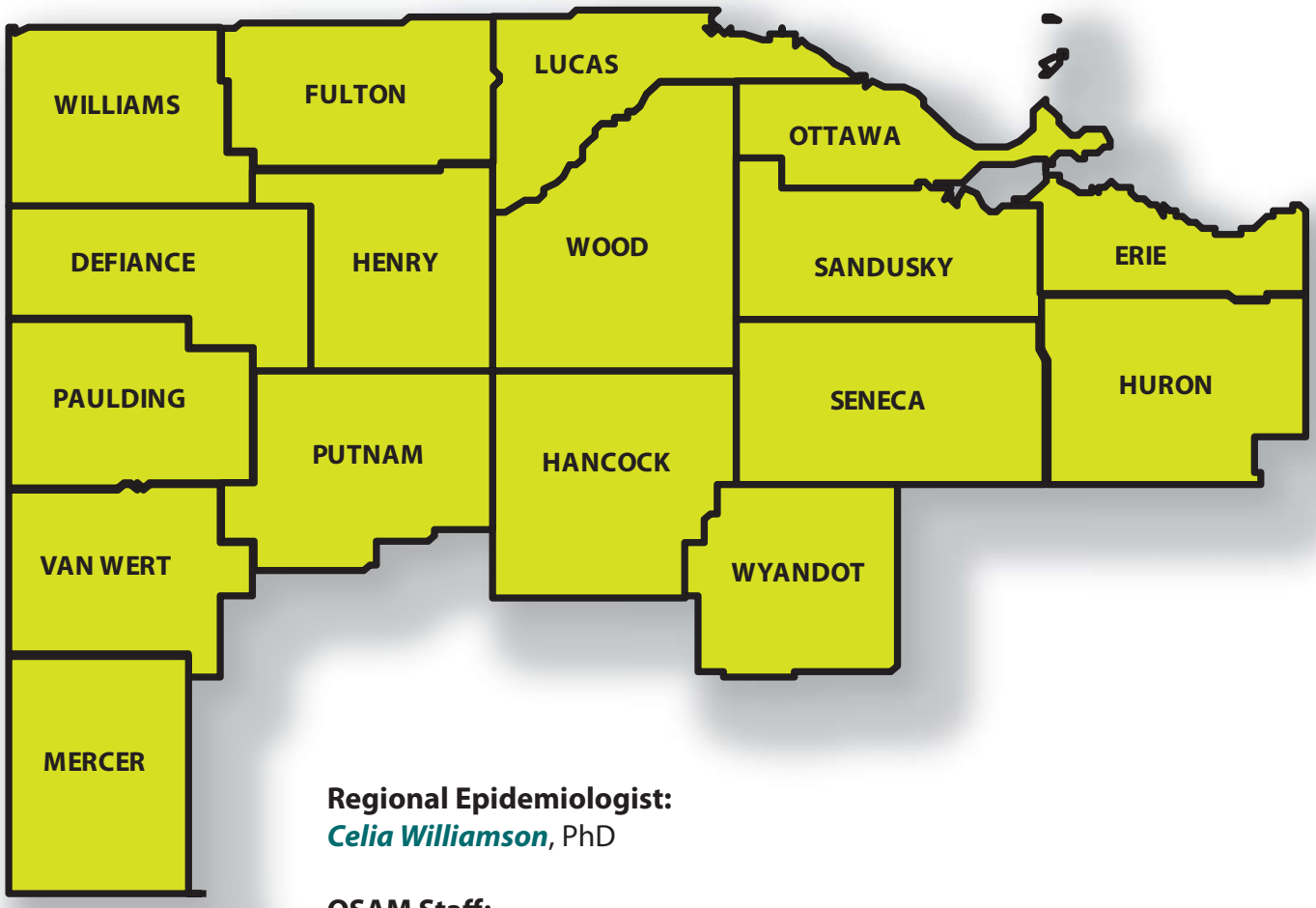
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Toledo Region

June 2010-January 2011

John R. Kasich, *Governor*
Orman Hall, *Director*



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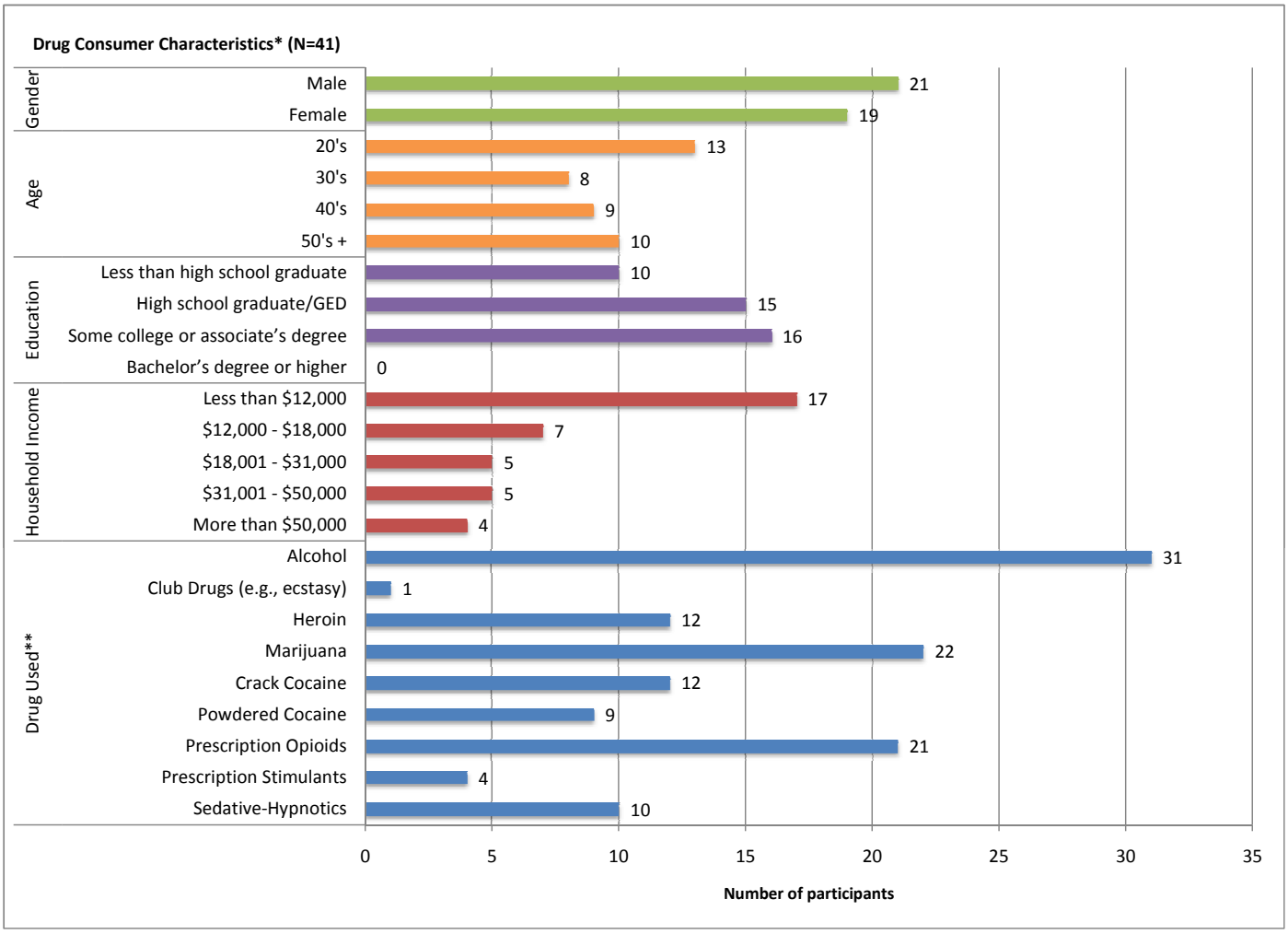
Regional Profile

Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,514,603	1,249,616	41
Gender (Female), 2009	51.2%	51.1%	46.3%
Whites, 2009	82.2%	84.6%	56.1%
African Americans, 2009	11.9%	7.9%	31.7%
Hispanic or Latino Origin, 2009	2.8%	5.1%	6.5%
High school graduates, 2008	84.6%	92.3%	75.6%
Median household income, 2009	$45,467	$45,659	$12,000 - $18,000[2]
Persons below poverty, 2009	15.1%	11.5%	43.2%[3]

Ohio and Toledo statistics are derived from the U.S. Census Bureau[1].
Respondents reported income by selecting a category that best represented their household's approximate income for 2009[2].
Poverty status was unable to be determined for four respondents due to missing or insufficient income data[3].



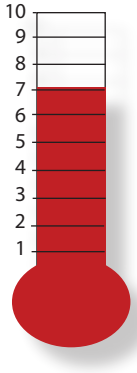
*Not all participants filled out forms; therefore numbers may not add to 41.
**Some respondents reported multiple drugs of use over the past six months.

Data Sources

This regional report was based upon qualitative data collected via individual and focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Lucas County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (i.e., treatment providers) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Identification and Investigation (BCI&I) Bowling Green, which serves Northwest Ohio. BCI&I data are summary data of cases processed from January to June 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the last six months (i.e., from time of interview through prior six months); thus, current BCI&I data correspond to the current reporting period of participants. In addition to the aforementioned data sources, the following media outlets were queried for information regarding regional drug abuse for June 2010 through January 2011: *FOX Toledo News*, *Sentinel Tribune Daily* (Bowling Green) and *Times Bulletin Media* (Van Wert).

Powdered Cocaine

Current Trends



Powdered cocaine is moderately available in the region. Participants and treatment providers most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Reportedly, the availability of powdered cocaine mostly has to do with one's connections with cocaine dealers. As a respondent commented, *"[Availability] depends on what side of town you stay on, 'cause where I stay at, I know a lot of people that deal in it [powdered cocaine]."* Media reports from the region reported a recent arrest related to powdered cocaine during which law enforcement seized four kilos of powdered cocaine at a traffic stop, valued at $40,000 (**www.foxtoledo.com**, Jan. 27, 2011). BCI&I Bowling Green crime lab reported moderate and stable availability of powdered cocaine.

Most participants rated the quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Generally, participants reported that the quality of powdered cocaine is not good because dealers either *"cut [dilute powdered cocaine] it too much"* or are more interested in using powdered cocaine to create and sell crack cocaine. A participant reported, *"Cut goes up, price goes up,"* clarifying that in the last six months even though the amount of non-cocaine ingredients has increased in powdered cocaine, so has the price. This view was shared by others, as participants commented, *"[Powdered cocaine] probably been cut [diluted] about three or four times; "I would not do cocaine in Toledo. It's a waste of your money."* Participants mentioned baking soda as commonly used to cut powdered cocaine. BCI&I Bowling Green crime lab reported that powdered cocaine is cut with several substances including levamisole (dewormer for livestock), caffeine (e.g., NoDoz®), diltiazem (medication used to treat heart conditions/high blood pressure) and procaine (local anesthetic).

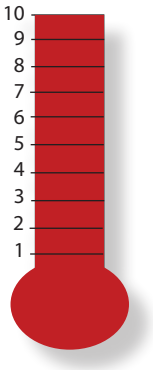
Current street jargon includes many names for powdered cocaine. The most commonly cited names were "girl" and "white girl." Participants listed the following as other common street names: "Christina Aguilera," "johnson and johnson," "kizzle" and "tissue." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for $50 – $75, depending on the quality; 1/16 ounce, or "teener," sells for $75; 1/8 ounce, or "eight ball," sells for $125 – $150; an ounce sells for $900 – $1,100. Participants reported that the most common way to use powdered cocaine is through intranasal inhalation (i.e., snorting). Out of 100-powdered cocaine consumers, participants reported that approximately 80 would snort it, 10 would intravenously inject it or "shoot it," and another 10 would smoke it. Reportedly, others see people who snort powdered cocaine as "cool." A participant summed up how others perceived powdered cocaine use: *"It [powdered cocaine] doesn't have that 'crack head' stigma."* While participants stated that not many people use powdered cocaine intravenously, a participant reported, *"I shot mine [injected powdered cocaine]. I don't like the drain from my nose."* In addition, participants reported that those who inject are more likely to be intravenous drug users who prefer to inject any drug they purchase. Smokers of powdered cocaine may sprinkle it along the top of a marijuana *"joint"* (i.e., marijuana cigarette) and *"roll it up,"* which was identified as *"cocoa puffing."*

Participants described typical users of powdered cocaine as those with enough financial means to afford the drug such as *"wealthier people; people with money; more business types"* or *"preppy people."* Users were also described as *"dancers, rollers/drug traffickers, suburb people who come in the inner city,*

and doctors [or] lawyers." Reportedly, those in business who can afford powdered cocaine may be in legitimate business or illegal business. A participant described those in illegal business: *"It's a lot of hustlers that pretty much set it [powdered cocaine] out ... and party off of it. You know, trick with girls and, you know, just put it out there so everybody can party."* Participants described powdered cocaine as being used by a *"younger crowd."* A participant reported, *"Now-a-days it be like younger people [who use powdered cocaine] ... age 16 to 26 or something like that."* Reportedly, powdered cocaine is used in combination with ecstasy, marijuana and opioids. Some participants also reported alcohol use after cocaine use: *"So they can go to sleep at night."*

Crack Cocaine

Current Trends



Crack cocaine is highly available in the region. Participants and treatment providers most often reported the availability of the drug as '10' on scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A treatment provider joked, *"It [crack cocaine] might be in the building somewhere ... That's how available it is."* A participant at another facility echoed this same idea, *"You can walk out the door right here and before you get to the corner you gonna see people with rocks [crack cocaine] in their pockets."* Many participants reported that crack cocaine is readily available in their neighborhoods. A participant explained, *"I can walk out the front door where I live with my children, and I can look this way, and look this way, and in each direction, I can see at least one of the little boys in the neighborhood that sells it [crack cocaine]."* Another participant agreed, *"You don't have to walk a whole city block [to find crack cocaine], and it can be 10 degrees outside."* Participants reported that the availability of crack cocaine has been consistent over the past six months. BCI&I Bowling Green crime lab reported moderate and stable availability of crack cocaine.

