocaine were variable among participants with experience buying the drug. Most participants reported purchasing crack cocaine for $20 per "rock" (approximately 0.2 grams); however, as one participant explained, "*The 'dope man' (drug dealer) will dish out*," meaning the buyer can purchase any smaller amount they want.

Crack Cocaine

Current Street Prices for Crack Cocaine

1/10 gram	$70-85
1/16 ounce (aka "teener")	$70-100
1/8 ounce (aka "eight ball")	$150-220
A kilo	$22,000-30,000

Participants reported that the most common routes of administration for crack cocaine are smoking or intravenously injecting (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. One participant reflected, "[Administration of crack cocaine] *depend*[s] *on the rush you want.*" The prevalence of heroin has altered both the demand and route of administration of other drugs, as several participants commented: "*Once you start shooting, there's no other way; Once you start shooting, you'll shoot everything.*"

A participant explained, "*You have to cut the crack when you shoot it up or it will kill ya … You have to cut it with, like, a lemon juice, vinegar or something like that. That way it cooks the baking soda out, so that way you can shoot it.*"

A profile for a typical crack cocaine user did not emerge from the data. Several participants shared that users are a wide range of individuals and commented: "*Everybody does* [crack cocaine]; *Crack does not discriminate*." Yet another participant noted, "[The typical crack cocaine user] *depends on where you're at on the street … you're going to see more women because it's prostitution*." Community professionals described typical crack cocaine users as concentrated among "*older African-Americans*." A law enforcement officer speculated, "*Maybe it's people that were doing* [crack cocaine] *in the '90s* [and] *are still finding it.*" A treatment provider similarly stated, "*Usually* [crack users] *started in the '80s during the crack epidemic and continued from there. I'm not hearing it as much with younger guys.*"

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall 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, "*If crack's a '10,' heroin's a '15;*' [Heroin is] *an epidemic right now*." Other participants reported: "*A lot of crack cocaine dealers are switching over to heroin; Heroin is one phone call away.*" While many types of heroin are currently available in the region, participants reported the availability of white powdered heroin (aka "china white") as the most available, followed by tan and brown powdered heroin. Participants reported low availability for black tar heroin, most often reporting its current availability as '1;' the previous most common score for black tar heroin was '6.' A participant reported having to go to neighboring Lima [Allen County, Dayton Region] to obtain black tar heroin.

Community professionals most often reported current availability of heroin as '10;' the previous most common score was '7.' A treatment provider commented, "*We have more heroin users than we … see for 'pills' (prescription opioids).*" Another treatment provider added, "[Heroin is] *cheaper and easier* [to obtain than prescription opioids] … *Even* [users] *that have never done heroin, are now doing*

heroin, and they come back to see us [for treatment]." A law enforcement officer remarked, "[Heroin is] *an epidemic*." Community professionals also reported the availability of white powdered heroin as the most available type of heroin in the region. A treatment provider commented, "[Clients] *always say 'china white*.'" A multi-area narcotics task force agent reported, "*We're not finding black tar* [heroin] *very much*." A sheriff's deputy said, "*A couple years ago, we were seeing more of the black tar … now we're seeing more of the white powder*."

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Toledo police arrested a man who was selling heroin in the middle of a street in central Toledo (www.toledonewsnow.com, May 15, 2014). Bowling Green Police charged a woman with involuntary manslaughter after a young man died from overdose of the heroin she supplied him (www.toledonewsnow.com, June 6, 2014). Toledo local media published a series of articles focusing on the opiate epidemic in Ohio and how it is personally affecting many local communities; the articles cover how users progress from prescription pain medication to heroin, the need for increased medical assisted treatment (MAT), personal stories of addiction and people who have lost individuals to addiction, as well as the need for policies, programs and increased addiction education for doctors (www.toledoblade.com, Feb. 2014). A town hall meeting in Sylvania (Lucas County) focused on heroin and prescription drug use and what parents and the community can do to combat the epidemic (www.toledoblade.com, March 27, 2014). The CASA program at Huron County Juvenile Court reported a rise in number of heroin-related abuse, neglected and dependent cases; nearly half of the 85 cases they handled were heroin-related (www.norwalkreflector.com, Feb. 23, 2014). Eerie County Sheriff's Office distributed naloxone to deputies and they reported having already seen many positive results (www.13abc.com, May 14, 2014).

