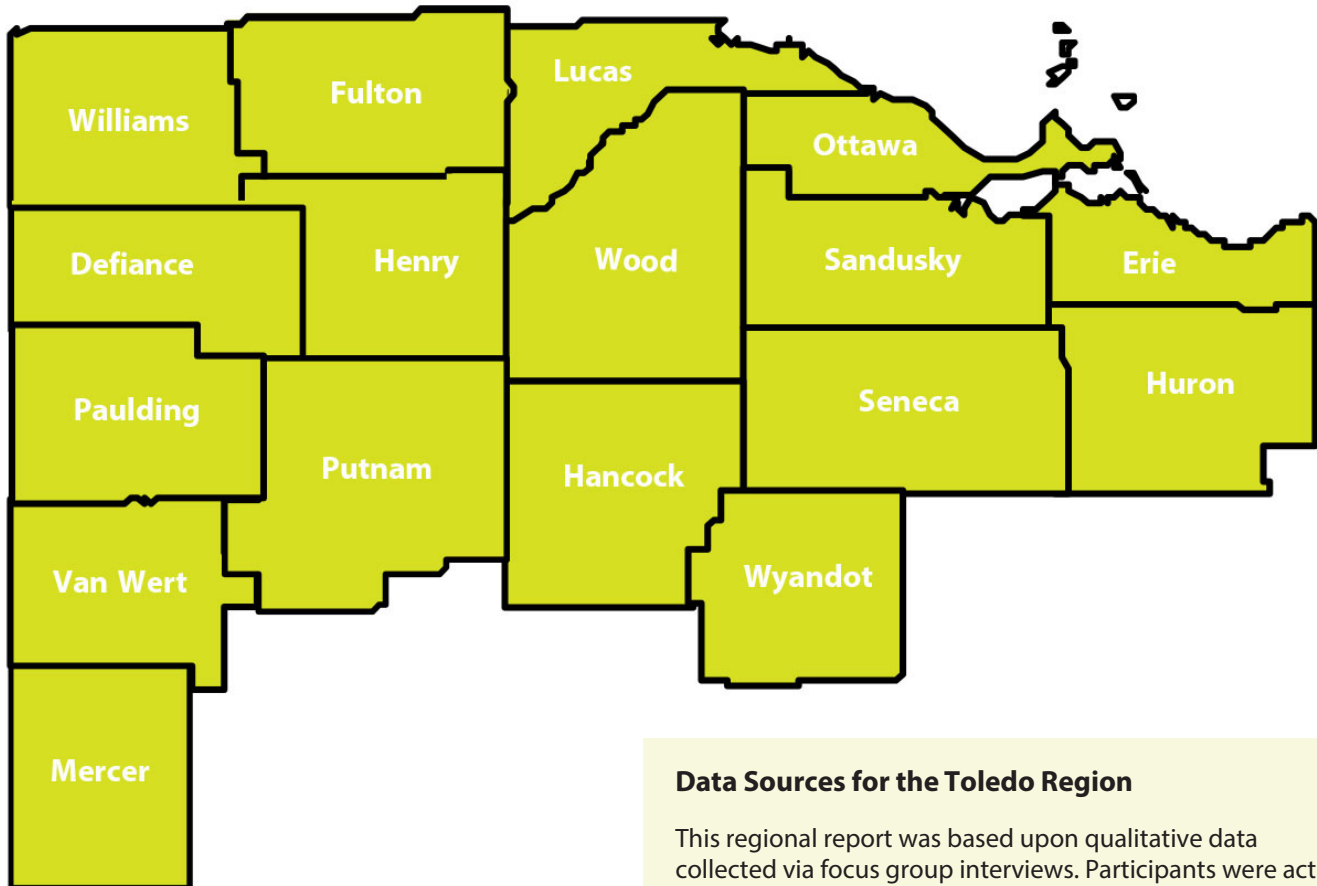




Drug Abuse Trends in the Toledo Region



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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 Erie, 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, as well as to data surveyed from Hancock County Probate and Juvenile Court, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