Other than marijuana, reportedly, crack cocaine is the only drug that may be accessed by anyone, whether or not one is connected to drug dealers. Participants reported that almost anyone could walk down a street where drugs are sold and be asked if they would like to buy crack cocaine. Participants talked about women being approached by younger drug dealers and asked if they *"were cool"* (i.e., in need of crack cocaine). Young dealers use the term *"auntie"* to make initial contact with potential female buyers. Participants explained using this term helped to build a relationship with a potential buyer, but also reflected a certain respect in the age difference of the young dealer to the adult female buyer. A participant described the range in age of various crack cocaine dealers in her neighborhood: *"The dealers on my block ... the youngest is 15 and the oldest is his older brother who's 45."*

Most participants rated the quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality), but as a participant stated, *"It [quality of crack cocaine] depends on who you dealing with."* Participants reported that crack cocaine in Toledo is "cut" (i.e., diluted) with baking soda. The more baking soda added to the crack cocaine rock, the less potent the drug. A participant commented that dealers will *"blow it [crack cocaine] up"* with baking soda to make the buyer think they are *"getting a heck of a deal."* Another participant commented that finding quality crack cocaine might be related to luck or being connected to someone of importance, stating *"If you luck up on it [crack cocaine] or know who you're dealing with, you can get quality crack [cocaine]."* Participants reported that the quality of crack cocaine has varied over the past six months to a year. BCI&I Bowling Green crime lab reported that crack cocaine is cut with several substances including levamisole (dewormer for livestock), caffeine (e.g., NoDoz®), diltiazem (medication used to treat heart conditions/high blood pressure) and procaine (local anesthetic).

Current street jargon includes several names for crack cocaine. Participants listed the following as common street names or sayings from dealers: "butter," *"I got that A-1"* and *"I got that work."* Participants reported that 1/16 ounce of crack cocaine, or "teener," sells for $65 – $80; 1/8 ounce, or "eight ball," sells for $125 – $200; and 1/4 ounce sells for $200 – $300. Most participants reported buying small quantities of crack cocaine including rocks that cost anywhere from $2 – $20. A dealer stated, *"My main sales was dimes [1/10 gram or $10 rocks] and twenties [$20 rocks]."* While participants reported a gram sells for about $60, one was quick to point out, *"If somebody calls you about a gram [of crack cocaine], you better watch them ... because that just don't sound right, because on the street, you're not going to ask for a gram ... normally it's all cut up into dime pieces or 20 pieces."* While participants reported that anyone could walk down the street and buy crack cocaine, it is very difficult to buy a larger quantity of crack cocaine. The buyer

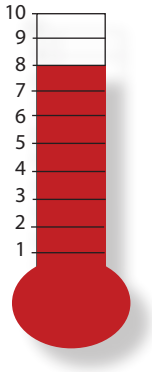
would have to be connected and trusted. As a participant put it, *"You have to have been a trusted person with that dealer ... you have to be an established person. They have to have seen or dealt with you at least a couple of months."* Another participant said, *"You have to have already 20'd yourself with them,"* meaning the user has to have purchased smaller quantities over time.

While there were a few reported ways of consuming crack cocaine, the most common route of administration by far is smoking. Most crack cocaine users reported they smoked the drug using makeshift crack pipes out of pop cans or other paraphernalia. Some respondents reported they knew people who *"broke it [crack cocaine] down"* (e.g., with vinegar) in order to liquefy and use intravenously. However, out of 100 people, participants reported that just about all of them would choose to smoke it. A participant said, *"There might be one or two people that shoot [inject] it [crack cocaine], but those people would smoke some too."*

A profile of a typical user of crack cocaine did not emerge in the data. Participants and treatment professionals alike stated that crack cocaine is far reaching into every socioeconomic class. Reportedly, crack cocaine is the drug of choice for older people described as being *"on assistance"* to people who drive in from the suburbs to get it. A treatment provider reported, *"It [crack cocaine use] crosses all socio-economic [classes]. It didn't use to be so, but now it is ... anybody is fair game at this point."* On the other hand, participants reported that the people who deal crack cocaine are usually young males; the perks from drug sales are said to lure them into selling the drug. As a participant reported, *"You see the kids going back and forth to school, and they see the dudes [dealers] on the corner with the fly shoes and jackets and stuff ... driving the nice cars. They see all the glitter and glamour ... 'I wanna be a part of that glitter and glamour, so what I gotta do'. And, it's hard for a parent to keep telling them the downside when they see all of the upside. You see the perks, you don't see the prison."*
In addition to alcohol, participants reported that crack cocaine is typically combined with marijuana. Participants said they would add it to a marijuana cigarette and smoke it (called "cocoa puffing"), as a participant stated, *"You can break it [crack cocaine] down and put in a cigarette and 'cocoa puff it'."*

Heroin

Current Trends



Heroin is highly available in the region. Participants most often reported current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). While many types of heroin are currently available in the region, participants reported the availability of white powdered heroin, which participants often referred to as "china white," as the most available. A participant noted, *"That's [use of 'china white' heroin] blowing up."* Another participant stated, *"At first it was the brown [heroin], but now I only know two people I can get that from. It's more the china [white heroin] now."*
Even though white powdered heroin was reported to be highly available, finding it is said to be predicated on two factors: one's connections and one's proximity to the drug. A participant reported, *"[Availability] depends on what side of town you're on."* A respondent reported, *"I know I can get it [white powdered heroin] on the east side or south side anytime."* While interviewing a participant outside of his home on the east side, the interviewee pointed next door to indicate how close his heroin connection was. Brown powdered heroin is also available on Toledo's streets. Participants rated brown powdered heroin's availability as '6.' A participant described brown powdered heroin as, *"Mixed ... It's like tar and lactose ... It looks like a milk dud or something ... It's called 'dog food'."* Another participant said, *"If I wanted it [brown powdered heroin], I could have it dropped off in an hour."* When asked why brown powdered heroin is referred to as "dog food," a participant commented, *"cause it's the color of dog food and treats you like a dog."* Treatment providers generally reported heroin to be highly available, rating its current availability as '9.'