Participants and community professionals reported an increase in the general availability of heroin during the past six months. A participant reported, "[Heroin availability is] *increasing dramatically in Defiance (Defiance County)*." A treatment provider reflected, "*It used to be pills. Now it's heroin*." Police reported heroin is on an "*upward trend*." The BCI Bowling Green Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

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

Most participants continued to rate the current overall 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.' Participants reported that brown and white powdered heroin in the Toledo area are cut (adulterated) with lactose, Motrin® and prescription opioids (most notably fentanyl). Most participants echoed the sentiments of one participant who said that white powdered heroin is being cut with fentanyl more often. A participant described fentanyl-cut heroin as having a grayish color. Community professionals were also aware of fentanyl-cut heroin. A treatment provider explained, "*You see these increased overdoses … it relates to the potency and what people are cutting* [heroin] *with. They're cutting it with fentanyl and that creates serious issues*." Law enforcement observed: "[We've seen] *several deaths …* [heroin] *overdoses in the areas that we cover; OD's (overdoses) off the chart*."

Overall, participants reported an increase in the quality of heroin during the past six months; more specifically, participants observed a decrease in the quality of brown powdered heroin and an increase in the quality of white powdered heroin. A participant reported, "[Brown powdered heroin is] *really not all that good and a lot of people went to the* [white] *powder*." Participants confirmed: *"The past six months to a year the quality of 'china' (white powdered heroin) has gotten higher and higher; Even* [higher quality] *in the last four months*."

Heroin	Cutting Agents Reported by Crime Lab
	• diphenhydramine (antihistamine) • quinine (antimalarial)

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," as a participant explained, "*Most of the time*

it's a piece of paper that [dealers] *just fold up* [with heroin]." Reportedly, these packs and papers are typically about 1/10 gram of heroin, which cost about the same whether brown or white powdered heroin. However, when purchasing one gram amounts, participants reported that white powdered heroin is more expensive than brown powdered. Participants did not report pricing for black tar heroin, yet shared that small amounts of this type of heroin are often sold wrapped in foil.

Heroin	Current Street Prices for Heroin	
	white powdered heroin:	
	1/10 gram	$50
	A gram	$100-200
	brown powdered heroin:	
	1/10 gram	$10-20

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant explained, "*They're gonna have one dumb person trying to snort it.* [I] *tried snorting* [heroin] … *immediately went to shooting it.*"

Participants reported getting syringes from heroin dealers, convenience stores, pharmacies, large retailers and diabetics. Participants remarked: "'*Dope' (heroin) dealer sells them; three to five bucks …* [for] *a bag of 10* [syringes]." Previous reporting recounted the ease of purchasing needles in stores throughout Toledo. This is the first time participants reported having difficulty in purchasing needles. In smaller towns, outside of Toledo, it appeared to be more difficult to purchase needles from stores. A participant commented, "*It's very hard* [to obtain needles from a pharmacy] … *a lot of places won't sell them to you if you don't have your insulin prescription.*"

There appears to be differences in pharmaceutical discretion, as one participant shared, "*I walked into a* [local pharmacy], *they told me 'no.' As I walked out to the parking lot … the pharmacist, the head guy, walked up to my car and said, 'Come back in here. I'm going to sell you these needles because even if you're using them for drugs I want you to have clean needles.' And he brought me back in and sold me the needles.*" Another participant explained, "*It depends on where you're at. Like, Van Wert's a small town (Van Wert County). You go to the pharmacy* [there] … *you're not getting* [needles]. *You go right over the state line to Decatur (Indiana), which is 20 miles away from Van Wert. You can go to Walmart, show your ID and they'll sell you a box of needles.*"