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

Regional Profile

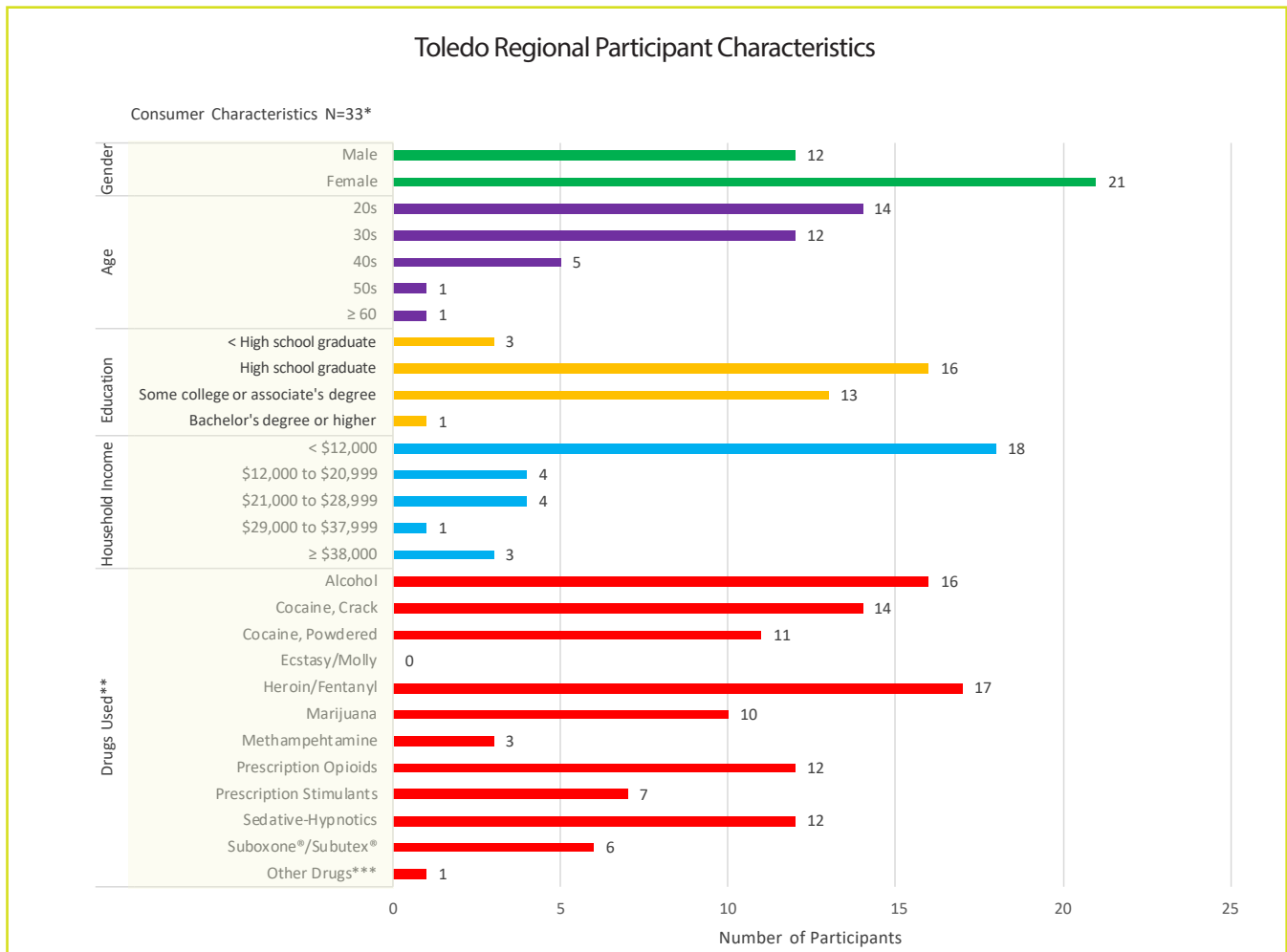
Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,213,795	33
Gender (female), 2017	51.0%	50.9%	63.6%
White, 2017	82.2%	87.5%	84.8% ²
African American, 2017	12.9%	8.7%	12.1% ²
Hispanic or Latino Origin, 2017	3.8%	6.3%	12.1%
High School Graduation Rate, 2013-17	89.8%	90.5%	90.9%
Median Household Income, 2013-17	\$52,407	\$52,923	Less than \$12,000 ³
Persons Below Poverty Level, 2017	14.0%	13.1%	63.6% ⁴

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

²Race was unable to be determined for 1 participant due to missing data. Other races reported included "More than one race."

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

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



*Not all participants filled out forms completely; therefore, numbers may not equal 33.

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

***Gabapentin (Neurontin®).

Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region; also, highly available in the region was synthetic marijuana (synthetic cannabinoids). Changes in availability during the reporting period included: increased availability for fentanyl, marijuana and methamphetamine; possible increased availability for synthetic marijuana; and decreased availability for prescription opioids.

Heroin continued to remain widely available. Participants explained that there were numerous heroin dealers in the community, some participants commented that they had three to five dealers' numbers in their phones, while other participants reported that even if a user didn't know any dealers, the user could quickly locate one.

Participants discussed adulterants (aka "cuts") that affected the quality of heroin and reported that the top cutting agent for heroin remained fentanyl. Law enforcement commented on the potency of fentanyl in heroin while reporting that the rate of overdose deaths had decreased during the reporting period, due in part they said to increased access to Narcan® (naloxone, opiate overdose reversal medication).

Both participants and treatment providers reported that users were most often looking for a heroin-fentanyl mix when seeking opiates. They requested heroin but were expecting heroin and fentanyl. Participants reported that they most preferred this combination because heroin lasted longer than fentanyl, but fentanyl provided a stronger high. The combination of the two provided the user with what they were looking for. BCI crime labs reported that the incidence of heroin cases they processed from this region had remained the same during the reporting period, while the incidence of fentanyl and fentanyl analogue cases they processed had increased.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates (aka "dabs") had increased during the reporting period.

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they processed from this region had increased during the reporting period. Respondents discussed the social acceptability of marijuana generally while they discussed the increased desirability for dabs among young people.

Participants reported that the availability of crystal methamphetamine had increased in urban areas and remained the same in rural areas of the region during the reporting period, while the availability of powder methamphetamine (aka "shake-and-bake") had decreased overall. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period.

Lastly, synthetic marijuana was highly available in the region. Participants described typical synthetic marijuana users as school aged, persons needing to pass a drug screen and people on probation or incarcerated. Community professionals described typical users as students and those in treatment for substance use.

Current Trends




Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"It's available, but most of the time you have to find the people that's dealing with it; [It's a] one phone call away kind of deal; If you want it ... you can find it..."* Community professionals most often reported the current availability of powdered cocaine as '8' the previous most common score was '10.' A treatment provider pointed out that powdered cocaine is "very available" in the region. One law enforcement officer remarked, *"It's still prevalent in the community."*