Participants reported the availability of black tar heroin to be low, rating its availability as '2' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A participant said, *"I don't know anyone that has tar [black tar heroin]."* Participants reported that Hispanics, who they reported control the heroin markets in Toledo, hold the release of black tar heroin in order to decrease competition and to keep the particular "cut" (i.e., grade) they want in Toledo. In fact, many heroin consumers commented on the South American control of heroin in Toledo and distribution

by a few local families with connections. A participant stated, *"To be politically correct, it's the Mexicans, Cubans and Colombians [who control the distribution and sale of heroin]."* Another participant reported, *"It's really hard [to find black tar heroin]. You really have to know somebody to get that connect, and you have to know somebody in the family. They keep it pretty lock and key."* Another participant described why dealers are thought to be reluctant to release black tar heroin, *"because you could under-cut them [sell cheaper]."* Yet another active intravenous user stated, *"They're [cartels] putting it [heroin] out on the street cut a certain way. They're giving it to the dealers mixed a certain way and then the dealers are putting their cut on it."* BCI&I Bowling Green crime lab reported high and stable availability of heroin generally.

Many participants commented on the recent rise in heroin abuse. *"Heroin gotten a lot bigger in this city,"* stated an interviewee. Participants offered reasons for the surge in heroin use in Toledo. The first reason given was the drug's increased availability and "good" quality, as most current participants reported heroin to be plentiful and well worth the effort to purchase and use. Second, participants reported that heroin abuse is the end of a natural progression that typically begins with prescription opioid abuse, also reported to be high in Toledo. A participant explained the progression from tablets (prescription opioids) and the lure of heroin: *"Well what happened was everybody got addicted to tablet ... and then you know 'I can get no higher than five 80's a day' so what are you gonna do, you gonna save money and do dope [heroin] or you gonna pay for all them tablets."* A treatment provider agreed with this sentiment stating, *"It's more economics. The tablets are more expensive and they'll go to heroin because they can't afford the tablets."* Third, the recent change in the composition of OxyContin® that prevents participants from successfully breaking it down for either injection or intranasal inhalation (i.e., snorting) was also cited as a reason for an increase in heroin use in the region. Focus group participants reported themselves and others as having shifted from OxyContin® to heroin, Duragesic® (fentanyl transdermal system) or a fentanyl-heroin mix. Media reports from the region corroborate the increased prevalence of heroin abuse. *Times Bulletin Media* reported, *"Police statistic show that the huge upswing in heroin arrests that began in the latter part of 2008 has not stopped. In 2008, there were only 11 heroin-related arrests, but that number jumped to 30 in 2009 ... [and] has doubled [since]"* (**www.timesbulletin.com**, Jan. 15, 2011).

Most participants generally rated the quality of heroin as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants commonly reported that the *"china white heroin"* they purchase was a mix of heroin and fentanyl. A participant commented, *"You can see it [that it is not just heroin] in the consistency of it, the mix of it. You can see the color, texture of it, 'cause it doesn't mix properly ... because the fentanyl is a grayish white and the china white [heroin] is a super, super light brownish color."* Participants did not agree on the quality of brown powdered heroin. A participant described brown powdered heroin as *"pretty potent"* while another reported the current quality of brown powdered heroin as *"garbage."* BCI&I Bowling Green crime lab reported heroin to be very pure, and that black tar heroin is occasionally "cut" (i.e., dilute) with substances like caffeine (e.g., NoDoz®), diphenhydramine (medication used to treat allergies) and quinine (medication used to treat malaria).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "brown," dog food," "lottery tickets" and "stamps." Participants reported that a gram of white powdered heroin sells for $40 – $60; "folds" or "papers" (i.e., 1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie) sell for $10 – $20; participants also reported buying heroin in "bundles" (i.e., 10 – 12 small packs of heroin); a gram of brown heroin sells for $130 – $150; 1/2 gram sells for $40 – $60; a gram of black tar heroin reportedly sells for $125 – $175 (no one reported buying smaller quantities of black tar heroin). Overall, participants reported heroin availability and pricing have not changed in the last six months. While there were a few reported ways of consuming heroin, the most common route of administration is intravenous injection. Most participants reported transitioning from snorting to injecting heroin intravenously for a more intense high. As a participant noted, *"You can only use it [heroin] for so long before you start shooting [injecting] it. I would say most the people I've met ... out of 50 people that would normally use, only one snorted it through their whole heroin career. Everybody else went to shooting it eventually."* Other participants remarked, *"All the people I know shoot [inject] it. After a while you got to snort three to four [times] a day, you know, versus doing one shot and getting just as high."*

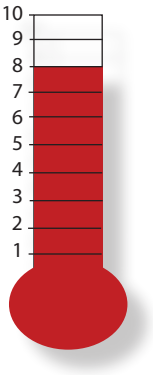
Typical users of heroin were described by both providers and participants as primarily young, White and having a prescription opioid abuse history. In reporting on the difference between heroin users of the past and today's

heroin users, a treatment provider stated, *"Heroin addicts today are younger ... those 16 to 25 year olds."* Another provider commented, *"Heroin was always an older people's drug. A person on heroin would go for years without having dangerous issues, problems on their own, economic problems – and still be able to function. Nowadays it's not happening like that. They're [users] losing more stuff, [and experiencing] legal consequences."* A participant went further in stating, *"It's a epidemic. Young people, I mean really young people, 18 to 19 years old, even younger, really, really using this stuff [heroin] and, for me, that's scary. When I was that age I was into beer, pot [marijuana], you know what I mean, and now it's oxy's [OxyContin®] ... and heroin ... it's just around and people are getting younger and younger."* Another participant commented, *"I started [heroin use] at 16, and I was using pretty heavy."* Treatment providers explained that once a user is introduced to heroin, heroin becomes the primary drug of choice and interest in other drugs decreases. A treatment provider who provides services to young people addicted to heroin and involved in the legal system, described young, mostly White users in treatment who, *"once had means, now needing to break into garages and think of other ways to come up with money to buy heroin; they want that heroin and that's how they end up in the legal system."* While providers noted heroin participants as being young and 60 to 70 percent White, they also reported recently seeing more Hispanics presenting with heroin abuse/dependence issues than previous. Heroin reportedly is used in combination with benzodiazepines, cocaine and marijuana. A participant reported, *"I know people that speedball [inject a mix of crack cocaine and heroin]."*

