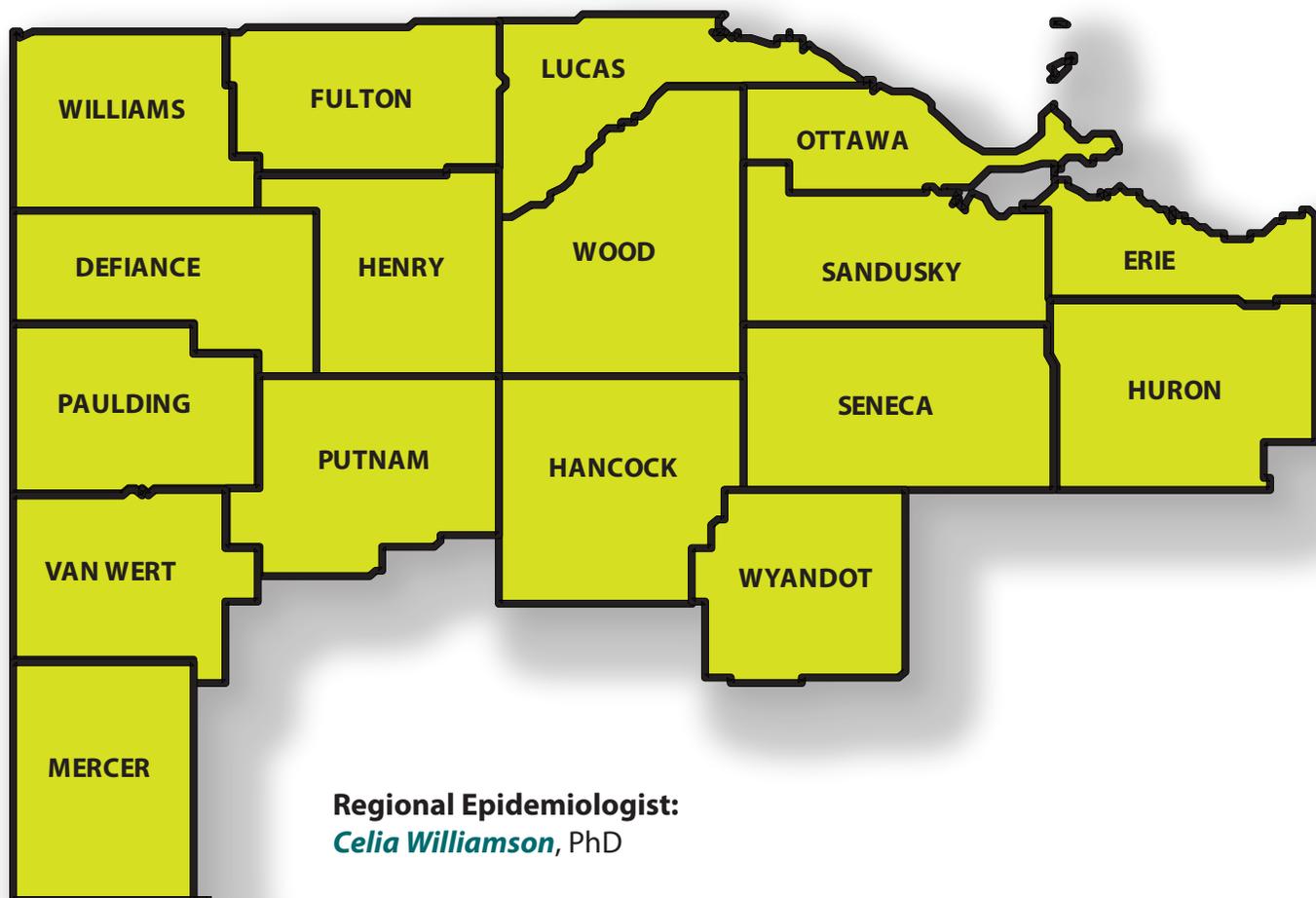


Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Toledo Region

January-June 2012

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Toledo Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	40
Gender (Female), 2010	51.2%	51.1%	43.6% ²
Whites, 2010	81.1%	83.7%	54.1% ³
African Americans, 2010	12.0%	8.0%	32.4%
Hispanic or Latino Origin, 2010	3.1%	5.4%	0.0%
High school graduates, 2009-2010	84.3%	83.8%	82.1% ⁴
Median household income, 2010	\$45,151	\$46,040	Less than \$11,000 ⁵
Persons below poverty, 2010	15.8%	14.6%	60.5% ⁶

Ohio and Toledo statistics are derived from the U.S. Census Bureau.¹

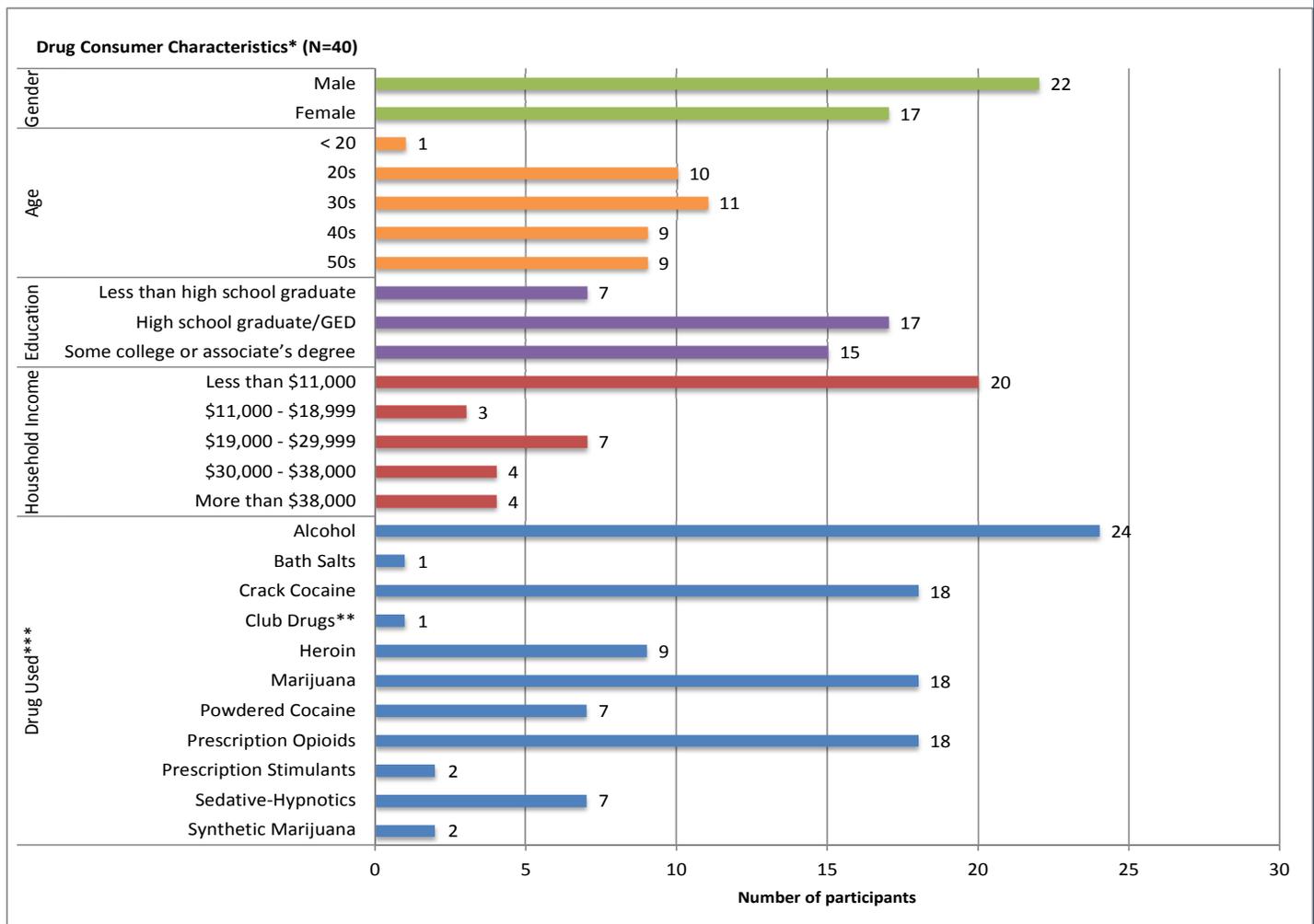
Gender was unable to be determined for one respondent due to missing data.²