Corroborating data indicated that powdered cocaine is available in the Toledo region. Hancock County Probate Court reported that of the 31 positive adult drug test results it recorded during the past six months, 38.7% were positive for cocaine (powdered and/or crack cocaine). In addition, Ohio Department of Public Safety (ODPS) reported seizing 77.1 kilograms (169.9 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police (Lucas County) executed a search warrant and seized 30 grams of cocaine from a residence where five children were present; police charged the suspect with endangering children after they attempted to destroy the evidence and exposed the officers and children to the drugs (www.wtol.com, Jan. 31, 2019). In Wood County, Ohio State Highway Patrol (OSHP) conducted a traffic stop and seized more than four pounds of cocaine worth \$84,000 and a gun; officers arrested two suspects for possession and trafficking in cocaine (www.wtol.com, Feb. 14, 2019). In Wood County, OSHP conducted a traffic stop and probable cause search after detecting a marijuana smell that resulted in troopers seizing 500 grams of cocaine worth \$17,750 and arresting the driver of the stopped vehicle for possession and trafficking in cocaine (www.statepatrol.ohio.gov, March 12, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Participants noted continued high availability for the drug. A participant stated, "Everybody's using it and they need a lot of it (a steady supply)." A law enforcement representative observed, "[Powdered cocaine availability] does fluctuate, but all in all, it's probably the same ... steady." BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. However, participants discussed quality as variable: "It really depends on who you're getting it from; It depends on where you get it from, I had some 'fire' (high-quality powdered cocaine) that put me on my ass and then I had some bullshit." Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agent for the drug as baking soda. Other adulterants mentioned included: fentanyl and Similac®. Overall, participants reported that the quality of powdered cocaine remained the same during the past six months.

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-120
	1/8 ounce (aka "eight ball")	\$180-200

The most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants discussed: "More are going to snort ... unless you're a heroin addict [then you're going to shoot it]; You got some old-school dudes (long-time users) sprinkling [powdered cocaine] over the marijuana [to smoke], and you got the regular class that snorts it; You can also put it on your gums."

Participants described typical powdered cocaine users as people who need to stay up late, alcohol drinkers, partiers, professional people and people with money. Participants confirmed: *“Anybody that needs to stay up all night; You’d probably have to have a job to be able to afford a good amount of cocaine.”* Treatment providers described typical powdered cocaine users as white people. One treatment provider determined, *“I’d say it’s more the white community as far as the powder goes ... they probably have decent jobs if they’re just doing the powder ... it’s more expensive.”* While a law enforcement representative declared, *“It is cross cultural ... [powdered cocaine] is considered a recreational drug to many people.”*

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 responded: *“[There is] high demand and it’s everywhere; There’s a ‘crack’ (crack cocaine) dealer every other door.”* Community professionals most often reported the current availability of crack cocaine as ‘10;’ the previous most common score was also ‘10.’ One treatment provider summarized, *“That’s a ‘20’ (extremely available) ... way out there.”*

Corroborating data indicated that crack cocaine is available in the Toledo region. Hancock County Probate Court reported that of the 31 positive adult drug test results it recorded during the past six months, 38.7% were positive for cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 292.3 grams (0.6 lbs.) of crack cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Seneca County Drug Task Force and Tiffin Police investigated complaints of suspected drug activity and seized a large amount of suspected crack cocaine, money and criminal tools; officers arrested three individuals for trafficking crack cocaine and for permitting drug abuse (www.wtol.com, January 3, 2019). Toledo Police charged a Lucas County Work Release supervisor with allowing their vehicle to be used in the commission of felony drug abuse after police observed drug transactions in the vehicle during transport of a work release offender; officers executed a

search warrant and seized crack cocaine, marijuana, a small container of THC concentrate (tetrahydrocannabinol oils, aka “dabs”), money and a scale, resulting in the arrest of the offender for possession of controlled substances and possession of and trafficking of cocaine (www.toledoblade.com, March 25, 2019).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A participant highlighted, *“It pretty much hasn’t changed since the 80s.”* However, one law enforcement representative remarked, *“I think it’s gone down because of ‘meth’ (methamphetamine), it’s starting to take a back seat, especially out in the rural areas, it’s crystal meth more than crack.”* BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months. The labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘4.’ One participant noted, *“It’s hit or miss....”*

Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda. Other cuts mentioned included: 7UP®, ammonia, baby formula, fentanyl and MiraLAX®. Participants commented: *“[It’s yellow when] you don’t put any [baking] soda in it; [Fentanyl], that’s the hook that’s been keeping people coming back ... it has another physical effect that’s a little bit deeper than crack cocaine itself.”* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a 1/10-gram piece (aka “rock”). A participant observed, “People usually buy it by the point (1/10 gram), you can get a point for \$10, two points for \$20.” However, some participants shared: “Some dealers won’t sell less than \$50 worth; That’s how you cut down on traffic and you cut down on phone calls ... because if you got the nickel and dime (smaller purchase amounts), that’s too much traffic, too many phone calls.” Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10-20
	A gram	\$70-75
	1/16 ounce (aka “teener”)	\$80-100
	1/8 ounce (aka “eight ball”)	\$120

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would intravenously inject (aka “shoot”) the drug. One participant shared, “I went from smoking it to injecting it ... I do both.”

A profile for a typical crack cocaine user did not emerge from the data. Participants discussed: “I don’t think you can really put a face on it anymore; I’ve seen a lot of different groups smoke crack; There are a lot of women that use crack cocaine, and a lot of women that have kids, too.” One treatment provider observed, “My clients [who use crack cocaine] are 50/50 as far as white and black.... I have more men than women.” One law enforcement representative determined, “You get the perception

that they are on the lower end of society, but that’s not true, there are people from all types of socio-economic classes that are using [crack cocaine].”




Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ One participant declared, “Everybody wants it, it’s in high demand, and everybody wants to sell ‘dope’ (heroin) ... everybody thinks they’re a drug dealer.” A law enforcement representative summarized, “In all the years I worked drug cases, I’ve never seen heroin this big, it’s everywhere.” Although respondents reported high current availability of heroin, the consensus was that “pure” heroin (heroin not adulterated with fentanyl) is difficult to obtain. A participant observed, “Real heroin ... actual (pure) heroin is like a ‘1’ or a ‘2’ [on the availability scale]. You can’t get real heroin.” One treatment provider responded, “Real heroin is not readily available. It’s mostly fentanyl that you run into now. If there is heroin, it’s cut with fentanyl.”