Prescription Opioids

Current Trends

Prescription opioids are highly available in the region. Participants identified the most popular as OxyContin®, Percocet® and Vicodin®, reporting the current street 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 professionals most often rated availability of the aforementioned as '10.' Participants reported Vicodin® as *"a phone call away."* However, while the availability may be high, reportedly, the demand for Vicodin® is low. As a participant put it, *"Nobody wants Vicodin®."* Other participants commented, *"You'll have to take the whole script [prescription of Vicodin®]. You gotta understand that all these younger kids grew up taking Percocet® and OxyContin® and stuff like that to where that Vicodin® is just like an aspirin to 'em. They don't want it; I was taking 30 [Vicodin®] a day just to function."* These participants reported that opioid users eventually progress past Vicodin® and become more interested in stronger opioids such as OxyContin® and Percocet®. When discussing progression, a participant reported, *"I started using prescribed medication [opioids] for a headache. I was only eating them at first and then gradually I got worse. I started using the OxyContin®. I would take the 20-milligram and I was eating them, and then eating them wasn't good enough, and then I started smashing them down and snorting them, and then I think I got up to using three 80's [OxyContin® 80 mg] a day and I just couldn't afford it anymore. I went from using perc's [Percocet®] on a daily basis up to oxy's [OxyContin®] ... I was introduced to the fentanyl."*



Participants described prescription opioids as the gateway drug to heroin. A participant stated, *"You don't start off doing heroin ... If you start out using heroin you're not going to go get an oxy [OxyContin®]unless you're hard up; but you know if you're doing oxy and you can't get it, you're gonna go get heroin."* A participant reported, *"I started out snorting oxy's [OxyContin®] for like a year and a half and then I was kind of on low times and didn't have much money and my sister had started doing it [heroin] and she said it was good. One time I started [using heroin] and I was always ... like I don't wanna do that ... and if you start, try it, it's just, you're going to do it all the time."* Media outlets in the region also talked about recent arrests due to prescription opioid trafficking. In July 2010, *Fox Toledo News* reported on a drug arrest during a routine traffic stop, leading to the confiscation of over 1,500 pills (i.e., mostly hydrocodone) with a street value of $90,000 (**www.foxtoledo.com**, July 26, 2010). The *Sentinel Tribune Daily* spoke to availability of prescription opioids among young people, according to the Youth Survey of Alcohol and Other Drug Use conducted by the Lucas County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, prescription opioids *"dropped in all of the high school grades except for 10th grade, where it rose nearly six percent"* (**www.sent-trib.com**, Aug. 17, 2010). BCI&I Bowling Green crime lab reported high and stable availability of prescription opioids, with oxycodone being the most frequently encountered opioid.

Both participants and providers described OxyContin® as the most desired opioid *"in the world of pharmaceutical abuse."* The desire for OxyContin® in Toledo far outweighs the want for any other tablet. A participant commented, *"I was doing up to ten 80's [OxyContin® 80 mg] a day, every day."* However, since the making of traditional OxyContin® was recently altered, participants report finding it more difficult to purchase. As a respondent noted, *"You could go anywhere and get OC's [OxyContin®] before, just like crack [cocaine] ... people just had them all the time."* When commenting on the recent change, another respondent commented, *"That's a big deal 'cause the oxy's [OxyContin®] were THE opiate."* Participants described the new OxyContin® as different when attempting to crush them in order to snort or prepare them for intravenous use. A treatment provider explained, *"The thing with oxy [OxyContin®] right now is they [Purdue Pharma] changed the chemical make-up ... and they [users] can't do what they used to. The OxyContin® are now the gel form so they can't crush them up."* A participant commented, *"It [OxyContin®] gels up so you can't snort it and you can't shoot [inject] it."* Another participant noted that the new OxyContin® is like *"trying to snort bubble gum."* In taking them orally, participants described a calm and tired effect. They also noted that the drug did *"take the sickness away [combat withdrawal sickness]"* but they were *"unable to feel the buzz [produce a high]."* Participants identified the availability of the new OxyContin® as '5' and the demand for them as '1' on a scale of '0' (not desired) to '10' (highly desired). A participant stated, *"Nobody wants the OP's [new reformulated OxyContin®]."*

Because of the change in OxyContin®, participants described some people shifting to fentanyl and heroin abuse. A participant reported, *"That's why fentanyl is coming up so hard because they're getting the same feeling off the fentanyl as they did the OC's [OxyContin®]."* Fentanyl powder was reported to be increasing in availability and was rated '9' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A participant reported, *"Everybody I talked to can get fentanyl."* Another participant said, *"We'll see, you got all the fentanyl people now, like the china [china white heroin] people who snort it, who are used to snorting pills ... You have a whole new age of dope feinds coming up."* The availability of fentanyl patches was most often reported as '3.' A participant described how he prepared a patch for intravenous use: *"you scrape the gel out of it, put it in the spoon, shoot water in there and you cook it up, and you drop cotton in there and you draw it up."* Although the availability of Ultram® was reported to be '8,' there was no reported street value or demand for Ultram® during this reporting period. Participants reported the following prescription opioids as less available for street purchase in the region: Demerol®, Dilaudid®, methadone, Opana®, Roxicet®, Subutex® and Tylenol 3®/Tylenol 4®.

Participants reported the following prescription opioids (a.k.a., "beans") as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl ($20 – $50 for patches, depending on dosage; $50 for a gram of powder; $60 – $70 for 1/16 ounce, or "teener"), Opana® 40 mg ($30 – $50), OxyContin® (a.k.a., "oxy's;" "OC's" refer to old formulation and "OP's" refer to new formulation), OxyContin® 40 mg (a.k.a., "lemon"), OxyContin® 60 mg (a.k.a., "apple"), OxyContin® 80 mg (a.k.a., "lime;" *old* formulation sells for $50 – $80; *new* formulation sells for $20 – $25); Percocet® 5 mg (a.k.a., "perc's;" $3 – $7); Percocet® 10 mg ($6 – $10); Percocet® 30 mg ($15); and Vicodin® 500 mg ($2 – $3).

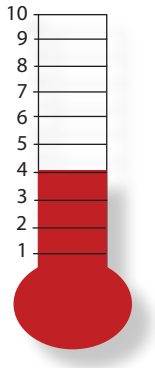
Participants reported that they obtained prescription opioids from dealers, doctors, friends and family. Those who obtained their drugs through doctors either engaged in *"doctor shopping"* (i.e., obtaining many different prescriptions from several doctors), or visited doctors who were well known for accepting cash for writing prescriptions. As a participant commented, *"There are doctors that will take $200 cash and give you a script [prescription]."*

Prescription opioid consumers reported taking tablets orally, crushing them up and either snorting or cooking and then injecting them. A participant described taking the coating off a tablet, *"and you put it in your bottom [rectum; a.k.a., "plugging"] ... because they dissolve really fast and hits your bloodstream."* Another participant described the practice of "parachuting" as *"just like when you grind it [prescription opioid tablet] up and snort it, it's just like powder ... so you put it in a paper towel and swallow it, so when it hits your stomach, it'll just burst open and hit you all at once like snorting it, but you can't go through your nose anymore."* Yet another participant talked about smoking tablets, particularly OxyContin®, *"I've never done it [smoked crushed prescription opioid tablets] but I've seen it. You mix it up into paste kind of, and you put it on a piece of foil and run a lighter underneath it [and smoke it] with a straw."* Finally, participants described chewing fentanyl patches, sucking the gel, injecting the gel intravenously or wearing the patches.