Several participants ventured: "*I don't know if they think they're going to stop drug use that way* [by refusing to sell needles to drug users], *but it's probably the dumbest thing that they could possibly do; Not selling needles to the public is not going to stop people from using.*" For these reasons, participants reported it is common practice to reuse and share syringes. One participant explained, *"I didn't have any other needle and I was so sick* [from withdrawal], *I didn't care."* Additionally, participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing it time and time again. Several participants expressed a need for a needle exchange in the region. One participant added, "[A needle exchange is needed] *even in the outer lying counties, not just in the cities.*"

Participants described typical heroin users as white, middle class, from the suburbs and between the ages of 16 and 30 years. Participants observed a majority of heroin users in various settings and reported: "*I was recently in CCNO* [Corrections Center of Northwest Ohio] *and I remember looking around in my pod that I was in and thinking, 80 percent of these girls are 25 or younger, 80 percent of these crimes are heroin; I was just in CTF* [Correctional Treatment Facility] *and out of 23 women, only 3 of us were crack users … the rest were 26 (years old) and under and all heroin users; When I first got here* [to the treatment facility], *there were only two alcoholics and the rest were heroin users.*" One participant further explained, "*Honestly, if someone sees that I'm from Hancock County and I'm white and in Toledo, they're gonna ask* [if I want to purchase heroin] … *'cause I'm white and I'm young and I have tattoos … The cops know, too. If they see Hancock County tags, you're getting pulled over.*"

Treatment providers described typical heroin users as younger adults in their early 20s or 30s and more often white. However, clinicians quickly acknowledged working with a diverse population of heroin addicts and commented: "*We have* [heroin users] *at 18 (years of age) and one at 74; A couple that are upper class, big money people.*" A treatment provider reflected, "*What you hear is they started out on pain killers … and then when they couldn't get that, they start snorting heroin and then injecting it.*"

Police officers described typical heroin users in two groups: 1) younger, disproportionately white and likely to be experimenting with drugs or 2) older individuals that initially were prescribed opioids to address a pain issue, got addicted and switched to heroin. One officer explains, "*We'll see the younger kids that are doing* [heroin] *just to get a high, or the older person that's been on Percocet® or 'oxys'* [OxyContin®], *and they can't afford the prescription anymore and they realize they can get the heroin cheaper.*" In affirming that heroin abuse may be experienced across age and gender, one officer commented, "*We had three overdoses this past week. One was a 55-year-old white male. The other two were younger, one male, one female. One was 18. The other one was 20. It's cross the gender barrier. It's crossed the racial barrier …* [Heroin use is] *definitely a … white problem, but it's also everybody's* [problem]."

Prescription Opioids

Prescription opioids rremain highly available in the region. Participants most often reported current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Percocet® and Roxicet® as the most popular prescription opioid in terms of widespread use. Vicodin® is readily available, but not preferred, as one participant explained, "[Vicodin® is] *like takin' an aspirin … I wouldn't buy them.*"

Community professionals also most often reported current availability of prescription opioids as '8;' the previous most common score was not reported. A treatment provider reported, "*Heroin is more available* [than prescription opioids]." A law enforcement officer shared, "*I'm still finding* [prescription opioid pills] *on people.*" Treatment providers and law enforcement officers also reported Percocet® and Roxicet® as most popular and added that OxyContin® and Opana® are still somewhat popular among drug users. Treatment providers also noted that Vicodin®, although readily available, is not preferred. A treatment provider commented, "[Vicodin® is] *given out like candy* [because] *it's supposed to be safer.*"

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a vehicle in Wood County for speeding and, while talking with the driver, the driver dropped a baggie containing 27 hydrocodone pills on the ground, and when the troopers searched him, they discovered 76 additional pills in the driver's pants pocket (www.statepatrol.ohio.gov, Jan. 9, 2014). Also in Wood County, OSHP arrested a man after stopping him for a marked lanes violation and discovered liquid codeine and 130 hydrocodone pills in plain view in the center console (www.statepatrol.ohio.gov, Jan. 11, 2014). OSHP arrested two women when their vehicle was pulled over for speeding because officers found 1,206 oxycodone pills and a gram of marijuana (www.fox8.com, Jan. 17, 2014). In Wood County, OSHP stopped a vehicle for speeding and a probable cause search revealed 326 (30 mg) OxyContin® pills, 36 (10 mg) OxyContin® pills and a small amount of marijuana in the driver's pocket (www.statepatrol.ohio.gov, March 4, 2014). OSHP arrested a driver in Hancock County following a traffic stop after 120 Percocet® pills and 12 Xanax® pills were found in a gym bag in the trunk of the vehicle (www.statepatrol.ohio.gov, May 20, 2014). OSHP seized 310 oxycodone pills when a drug-sniffing canine alerted troopers to a vehicle while it was stopped in Hancock County for registration and headlight violations (www.statepatrol.ohio.gov, June 27, 2014).