Corroborating data indicated that heroin is available in the Toledo region. ODPS reported seizing 3.2 kilograms (7.0 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. In conjunction with the Federal Bureau of Investigation (FBI), Toledo Police and Toledo Metro Drug Task Force arrested nine men on charges related to trafficking of heroin, cocaine and fentanyl; officers seized at least one kilogram of heroin, five kilograms of cocaine and 400 grams of fentanyl during the investigation (www.toledoblade.com, May 16, 2019).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants described powdered heroin as coming in the following colors: blue, brown, gray, orange, pink, tan and white. Reportedly, black tar heroin is rarely available in the region. Both participants and community professionals most often rated the current availability of this type of heroin as ‘1.’ Participants stated: “It’s pretty rare; That’s real scarce around here.”

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. Participants noted: *“It’s an epidemic; They give you Narcan® when you leave detox.”* BCI crime labs reported that the incidence of heroin cases they process from this region has remained the same during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ A participant commented, *“I think the good heroin now is the stuff that is mixed with fentanyl ... if it’s good, it’s fentanyl, but if it’s without it, it’s like a ‘5’ or ‘6’ (moderate quality).”* Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the top cutting agents for heroin as baby formula, baby laxatives, Benefiber®, fentanyl, powdered sugar, prescription opioids and sedative-hypnotics (Xanax®). In addition, one participant observed, *“Anything that will break down in water.”* Participants also highlighted certain colors of heroin as fentanyl-cut heroin: *“[Gray powdered heroin] is the bomb (high quality/potent); The gray I was getting was a ‘9’ (high quality) ... the pink that I was getting was a ‘10.’”* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *“I paid \$120 for some high-end stuff; There’s a lot more people that have it, so it depends on the drug dealer. If the drug dealer is getting it cheaper ... he’s going to sell it cheaper and people are going to hear about it....”* Participants in this region also reported buying heroin in folded up lottery tickets. Overall, participants indicated that the price of heroin has remained the same during the past six months.

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

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant added, *“It gets to a point where sniffing (snorting) isn’t enough, you got to go to the next level and it always ends with the needle (shooting).”* One treatment provider shared, *“I’d say 90% are shooting ... it’s really rare to have someone say they’re snorting it nowadays.”*

Current Prices for Heroin		
Heroin	Powdered:	
	1/10 gram (aka “point”)	\$20
	1/2 gram	\$70-90
	A gram	\$120-180

A profile of a typical heroin user did not emerge from the data. While participants described typical heroin users as younger, white people and those who were prescribed prescription opioids, they agreed with community professionals that typical heroin users could be anyone. Participants discussed: *“White, middle and upper class; I’ve seen 14-year olds; Every single drug has affected every single class, every single race, and every single gender; It’s normally the people that do ‘perks’ (Percocet®) first.”* One law enforcement representative determined, *“[It’s] everyone, all over the place ... every age, race, gender, class ... everybody.”* However, treatment providers indicated that heroin use remains more prevalent among white

people. They said: *“Majority white; Ranges from 17-years old to 70-years old; I’ll get a couple of African Americans in jail, but the majority of them are white; I would say two out of ten would be African American that come here and say [they are] injecting and going into the opiates, you mostly see the white community.”*

Fentanyl





Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug 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 concluded that the current high availability of fentanyl is in response to increasing demand for the drug. They said: *“High demand, it’s an epidemic; I’m not looking for heroin anymore, it’s got to be 100% fentanyl because it’s cheaper and it’s ten times stronger than heroin; That’s what I prefer.... That’s all I ever wanted [because] it’s stronger; The high from the fentanyl trumps heroin....”* Similar to “pure” heroin, participants reported the availability of “pure” fentanyl as low, most often rating the current availability of unadulterated fentanyl as ‘1-2.’ A participant shared, *“I never seen it buck naked (unadulterated fentanyl) ... it’s always under cover as something else (fentanyl is the cut for many other drugs).”*

Community professionals most often reported the current availability of fentanyl as ‘10;’ the previous most common scores were also ‘10.’ However, many treatment providers agreed that fentanyl is often adulterated into other drugs, oftentimes without the knowledge of the buyer. One treatment provider commented, *“It’s in everything now ... it’s even in ecstasy (MDMA)....”* One law enforcement representative observed, *“It started out as a cutting agent, which increased the potency of the heroin, but now, people are just going right after the fentanyl.”*

Corroborating data indicated that fentanyl is highly available in the Toledo region. ODPS reported seizing 553.6 grams (1.2 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police issued a safety alert about pills found locally that looked like oxycodone but contained fentanyl (www.13abc.com,

February 8, 2019). Law enforcement in Wood County arrested an individual related to two overdose deaths where the suspect allegedly provided the decedents a heroin-fentanyl mixture; the suspect was indicted in Wood County Common Pleas Court and charged with possessing criminal tools, corrupting another with drugs, reckless homicide, involuntary manslaughter, trafficking in heroin and aggravated drug trafficking (www.toledoblade.com, March 21, 2019). Mercer County Adult Detention correction officers, Celina Police, OSHP and Mercer County Sheriff’s deputies responded to an incident with a Mercer County inmate responsible for smuggling drugs (suspected fentanyl) into the facility that resulted in an overdose and violent attack of two corrections officers in an escape attempt (www.wdtn.com, March 28, 2019).

Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. One treatment provider remarked, *“It probably went up and heroin went down. We hear [treatment clients] say they use heroin ... but when we test them (administer a urine drug screen), [the results] come back [positive for] fentanyl.”* One law enforcement officer confirmed, *“We have seen an increase.”* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly increased during the past six months.