The typical opiate abuser was described as a White young adult of some financial means. A participant reported, *"Where I'm from it's mostly White, 'cause I live in Sylvania. They have a lot of money 'cause their parents have money ... they start on OC's [OxyContin®] and stuff."* Participants also discussed seeing pockets of under-aged opioid users who were more likely to be from the surrounding Toledo suburbs of Springfield, Sylvania, Perrysburg and Rossford. While those young adults and under-aged youth were described as the typical user, those among focus group participants who reported using opiates within the last six months ranged in age from 19 to 55. Participants reported liking to combine prescription opioids with alcohol, marijuana and stimulants (i.e., "speed balling"). In general, using prescription opioids is reportedly more socially acceptable than injecting heroin. A participant explained, *"A lot of people are like, 'man I'm just doing oxy's' [OxyContin®], but when you step over to heroin ... but it's the same shit, but you're paying more for the tablets to keep the social status and ... [avoid] the stigma."* Another participant chimed in, *"You're not looked at as a junkie [for prescription opioid use]."* In addition, participants stated that those who maintain prescription abuse like knowing what they are getting. As a participant stated, *"When you ask people why they do that [tablets], a lot of people will say it's for the consistency. They know exactly what they're gonna feel off that tablet. If they go out in the street and try and cop dope [obtain heroin] or whatever, they don't know how they're gonna feel off of that."*

Suboxone®

Current Trends

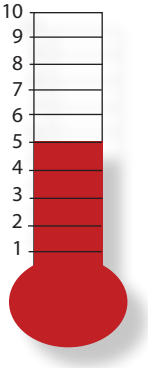


Suboxone® is moderately available in the region. Participants reported the street availability of Suboxone® as '4' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A participant stated, *"You might have to make three phone calls [before securing Suboxone®]."* Another respondent reported, *"You can't really get high with it [Suboxone®]. It's just supposed to block your withdrawal symptoms."* Another commented, *"My God, it [Suboxone®] saves your life."* Yet another participant commented, *"I've gone through treatment before and they put me on it [Suboxone®], but I know a lot of my dealers have it too."* A first time Suboxone® user reported using the drug to try to enhance the effects of a heroin high: *"I mean I'm sitting there shooting $80 worth of heroin and not getting high. I was pretty upset."* Treatment providers reported the street availability of Suboxone® as '7.' A provider stated, *"They [opioid addicts] use it [Suboxone®] for a while, then they go back to their drug."* Another provider said, *"I've seen people take them [Suboxone®] for maybe a year; not use any opiates, but their behavior doesn't change. They're still taking a pill and feeling panicked if they don't have their Suboxone®, so their behavior is still the same."*

No slang terms or common street names were reported for Suboxone®. Participants reported current pricing for Suboxone® 8 mg to range from $8 to $10, or sometimes two pills for $20. Most often participants reported taking Suboxone® sublingually. Some participants talked about the new Suboxone® strips that are placed on the tongue to dissolve, absorbing more medication into the body. The typical user was described as a young, twenty-something, White opioid user who does not want to be *"dope sick."* However, a participant commented, *"If you're not on opiates, those things will get you f**ked up."*

Sedative-Hypnotics

Current Trends



Sedative-hypnotics (i.e., benzodiazepines, barbiturates and muscle relaxants) are somewhat available in the region. Participants described some sedative-hypnotics as more readily available than others. The availability of the benzodiazepines like Klonopin®, Soma® and Xanax® were reported to be '5,' and Valium® '4,' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). By far Xanax® is the most popular sedative-hypnotic drug abused. Klonopin® is regarded as a second choice drug. A participant stated, *"I would take those [Klonopin®] if I didn't have any Xanax® and they'd get me through."* Generally, participants reported not encountering Valium® very often, but some of them preferred it when available. A participant stated, *"There are times when they [Valium®] come in handy when you're withdrawing from alcohol."* Another participant reported that he sought Valium® because it decreased anxiety and allowed him to sleep: *"Valium knocks Xanax® right off the stage."* Treatment providers rated the availability of most sedative-hypnotics

much greater than participants. Accordingly, they rated the availability of the benzodiazepines like Valium® and Xanax ® as '10'; Klonopin® as '9'; and Soma® as '5.' Treatment providers disagreed about the availability of Ativan®; a provider said availability was '10,' stating that use had *"increased a lot"* while other treatment providers reported that doctors are reluctant to prescribe Ativan® and rated its current availability as very low. Participants reported seeing Ativan® infrequently for sale on the street. BCI&I Bowling Green crime lab reported high and stable availability of sedative-hypnotics, with alprazolam (i.e., Xanax ®) being the most frequently encountered form of sedative-hypnotics.

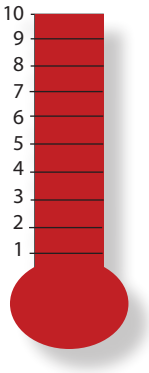
Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, branded names are used in the following, and prices are indicated in parentheses): Klonopin® ($1 – $2); Valium® 5 mg ($1 – $2); Xanax® 0.25 mg ($0.25), Xanax® 0.50 mg ($.50 – $1.00), Xanax® 1 mg ($1 – $3) and Xanax® 2 mg ($2 – $5). Participants reported the following sedative-hypnotics as less available for street purchase in the region, primarily because there is little demand: Ambien®, Lunesta® and Restoril®. Participants reported that the most common routes of administration for sedative-hypnotics are oral ingestion (i.e., swallowing) or intranasal inhalation (i.e., snorting). While swallowing and snorting were reported to be equally common routes, fewer participants reported crushing and injecting sedative-hypnotics. As a participant stated, *"I use to snort the Klonopin® and Xanax® or just chew them up."* There were also reports of injection of sedative-hypnotics, participants crushing them, cooking them in a spoon and injecting them intravenously.

