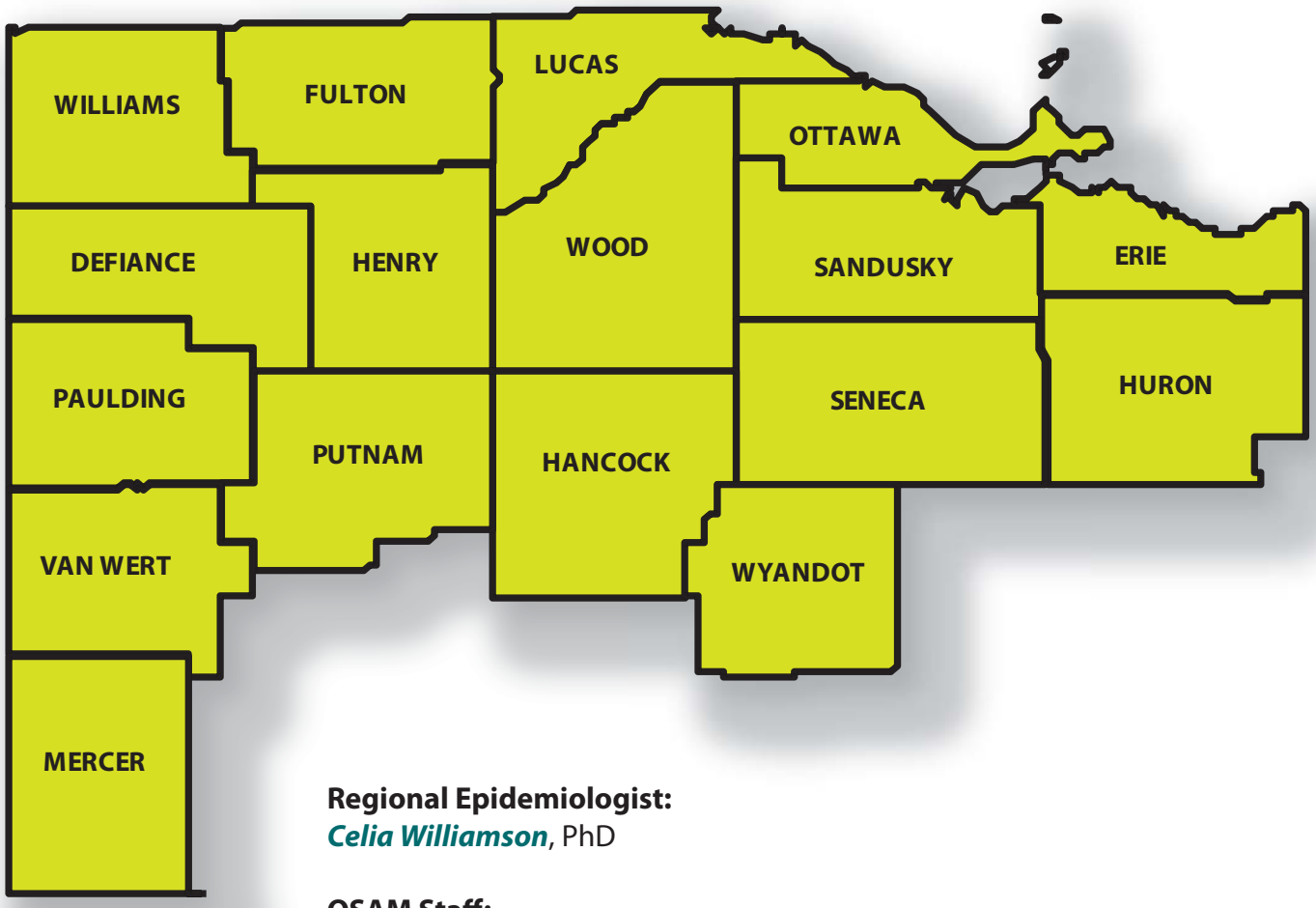
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Toledo Region