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

Participants most often rated the current overall quality of fentanyl as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ One participant noted, *“Through the roof ... there’s been a lot of people that died as a result of [fentanyl’s high potency].”* Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported that the top cutting agent for fentanyl is heroin. An additional cut mentioned is Benefiber®. Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months and mirrors the prices for heroin. However, one participant declared, *"If somebody gets pure fentanyl and you don't 'step on' (adulterate) it ... you can charge whatever you want."*

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$45-75
	A gram	\$90-180

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, all 10 would shoot the drug. Participants and community professionals described typical fentanyl users as white people and heroin users. A participant commented, *"I think the white dudes use it more than anybody else. I'd say eight out often [fentanyl users] will be white."* A law enforcement officer observed, *"Heroin users."*

Prescription Opioids






Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '2-3' 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'. A participant noted, *"They're really expensive [and] you have to know someone that can get them."* Community professionals most often reported the current street availability of prescription opioids as '6'; the previous most common score was '8' for treatment providers and '10' for law enforcement. Treatment providers added: *"It's hard to get them; [Doctors] are getting better about not prescribing them as much and watching them (monitoring their use)."*

Participants and community professionals identified Percocet® as the most popular prescription opioid in

terms of widespread illicit use. One participant shared, *"People like Percocet® because they're stronger."* One treatment provider confirmed, *"[Percocet®] are still heavy hitters (in high demand)."* One law enforcement representative determined, *"Perks' (Percocet®), that's the one they really want."*

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *"It's a lot harder [to obtain prescription opioids for illicit use] with doctors' [limited prescribing]; 'Dope' (heroin) is cheaper [and] you get higher [demand has decreased]; They're not around like they used to be."* BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has decreased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) cases they process from this region has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®).

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-1.50 per milligram. Participants commented: *"It's about a \$1 a milligram most of the time, maybe \$1.50; Price could fluctuate a few dollars."* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$9-12 for 5 mg
	Roxicodone®	\$50 for 30 mg

Participants reported obtaining prescription opioids for illicit use from doctors, drug dealers and people with prescriptions. Participants responded: *“People with prescriptions; Most of the time you can walk into somebody’s bathroom and their medicine cabinet is full of [prescription opioids]; From dealers that get them from people with prescriptions; One or two people that are smart enough to find out people in the area that have ‘scripts’ (prescriptions) for legitimate reasons ... they purchase them at a discounted street rate [and sell them for a profit]; Doctors, but it’s easier to get them on the streets.”*

In addition, participants and treatment providers reported a trend of older people obtaining prescription opioids for a legitimate reason and then selling them. One participant summarized, *“Our social security check is not getting us that far, so I’ll sell a couple of these to make extra money.”* One treatment provider highlighted, *“You have the older people that are supplementing their income with it.”* Reportedly, fake Percocet®, oftentimes pressed fentanyl, are being produced and sold on the streets as well. Participants remarked: *“Those are really easy to fake; They have pill presses; They’re [selling] crushed up ‘perks’ when it’s heroin.”* One treatment provider noted, *“What we’ve been noticing in this area is a lot of people are making perks.”*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. One participant commented, *“First they swallow them, and then they start crushing them to snort them.”* Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would intravenously inject (aka “shoot”) the drugs.




Participants described typical illicit prescription opioid users as young, white people while noting drug dealers as well. Participants observed: *“Drug dealers; Suburban kids; White; Young between the ages 15-18 [years].”* Community professionals described typical illicit users as of higher socio-economic status and white people. Treatment providers added: *“Most people that I saw were white people at various ages; Middle to upper-class people that are far along in their addiction.... They start buying them off the streets because their doctor cuts them off.”* One law enforcement representative added, *“I’m seeing more elderly [illicitly using prescription opioids].”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants shared: *“It’s easy to go to the doctor and get them; It’s everywhere; I mean it’s all over the street.”* Treatment providers confirmed: *“It’s readily available; That’s around for sure.”* Law enforcement determined: *“I see a lot of Suboxone®; They get a script and they turn and sell those to people that can’t get heroin, and then they make money so they can go buy their heroin.”*

Participants and treatment providers noted that Suboxone® in filmstrip (aka “strip”) form is highly available, while Suboxone® in pill form is seldom found. Participants discussed: *“You can’t get them, they’re really hard to find; They are giving out the strips because people snort the pills; I haven’t seen the pills, only the strips.”* A treatment provider confirmed, *“I’ve only ever seen the strips.”*

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while community professionals reported increased availability for illicit use. One law enforcement representative declared, *“It’s gone up because heroin has gone up.”* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants most often reported that Suboxone® 8 mg in filmstrip or pill form sells for \$20. Participants commented: *“It’s usually always the 8 mg that people get; If they know how bad you want it, they’ll make it expensive (increase the price); The dealer will buy them ... he’ll give you \$8 and turn around and sell them for \$20.”*

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug from doctors and other users with prescriptions. Participants discussed: *"You can get them from doctors and you can get them from dealers; I always got them from doctors, it was just easier, and I'd sell them sometimes; Addicts get them and want to trade for heroin; They sell the Suboxone® to their dealers and get what they want; You can get Suboxone® basically covered by insurance, so you go to your doctor, you go through your hour intake and all that, and they'll write you a script right there."*

The most common route of administration for illicit use of Suboxone® remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually use and two would intravenously inject (aka "shoot") the drug. Participants summarized: *"I put it under my tongue; People will shoot them, too."* In addition, some participants reported snorting the pill form of Suboxone®.