Race was unable to be determined for three respondents due to missing data.³

Graduation status was unable to be determined for one respondent due to missing data.⁴

Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for two respondents due to missing data.⁵

Poverty status was unable to be determined for two respondents due to missing or insufficient data.⁶



*Not all participants filled out forms; therefore, numbers may not equal 40.

**Club drugs refer to Ecstasy.

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

Data Sources

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 Lucas and Sandusky counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green Office, which serves northwest Ohio. BCI data are summary data of cases processed from July to December 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current BCI data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2012.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get); community professionals reported availability as '10'. However, in Huron County, powdered cocaine was thought to be less available. Participants and community professionals most often reported that the availability of powdered cocaine had stayed the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processed had also stayed the same during the previous six months. Throughout the region, participants reported variability in the quality of powdered cocaine: most participants in Toledo rated quality of powdered cocaine as '4,' whereas, participants in Huron County most often reported quality as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, inositol (dietary supplement) and dietary supplement dietary supplement dietary supplement levamisole (livestock dewormer). The most commonly cited street name for powdered cocaine remained "soft." Participants reported the following prices for powdered cocaine: a gram sold for between \$40-50 for cut product and between \$70-100 for pure product. The most common route of administration for powdered cocaine remained snorting. Participants described typical users of powdered cocaine as, "college White kids; people in their 20s; professionals; White guys; yuppies" and described powdered cocaine as, "a party thing; a social drug" used while at night

clubs. In Huron County, powdered cocaine was reportedly also accessible to high school students.

Current Trends

Powdered cocaine remains highly available in the region. Participants most often reported the current availability of powdered cocaine 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.' Treatment providers in Lucas County most often reported current availability as '9,' while those in Sandusky County rated availability as '7,' the previous most common score among community professionals was '10.' A Sandusky County treatment provider reported, "Many of our clients are coming here because of [arrests for] possession of cocaine." The U.S. Drug Enforcement Agency (DEA) in Toledo, which covers 24 counties in northwest Ohio and three in southeast Michigan, reported current availability of powdered cocaine as '7.' Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In February, 51 people were arrested in Toledo through law enforcement efforts led by Toledo police; raids conducted during a five-day period resulted in the confiscation of \$30,000 worth of illegal drugs, which included: 5.5 pounds of marijuana, an ounce of heroin, 104 prescription opioid pills and 60 grams of cocaine (www.northwestohio.com, Feb. 19, 2012). In March, the Ohio State Highway Patrol seized six kilos of cocaine valued at more than \$500,000 during a traffic stop on the Ohio Turnpike (www.perrysburg.wtol.com, March 23, 2012); a drug sweep in Mercer County resulted in the arrest of 20 people for numerous drug-related crimes, including drug trafficking in cocaine, heroin, marijuana and prescription opioids (www.wane.com, March 20, 2012). In April, law enforcement in Fremont (Sandusky County), following up on complaints of drug activity, found two pounds of marijuana and 50 grams of cocaine worth more than \$13,000 (www.thenews-messenger.com, April 5, 2012).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, treatment providers in both Lucas and Sandusky counties reported a slight increase in the number of clients during the past six months entering treatment with cocaine in their systems. A treatment provider in Sandusky County reported, "Charges [police arrests] have increased because [powdered cocaine] it's more prevalent." The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processed has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was either '4' or '10,'

depending on location within the region. Most participants agreed with one participant who said that generally the quality of powdered cocaine is “garbage.” A participant commented, “Everybody’s put a cut on it [powdered cocaine] to make money.” Another participant compared the past and current quality of powdered cocaine, reporting, “It [quality of powdered cocaine] was fishy. I mean, it looked like fish scales [high quality cocaine]. Now it sucks. All people do is complain about it.” Participants reported that powdered cocaine in Toledo is cut with B-12, baby powder, baking soda, bath salts, creatine, laxatives and Tylenol®. The BCI Bowling Green Crime Lab continued to cite the following substances as commonly used to cut cocaine: benzocaine (local anesthetic), caffeine, inositol (dietary supplement) and dietary supplement dietary supplement dietary supplement levamisole (livestock dewormer). Overall, participants reported that the quality of powdered cocaine has stayed the same during the past six months. The DEA reported that the quality of the powdered cocaine they encounter in this area is 70-80 percent pure; reportedly, the purity of the cocaine has remained consistent during several seizures.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were “powder” and “soft.” Participants listed the following as other common street names: “bitch,” “blow,” “candy,” “coke,” “Christina Aguilera,” “fish scales,” “good fish” (for raw or pure cocaine), “re-re” (for re-rocked or cocaine that has been rocked and then broken down again into powder), “snow,” “white” and “white girl.” Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between \$40-50, depending on the quality; 1/16 ounce, or “teener,” sells for between \$70-80; 1/8 ounce, or “eight ball,” sells for between \$120-150; an ounce sells for between \$500-600. Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10-powdered cocaine consumers, participants reported that approximately 7-8 would snort and the rest would either intravenously inject or smoke the drug. However, a participant, in response to discussion of injection of powdered cocaine, reported, “... when you’re shooting cocaine, you keep wanting to do it so you’re shooting so much that you’re collapsing all your veins.”

A profile for a typical powdered cocaine user did not emerge from the data. A participant stated, “Back in the day, it [powdered cocaine] used to be more for a higher class of people.” Another participant reported, “[Powdered cocaine use] it’s [still] acceptable in that arena of people [higher class].” Generally, participants described typical users of powdered cocaine as “anybody.” However, in Sandusky County, participants reported that users were more likely to be under 30 years

of age. Treatment providers in Toledo reported seeing more White women with cocaine present in drug screens coming into treatment.

Reportedly, powdered cocaine is used in combination with alcohol, marijuana and prescription opioids. Alcohol and/ or marijuana were said to be commonly used to intensify the effect of powdered cocaine, while prescription opioids are often used to “come down” from the high of crack cocaine use. A toxicology expert at the coroner’s office stated that cocaine is commonly found in drug-related deaths within the 23 northwest Ohio counties and the three southeast Michigan counties his office serves. He reported, “Cocaine is not often the cause of death, but is often in the system of the deceased.”