June 2011-January 2012

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



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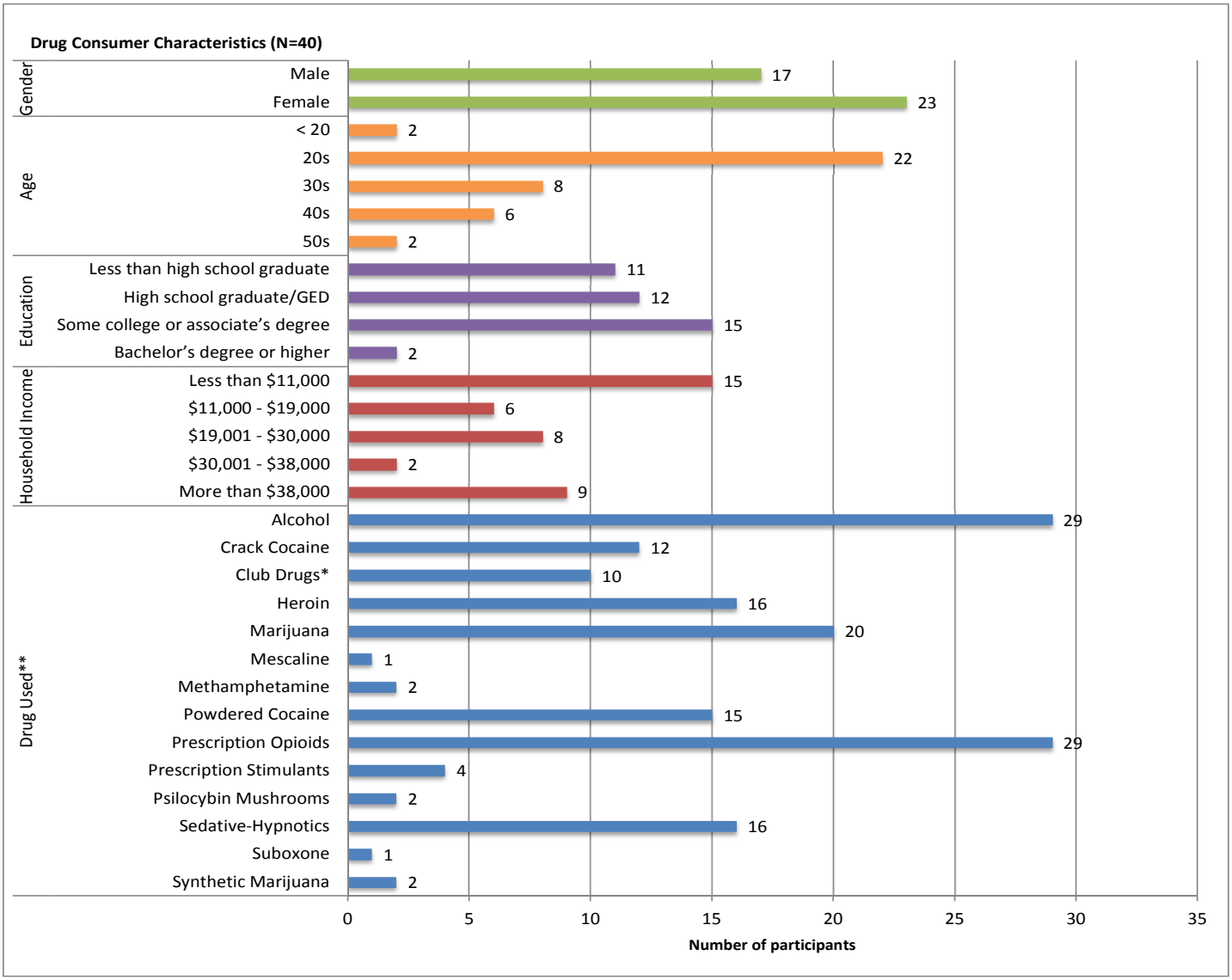
Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	40
Gender (Female), 2010	51.2%	51.1%	57.5%
Whites, 2010	81.1%	83.7%	85.0%
African Americans, 2010	12.0%	8.0%	7.5%
Hispanic or Latino Origin, 2010	3.1%	5.4%	2.5%
High school graduates, 2009-2010	84.3%	83.8%	72.5%
Median household income, 2010	$45,151	$46,040	$11,001 - $19,000[2]
Persons below poverty, 2010	15.8%	14.6%	55.0%

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 2011.[2]



*Club drugs refers to Ecstasy and LSD.
**Some respondents reported multiple drugs of use during the past six months.