Many participants described typical users of sedative-hypnotics as young adults or older women who may have been prescribed sedatives-hypnotics and later progressed to abusing them. Other participants reported the typical user as to be simply a person who had access to sedative-hypnotics and started experimenting at a young age. A 28-year-old female participant stated, *"I have a 14 year old sister. She came to me, and she was talking to me about the girls that she sat with at the lunch table, stealing their parents and grandparents prescriptions [sedative-hypnotics] and eating them."* Frequently, participants stated that the typical Xanax® user minimizes the abuse of sedative-hypnotics. For example, participants would rationalize sedative-hypnotic abuse: *"They're [users] not doing a bad drug; Well, I'm not smoking crack [cocaine]."*

In addition to alcohol, participants reported that sedatives-hypnotics are used in combination with marijuana and opioids. A participant with experience drinking and taking sedative-hypnoticss described the results of this combination by stating, *"If you drink on it [sedative-hypnotics], it makes you feel like you don't want to move, and if you do walk, you'll fall down."* Other participants explained those who regularly use stimulants might also use sedatives-hypnotics to *"come down"* from the intense high of stimulant drugs.

Marijuana

Current Trends



Marijuana is highly available in the region. Both participants and providers rated 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 treatment providers described all grades of marijuana as extremely easy to obtain. A participant in treatment joked, *"You can go right outside the door and probably trip over a bag of weed [marijuana] somewhere."* Participants reported that the availability of marijuana has increased over the previous six months, attributing this increase mostly to the current availability of medical marijuana in Michigan. A treatment provider explained, *"People are going on the line of Michigan/Ohio getting the medical marijuana card, going to buy the marijuana there [Michigan] and coming back here [Ohio] selling it."* Participants corroborated this new trend, *"When I worked ... right by the line [border with Michigan], a couple of people showing me their cards [medical marijuana cards], talking about 'I can get you a card.'"* BCI&I Bowling Green crime lab reported high and stable availability of marijuana.

Participant quality scores of marijuana varied from '1' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Quality marijuana is the most desired, but participants thought that quality marijuana was blended with lower quality marijuana at times. As a participant said, *"For every gram of good shit [quality marijuana], there are three or four grams of bad shit."*

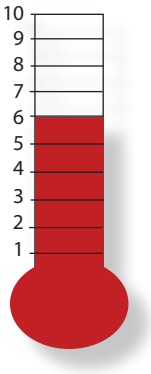
Current street jargon includes countless names for marijuana. The most commonly cited name was "weed." Participants

listed the following as other common street names: "reg" and "reggie" for commercial grade (a.k.a., "regular") marijuana; "kush" and "purple" for high-grade marijuana; and "hydro" for hydroponically grown marijuana. The price of marijuana depends on the quality desired. A treatment provider in describing the amount that could be purchased in a baggy reported, *"Twenty years ago it used to be three fingers [worth of marijuana]. Today, it's one finger ... kush [high-grade marijuana] is shorter than that – the corner of the bag."* Participants reported commercial grade marijuana is the cheapest form: 1/4 ounce sells for $20 – $30; 1/2 ounce sells for $40; an ounce ranges in price from $75 – $80; 1/4 pound sells for $250. Higher quality marijuana (i.e., hydro) sells for significantly more: a "blunt" (i.e., marijuana cigar) or two "joints" (i.e., marijuana cigarettes) sells for $5 – $10; an ounce sells for $275 – $575; and 1/4 pound sells for $2,500 – $3,000. Medical marijuana sells for $25 per gram. While there were several reported ways of consuming marijuana, the most common route of administration is smoking. Among those in the drug culture, smoking marijuana is not seen as stigmatizing behavior. As a participant reported, *"Weed [marijuana] is considered ... acceptable."* Both participants and providers reported that while *"old school users"* (i.e., long time consumers) are satisfied with commercial-grade marijuana, younger participants prefer the potent high-grade marijuana. Despite the preference, a treatment provider commented that clients, both young and old, are more likely to report smoking commercial grade marijuana: *"The kush and the medical marijuana costs more, so most of the people that I have smoke the regular."*

When asked to describe the typical user of marijuana, respondents were unable to be specific. Both participants and treatment providers described the typical user of marijuana as *"anybody,"* with the youngest known smoker being around age 12. A participant offered this opinion about current marijuana smokers, *"[Today] you got 12 year olds, the ones that's selling the crack [cocaine], 12 to 15, and they're the ones smoking the weed [marijuana] and they're smoking blunt after blunt after blunt and the weed is like their crack cocaine."* In describing the profile of a young person who abuses marijuana, a treatment provider with years of experience added, *"They get out of bed, they reach for it [marijuana]; they hit it before they get moving. That's like their cigarette and coffee in the morning. They smoke to eat. They smoke to get dressed. They smoke while they sitting on the porch watching the neighbors do what they do."* With the same sentiment in mind, another provider commented, *"I'm finding with a lot of younger people, it's [marijuana] actually their motivator ... to get up and go every day."* In talking to a user group, a participant added, *"I have a family member now she has to wake up with a blunt. A person that smokes crack [cocaine] they don't have to wake up with that. But she goes to bed with it [marijuana] and she has to wake up with it."* Marijuana consumers may combine their smoking with alcohol use. However, participants reported that because marijuana smoking is so commonplace, drug consumers are likely to smoke "weed" with any other drug they may be using. A participant commented, *"Some people smoke weed [marijuana], pop pills, and drink beers and stuff like that."* Another participant said, *"You can mix marijuana with alcohol, heroin, pills, coke—anything."* However, a participant reported baking marijuana into a brownie recipe to receive what she described as *"a nice body buzz."* Several participants reported that themselves or others would sprinkle powdered cocaine or crushed crack cocaine in a marijuana cigarette and smoke it [i.e., "cocoa puff"]. Finally, a treatment provider reported having a few clients this reporting period that dipped marijuana in opiates they had cooked down.

Methamphetamine

Current Trends

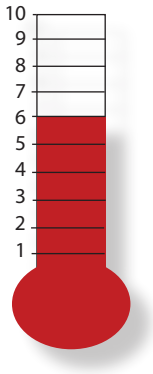


Methamphetamine is relatively rare in the region. While most participants reported no experience with this drug and no knowledge of where it can be found, a participant reported availability of methamphetamine (i.e., "crystal meth") as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get), adding that methamphetamine can be located on the east side of Toledo. This participant reported, *"It's [methamphetamine] in Toledo. You just gotta know the right person to get it."* While the participant did not discuss price, he stated that the quality is good. He also reported that most Toledo users are typically White, male bikers or those connected to bikers. The most common route of administration is smoking with a pipe. Reportedly, methamphetamine is often used with alcohol. *FOX Toledo News* reported on a recent arrest concerning a methamphetamine lab in Wood County (**www.foxtoledo.com**, Jan. 26, 2011). The *Sentinel Tribune Daily* reported on the availability of methamphetamine to young people, according to the Youth Survey of Alcohol and Other Drug Use conducted by the Lucas County Alcohol, Drug

Addiction and Mental Health Services (ADAMHS) Board, methamphetamine use has increased for 9th and 10th-graders (**www.sent-trib.com**, Aug. 17, 2010).