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get); community professionals most often reported availability as ‘7’; with every professional stating that he or she encountered more cases of heroin and prescription opioid abuse than cases of cocaine abuse. Participants and community professionals reported that availability of crack cocaine had stayed the same during the previous six months. Quality of crack cocaine was variable throughout the region. Participants most often rated the quality of crack cocaine as ‘3’ and ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality), and reported that quality had stayed the same during the previous six months. Participants also reported that crack cocaine was cut with baking soda. The BCI Bowling Green Crime Lab reported that crack cocaine was typically cut with levamisole (livestock dewormer). The most commonly cited street names for crack cocaine were “butter,” “hard” and “work.” Participants reported that a gram of crack cocaine sold for \$40. The most common route of administration for crack cocaine remained smoking. Participants described typical users of crack cocaine as, “poor; no one with a good job; women prostitutes.” Treatment providers agreed that crack cocaine users were typically persons of low income.

Current Trends

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.’ Treatment providers in Lucas County and the DEA reported the current availability of crack cocaine in Toledo as ‘7.’ A treatment provider who works in a substance abuse and methadone maintenance facility commented, “They use it [crack cocaine], but it’s not their drug

of choice here. Treatment providers in Sandusky County also reported that crack cocaine is usually not a primary drug of choice, rating the current availability of crack cocaine as '3.' However, a treatment provider in Sandusky County reported, *"I'm sure if we wanted to buy it [crack cocaine], somebody would come up with it for us ... But, we don't see it here as much."* Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. In February, the Seneca County Drug Task Force seized a substantial amount of crack cocaine along with marijuana from a Fostoria home, where drug trafficking in crack cocaine was suspected (www.northwestohio.com, Feb. 17, 2012).

Participants reported that the availability of crack cocaine has remained stable during the past six months, while treatment providers reported they've seen a slight increase in the availability of crack cocaine. A treatment provider reported, *"We've seen an increase in clients coming in for treatment, ages 20s and 30s, having done cocaine ..."* The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processed has remained the same during the past six months.

Participants most often rated the quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '8'. Participants reported that the quality of crack cocaine has stayed the same during the past six months. A participant commented, *"By the time it [crack cocaine] gets to this part of the globe, it's been stepped on [adulterated] too much."* Another participant commented, *"If you playing the game for profit, you really don't think quality ... but, if you did it [crack cocaine] for fun, you think quality."* A participant explained that buyers will sometimes pay a street expert with experience to go with them when they make a crack cocaine purchase: *"That's why an individual who go to buy [crack cocaine] quantity, they pay somebody. You have to have experience [to get high-quality crack cocaine]."* Participants reported that crack cocaine in Toledo is cut with acetone, Anbesol®, aspirin, B-12, baby laxative, baking soda, caffeine, creatine and mannitol. The BCI Bowling Green Crime Lab continued to cite dietary supplement dietary supplement dietary supplement levamisole (livestock dewormer) as commonly used to cut crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "rock" and "hard." Participants listed the following as other common street names: "butter," "candy," "white girl" and "Whitney." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for

\$30; 1/16 ounce, or "teener," sells for between \$50-65; 1/8 ounce, or "eight ball," sells for between \$100-150; an ounce sells for \$800. However, a participant discussed that the time of day crack cocaine is purchased may influence the price: *"If it's midnight or two in the morning, you could pay \$200-250 for an eight-ball [of crack cocaine] if you want it."* Quality of the drug is another consideration. Whereas, an ounce may typically cost \$800, an ounce of high-quality crack cocaine could cost up to \$1,150. Participants reported that most users will buy smaller quantities, such as \$5 rocks or whatever amount of money the user has to spend. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking through a glass or metal pipe. Out of 10 crack cocaine consumers, participants reported that approximately nine would smoke and one would intravenously inject or "shoot" it.

A profile of a typical user of crack cocaine did not emerge from the data. Participants described typical users of crack cocaine as both older and younger people. A participant commented on the physical deterioration of those who have used crack cocaine for a long time, reporting, *"You can see the toll [crack cocaine use] it's put on them [users]."* Reportedly, crack cocaine is used in combination with heroin, called a "speedball." When the user wants to "come down" and go to sleep after using crack cocaine, he or she reportedly uses Xanax® and/or alcohol. A participant explained, *"I use to never do it [crack cocaine] unless I had some Xanax® to come down."*

Heroin Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the general availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get).

Participants attributed the high availability of heroin to arrests of area doctors who were prescribing prescription opioids, and to the change in the formulation of OxyContin®, which made it difficult to crush and use intravenously. While many types of heroin were available in the region, participants continued to report the availability of brown powdered heroin as most available. Participants and community professionals reported that the availability of all types of heroin had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of heroin cases it processed had increased during the previous six months. Participants

generally rated the quality of brown powdered heroin as '6' and white powdered and black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut heroin: caffeine, diphenhydramine (medication used to treat allergies) and lidocaine (local anesthetic). The most commonly cited street names for heroin were "dope" and "boy." Participants reported that a gram of brown powdered heroin sold for between \$30-50. The most common route of administration for heroin remained intravenous injection. Participants continued to describe typical users of heroin as most commonly, "White; younger; in their 20s."

Current Trends



Heroin remains highly available in the region. Participants most often reported overall heroin 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'. While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered heroin as most available. The DEA agreed that brown powdered is the most available type of heroin in the region, with an agent stating, "Most [heroin] is brown [powdered] heroin, Mexican heroin, coming from Mexico." A participant

commented, "Heroin is strong [in high demand] right now ... because they [law enforcement] are taking out the pill mills and stuff. Everybody's been switching [from prescription opioids] to heroin. [The crackdown on pill mills] it's just making it worse [heroin demand greater] ... people that was against it [heroin] for years started doing it [due to the expense and increased difficulty of obtaining prescription opioids]." Treatment providers in both Lucas and Sandusky counties also reported that heroin remains highly available, rating it a '10' in Toledo and a '9' in Sandusky County; the previous most common score was '10'. A treatment provider commented, "When I started working here [less than six months ago] there wasn't anybody coming in [to treatment] for heroin, and then, all of the sudden, there was a huge spike, with a lot of people coming in [due to heroin use]." The DEA reports that they are heavily involved in heroin investigations and arrests. A DEA agent reported, "Most of our focus right now is heroin. There's a lot of heroin out here."

Participants reported that the availability of heroin varied by type, rating availability of brown powdered and "china white" heroin as '10'; and availability of black tar heroin

as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Media outlets in the region reported on heroin seizures and arrests this reporting period. In June, the *Toledo Blade* reported that police seized \$545,000 worth of "china white" heroin in west Toledo, which was possibly linked to a number of overdose deaths. A Toledo police sergeant explained in the interview that "china white" heroin is seven times more powerful than brown powdered or black tar heroin. Reportedly, this type of heroin, which is usually imported from Asia and appears white in color due to a refining process, has become more popular in Toledo during the past year (www.toledoblade.com, June 7, 2012). Participants believed pure "china white" is unavailable and always adulterated. Pure "china white" was so potent that one participant commented that it would "put you in the dirt," meaning the user would die from using it. Treatment providers most often reported "china white's" current availability as '10', and reported that they believed its availability to be, as one provider said, "steadily increasing." Participants reported that the availability of black tar heroin has remained stable during the past six months. A participant reported, "[Black tar heroin] that's a little harder to get ... one out of five people might have that." Generally, participants and community professionals reported that the availability of heroin has stayed the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processed has increased during the past six months.