Participants reported a general decrease in availability of prescription opioids during the past six months. A participant stated, "[Prescription opioids] *used to be all over, but it's getting hard now* [to find them]." Participants often attributed the decrease in availability to a decrease in prescription writing by doctors. Participants reported: "[Doctors are] *reluctant to give out medications; A lot of the doctors around here quit prescribing* [opioids]."

Community professionals also reported decreased availability of prescription opioids during the past six months. Law enforcement commented: "*Downward trend,* [but prescription opioids are] *still out there; Everybody's going to heroin.*" Similar to participant's responses, community professionals connected the decrease in availability to the reluctance of doctors to prescribe these drugs and increased security measures. Treatment providers stated: "[Doctors have] *become much more aware that this is an issue; Doctors* [are] *being more cautious;* [Doctors] *don't* [prescribe opioids] *as much or for as long.*" Law enforcement also reported new procedures in some jurisdictions, as an officer explained, "[Now] *if we go to a call of a deceased person, we're taking all of the prescription drugs with us.*" In addition, a deputy reported that there are drop-off locations to facilitate prescription disposal and commented,

"We're trying to limit prescription drugs on the street … We've got a lot of the turn-in places around the county. Turn in your old scripts, or grandma's scripts, bring them in and drop them off." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months.

Prescription Opioids

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

Current street prices for prescription opioids were consistent among participants with experience buying the drugs. One participant remarked, "*The 'pills' (prescription opioids) are too expensive …* [Prescription opioid users] *went straight to using heroin because it's cheaper.*"

Prescription Opioids

Current Street Prices for Prescription Opioids	
Opana®	$0.50 per mg
OxyContin® OP (*new formulation*)	$40 for 80 mg
Percocet®	$1 per mg
Roxicodone®	$25-30 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants and community professionals reported users getting them from people with prescriptions. One participant explained that users get these drugs from people who are prescribed them legally and do not take them. A law enforcement officer commented, "*A lot of times it's people that are on disability* [who sell prescription opioids] … *and they're receiving their drugs for that* [disability], *and they're keeping back what they actually need and then they're selling the others to help their income because they're on a fixed income.*"

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit prescription opioid users, five would shoot and five would snort the drugs. Participants indicated that the route of administration varies for each drug and sometimes for different milligrams of these drugs, as a participant illustrated, *"If it's a 'big' (higher milligram) Percocet®, I'm gonna chew it … but if it's a little one, I'm gonna snort it."*

According to participants, some prescription opioids, such as OxyContin® and Opana®, have fallen out of favor because of their new abuse-deterrent formulations; users are not interested in pills that cannot be snorted or injected. These abuse-deterrent formulations have altered routes of administration and preference for these drugs. A participant commented, "*They've been* [reformulating] *everything to where either it gels up* [and] *you can't snort it or shoot it, so everybody had to move on* [to heroin]." Other participants rebutted, "*But you still can. Even though they have it gelled,* [you] *still can … shoot the pills up; People microwave it; There's ways … a user will figure out a way.*"

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described illicit users of prescription opioids as everybody. Community professionals described typical illicit users as younger (teens through 30s). Treatment providers commented: "*Straight across the board;* [Users] *start out on pills;* [Prescription opioid addiction] *usually starts out with an injury.*"

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® 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.' One participant commented, "*Everybody's always tryin' to sell me some Suboxone®.*" Other participants claimed: "*You can get* [Suboxone®] *anytime; There was a girl selling* [Suboxone®] *in here* [treatment facility]. *That's available.*" Participants referred to Suboxone® sublingual strips and did not have knowledge of the Suboxone® pill form availability. Community professionals most often reported current availability as '10' as well; the previous most common score was also '10.' Law enforcement reported: "[Illicit Suboxone® is] *a huge problem for law enforcement, especially on the corrections side of it;* [Inmates are] *getting* [Suboxone® strips] *actually mailed into facilities.*"