Participants and community professionals most often described typical illicit Suboxone® users as heroin users. Participants highlighted: *"Most of the people that I know that used them [illicitly] were heroin addicts that couldn't afford to go get high; They're gonna use it not to be sick (experience opioid withdrawal)."* A law enforcement officer offered, *"Young, white males between 18 to 25 [years of age]."* However, another officer reported, *"Every demographic has been touched by this heroin problem."*

Sedative-Hypnotics




Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '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 '8.' Participants stated: *"I think it's pretty easy to get Xanax®, anybody can get it; My dealer had them."* Community professionals most often reported current availability of sedative-hypnotics as '10'; the previous most common score was also '10.' One treatment provider remarked, *"They get a prescription, or they go in their parents' medicine cabinets [and help themselves to their parents' sedative-hypnotics]."*

Participants and treatment providers identified Xanax® as the most available sedative-hypnotic in terms of

widespread illicit use. Participants noted: *"People like Xanax® ... when it comes to the others, people don't really want them; Most people want Xanax® and don't waste time with the other 'benzos' (benzodiazepines); None of them are better than Xanax®."* A treatment provider commented, *"Xanax® is off the charts, everyone wants them."*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while community professionals reported that availability for illicit use has remained the same. Participants indicated a belief that doctors are not writing as many prescriptions for sedative-hypnotics as previously. However, a treatment provider observed, *"Doctors still prescribe them."*

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

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, Xanax® most sells for \$2-3 for 1 mg (aka "footballs") and \$5 for 2 mg (aka "bars"). However, a participant added, *"The more you buy, the less you pay ... that's the same for most things out here."*

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors and people with prescriptions for the drugs. Participants shared: *"I always had my prescription for it or knew someone with one; Doctors and psychiatrists; It's super easy to get them off the streets; I feel like I could get it easier from a dealer...."*

The most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated

that out of 10 illicit sedative-hypnotic users, nine would snort and one would orally consume the drugs. Participants discussed: *"I swallowed mine; I'd snort them with heroin and anything else I would do."*

Participants described typical illicit sedative-hypnotic users as young people. Participants confirmed: *"Younger crowd; Kids are just popping Xanax® bars and going to parties and thinking it's cool."* Community professionals described typical illicit sedative-hypnotic users as middle-class women. Treatment providers commented: *"More women use Xanax®; People that are middle class and end up abusing it."*

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants declared: *"I could literally walk out this door and find a bunch of [marijuana] dealers; It's everywhere; You can go to the carryout, people will be saying, 'I got that 'loud' (high-grade marijuana)."* Treatment providers explained: *"That's still prevalent; They have all kinds now ... not just 'weed' (marijuana) but 'edibles' (food products made with marijuana) and 'dabs' (marijuana concentrates)."* A law enforcement representative responded, *"I have people who aren't afraid to tell me they have weed because they think it's legal now."*




Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was also '10.' Participants summarized: *"I know right where to go to get it; I used to make my own [dabs], which is the most potent weed you can get."* Treatment providers most often reported the current availability of marijuana extracts and concentrates as '10,' while law enforcement most often reported it as '3-4;' the previous most common scores were '8.' One treatment provider described, *"As far as I know, they are very available, that's what I hear from clients."*

Corroborating data indicated that marijuana is available in the Toledo region. Hancock County Probate Court reported that of the 31 positive adult drug test results it recorded during the past six months, 32.3% were positive for cannabinoids; the court also reported that 97.8% of the 46 positive juvenile drug test results it recorded during the past six months were positive for cannabinoids. In addition, ODPS reported seizing 687.9 kilograms (1,516.6 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop in Wood County during which troopers seized more than nine pounds of marijuana edibles, 26 mason jars of THC (tetrahydrocannabinol, the psychoactive component of marijuana) Kool-Aid®, 92 THC vape cartridges containing THC concentrates/oils and 15 grams of hashish (cannabis resin, aka "hash") wax worth \$27,500 (www.statepatrol.ohio.gov, Feb. 20, 2019). Ottawa County Sheriff's Office and Clay Township Police responded to a crash and seized 8,732 grams of marijuana and packaging items for marijuana distribution; officers arrested the driver for trafficking in drugs, operating a vehicle under the influence, possession of criminal tools, obstructing official police business and failure to control a motor vehicle (www.toledoblade.com, March 11, 2019). OSHP conducted a traffic stop in Wood County and seized 200 grams of marijuana, 600 grams of marijuana wax worth \$15,000 and a handgun; troopers arrested two individuals for possession of hashish and marijuana and for the improper transportation of a firearm (www.statepatrol.ohio.gov, May 30, 2019). OSHP conducted a traffic stop in Wood County and seized more than three pounds of marijuana worth \$18,000; troopers arrested the driver for possession and trafficking in marijuana (www.norwalkreflector.com, June 2, 2019). An Erie County sheriff's deputy observed a suspect, who was already appearing in Erie Municipal Court on charges of possession of marijuana and possession of drug paraphernalia, remove three cookies that the suspect confirmed contained marijuana; the deputy confiscated the cookies and charged the suspect with a new charge of possession of marijuana (www.fox8.com, June 24, 2019).

Participants and law enforcement reported that the availability of marijuana and marijuana extracts and concentrates has remained the same during the past six months, while treatment providers reported that the overall availability of marijuana has increased. A treatment

provider highlighted, “We are hearing that ... people are using marijuana to help get off of heroin.” BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has decreased during the past six months, while the incidence of concentrated THC (oils, “dabs”) cases they process from this region has increased.

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

Participant most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ However, a participant concluded, “The quality varies.” On marijuana extracts and concentrates, a participant remarked on their potency, “It hits you so quick.” Overall, participants indicated that the quality of marijuana has increased during the past six months. A participant stated, “Quality and variety is through the roof.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram.

Marijuana	Current Prices for Marijuana	
	A blunt (cigar) or a gram	\$10-15
	1/4 ounce	\$100
	1/2 ounce	\$175-200
	An ounce	\$225-275
	Extracts and concentrates:	
A gram	\$35-40	

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, a few participants commented on oral consumption of marijuana. They said: “I used to make a lot of edibles; It’s a lot harder to smoke [marijuana extracts and concentrates].”