Data Sources

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

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Treatment providers and educators also rated availability as high. A treatment provider reported, *"[Powdered cocaine] it's available, and it seems like over time the trend is getting younger [in terms of age of users]."* The most common participant quality score for powdered cocaine was '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that if buyers could afford to buy larger quantities of powdered cocaine, they would receive a higher quality of the drug. The BCI Bowling Green Crime Lab continued to cite the following substances as commonly used to cut (adulterate) powdered cocaine: diltiazem (medication used to treat heart conditions/high blood pressure) and levamisole (livestock dewormer). For the first time in the region, participants reported that powdered cocaine was thought to be cut with crystal methamphetamine on occasion. Reportedly, a gram of powdered cocaine sold for between $45-50. The most common route of administration for this form of cocaine was snorting. Participants continued to describe the typical user of powdered cocaine as those who had professional jobs during the day and were nightclub goers on weekends. In addition, participants reported that there were those on the street who purchased powdered cocaine in order to rock (manufacture) crack cocaine for sale or for personal use.

Current Trends

Powdered cocaine remains highly available in the region. In Lucas County, 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 '10.' Treatment providers and law enforcement reported current availability as '10.' In Huron County, powdered cocaine was thought to be less available; participants there most often rated current availability of powdered cocaine as '5,' while treatment providers most often rated current availability as '3.' A participant reported, *"You can't get it [powdered cocaine] directly here [Huron County], but you can get it from Fremont [Sandusky County]."* A treatment provider commented, *"[Powdered cocaine] it's never been a popular drug in Huron County."* Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period: law enforcement seized 53 pounds of powdered cocaine with an estimated street value of $2.4 million and 325 pounds valued at $14 million during two traffic stops on the Ohio Turnpike in Maumee (Lucas County) (**www.toledoblade.com**, Sept. 22 and Oct. 7, 2011). The *Toledo Blade* quoted an agent with Toledo's Drug Enforcement Administration (DEA) office as saying, *"The Toledo area is a big transit system for drugs and bulk currency. We've got a very good interstate system here with I-75 going north and south through Toledo and the turnpike, I-80, going east and west … We call that key terrain … we see a lot of movement of money or cocaine, or bulk drugs in general, passing through our area."*

Participants and community professionals most often reported that the availability of powdered cocaine has remained the same during the past six months. However, participants reported that powdered cocaine is not often one's drug of choice because, *"[Powdered cocaine] it's not a drug you can be happy with … you wanna have more and more."* Therefore, participants often find other drugs more appealing, but will use powdered cocaine as an enhancement to whatever drug they are already doing. As a participant put it, *"I shot it [powdered cocaine] up, but I only got it when I got extra money, 'cause I bought my drug of choice first."* The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants in Lucas County rated the quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' A participant commented, *"[Current quality of powdered cocaine] it's nothing like it was when I first fell in love with it [powdered cocaine]."* In Huron County, participants most often reported the quality of powdered cocaine as '10.' A participant responded, *"It [quality] depends on who you go to [to purchase powdered cocaine]."* Participants reported that

powdered cocaine is cut with baby laxatives, Benefiber®, ether, glutamine, lactose and vitamin B. A Toledo participant, a self-described *"weekend warrior"* (weekend drug user) reported, *"In Texas it [powdered cocaine] works like jet fuel. You snort it, and 'good times are a coming.' Here [Toledo] it tastes like crap, and it's just no good."* Participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut powdered cocaine: caffeine, inositol (dietary supplement) and levamisole (livestock dewormer).