Participants reported that the availability of Suboxone® has increased during the past six months. One participant replied, "[Suboxone® is] *getting much easier* [to obtain]." Community professionals also reported increased availability during the past six months. Treatment providers shared: "*Increased; We've had more folks come in for the Suboxone®.*" In addition, law enforcement commented on the increased availability on the street as well as in clinics: "[Suboxone® is] *becoming popular on the street now. Before six months ago, you barely, rarely heard of it; People are starting to have* [Suboxone®] *programs everywhere; Now availability is everywhere.*" The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Suboxone®

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

Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual film strips sell for $10-20 each. One participant explained, "[Suboxone® is] *ten dollars if someone's being nice, usually it's $15.*" Participants did not have knowledge of Suboxone® tablet form availability. In addition to obtaining Suboxone® on the street from dealers, participants reported getting them from people they knew who had prescriptions.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration are sublingual (dissolving under the tongue) and intravenous injection (aka "shooting"). Participants responded: "*I shoot* [Suboxone®] *if I can; Just put* [Suboxone®] *in your mouth and let them dissolve.*"

Participants described typical illicit users of Suboxone® as heroin users who self-medicate to avoid withdrawal symptoms of heroin. A participant explained, "*A lot of people who seek Suboxone® are people who are trying to wean themselves off heroin and want to do it themselves.*" Community professionals most often described typical illicit Suboxone® users as young (20s and 30s), white males. A law enforcement officer commented, "*White males with opiate problems.*" Treatment providers explained that users most often self-medicate.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals were congruent in their availability ratings. Both groups most often reported current availability of sedative-hypnotics 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 and community professionals were also in agreement in identifying Xanax® as the most popular sedative-hypnotic in terms of widespread use. One participant reported, "*You can find* [Xanax®] *anywhere.*" A law enforcement officer stated, "*Xanax®, that's the popular name brand that everybody wants.*"

Media outlets reported on law enforcement seizures of sedative-hypnotics in the region this reporting period. OSHP arrested three people following a traffic stop in Ottawa County when 119 Xanax® pills and a gram of heroin were seized (www.statepatrol.ohio.gov, Jan. 27, 2014). In Hancock County, OSHP stopped a vehicle for several traffic violations and discovered 96 Xanax®, 140 Percocet® pills and 30 oxycodone pills (www.statepatrol.ohio.gov, April 19, 2013). OSHP seized 109 carisoprodol (generic muscle relaxant) pills, 60 Xanax® pills, 40 acetaminophen pills and 1,509 oxycodone pills during a traffic stop in Wood County (www.statepatrol.ohio.gov, April 21, 2014). An OSHP drug-sniffing canine alerted troopers to a vehicle's trunk when it was stopped in Hancock County for a registration and taillight violation; 620 Xanax® pills were seized (www.statepatrol.ohio.gov, June 29, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant explained, "*You can get* [sedative-hypnotics] *anytime.*" However, one participant suggested an increase specifically in the availability of Ativan® explaining, "*Doctors are using* [Ativan®] *as a substitute for Xanax®.*" Law enforcement also reported that the availability of sedative-hypnotics has remained the same during the past six months, while treatment providers noted an increase specifically in the availability of Klonopin®. One clinician reported, "*I'd say lately we've been having a lot of* [people coming in reporting they used] *Klonopin®.*" The BCI Bowling Green Crime Lab reported that the number of Ativan®, Klonopin® and Valium® cases have increased during the past six months, while the number of Xanax® cases has decreased.