Participants reported that the market is currently saturated with heroin dealers in both Toledo and Detroit. Reportedly, because there are ample dealers, the quality of the heroin purchased must be good, or the buyer will purchase it from another dealer. Participants reported that the quality of heroin varies depending on its type and the dealer involved. The quality of heroin ranged from '4' on a bad day to '10' on a good day. A participant said, "[Dealers] they're cutting the hell out of it [heroin]. I seen [sic] them put a five-to-one cut on it [meaning four parts of another substance to one part heroin]." Participants consistently continued to report that "china white" heroin in the region is a heroin/fentanyl mix. However, treatment providers reported that while users report to them that they've used a combination of heroin and fentanyl, these users do not screen positive for fentanyl on urine drug screens. As reported in the *Toledo Blade* article referenced in the previous paragraph, heroin users in the region are used to brown powdered heroin; thus when they obtain "china white" heroin, they do not realize its potency. Participants reported obtaining "china white" heroin from dealers in both Detroit and Toledo. Some participants reported that there is a preference to purchase from Detroit dealers because the drug was said to more pure there and, as one participant said, "less whacked [adulterated]." Participants reported that brown

powdered heroin in Toledo is cut with baby laxative or lactose. Participants also reported that the overall quality of heroin has stayed the same during the past six months. The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut heroin: caffeine, diphenhydramine (medication used to treat allergies) and quinine (anti-malarial).

Current street jargon includes many names for heroin. The most commonly cited names were “boy,” “dope” and “H.” “China white” is commonly called “china;” brown powdered heroin is commonly referred to as “dog food” or “downtown Julie Brown;” black tar heroin is commonly referred to as “tar.” Participants reported that brown powdered heroin is available in different quantities: a gram sells for between \$40-50; 1/4 ounce sells for \$200; an ounce sells for \$700. Participants reported that “china white” heroin is also available in different quantities: 1/10 gram, aka “packs” (1/10 gram usually folded in a scratch-off lottery ticket) sells for \$10; a gram sells for between \$150-200. In addition, participants reported buying “china white” heroin in “bundles” (10-12 small packs of heroin at less than \$10 a pack when purchased in bulk). Participants reported that a gram of black tar heroin sells for between \$100-150; an ounce sells for between \$1,500-4,500. Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin consumers, participants reported that approximately eight would intravenously inject or “shoot” it, and another two would snort it. However, participants were quick to note that the opposite is true for beginning users. A participant reported, “They [new heroin users] snort it when they start out, but then it changes [they progress to injection].” Both participants and treatment providers reported that heroin, users are more likely to inject heroin and more likely to share needles while they are using.

There was consensus among participants and community professionals that typical heroin users are middle-class and White. Participants described typical users as, “Older people that have been shooting [heroin] all their life; middle-class, White people, 16 [years old] and older.” A treatment provider described typical users as “likely to be middle-class and White.” However, treatment providers also reported seeing an increase in African-American use. A Toledo treatment provider commented, “We’re starting to see African-American [heroin] use because the demand for crack cocaine is going down, and heroin use is going up, so the dealers have more heroin, and they’re introducing it to the market [African-American consumers].” The progression from prescription opioids to heroin among young people was again noted by participants and treatment providers. A participant explained that younger users are brought into heroin use

via prescription opioids: “[Heroin] it’s an old person drug, but oxy’s [OxyContin®] brought young people into heroin use.” A treatment provider reported, “They [young users] use pills [prescription opioids] first, then heroin because it’s cheaper.”

Reportedly, heroin is used in combination with crack and powdered cocaine (aka “speedball”), prescription opioids and sedative-hypnotics (benzodiazepines). A participant reported, “The heroin addict is going to do heroin, no matter what. But if I go out to a bar, I wanted to also do some cocaine, but heroin is always a part of it.” Another participant reported, “I’m a drug addict, and my drug of choice is heroin and painkillers, but if there is another drug around, I’ll do it.” The coroner’s office reported that they saw a “fairly big increase in 2011” of heroin-related deaths, and that heroin-related deaths are currently on pace with those of the past year.

Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Both participants and treatment providers most often reported availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants continued to identify Percocet® as the most popular prescription opioid in terms of widespread use, followed by Opana®. Treatment providers agreed with participants in identifying the widespread popularity of these two drugs, while adding that OxyContin® OP (new formulation) is also highly available. Participants and treatment providers also identified Dilaudid®, fentanyl, methadone and Vicodin® as other prescription opioids that were highly available and used, although not as popular. Most participants reported experimenting with, having been prescribed or regularly using prescription opioids prior to age 18. Participants reported that the availability of prescription opioids temporarily decreased during the previous six months due to the arrest of an area physician who had operated a pain clinic in Michigan from where many participants reportedly obtained prescription opioids, either directly or indirectly. Law enforcement reported that availability of prescription opioids had increased during the previous few years and reported a “boom” of illegal prescription opioid use in the region. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processed had generally stayed the same during the previous six months; noted exceptions were increases in hydromorphone (Dilaudid®), morphine and oxycodone (Opana®). While there were a few reported ways of consuming prescription opioids, the most common routes of administration were snorting and swallowing.

In addition to obtaining prescription opioids on the street from dealers, participants also reported obtaining the drugs from area senior citizens. Participants continued to describe typical users of prescription opioids as, *“young; 18-25 [years old]; White females; White men.”*

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported 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 was also ‘10’. Reportedly, the most preferred prescription opioids continue to be Opana® and Percocet®. However, participants in Sandusky County reported that Opana® can be difficult to obtain: *“You have to drive to Bellevue to get them [Opana®]; You gotta know the right person to get those [Opana®]; All you have to do is shake the pill bottle and [Opana®] they’re gone.”* Treatment providers also reported the current availability of prescription opioids as ‘10’; the previous most common score was also ‘10’. Treatment providers reported OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. They identified Percocet® as the most desired prescription opioid, and OxyContin® and Vicodin® as less desirable. In speaking about OxyContin®, a participant reported, *“[OxyContin®] those are dwindling out [becoming less desirable].”* The new formulation of OxyContin® OP prevents users from snorting or injecting the drug without going through a long preparation process. Another participant stated, *“Nobody really messes with them [new formulation of OxyContin® OP] anymore.”* In speaking about Vicodin®, many participants reported that they have moved on from using Vicodin® to other stronger prescription opioids. A participant reported, *“I don’t know anybody that wants them [Vicodin®]; Them are like tic tacs®.”* The DEA identified Dilaudid®, Opana®, OxyContin® and Percocet® as prescription opioids that are the most available and desirable among the 23 counties they investigate, while also reporting that Vicodin® is used by low-level street users and not sold as much as other opioids by higher-level drug dealers. Participants with experience using Dilaudid® reported a preference for them over other prescription opioids. In addition, participants reported high availability of fentanyl, thought to be mixed with heroin, as well as availability of fentanyl patches. For those who did obtain fentanyl patches, they reported cutting the patches open and eating the gel. Some other prescription opioids receiving minimal mention included methadone® and Roxicet®. While these drugs were reported to be highly available, participants weren’t able to provide much information about their use.