Ecstasy

Current Trends

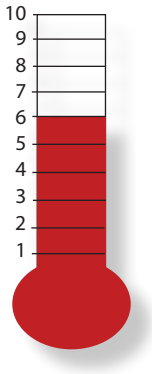


Ecstasy [methylenedioxymethamphetamine (MDMA)] is moderately available in the region. Participants reported its availability as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Most participants did not have current experience with the drug. As a participant reported, *"I used to use it [ecstasy] a lot."* A couple of treatment providers reported that most of their younger clients under 50 years old have tried ecstasy, indicating that ecstasy is available. However, another treatment provider framed the discussion about availability differently: *"I don't think it's an issue of availability. I think it's more of an issue of, they've [users] moved on and there are other things they want to spend money on."* Participants reported that those most interested in taking ecstasy (a.k.a., "X") are *"party goers"* and people who like to use ecstasy during intercourse. A participant reported that taking "X" for some people could be dangerous because many do not know their limits: *"What's dangerous is people crushing up 5 and 6 [ecstasy] pills thinking they're superman and stuff."* The *Sentinel Tribune Daily* corroborated the availability of ecstasy among young people, according to the Youth Survey of Alcohol and Other Drug Use conducted by the Lucas County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, ecstasy use *"increased in all of the high school grades"* (**www.sent-trib.com**, Aug. 17, 2010). BCI&I Bowling Green crime lab reported low availability of ecstasy.

Prescription Stimulants

Current Trends

Adderall®, Concerta® and Ritalin® are moderately available in the region. Participants rated the availability of prescription stimulants generally as '6' for adults and '8' for those under 18 on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Out of all the prescription stimulants available, Adderall® is reportedly the most prevalent. When speaking of availability, a participant said, *"You can get it [prescription stimulants] easily, because a lot of kids that go to school are prescribed it."* Treatment providers reported the availability of prescription stimulants as '8' for adults, based on those coming in for treatment. A treatment provider reported that a few clients used both Ritalin® and crack cocaine: *"They were smoking the crack [cocaine] and taking the Ritalin® to come down a little bit."* This provider reported that a client said, *"Ritalin® to someone who doesn't have a diagnosis really does give you a good high."* The *Sentinel Tribune Daily* corroborated the availability of prescription stimulants among young people, according to the Youth Survey of Alcohol and Other Drug Use conducted by the local ADAMHS board, prescription stimulant use (i.e., Ritalin®) increased for some high school groups. The survey found *"students use of ... [Ritalin®], belonging to 'someone else,' rose 3.4 percent for 10th-graders and 2.3 percent for 11th-graders to 10.7 percent and 18.1 percent respectively, while declining among 9th- and 12th-graders"* (**www.sent-trib.com**, Aug. 17, 2010).



Reportedly, prescription stimulants are most widely available in high schools but have little street value where they sell for $1. A participant noted, *"I use to see it [prescription stimulant use] a lot in high school and junior high ... a couple of my friends would just give it to me."* Another 19-year-old white male participant talked about prescription stimulants being in his high school in Sylvania. Reportedly, he watched as another student abused Adderall®: *"I knew this kid, just busted it [Adderall®] out, crushed it up and snorted it, right there at the lunch table ... I couldn't believe it."*

Treatment providers identified the typical prescription stimulant abuser as young, White and male. The typical mode of administration for prescription stimulants is to take them orally or to crush and inhale (i.e., snort) them. A participant talked about the feeling after snorting Adderall®: *"If you snort it [Adderall®], it's like coke [cocaine], but like all day."* Other than youth under 18, participants reported that young adults in colleges desire prescription stimulants: *"UT [University of Toledo students] and BG [Bowling Green State University students] will pay mad money for Adderall® to stay up all night."* Participants also reported that stimulants are used to lose weight, to increase one's energy level when working out, or to stay awake and study.

Other Drugs

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. A few participants reported using drugs such as synthetic cannabinoids (i.e., K2) and salvia divinorum. Informed participants reported that the high produced by the aforementioned did not last very long, *"about 10 minutes,"* and it is not as desirable as marijuana. BCI&I Bowling Green crime lab reported an increasing number of cases involving synthetic cannabinoids. A participant spoke about psilocybin mushrooms, rating its availability as '5' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). He talked about participants bringing mushrooms back from festivals and concerts along with LSD (lysergic acid diethylamide). Another participant talked about liking the effects of the Neurontin®, a drug taken to relieve nerve pain or to prevent seizures. In trying to refrain from heroin use, this participant discussed using Neurontin® to calm himself even though he admitted it did not fully take away withdrawal symptoms from heroin. Several participants also discussed drugs commonly used by youth. Reportedly, inhalants are popular with youth around ages 14 and 15; these youth buy and *"huff"* model glue from a bag, butane cans, whipped cream cans, and other aerosol cans. In addition, a group of participants discussed the abuse of codeine mixed with 7-up®, Sprite® or liquor, often called *"lean," "syrup"* or *"drank,"* which reportedly is easily obtained and abused by under-aged youth.

Conclusion

Crack cocaine, heroin (i.e., white powdered), prescription opioids and marijuana are the most available drugs throughout the Toledo region. Noted increases in availability over the previous six months exist for heroin and marijuana. The region has experienced a surge in heroin use due to increased availability and "good" quality heroin, high prescription opioid abuse that almost certainly leads a user to heroin abuse, and the recent change in the composition of OxyContin® that prevents users from successfully breaking it down for either injection or intranasal inhalation. Powdered fentanyl, which is readily available, is also becoming more popular due to OxyContin® reformulation. Prescription opioids are, *"the gateway drug to heroin."* Many users have shifted from OxyContin® to heroin, and soon after progressing to heroin, users transition rather quickly to injecting heroin intravenously for a more intense high. Typical users of heroin are primarily young (16 – 25 years old), White and have a prescription opioid abuse history; and while heroin users are 60 to 70 percent White, abuse is increasing among Hispanics in the region. Marijuana availability has increased due to medical marijuana in Michigan, which people are buying in Michigan and selling in Ohio. Since marijuana smoking is so commonplace, users are likely to smoke it with any other drug they may be using. It is common to sprinkle powdered cocaine or crushed crack cocaine in a marijuana cigarette and smoke it (i.e., "cocoa puff"). Alarmingly, users start smoking marijuana as young as 12 years old. Many young users reportedly "need" marijuana in order to wake up in the morning and then to go to sleep at night. Other than marijuana, crack cocaine is the only drug that may be easily accessed by anyone, whether or not one is connected to drug dealers. Almost anyone could walk down a street where drugs are sold and be asked if they *"were cool"* (in need of crack cocaine).