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

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

Sedative-Hynotics	Current Street Prices for Sedative-Hypnotics
Ativan®	Free or through trade
Klonopin®	$1 per mg
Xanax®	$1-2 per 0.25 mg $2-5 per 1 mg $5-10 per 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and others who have a prescription. One participant reported, "[Sedative-hypnotics are] *really easy to get prescribed*." Another participant added, "*You could walk into a doctor's office today and get* [sedative-hypnotics prescribed] *within five minutes.*" A treatment provider commented that when clients talk of getting sedative-hypnotics on the street or from people with prescriptions, *"It depends on who* [the user] *knows, maybe this person gets scripts of Xanax® each month, but if* [the user] *can't get ahold of them,* [the user would] *know this person that has Klonopin®*."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration remain snorting and oral consumption. One participant reported, "*Just eat 'em,*" while another commented, "*snort them*."

Participants described typical illicit users of sedative-hypnotics as white, younger (16-25 years of age) and "*anyone who likes heroin.*" Law enforcement described typical illicit users as white and commented: "*White females; Seems like there's more females that are using* [sedative-hypnotics]." Treatment providers also reported seeing more women than men as users. One treatment provider supposed, "*I think women, in general, carry more stress with the family and still trying to maintain some kind of normalcy* [tend to use or obtain prescriptions for sedative-hypnotics]."

Marijuana

Marijuana 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 remarked: "*Everyone likes marijuana; If* [people] *ever use any kind of drug at all, the first one they use is marijuana*." Community professionals agreed with participants and most often reported current availability of marijuana as '10;' the previous most common score was also '10.' A law enforcement officer responded, "*A lot of our problems are coming out of Michigan and Colorado because of the legalizatio*n [of marijuana]."

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. OSHP arrested a driver in Wood County when they discovered two modified soda cans in the vehicle; one contained 15 grams of marijuana and the other contained 120 oxycodone pills (www.statepatrol.ohio.gov, Jan. 14, 2014). OSHP seized two pounds of marijuana and 1.5 pounds of hashish after stopping a car for speeding in Hancock County (www.northwestohio.com, Jan. 22, 2014). Toledo Police participated in an operation in which they seized 36 marijuana plants, 8.5 pounds of marijuana, 129 pharmaceutical pills, 10 grams of heroin and 52.2 grams of crack and powdered cocaine (www.toledonewsnow.com, Feb. 24, 2014). OSHP arrested a man after they stopped him for a moving violation in Lucas County and discovered a pound and a half of marijuana under the car's center console (www.statepatrol.ohio.gov, April 17, 2014). Media also reported on a group of individuals who have created a "Sensible Toledo" ordinance in which they ask to decriminalize marijuana in Toledo (www.toledonewsnow.com, May 12, 2014).

Participants, treatment providers and law enforcement reported that the availability of marijuana has remained the same during the past six months. A treatment provider commented, "[Marijuana has] *always been the same* [high availability]." Other treatment providers explained: *"I believe* [clients] *do* [marijuana] *as a leisure drug … a lot of them don't even … think it's a drug; They look at it … like they are smoking a cigarette*." The BCI Bowling Green Crime Lab

reported that the number of marijuana cases it processes has increased 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 quality scores of marijuana ranged from '7' for commercial grade to '10' for hydroponically grown marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were the same, '7' and '10' respectively. A law enforcement officer added, "*It's easier to access quality weed* [high-grade marijuana]."

Several participants explained that the price of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (high-grade marijuana). Current street prices for marijuana were provided by participants with experience buying the drug. Participants reported commercial grade marijuana as the cheapest form.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	$5-10
	1/8 ounce	$20-25
	An ounce	$100-120
	A pound	$3,000
	high grade:	
	a blunt or two joints	$10
	1/8 ounce	$50
	1/4 ounce	$100

Participants continued to report that the most common route of administration of marijuana remains smoking. Participants also reported occasionally eating the substance in baked goods.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as everyone. In addition, participants and community professional groups both discussed how marijuana use relates to other addictions. Several participants shared that, although marijuana remains readily available, they do not spend their money on it: "*Once you have an addiction* [to other drugs, particularly heroin]*, you don't spend your money on* [marijuana]*; I haven't had weed in my system because any money I would get would go straight to heroin*." However, a law enforcement officer related, "[Most users] *constantly still smoking weed* [marijuana], *but gradually doing other things. I've heard quite bit of, 'I started smoking weed when I was younger and as time goes on I may still smoke weed, but now I'm also using cocaine and I'm also using heroin, using 'benzos' (benzodiazepines), drinking* [alcohol] *all the time.'*"