Participants and treatment providers reported that the availability of prescription opioids has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processed has generally remained the same during the past six months; noted exceptions were increases in oxycodone hydrochloride (OxyContin®) and oxymorphone (Opana®).

Reportedly, many different types of prescription opioids are currently sold on the region’s streets. Participants reported the following prescription opioids as available to the street-level user (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (4 mg sells for \$15); Fentanyl® patches (50 mg sells for \$30; 80 mg sells for \$50); Opana® (sells for a \$1 per mg; however, 40 mg typically sells for \$50); OxyContin® OC (old formulation, aka “OC’s;” sell for \$1-2 per milligram), OxyContin® OP (new formulation, 40 mg sells for between \$35-40; 60 mg sells for \$60; 80 mg sells for \$80; 160 mg sells for \$160), Percocet® (aka “perc’s;” 5 mg sells for \$5; 10 mg sells for \$10; 20 mg sells for \$20; 30 mg sells for \$25); Vicodin® (aka “Vic’s;” 5 mg sells for \$2; 7.5 mg sells for \$8; 10 mg sells for \$10). While there were a few reported ways of consuming prescription opioids, variations in methods of use were noted among types of prescription opioids. Generally, the most common routes of administration include swallowing, snorting and intravenous injection. Although swallowing prescription opioids is a common practice, participants reported that out of 10 prescription opioid consumers, approximately eight would snort and two would inject or “shoot” them. In addition, some participants reported “parachuting” prescription opioids (crushing the pills and wrapping them in toilet paper to swallow). Reportedly, parachuting avoids the damage to the nose produced by snorting, while delivering the immediate sensation of the drug. A few participants also reported knowledge of users who remove the protective pill coating and insert the drugs in the rectum to achieve the same effect as parachuting. Finally, others who wanted to use the drugs intravenously but couldn’t find a suitable vein were said to engage in, as one user stated, “skin popping” in which the user injects the drug into muscle or fat.

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from doctors or from buying other people’s prescriptions. A participant reported, *“[I would] get them [prescription opioids by] buying scripts [prescriptions from other people] ... I burned up the ER. If they [emergency room staff] see me, I ain’t getting shit.”* Some participants also continued to discuss a common practice of bringing prescription opioids to the region from Florida. A representative from the DEA confirmed these participant reports, by stating, *“We see bulk*

smuggling of opiates from Florida because of all of the pain clinics there."

A profile of a typical user of prescription opioids did not emerge from the data. Participants and treatment providers described typical users of prescription opioids as, *"anyone."* An agent from the DEA reported that both users and sellers of prescription opioids *"cross all racial and socio-economic boundaries."* Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol and marijuana to intensify the effect of the opioids. A participant reported, *"I don't like to use anything with it [prescription opioids]. Maybe drink [alcohol] or smoke weed [marijuana]."*

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants most often reported availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get); treatment providers most often reported availability as '10'. Both participants and treatment providers reported that the availability of Suboxone® had stayed the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processed had increased during the previous six months. Participants reported that Suboxone® 8 mg sold for between \$10-15. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from those who were prescribed it. Participants reported that some users with Suboxone® prescriptions sold or traded the drug for other drugs. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Participants continued to describe typical street users of Suboxone® as heroin users who wanted to withdraw from using heroin without becoming sick, and those who just desired to avoid "dope sickness" in between periods of using heroin.

Current Trends

Suboxone® remains highly available in the region. Participants in Toledo reported the 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 '8'. A participant reported, *"A lot of people are selling them [Suboxone®]."* Treatment providers in Toledo most often reported the current availability of Suboxone® as '10'; the previous most common score was also '10'. However, according to participants and treatment providers in Sandusky County, the drug is considerably less available there; both groups of respondents

couldn't recall knowing anyone that used it without a prescription. Even though it may be available, they rated the current street availability as low. Participants and treatment providers reported that the overall availability of Suboxone® has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® and Subutex® cases it processed has increased during the past six months.

Participants did not report any street jargon for Suboxone®. Reportedly, Suboxone® 8 mg sells for between \$10-15 for the strips and \$10 for the pills. However, a participant commented, *"If you're [dope] sick, you will pay \$20 for them [Suboxone®]."* Most often participants continued to report taking Suboxone® sublingually, with a few participants reporting placing strips in their nose and snorting them. Almost all participants with experience using Suboxone® reported experience with the strip/film form of the drug; only one person discussed using Suboxone® pills. However, a few participants reported they preferred the pills because, as one participant stated, *"they last longer."*

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug from doctors. A treatment provider commented, *"Physicians can prescribe it [Suboxone®] from their offices, so you have some physicians just giving it to their patients."* Participants continued to describe the typical user of Suboxone®, as one participant stated, as *"a person trying to get off of heroin."* Reportedly, Suboxone® is not used in combination with any other drug. As a participant reported, *"[Suboxone®] it's an opiate blocker, so you can't take anything with them."* Another participant reported, *"If you wanna get high, don't do Suboxone®."*

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as '9' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread use, followed by Klonopin®. Reportedly, Ativan® and Valium® were moderately desirable among users older than 25 years if other brands could not be obtained. Law enforcement reported that these drugs were most often sold by those with prescriptions; there was no highly organized distribution system for sedative-hypnotics like there was for other drugs. The BCI Bowling Green Crime Lab reported that the number

of sedative-hypnotic cases it processed had stayed the same during the previous six months with some exceptions; Klonopin® and Xanax® increased and Librium®, Restoril®, Lunesta®, Mebaral® and Nembutal® decreased in frequency. The most common routes of administration remained oral ingestion and snorting. A profile of a typical user of sedative-hypnotics did not emerge from the data.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants in Lucas County most often reported 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 was '9'. Participants from Toledo continued to identify Xanax® as the most popular sedative-hypnotic in terms of widespread use. In contrast, Sandusky County participants reported that Xanax® is no longer as prevalent as it once was, reporting the current availability of Xanax® as '3'. Treatment providers in Toledo most often reported current availability of sedative-hypnotics as '10'. Providers in Toledo identified Xanax® as the most popular sedative-hypnotic in terms of widespread use followed by Ativan® and Klonopin®. Treatment providers in Sandusky County most often reported the current availability of sedatives-hypnotics as '8', identifying Xanax® as most popular. Both participants and treatment providers reported that the availability of sedative-hypnotics has stayed the same during the past six months. The BCI Bowling Green Crime Lab reported the number of sedative-hypnotic cases it processed has increased during the past six months. While most brands have remained stable, the most prevalent ones, Klonopin®, Valium® and Xanax® have increased in availability.