A profile for a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as everybody, while they described typical users of extracts and concentrates as chronic long-term users of marijuana. Participants observed: “Everybody loves weed; Heavy weed smokers [use marijuana extracts and concentrates]; College kids; Partiers, the obvious ‘stoner’ (habitual marijuana using) crowd.” Treatment providers concluded: “It really is across the board; The people I know that use dabs are usually just weed people and do not use other harder drugs.”

Methamphetamine




Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug 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.’ Community professionals most often reported the current availability of methamphetamine as ‘7;’ the previous most common score was ‘8.’ Treatment providers shared: “We’ve got ‘cookers’ (people who manufacture methamphetamine) all around; We had a ‘meth house’ (methamphetamine lab) around here [that] caught on fire [recently].” One law enforcement representative confirmed, “There are a lot of meth labs around in the rural areas.”

Corroborating data indicated that methamphetamine is available in the Toledo region. ODPS reported seizing 2.1 kilograms (4.5 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop in Hancock County and seized a gun, 18 grams of methamphetamine, 374 grams of marijuana and 13 grams of hashish worth \$4,627; police arrested an individual for possession of methamphetamine, carrying a concealed weapon and possession of marijuana and hashish (www.statepatrol.ohio.gov, Jan. 18, 2019). An Ottawa County Sheriff’s deputy conducted a traffic stop and seized five ounces of methamphetamine worth an estimated \$3,552; the deputy arrested the driver for drug possession (www.13abc.com, June 20, 2019).



Participants and community professionals reported that methamphetamine is available in crystal and powdered forms in the region; however, they noted powdered

methamphetamine as most prevalent. The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and law enforcement reported that the availability of methamphetamine has remained the same during the past six months, while treatment providers reported increased availability. Treatment providers said: *“I’ve seen a spike in meth coming through treatment; [It’s] a little more prevalent than it might have been about five or six months ago.”* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered methamphetamine as ‘7’ and of crystal methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘10’ for crystal methamphetamine and not reported for powdered methamphetamine. Participants reported Benefiber® as a cutting agent (adulterant) for methamphetamine. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/10 gram for \$20. Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. Participants responded: *“It came around so late that everybody was already using a needle (shooting) ... it’s something to put in a needle; A lot of [users] are shooting meth.”* In addition, a few participants discussed “hot railing”(a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) as an alternative route of administration for methamphetamine use.




Participants and community professionals described typical methamphetamine users as cocaine users and white people. A participant summarized, *“Anybody that likes cocaine will use it. ...”* Treatment providers discussed: *“Poor white folks; I don’t think I’ve met an African-American client that has done meth; If you look at race, you don’t see it too much in the black community.”* One law enforcement officer confirmed, *“[We] mostly see white people doing it.”*

Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants determined: *“Adderall® is everywhere. People get prescribed it and sell it; There’s not a whole lot of stigma associated with that at all, so since nobody is ashamed to say they like Adderall®, it’s okay for everyone to use it”* Community professionals most often reported the current availability of prescription stimulants for illicit use as ‘7;’ the previous most common score was ‘10.’ Treatment providers declared: *“That’s kinda high, I hear about it all of the time; It’s readily available.”*

Participants and community professionals identified Adderall® as the most popular prescription stimulant

in terms of widespread illicit use. Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. One participant explained, *“That’s always around, you can get it [any time].”* BCI crime labs reported processing very few or no cases of amphetamine (Adderall®), lisdexamfetamine (Vyvanse®) and methylphenidate (Ritalin®) from this region during the past six months.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. One participant responded, *“[Price] depends on the milligram, and if it’s capsules or pills.”* Reportedly, Adderall® 30 mg most often sells for \$3-4.




Participants reported obtaining prescription stimulants for illicit use from doctors and individuals with prescriptions, including children. Participants discussed: *“Doctors hand it out like candy, just say you can’t focus and they give it to you; People that have prescriptions; They take it from their kids.”* One treatment provider highlighted, *“There are a lot of parents that get it for their kids and don’t ever give it to their kids, they sell them for income.”*

The most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs. Participants and community professionals described typical illicit users of prescription stimulants as students and middle-class people. Participants described: *“Students, high school, and college; I know a lot of kids, like their little brothers or like younger siblings are prescribed it and they’ll be like, ‘yes, I can snag a couple out of his bottle and he won’t notice.’”* Treatment providers stated: *“High school students; Teens or young adults; Seems like a younger drug; Staying up all night whether it’s to work or party more.”* One law enforcement representative added, *“Middle class.”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10.’ However, one participant remarked, *“I can get that anytime.”* Community professionals most often reported the current availability of ecstasy as ‘6’ and of molly as ‘8’; the previous most common scores were not reported. Treatment providers noted: *“Molly is more popular here than ecstasy; Ecstasy, I haven’t seen it a whole lot; All these rappers, they rap about it, and then it becomes more popular....”* One law enforcement professional commented, *“We stopped a kid recently and he had a pocket full of [ecstasy].”*

Participants reported the availability of both ecstasy and molly have decreased during the past six months, while community professionals reported that availability has remained the same. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has remained the same during the past six months, although still few cases.