Methamphetamine

Methamphetamine availability remains variable throughout the region. Participants most often reported higher availability in more rural areas of the region. The majority of participants rated the drug's availability as '10' for rural areas and '1' for urban areas of the region 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' and '1' respectively. Community professionals reported similar availability of the drug rating rural availability as '7-10' and urban availability as '1-4;' previous most common scores were '6-9' and '1-5' respectively. A treatment provider commented, *"*[Methamphetamine is] *still readily available in this area."*

Participants reported that methamphetamine is available in both powdered and crystal forms. Community professionals also commented: *"Crystal and powder; Not being purified enough to be crystal* – [Methamphetamine in the area] *looks off-white*."

Participants from rural communities commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Law enforcement and treatment providers also reported that users are most often making methamphetamine themselves. A treatment provider commented, *"People are making* [methamphetamine] *themselves, but they might also get it from other 'suppliers' (dealers)."* A law enforcement officer explained, "*A lot of the times* [methamphetamine production is] *a group of people, four or five people and they'll go out and get their Sudafed® and they'll get enough to cook it up … or all four or five of 'em get high and they're not really selling it, but they're working together as a unit to be able to make it.*"

Participants reported that the availability of methamphetamine has remained the same during the past six months. Law enforcement reported that methamphetamine availability has increased in rural areas during the past six months. An officer commented, "*We've had over 50 meth labs here in the counties that we cover.*" Urban law enforcement officers report no change in the drug's availability. 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	No Change
Law enforcement	Increase
Treatment providers	No Comment

Most participants rated the current overall quality of both crystal and powdered methamphetamine (aka "shake-and-bake") as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score, reported for powdered methamphetamine only, was '5.' A participant reported variability in quality and commented, "*Sometimes* [quality is] *a '10' and sometimes it's alright and it's a '6.'*" Another participant added, "*Meth* [high] *lasts so much longer* [than crack cocaine]." Most participants agreed that crystal methamphetamine is of a higher quality than the powdered type, as a participant explained, *"You can make shake-and-bake almost to an 'ice' (crystal methamphetamine) texture, but it's not the same … Ice is better (higher quality)."*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. One participant reported that powdered methamphetamine was "*the poor man's drug*" and explained, "*$12 can get you 5 grams.*" Participants reported that a gram of crystal methamphetamine sells for $100-120.

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 methamphetamine users, approximately eight would shoot and two would snort the drug.

Participants were unable to describe the typical methamphetamine user. Treatment providers described typical users of methamphetamine as: "*Guys in there 20s, but mainly 30s; Usually white Caucasian guys.*" Law enforcement also described typical methamphetamine users as white and younger, as one officer commented, "*For the most part, the younger crowd … 19 to 30* [years of age]. *Some other ones that are older, but most times it's the younger crowd, 30 or younger* [who use methamphetamine]."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants continued to report high availability of bath salts, especially in rural areas, most often rating 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 '5.' However, only two participants reported using bath salts during the past six months. Law enforcement rated current availability as '3;' the previous most common score provided by treatment providers was '8-10.' A law enforcement officer observed, "[Bath salt availability] *goes from a '10' down to a '4' and back up again … it goes in waves. We see a whole bunch of it and then none.*"

Participants and community professionals indicated a decrease in bath salt availability during the past six months. A participant reminisced, *"*[Bath salts] *used to be pretty* [prevalent]." Law enforcement attributed the decrease to focused enforcement efforts. A multi-area narcotics task force officer reported, "*We have had, in the past, a huge problem with* [bath salts]*, but with closing down the multiple major distributors locally,* [users] *had to go to the Internet to obtain it, so our* [local availability] *has slowed down drastically.*"

Bath Salts	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

The two participants with experience purchasing bath salts reported that the most common brand is called *Jumpstart* and it sells for $70 per gram.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the drug's current availability 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 '7.' Law enforcement reported still seeing ecstasy in the areas they cover and most often rated current availability 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 '5.'