Participants reported the following sedative-hypnotics as available to street-level users in the region (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (sells for \$1 per milligram), Xanax® (0.5 mg, aka "peaches;" sells for between \$0.25-0.50; 1 mg, aka "blue footballs;" sells for \$2; 2 mg, aka "xanibar;" sells for between \$3-4). While there were a few reported ways of consuming sedative-hypnotics, generally, the most common route of administration is oral ingestion. However, a minority of participants reported crushing and snorting sedative-hypnotics. Participants reported that they did not typically obtain sedative-hypnotics from drug dealers, but rather from friends or doctors. At times, participants reported feigning symptoms of stress or anxiety to the doctor to obtain prescriptions. The DEA supported the notion that dealers did not often possess sedative-hypnotics, reporting that drug dealers typically did not possess them in large quantities.

Participants described typical users of sedative-hypnotics as women or people living with stress. A participant explained, "Women, people that stay around the house a lot, people with anxiety ... or people at home with kids and stress." Treatment providers also described typical users as women or someone living with stress. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. When used in combination with one or more of the above, a participant reported, "It's a better high ... it makes you feel better. It intensifies the high." Various drug combinations involving sedative-hypnotics were described. These were referred to by one participant as a "cocktail." A participant reported crushing sedative-hypnotics such as Valium® with Opana® and snorting them together. A few users described combining heroin with Xanax®. A participant reported, "Users shoot heroin and then crush Xanax® and shoot it." A few participants reported strong withdrawal effects from Xanax®.

Marijuana Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants most often reported the availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants and community professionals reported that the availability of marijuana had stayed the same during the previous six months. Law enforcement reported that most commercial-grade marijuana came through the southwest border with the U.S.; whereas, hydroponic (high-grade) marijuana usually came from Canada or the northwest part of the country. Participant quality scores of marijuana varied from '5' for regular-grade to '10' for high-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for between \$5-10; and an ounce sold for between \$75-100. Higher quality marijuana sold for significantly more: a blunt or two joints sold for \$20 and an ounce sold for between \$300-400. While there were several reported ways of consuming marijuana, the most common route of administration remained smoking. Reportedly, vaporizers were becoming more popular amongst users because they saw it as a healthy alternative to smoking. Participants and treatment professionals continued to describe typical users of marijuana as people of all ages, races and ethnicities.

Current Trends

Marijuana remains highly available in the region. Participants, treatment providers and the DEA 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'. A participant reported, "You can get that [marijuana] anywhere ... that's all day." Another participant reported, "You can go get a [medical marijuana] card in Michigan and get legal weed [medical marijuana]." Several media outlets reported the seizures of large amounts of marijuana in Lucas and Preble counties during this reporting period. In February, during a traffic stop in Toledo, Ohio State Highway Patrol officers found 100 pounds of hydroponic marijuana worth an estimated \$500,000 (www.nbc4i.com; Feb. 21, 2012). In June, Ohio State Highway Patrol troopers stopped a Michigan vehicle for an unsafe lane change in Preble County; troopers searched the vehicle and found 103 pounds of marijuana, estimated at nearly \$129,000 (www.norwalkreflector.com; June 1, 2012). Participants and treatment providers in Toledo said marijuana has remained stable during the past six months. However, users in Sandusky County said there was a significant increase in the availability of hydroponically grown marijuana. For the first time, participants said they could easily obtain high-grade marijuana. A participant reported, "About a year ago, it [available marijuana] was more like the 'mersh' or 'mids' [commercial-grade marijuana]; they used to call it, 'Mexican weed.' Before now you couldn't get the kush [high-grade marijuana]. It was pretty much mids everywhere ... It's probably been about six [or] seven months that hundo's [high-grade marijuana] in town now." The BCI Bowling Green Crime Lab reported the number of marijuana cases it processed has decreased during the past six months.

Most participants rated the quality of regular-grade (low- to mid-grade) marijuana as '6' and the quality of high-grade or hydroponic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores varied from '5' for regular-grade to '10' for high-grade marijuana. Participants said the quality of high-grade marijuana was very good. A participant commented, "[High-grade marijuana] it's also called, 'one-hit-quitter,' 'cause you hit it one time and you're done." The DEA also spoke about the quality of marijuana. An agent said, "The THC [tetrahydrocannabinol] content is lower in Mexican marijuana that's grown outdoors. Indoor growers cultivate it to get a higher THC content." The DEA reported that dealers are obtaining high-grade marijuana from domestic growers involved in hydroponic grow operations and users smuggling in medical marijuana from Michigan.

Current street jargon includes many names for marijuana. The most commonly cited name remains "weed." Participants listed the following as other common street names: "reggie" and "regular" for commercial-grade marijuana; "kush," "hundo," "hydro" and "loud" for high-grade marijuana or hydroponically grown marijuana. The price of marijuana depends on the quality desired. Generally, prices were higher in Sandusky County. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for between \$5-10; 1/8 ounce sells for between \$15-20; ounce sells for between \$80-120; a pound sells for between \$750-1,100. Higher quality marijuana sells for significantly more: a blunt or two joints sells for between \$10-20; 1/8 ounce sells for \$50; an ounce sells for between \$200-500; a pound sells for between \$3,500-4,000. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. A few participants also reported baking marijuana in brownies, but this practice was said to be uncommon.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as "anybody and everybody." Reportedly, marijuana is used in combination with most other drugs. Most commonly participants reported using marijuana with alcohol and cocaine. In addition, some participants reported "lacing" marijuana with cocaine, called "cocoa puffing" or PCP (phencyclidine), called "wet" to intensify the effects of marijuana. These practices were reportedly not common in Lucas and Sandusky counties. Other participants reported mixing a variety of substances in their marijuana blunts. A participant reported, "I mixed some British Columbian Gold, Red Devil Sensimilia with some Purple Kush [different types of high-grade marijuana]. I had and broken it all down and mixed it together ... and I sprinkled some heroin powder and some coke ..."

Methamphetamine Historical Summary

In the previous reporting period, methamphetamine was relatively rare in the region. Participants most often reported the drug's availability as '0' in urban areas and '6' in rural areas on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants who reported seeing methamphetamine in Toledo encountered methamphetamine in its crystal form. Treatment providers also thought methamphetamine was relatively rare, most commonly describing its availability as '0' for Toledo and as '4' for Huron County. Participants and community professionals reported that the availability of methamphetamine had stayed the same during the previous six months.

Current Trends

Methamphetamine remains relatively rare in the region. This report is the first in which one or two participants at each site reported having personally bought, sold and/or used methamphetamine during the past six months. Participants most often reported the current availability of powdered methamphetamine as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '0' and '6'. Participants disagreed about the drug's availability. A participant reported, "[Methamphetamine] it's not easy to get here, even if you know a few people." Other users believed methamphetamine to be increasing in prevalence. A participant stated, "[Availability of methamphetamine] it's a '10' for me ... I know people that make it." Reportedly, powdered methamphetamine in the region is created through a process called, "shake-and-bake" or "one-pot method" (methamphetamine produced in a single sealed container, such as a two-liter soda bottle). Participants reported that crystal methamphetamine is much more difficult to obtain. Treatment providers in Toledo most often reported the current availability of methamphetamine as '4'. A treatment provider reported, "[Methamphetamine] it's not yet popular with our population." The DEA reported on "rolling meth labs" where the drug is manufactured in a vehicle. However, the DEA officer infrequently saw methamphetamine: "We don't see a lot of meth here in Toledo. It's in the rural areas. Most of the labs we see are very small. We call them rolling labs, and they are the 'one-pot method.' They can produce an ounce of meth; not for mass distribution."