Current street jargon includes many names for powdered cocaine. The most commonly cited name remains "soft." Participants listed the following as other common street names: "Christina," "fish scales," "flake," "girl," "pow wow," "snow," "white" and "white girl." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. While users 25 years and younger reported purchasing powdered cocaine, users older than 25 years were more knowledgeable about prices for "pure" powdered cocaine, called "raw" or "raw dog." Participants reported the following prices for powdered cocaine: a gram sells for between $40-50 for cut product and between $70-100 for pure product; 1/16 ounce, or "teener," sells for between $60-80 for cut product and $125 for pure product; 1/8 ounce, or "eight ball," sells for between $120-125 for cut product and $150-175 for pure product. Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately eight would snort, one would intravenously inject and one would smoke. A participant reported, *"The more wealthy will snort it [powdered cocaine]. The poor will smoke rocked up crack [cocaine]."* Those who injected intravenously reported the desire to inject all drugs they used. A participant described, *"Once you shoot [inject] something, you don't really like to go back to snorting it."*

Participants described typical users of powdered cocaine as, *"college White kids; people in their 20s; professionals; White guys; yuppies"* and described powdered cocaine as, "*a party thing; a social drug"* used while at clubs. A participant reported, *"There's always an area [in a bar], like a room … you make your way from room to room … and you might find one [room] where people are partaking [using powdered cocaine]."* In Huron County, powdered cocaine is reportedly also accessible to high school students. A participant who is 18 years old and still in high school reported, *"I was sitting at the lunch table and they [classmates] were talking about the party and doing all this coke [powdered cocaine]."*

Reportedly, powdered cocaine is commonly used in combination with other drugs such as alcohol, heroin, marijuana and prescription opioids.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Treatment providers reported that while those in the drug culture could immediately obtain crack cocaine, the drug was also readily accessible to the general public. Educators reported that crack cocaine was accessible to young adults in high school and college, although the drug was said to be less desirable than other drugs among college students. The most common participant quality score for crack cocaine was '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine was most often cut with other substances. The BCI Bowling Green Crime Lab reported that crack cocaine was cut with several substances, including diltiazem (medication used to treat heart conditions/high blood pressure) and levamisole (livestock dewormer). Participants reported that 1/16 ounce of crack cocaine sold for between $65-80. The majority of crack cocaine users reported buying the drug in small quantities, often called "rocks" that sold for between $5-20. By far, the most common route of administration for this form of cocaine was smoking. Treatment providers reported seeing clients addicted to crack cocaine from all walks of life, who after crack cocaine addiction took hold, began living in poverty, sometimes for the first time in their life. Educators who work with high school- and college-aged youth described typical crack cocaine users as African-American males in their late teens or older females beyond traditional college age.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Toledo community professionals reported the current availability of crack cocaine as '7,' with every professional stating that they see more cases of heroin and prescription opioid abuse than cases of cocaine abuse. Participants reported that the availability of crack cocaine has remained the same during the past six months. However, many in the 18-25 age group shunned crack cocaine; not many had experience with the drug, and most tried to avoid it. A participant reported, *"It's [crack cocaine] a non-social drug. It makes you very off-putting. The mood changes are very abrupt."* Community professionals reported that availability of crack cocaine has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants rated the quality of crack cocaine as '3' and '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' The discrepancy in quality was explained by connections and timing. A participant described, *"It [quality of crack cocaine] all depends on who you know."* Another participant described a decrease in quality over time, *"The first two times you call the dope boy, they're gonna give you the good s***. The more you call the s***ier it [crack cocaine] gets."* Participants reported that crack cocaine is cut with baking soda. In Huron County, users reported that the highest quality crack cocaine can be found outside of the county. A participant commented, *"If you buy it [crack cocaine] here [Huron County], it's usually s***ty."* Depending on one's connections and proximity, users preferred to obtain crack cocaine from the cities of Cleveland, Fremont or Sandusky. Participants reported that the quality of crack cocaine has remained the same during the past six months. A Toledo participant commented, *"If I knew the guy making it [crack cocaine], I'd just smack him. Even though it's an illegal business, take pride in what you do for crying out loud." The* BCI Bowling Green Crime Lab reported that crack cocaine is typically cut with levamisole (livestock dewormer).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "butter," "hard" and "work." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for $40, depending on the quality; 1/16 ounce sells for $60; 1/8 ounce sells for $130. Participants reported that the most common way to use crack cocaine remains smoking. Out of 10 crack cocaine consumers, participants reported that approximately eight would smoke, one would intravenously inject and one would snort. Some participants reported that local carry-outs sell *"$5 kits"* in brown paper bags that contain everything needed to smoke crack cocaine, including a rose stem (fake rose that is attached to a glass stem used as a pipe) with a Chore Boy® (stainless steel scrubbing pad used as a screen) and a lighter.