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

Participants discussed the quality of ecstasy and molly and rated the overall quality of ecstasy as ‘10’ and of molly as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were not reported. Reportedly, ecstasy is often cut with laxatives and molly is often cut with other substances including fentanyl and methamphetamine. Participants observed: *“Molly right now is being cut with fentanyl; No one wants ‘X’ (ecstasy) pills because they put other shit in it now; If [ecstasy is] around, you’ll get meth ... a ‘triple stack’ (high-dose ecstasy tablet), it’s gonna be meth pressed in a pill.”* One participant described purchasing molly and it turned

out to be methamphetamine. Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in 1/10 gram amounts. One participant concluded, *"Molly, it's usually \$40 to \$60 a gram."* Participants indicated that ecstasy and molly are obtained through Internet purchase. One participant added, *"If you order it online, it's really cheap."*

The most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, seven would orally consume and three would snort the drugs. One participant shared, *"People mostly snort it or eat it, that's what I see."* Participants and community professionals described typical ecstasy and molly users as younger people. Participants discussed: *"College students; High school students; That's a younger person thing."* One treatment provider confirmed, *"That's the young crowd who are doing those drugs."* One law enforcement representative determined, *"College kids."*

Other Drugs in the Toledo Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: kratom (mitragynine), Neurontin® (gabapentin), promethazine (prescription-strength cough syrup with codeine) and synthetic marijuana (synthetic cannabinoids).

In addition, BCI crime labs reported that the incidence of LSD (lysergic acid diethylamide) cases they process from this region has increased, although it remains low. BCI labs also reported that they processed very few cases of psilocybin mushrooms from this region during the past six months. Media outlets reported on law enforcement seizures and arrests of other drugs in the region this reporting period. OSHP conducted a traffic stop in Huron County and seized 62 grams of psilocybin mushrooms along with 125 grams of marijuana; troopers arrested the driver for possession of drugs (www.cleveland19.com, June 3, 2019).

Kratom

Kratom (mitragynine, a psychoactive plant substance) remains available in the region. Participants and treatment providers 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 only previous most common score was '10' as reported by law enforcement. One participant explained, *"Kratom helps them with the dope sick stuff (opiate withdrawal) when they can't find heroin."* Treatment providers summarized: *"That's been coming up a lot; [People think], 'It's not going to show up on a drug screen and I'm still getting my mind altered.'" Participants reported obtaining kratom from head shops and through Internet purchase. Participants highlighted: "Now, you can buy kratom at the head shop; You can buy it online in bulk."*

Participants reported that the most common route of administration for kratom is oral consumption. Participants described: *"You can literally mix it up in a smoothie and drink it ... don't taste that bad and ... if you're not a heroin user and you're looking to try something fun that's readily available [and] isn't technically illegal; Some people make tea out of it; It comes in like capsules; I got it in a big bag of powder."* Treatment providers described typical kratom users as heroin users and white people, aged 20s to 30s.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants and treatment providers most often reported the drug's current street availability as '10' 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 treatment provider remarked, *"We have a lot of people testing positive for Neurontin®."* Participants reported obtaining Neurontin® for illicit use most often through prescription from a doctor. Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, Neurontin® 800 mg most often sells for \$1. Participants described typical illicit Neurontin® users as drug users generally. A participant noted, *"Anybody that wants to get off the heroin or meth."*

Promethazine

Promethazine (prescription-strength cough syrup with codeine) is highly available in the region. Participants most often reported the drug's current availability for illicit use as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Reports of current street prices for promethazine were reported by participants with experience buying the drug. Reportedly, a pint of promethazine sells for \$400-800. Participants reported obtaining promethazine for illicit use from drug dealers and through doctors and other connections in the medical field. Participants commented: *"It's a prescription, you get it from the doctor; A drug dealer [I know] has a female friend and she works at a pharmacy and she leaves a box of it on the [dealer's] back porch."*

Participants reported that the most common route of administration for promethazine is oral consumption. Participants estimated that out of 10 promethazine users, all 10 would orally consume the drug. Participants described mixing promethazine with soda to make a mixture known as "lean." A participant explained, *"They drink it, cough syrup, they mix it with Sprite® [to make lean]."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8.' One participant observed, *"'K-2' (brand of synthetic marijuana) is readily available, it's pretty much at all the [head] shops, but a lot of people don't use it ... it makes you feel weird."* Law enforcement reported that synthetic marijuana is not readily available in the region. Law enforcement concluded: *"I'd say the availability is very limited; You don't see a whole lot of it anymore."* Participants described typical synthetic marijuana users as someone who needs to pass a drug test, while law enforcement reported marijuana users as typical users. A participant shared, *"Anybody that wants to pass a drug test."* A law enforcement representative added, *"People that smoke weed."*

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, prescription stimulants and Suboxone® remain highly available in the Toledo region. Changes in availability during the past six months include: increased availability for fentanyl and decreased availability for prescription opioids.

Participants concluded that the current high availability of fentanyl is in response to increasing demand for the drug. They said demand is high due to the inexpensiveness and greater potency of fentanyl relative to heroin. Several participants expressed that they prefer and seek fentanyl. However, similar to unadulterated heroin, participants reported the availability of "pure" fentanyl as low. Participants discussed fentanyl as a cut for many other drugs. Treatment providers agreed that fentanyl is often adulterated into other drugs, oftentimes without the knowledge of the buyer. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly increased during the past six months.

Participants and community professionals indicated high current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Treatment providers reported increased availability of dabs during the past six months. Several providers noted users using these alternative forms of marijuana to help in coming off of heroin, either to alleviate withdrawal symptoms between highs or in quitting heroin use by switching to the use of dabs. BCI crime labs reported that the incidence of concentrated THC (oils, dabs) cases they process from this region has increased.

Participants and community professionals reported that methamphetamine is available in crystal and powdered forms in the region; however, they noted powdered methamphetamine as most prevalent. A law enforcement representative confirmed, *"There are a lot of meth labs around in the rural areas."* Treatment providers reported increased availability of methamphetamine during the past six months, noting a spike in methamphetamine users entering treatment. Participants and community professionals described typical methamphetamine users as cocaine users and white people.

Lastly, treatment providers discussed an increase in clients screening positive for Neurontin® on urine drug screens during the past six months. Participants reported obtaining Neurontin® for illicit use most often through prescription from a doctor, and they described typical illicit Neurontin® users as drug users generally, particularly users desiring to stop heroin and/or methamphetamine use.