Various media outlets reported seizures of methamphetamine during this reporting period. In February, a Toledo man was stopped for a registration violation, leading to the discovery of a mobile meth lab disguised in a book bag in his back seat (www.foxtoledo.com; Feb. 14, 2012). In a separate report from Erie County, law enforcement searched a residence in Conneaut, discovering two working methamphetamine labs (www.goerie.com; Feb. 6, 2012). Participants reported that the availability of the one-pot method of powdered methamphetamine has slightly increased during the past six months, while treatment providers reported that availability of methamphetamine has remained the same. The BCI Bowling Green Crime Lab reported the number of methamphetamine cases it processed has decreased during the past six months.

Most participants rated the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant reported, "Meth is like speed. You do a little bit of meth, and you'll be up for a while." Another participant responded, "I stayed up for four

days strong [using methamphetamine]." Other participants had difficulty finding the premium methamphetamine. A participant reported, "... the good meth, that's here, but you'd have to waste your energy finding it." Participants reported that the overall quality of methamphetamine has stayed the same during the past six months. No one had knowledge of the quality of crystal methamphetamine. The BCI Bowling Green Crime Lab said the most frequently encountered types of methamphetamine they processed were brown powdered, crystal and clandestine liquids.

Current street jargon for methamphetamine is limited to "meth." Participants with experience buying the drug reported methamphetamine sells for \$100 per gram. Reportedly, the drug can also be bought in much smaller quantities. A participant reported, "Twenty dollars [worth of methamphetamine] will keep you up all day." Reportedly, the most common route of administration of methamphetamine is smoking. According to users, another way to use powdered methamphetamine is called "hot railing." In this process, the user creates a line of methamphetamine powder, heats up a metal pipe to smoke the powder. Other routes of administration that were cited as less common include intravenous injection and snorting.

A profile for a typical methamphetamine user did not emerge from the data. Some participants indicated people who liked the drug prefer to stay up for long periods of time for work, such as (truck drivers), or to party. Reportedly, methamphetamine is used in combination with heroin (speedballing). A participant reported, "I've seen people mix meth and heroin together and shoot them."

Ecstasy Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) was moderately available in the region. Participants most often reported the availability of Ecstasy as '7' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). The BCI Bowling Green Crime Lab reported that the number of Ecstasy cases it processed had stayed the same during the past six months. Participants reported that Ecstasy was often cut with one or more other drugs such as crack cocaine, heroin, methamphetamine or powdered cocaine. Participants reported that a single-stack Ecstasy tablet sold for \$10; a double or triple stack sold for between \$15-20. Typical users of Ecstasy were described as young people who frequented music festivals, "raves" (underground dance parties) and strip clubs.

Current Trends



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains moderately available in the region. Participants reported the current availability of Ecstasy 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 '7'. Participants indicated that Ecstasy is not desired because it is not a potent drug and is highly adulterated. Participants also reported the availability of Ecstasy-like substances in the region including 2CE and 2CB. The DEA rates the availability of Ecstasy as '4' with reports of it coming in from Canada. Treatment providers believed Ecstasy was rare and most often reported current availability as '2'. A treatment provider reported, *"Every once in a while someone will say they've tried it [Ecstasy]."* A regional media outlet reported on drug seizures and arrests this reporting period involving Ecstasy. In March, Fremont (Sandusky County) police arrested two individuals for the possession of 250 Ecstasy tablets along with 100 Xanax® pills and 100 grams of marijuana (www.wtol.com; March 3, 2012).

Participants reported that the availability of Ecstasy has decreased during the past six months. A participant commented, *"Back in the day ... it [Ecstasy] used to be good. I got some Ecstasy a few times, and I'm like man, these are duds."* Treatment providers reported that the availability of Ecstasy has remained stable during the past six months. The BCI Bowling Green Crime Lab reported the number of Ecstasy cases it processed has decreased during the past six months.

Current street jargon for Ecstasy is limited to 'X'. Participants reported that Ecstasy sells for between \$5-10. Although they did not have specific information, Toledo participants reported the use of MDMA in powder form sells for \$10 "a point" (1/10 gram). A profile for a typical Ecstasy or MDMA user did not emerge from the data, but participants reported that they would most likely find the drug at parties or "raves." Reportedly, Ecstasy is used in combination with alcohol because users are often in environments where both drugs are present.

Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants were highly available in the region. Participants most

often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Treatment providers in Huron and Lucas counties also said these drugs were highly available. The BCI Bowling Green Crime Lab reported that the number of prescription stimulant cases it processed had remained the same during the past six months, while noting a decrease in the number of cases of medications based on methylphenidate HCL (Concerta® and Ritalin®). Reportedly, Adderall® was the most popular prescription stimulant in the region in terms of widespread use. Participants explained that almost everyone in high school and in the 18-25 age range knew someone that would freely give the drug to them or would sell it to them for a low price. Those who purchased Adderall® reported that Adderall® 20 mg sold for between \$1-3 and Adderall® 30 mg sold for between \$5-6. Participants continued to describe typical users of prescription stimulants as adolescents and young adults who want to study, girls trying to lose weight or people who work long hours and like to party without falling asleep.

Current Trends

Prescription stimulants remain highly available in the region. Participants rated the current availability of prescription stimulants 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'. Treatment providers most often reported current availability as '2' and '3'. A treatment provider reported, *"[Prescription stimulant use] it's not popular with our population."* Both participants and treatment providers reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported the number of prescription stimulant cases it processed has stayed the same during the past six months, while noting that select medications based on methylphenidate HCL (Concerta® and Ritalin®) and dexamethylphenidate HCL (Focalin®) have decreased.

No slang terms or common street names were reported for prescription stimulants. Generally, participants did not have much experience with prescription stimulants, but some reported that Adderall® sells for between \$3-5 per pill. In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from family and friends. A participant reported, *"I took my stepson's [medication]. I have a lot of fear. I felt braver; it helped my anxiety."*

Participants described typical users of prescription stimulants as college students. A participant reported, *"You clean your house, you study. [Prescription stimulant use] it's like*

a college kid thing.” Another participant responded, “People that you wouldn’t think use drugs. People that are clean and sober use it [prescription stimulants] because it helps them study.” Participants had no knowledge of other substances used in combination with prescription stimulants.

Bath Salts

Historical Summary

Bath salts were moderately available in the Toledo area and highly available in Huron County despite the ban that went into effect in October 2011. Participants in Toledo most often rated the availability of bath salts as ‘6’ and participants in Huron County as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Typically, participants reported using bath salts because they were legal during part of this reporting period and could not be detected on work-related drug screens. Participants reported that two grams of bath salts legally sold for between \$10-12 before the ban on their sale went into effect. Participants and treatment providers reported negative health outcomes once bath salts were ingested including hallucinations and paranoia.

Current Trends



Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain moderately available in the region. Participants reported the current availability of bath salts as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘6’ in Toledo and ‘7’ in Huron County. Treatment providers reported the current availability of bath salts in Toledo as ‘8’ because users, as one provider stated, “can order it [bath salts] on the Internet.”