A typical user profile emerged from the data. Participants described typical users of crack cocaine as, *"poor; no one with a good job; women prostitutes."* A participant reported, *"I started smoking crack [cocaine] and within a month I'd already stolen everything I could from my family."* Treatment providers agreed that crack cocaine users are typically persons of low income. A participant who had experienced crack cocaine withdrawal reported, *"I'd been hooked on coke [cocaine] for a couple of years, and then we got busted. So, we used it all up in one day and then never touched it again. The next day I was fine. Then I started using crack for like two months, and then I quit, and I was fine. So in my mind, being addicted was something, 'oh, it's a feeling.' I mean I'd cry that I wanted to smoke crack, and I'd cry that I wanted to do drugs, but it wasn't like I'm finally puking my guts out and having diarrhea and uncontrollable sweats and cold."*

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and Seroquel®. With the exception of heroin, all of these substances are generally used to either *"come down"* from crack cocaine use or to smooth out some of the edgy effects of the drug. A participant reported, *"I always have to have a pill to come down [from crack cocaine use]."* Another participant reported that he once, *"drank three beers real fast to try and come down."*

Heroin

Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants reported, *"[Heroin] it's dirt cheap, so you can find it anywhere; Even if you don't know where to get it [heroin], you can find somebody who knows somebody."* While many types of heroin were available in the region, participants reported the availability of brown and "China white" powdered heroin as most available. Some participants reported buying heroin in Toledo while others preferred to buy heroin in Detroit. Either way, the heroin business was described as thriving. Treatment providers also reported the overall availability of heroin as high. The most common participant quality score for heroin was '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants continued to report that heroin was often cut with fentanyl. The BCI Bowling Green Crime Lab continued to cite the following substances as commonly used to cut heroin: caffeine, diphenhydramine (medication used to treat allergies) and quinine (medication used to treat malaria). Participants reported that a gram of heroin sold for between $40-50. The most common route of administration for heroin was intravenous injection. Participants and treatment providers described typical users of heroin as, *"in their 20s; White; suburban; somewhat affluent,"* who graduated from prescription opioids to heroin.

Current Trends

Heroin remains highly available in the region. Participants most often reported overall heroin availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common

score was also '10.' A participant commented, *"You can get it [heroin] anywhere in Toledo."* Another participant, when speaking of availability of heroin types, reported, *"You can get whatever [heroin type] you want."* Participants attributed high heroin availability to recent arrests of area doctors who were prescribing prescription opioids, and to the recent change in the composition of OxyContin®, making it difficult to crush and use intravenously; both of these were said to have limited the availability of prescription opioids. A participant reported, *"All my friends thought I was crazy for shooting up heroin, and now they're all doing it because they can't get their pills [prescription opioids] anymore."* Community professionals also reported current heroin availability as '10.' A treatment provider commented, *"Heroin is overrunning pills … heroin seems to be more accessible to them [users] now. It's cheaper."* Another provider reported, *"We see a lot of younger kids, 18 to mid-20s … and that's [heroin] really big with them."* Another provider said, "*Even our people [clients] that came here [for treatment], left, and came back. It seems that those people who come back are adding heroin on top of it [other drug abuse]."* Law enforcement reported, *"Heroin is more readily available than powder[ed] cocaine ... we had a lot more heroin than cocaine cases … with across-the-board users."* Media outlets in the region reported on heroin seizures and arrests during this reporting period. In December, the Ohio State Highway Patrol seized more than 17 pounds of heroin, valued at more than $3 million during a traffic stop on the Ohio Turnpike in Wood County; the seizure set a patrol record as the biggest heroin seizure ever (**www.nbc4i.com**, Dec. 8, 2011).