Media outlets reported on law enforcement seizures of ecstasy in the region this reporting period. OSHP seized 2,421 ecstasy pills following a traffic stop in Hancock County; three individuals were arrested (www.fox8.com, Jan. 9, 2014). Law enforcement indicated a general decrease of ecstasy availability, as one officer commented that the drug is on a downward cycle.

Ecstasy was not reported as a drug of choice for the participants, so they lacked detailed information on this substance. For instance, participants were unable to provide a quantity, but reported the average price for "molly" (powdered MDMA) as $10-20. Participants reported that ecstasy and molly are typically used by to those who attend music festivals in the region as well as by "hippies." Law enforcement reported that ecstasy is concentrated among younger users (junior high through college aged) and among certain professions (strippers, exotic dancers and prostitutes).

Other Drugs

Participants and community professionals discussed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (psilocybin mushrooms), inhalants and synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice").

Hallucinogens remain available in the region. However, participants reported only on psilocybin mushrooms which are purportedly found in rural areas throughout the year. Participants most often reported the current availability of psilocybin mushrooms 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 '4.' One participant reported, "*I know people that grow* [psilocybin mushrooms]." Another participant reported, "*It's kinda like 'weed' (marijuana),* [using psilocybin mushrooms] *doesn't get the hard rap like other drugs do.*" Law enforcement most often reported the drug's current availability as '3.' An officer reported, "*That's almost a specialty item that a certain group likes, and* [psilocybin mushroom users are] *generally the ones that are into the hallucinogens, acids (lysergic acid diethylamide, aka LSD) and that type of stuff.*"

Reportedly, current pricing for psilocybin mushrooms is $40 for 1/8 ounce. One participant boasted, "*I never paid for* [psilocybin mushrooms]. *I just trade them* [for other drugs]." The most common routes of administration remain oral consumption and smoking. One participant said, "*Dry* [mushrooms] *out and eat them.*" Another participant explained users smoke the drug by, "*Dryin'* [mushrooms] *out, crushin 'em up and puttin 'em in their joints* [with marijuana]." Participants described typical psilocybin mushroom users as more often white, 15-30 years of age, hippies (young or older) and drug dealers. A participant reported that psilocybin mushroom users generally, "[Use mushrooms] *at bonfires* [or] *have a rave* [dance party]."

Inhalants remain readily available throughout the region and participants reported these as a niche drug used mostly in rural areas among adolescents. A participant reported, "*You can buy* [nitrous] *at a porn store.* [They're called] *'huff dusters,' 'nitrous crackers' … You go to a porn store and there's little blue canisters and then you crack 'em, put 'em in a balloon and huff 'em.*"

Only one participant reported having used synthetic marijuana during the past six months, but this was not a drug of

choice by the majority of participants and few had experience with the substance. Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. Two businessmen were arrested and charged in Toledo with trafficking synthetic marijuana from a small shop in Fulton County (www.toledonewsnow.com, May 9, 2014).

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, 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 heroin and Suboxone® and decreased availability for bath salts and prescription opioids.

Participants and community professionals reported an increase in the general availability of heroin during the past six months. Participants remarked that heroin is now more available than crack cocaine; in fact, participants noted that many crack cocaine dealers have switched to heroin sales. Participants were in agreement in the belief that the region is experiencing an epidemic of heroin use. Treatment providers reported that they now treat more heroin users than prescription opioid addicts.

While many types of heroin are currently 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 is 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, describing more heroin overdoses as a result of more heroin cut with fentanyl. Law enforcement observed more heroin overdoses during the past six months.

The most common route of administration for heroin remains intravenous injection and, for the first time, participants this reporting period noted difficulty in purchasing injection needles. Reportedly, in smaller towns outside of Toledo, it appears to be more difficult to purchase needles from stores and retail pharmacies, as some require a prescription for purchase. Participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing needles time and time again. Several participants expressed a need 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 that initially were prescribed opioids to address a pain issue who got addicted and switched to heroin.

Participants often attributed the decrease in availability of prescription opioids during the past six months to a decrease in prescription writing by doctors; and 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 are 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® is readily available, but not preferred. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months.

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

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