A minority of participants reported using bath salts during the past six months. A participant reported, “It’s not bath salts anymore because the DEA put regulations on it. So, all they did was tweak the formula a little bit and call it rim cleaner or window cleaner. They call it whatever they want just to get the DEA off their back.” The DEA reported they have seen an increase in bath salts in at least four rural counties and also in Bowling Green. The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processed has increased during the past six months.

As seen in the prior reporting period, participants discussed the negative health consequences of bath salts use. A participant who ingested bath salts on a daily basis for six months reported, “I heard things. I saw things. I was hiding. I

was seeing things. I was whispering. I thought there were people chasing me. I found myself hiding in a wet field all day, running from people that weren’t even there. People had to come and get me and tell me that no one was there.” Another participant said that bath salts brought him a lot of energy: “[Bath salts] it’s just like meth. One hit off the shooter ... you’re zooming around for three or four days.”

Current street jargon for bath salts is limited to the process of using bath salts, called “taking a bath.” Participants reported that they could obtain bath salts from convenience stores and through the Internet. Typically, 2.5 grams of bath salts sells for \$20. A participant with experience buying bath salts through the Internet reported, “They sell it [bath salts] in little jars, like 3.5 ounce jars and I’d probably got 100 of them because the more you buy the cheaper it is.” The most common route of administration is smoking. However, a participant discussed various routes of administration: “You can snort it [bath salts], smoke it, or shoot it ... although that [injecting] can sometimes be difficult. People smoke it. If you sniff it, you’ll get big scabs. It burns.” A participant who used intravenously reported, “I got it [bath salts] at a corner store. I put it in water and mixed it up and I shot it up ... you can’t even talk for like an hour.”

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, salvia divinorum (psychoactive plant) and synthetic marijuana (“K2” and “Spice”). Participants and treatment providers reported that synthetic marijuana was moderately available in the region. Participants most often rated the availability of synthetic marijuana as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Reportedly, synthetic marijuana was smoked using the same techniques used to smoke marijuana. Participants reported using synthetic marijuana as an alternative to marijuana to pass urine drug screens. Inhalants were also highly available in the region. However, not many participants reported inhalant use due to the negative health consequences of their use. Participants said users typically abused computer dusters (compressed gas used to clean computer keyboards) and “whippets” (nitrous oxide) bought from local stores. Participants also described abusing VCR head cleaner (aka “Rush”). Salvia divinorum was moderately available in the region. Participants most often rated the availability of salvia divinorum as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available,

extremely easy to get). Reportedly, the most common way to use the drug was smoking. Participants reported that *salvia divinorum* looked like potpourri and was typically purchased through the Internet for \$30 per gram. The BCI Bowling Green Crime Lab reported that the number of *salvia divinorum* cases it processed had decreased during the previous six months. Reportedly, hallucinogens like LSD and psilocybin mushrooms were periodically available in the region. The BCI Bowling Green crime lab reported that the number of LSD cases it processed had decreased, and the number of psilocybin mushroom cases it processed had increased during the previous six months.

Current Trends

Participants and 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: dimethyltryptamine (DMT) and synthetic marijuana.



Synthetic marijuana is highly available in the region. Participants most often rated 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 '6'. Both participants in Lucas and Sandusky counties reported that while availability is high, use of the drug is decreasing. Participants reported they preferred marijuana, which is more available. They also reported that synthetic marijuana became more difficult to obtain since the ban on it went into effect in

October 2011. A participant commented on a recent drug seizure: *"It was easy to simply go down to the gas station and get it [synthetic marijuana] ... but they got busted."* Treatment providers most often reported the current availability of synthetic marijuana as '10'. According to one treatment provider, users were *"still getting it [synthetic marijuana] at head shops and gas stations."* The DEA rated the drug's availability lower, as a '5'. The DEA officer explained that users, *"don't have to go anywhere to buy it [synthetic marijuana]. You can order it right off the Internet and it will be shipped to your door from other countries."* Some participants reported that they combined synthetic marijuana with regular marijuana and smoked it. The BCI Bowling Green Crime Lab reported the number of synthetic marijuana cases it processed has increased during the past six months. The crime lab also indicated that AM2201, JWH-122 and JWH-210 were the most common synthetic cannabinoids encountered.

Dimethyltryptamine (DMT) is also available in the region, although only one participant reported first-hand experience

in using this hallucinogenic drug during the past six months. According to this user, DMT is referred to as *"hippie crack."* The most common route of administration is smoking. Reportedly, DMT induces a "super trip" in which the person "blacks out" and hallucinates for 10 to 20 minutes. DMT can be purchased through the Internet or from dealers that specialize in hallucinogens. The participant reported, *"If you hang around hippies, you'll find it [DMT]."* Typically, the drug sells for \$10 "a point" (1/10 gram). The BCI Bowling Green Crime Lab reported the number of DMT cases it processed has increased during the past six months. While not mentioned by participants, other hallucinogens were mentioned by the crime lab. The BCI Bowling Green Crime Lab reported that cases of LSD, PCP and *salvia divinorum* have decreased and cases of psilocybin mushrooms have stayed the same during the past six months.

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Toledo region. Likely increases in availability exist for heroin, bath salts and synthetic marijuana; a likely decrease exists for Ecstasy. While participants and treatment providers reported that brown powdered and black tar heroin have remained highly available during the past six months, they also most often reported the current availability of "china white" heroin as '10', with treatment providers reporting that they believed the availability of "china white" to be steadily increasing. Reportedly, "china white" heroin is several times more powerful than brown powdered or black tar heroin; it appears white in color due to a refining process and is usually imported from Asia. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processed has increased during the past six months. The DEA and the BCI Bowling Green Crime Lab reported that the number of bath salts cases they process has increased during the past six months, despite the ban on their sale that went into effect in October 2011. While few participants reported using bath salts, they reported that they could still obtain bath salts from convenience stores and through the Internet. They also reported that bath salts have been chemically altered and re-branded as rim cleaner and window cleaner. Participants who used bath salts frequently talked about the negative health consequences, including hallucinations and paranoia. Both participants and community professionals rated the current availability of synthetic marijuana as '10'. Participants reported that while availability is high, use of the drug is decreasing because participants reported that they preferred marijuana. The BCI Bowling Green Crime Lab reported the number of synthetic marijuana cases it processed has increased during the

past six months. The crime lab also indicated that AM2201, JWH-122 and JWH-210 were the most common synthetic cannabinoids encountered. Participants reported that the availability of Ecstasy has decreased during the past six months. Participants indicated that Ecstasy is not desired because it is not a potent drug and is highly adulterated. Participants also reported the availability of Ecstasy-like substances in the region including 2CE and 2CB. The BCI Bowling Green Crime Lab reported the number of Ecstasy cases it processed has decreased during the past six months. Lastly, and noteworthy this reporting period, is that, for the first time, one or two participants at each interview location reported having personally bought, sold and/or used methamphetamine during the past six months. Participants reported that the availability of the one-pot method of powdered methamphetamine has slightly increased during the past six months. The DEA reported that methamphetamine is frequently manufactured through a process called, "shake-and-bake" or one-pot method (methamphetamine produced in a single sealed container, such as a two-liter soda bottle). They reported finding several mobile methamphetamine labs during this reporting period.