While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered heroin as most available. Reportedly, white powdered heroin is largely unavailable in Huron County. Toledo users reported that while they could buy white powdered heroin, many believed it is sometimes cut with fentanyl, providing a gray tinge to the normally white substance. However, participants and treatment providers reported that users who have reportedly used heroin cut with fentanyl have screened negative for prescription opioids through urine drug screens. Some participants reported that Toledo drug dealers are frequently marketing heroin as fentanyl, explaining that they believed this is done to lure buyers who would be leery to use heroin. A participant reported, *"They [dealers] put it [heroin] in little packs and sell it as fentanyl. It sounds less dirty than heroin …"* Many longer term heroin users prefer to obtain the drug from Detroit dealers or occasionally from dealers in Columbus. A participant reported, *"Detroit people [dealers] are fighting over us … the second we'd get off the highway we'd call somebody and then like our phone would ring constantly with all the people. If they're sitting in a room and we call, they would all run out and call us, 'Hey come get it [heroin] from me. I'll hook it up bigger … come get a freebie.'"*

Participants in Toledo reported the availability of black tar heroin to be low, rating its current availability most often as '1' or '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that Toledo heroin dealers typically cut black tar heroin into brown powdered heroin in order to boost profits. A dealer reported, "*I'll buy an ounce of tar [black tar heroin] and turn it into five ounces of brown [powdered heroin].*" Law enforcement reported seeing black tar heroin in the region with origins in Mexico. Community professionals thought the availability of black tar heroin to be higher than what participants reported. Treatment providers in Huron County rated the availability of black tar heroin as '10.' While no participant reported having used black tar heroin, many reported that they knew others within their network that had.

Participants and community professionals reported that the availability of brown and white powdered heroin as well as black tar heroin as having remained the same during the past six months. A Toledo participant, reporting on brown powdered heroin said, *"We were getting it [brown powdered heroin] every day, but we only had a few connections."* The DEA field office in Toledo reported that DEA agents have made, *"[heroin] cases in the suburbs and cases involving teens,"* highlighting the widespread availability of heroin. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months.

Participants generally rated the quality of brown powdered heroin as '6,' white powdered heroin as '10,' and black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous overall quality score for all types of heroin was '10.' Participants reported that brown powdered heroin is cut with baby laxative and lactose. A participant reported, *"If they [dealers] hit it too hard [cut heroin too much], it's going to be light and puffy",* otherwise users described the look and consistency of brown powdered heroin to be like, *"dog food."* Participants described heroin as sometimes resembling, "*Play-Doh … you can mold it around"* and sometimes having the consistency of, "*brown sugar, sandy … even if you chop it up real fine, you can still see chunks."* During the past six months, participants reported that the overall quality of heroin has remained the same. The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut heroin: caffeine, diphenhydramine (medication used to treat allergies) and lidocaine (local anesthetic).

Current street jargon includes many names for heroin. The most commonly cited names for heroin generally were "dope" and "boy." The most commonly cited names for brown powdered heroin were "Bobby Brown," "dog food," "mix" and "s***;" the most commonly cited names for white powdered heroin were "China," "China white" and "Tokyo drift." Participants reported that white powdered heroin is available in different quantities: a "pack" (1/10 gram folded into a pack using a lottery ticket) sells for $10, or 5 packs sell for $35. To measure 1/10 gram, a participant explained, *"They [dealers] use a spoon from McDonald's®, a mac spoon. They tell you, 'oh that pack, that's a full mac.' They don't make 'em anymore, but you can buy them at head shops. It's a little stir stick they used for coffee ... and that's a half a point …that's how everybody in Detroit does it … we each got a half pack and was puking out the door. I never been that high in my life."* Other dealers measure heroin using a "scoop" (the mini-sized scraper used at convenience store lottery counters to scratch off lottery tickets). A participant explained, *"You know the little scratch off thing, the little window scraper thing … there's a little dip … they fill that [with heroin] and that's one scoop … that's $10 [worth of heroin]."* Reportedly, a gram of white powdered heroin sells for between $100-150; 1/8 ounce sells for $325; 1/4 ounce sells for between $650-1,000. Participants reported that brown powdered heroin is available in different quantities: a gram sells for between $30-50; 1/16 ounce sells for between $45-70; 1/8 ounce sells for $100; 1/4 ounce sells for between $200-300. Participants also reported that if someone agreed to sell it, black tar heroin is available in larger quantities: 1/4 ounce sells for between $600-800. Black tar heroin usually is sold in single dose units. Participants reported that overall heroin pricing has remained the same during the past six months.

Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin users, participants reported that approximately seven would intravenously inject, two would snort and one would smoke. However, participants were quick to point out, *"Ninety percent [of heroin users] would start out snorting it [heroin] … and then end up straight shooting it."* Participants with experience injecting heroin reported getting needles from popular retailers, area pharmacies and from individuals with diabetes. A participant explained that if one were to purchase from a pharmacy, the purchaser would have to use the correct language so as to not evoke suspicion of drug use: *"You can't tell 'em needles. You have to call them syringes."* Most everyone that reported using needles shared them with brothers, sisters and friends. A participant described, "*You don't think you would do something like that [share needles], but when you have the drug in front of you, and it took all day to get it, and you got one needle left, you're not going to be like, 'oh I'll wait until we get back to Toledo and find someone at one in the morning to get a needle from.*" Another participant commented, *"It's really hard not to share needles when you're sick … If I don't have no bleach, you're in trouble 'cause you're going to use the needle."*

Participants continued to describe typical users of heroin as most commonly, *"White; younger; in their 20s."* Participants older than 25 years of age described heroin users as anybody 18-70 years old. A user reported, *"I been using [heroin] for 35 years."* Also unchanged from last reporting period is the noted progression from prescription opioids to heroin, which was commonly cited by participants. A Toledo participant described, "*At first, for a year and a half, I was snorting it [prescription opioids], and I was only doing oxy's [OxyContin®]. But, then I started shooting oxy's, and I went from oxy's to brown [powdered heroin] to white [powdered heroin] within six months … I started when I was 16 [years old]."* Most heroin users reported that first heroin use occurred between 18-19 years of age while reporting that first use of prescription opioids occurred before the age of 18 years when in high school. A participant explained, *"That's how you start [heroin use]. After doing oxy for a long time, bringing yourself down, spending money on it … you're going to get to the point of like, 'what can I do that's cheaper?' So, I went to shooting it [oxy] first and then went to heroin."*

Reportedly, heroin is used in combination with Benadryl®, marijuana and prescription opioids to enhance the effects of the heroin. Participants reported use of crack cocaine and powdered cocaine in combination with heroin as, "*speedballing,*" and explained that the combination of cocaine and heroin produces the effects of an "upper" and "downer" simultaneously. However, most who used heroin echoed the sentiment of a participant who said, *"If heroin is your drug of choice, you don't really want anything else with it."*

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Both participants and treatment providers most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Both participants and treatment providers continued to identify OxyContin® as the most desired prescription opioid in the region. However, because the original composition of the drug had been changed, making snorting or injecting difficult, participants cited Percocet® as the most popular prescription opioid in terms of widespread use. Educators reported that prescription opioid abuse had increased among youth, and they reported seeing an increase in the selling of these drugs. Reportedly, youth who abused the

drug Percocet® would use the term, *"perc'd out"* to indicate being high. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes had increased during the previous six months. In addition to obtaining prescription opioids on the street from dealers, participants reported that these drugs were most accessible through people who were ill or from area senior citizens. A participant reported, "*Elderly people sell their scripts [prescriptions] to make ends meet.*" Participants also reported that drug dealers would often buy prescriptions from senior citizens. Reportedly, dealers would stand outside of drug stores and approach seniors about selling their prescriptions, or dealers would convince a senior to go to the doctor and fake pain to obtain a prescription to sell. Generally, the most common route of administration for prescription opioids continued to be oral ingestion. However, a majority of participants reported that users quickly moved from swallowing to snorting and then to injecting. Participants continued to describe the typical prescription opioid user as someone who had suffered chronic pain from a serious illness or injury, or someone who was young, White and middle-class.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants continued to identify Percocet® as the most popular prescription opioid in terms of widespread use, followed by Opana®. Treatment providers in both Huron and Lucas counties concurred with participants in identifying the widespread popularity of the these two drugs while adding that OxyContin® OP (new formulation) is also highly available: *"If they [users] can't get anything else [they will abuse OxyContin® OP]."* A Toledo participant reported, "*Opiates are really in demand right now.*" Most participants reported experimenting with, having been prescribed, or regularly using prescription opioids prior to 18 years of age. A participant reported, *"I started when I was 17 [years old]. I hurt my ankle playing basketball, and I got a prescription of them [opioids], and I was headed downhill from there."* Another Toledo participant reported, *"I was young, probably 11-12 years old. I took Vicodin®, Percocet®, anything I could get a hold of."* An 18-year-old Huron County participant reported, *"I was drinking and smoking pot [marijuana], and someone was like, 'here try this,' so I did. I was like, d***! So, I stopped smoking and drinking so much and just got into pills."* Treatment providers most often reported Percocet® availability as '9,' and Opana® availability as '7,' while law enforcement reported availability of both drugs as '10.' A participant seemed to reflect the sentiment of others in the room when he said, *"everybody wants perc 30s [oxycodone 30 mg]."* Another participant commented, *"Opana® has become the new OC's [OxyContin®]."* Other drugs such as methadone and Vicodin® are also highly available, but not as desirable. A participant reported, *"I had 10 Vicodin®. I would save those for an emergency and that would just get me enough to be able to get up and move and go find something else."* Treatment providers identified Dilaudid®, fentanyl, methadone and Vicodin® as other prescription opioids that are highly available and used, although not as popular as Percocet®, Opana® and OxyContin®.

Media outlets in the region reported on arrests related to prescription opioids during this reporting period. In September, law enforcement seized nearly 3,000 oxycodone pills, 1,400 Xanax® pills and 200 Lortab® pills during two traffic stops in Hancock County (**www.toledoblade.com**, Sept. 2 2011). In December, also in Hancock County, law enforcement seized 999 oxycodone pills and 1,000 Xanax® pills, valued at $30,000 (**www.nbc4i.com**, Dec. 15, 2011). Participants reported that the availability of prescription opioids temporarily decreased during the past six months after the arrest of an area physician who operated a pain clinic in Michigan from where many participants reportedly obtained prescription opioids. This arrest impacted users in Huron County as well, as a participant reported, *"Some doctor near Toledo got busted and nobody could get Percocet® 'cause that's where everyone was getting them."* Another participant reported, *"A lot of people started coming here [treatment] 'cause when that doctor got busted."* Law enforcement reported that availability of prescription opioids has increased during the past few years and reported a current *"boom"* of illegal prescription opioid use in the region. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; noted exceptions were increases in hydromorphone (Dilaudid®), morphine and oxymorphone (Opana®).

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (50 mg patch sells for $25; 80 mg patch sells for between $40-50; 100 mg patch sells for $50; powdered fentanyl sells for between $10-20 for a *"pinch"*), Opana® (due to high demand, currently sells for $1 per milligram), OxyContin® (aka "oxy's;" OxyContin® OC, *old* formulation, aka "OC's;" sells for between $1-2 per milligram; OxyContin® OP, *new* formulation; 40 mg sells for between $25-30; 60 mg sells for between $30-40; 80 mg, aka "80s;" sells for between $40-50; 160 mg sells for $80); Percocet® (aka "perc's;" 5 mg sells for between $5-7; 7.5 mg sells for between

$6-7; 10 mg sells for between $10-12; 15 mg sells for between $15-17; 30 mg sells for $30), Vicodin® (5 mg sells for between $2-3; 7.5 mg sells for $6; 10 mg sells for $10). While there were a few reported ways of consuming prescription opioids, the most common routes of administration are oral ingestion as well as pill crushing and snorting, with participants reporting that snorting is most common.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting the drugs from senior citizens. Participants described meeting seniors by standing behind them in line at the pharmacy and offering a drug deal, trading some crack cocaine addicted seniors for pills, arranging to meet seniors at their doctor's office, or obtaining them from their grandparents. A participant reported, *"Junkies will trade them [prescription opioids] for dope [heroin]."* Some users reported visiting doctors in Toledo and Michigan and pain clinics in Florida. A participant said, "*I know a lot of people that go to Florida 'cause there is a lot of doctors in Florida to get them [prescription opioids] from.*" Participants explained that these Florida trips are usually done by middlemen in order to obtain prescription opioids for sale by area drug dealers. Law enforcement also reported prescription opioids regularly coming from Florida.

A typical user profile emerged from the data. Participants continued to describe typical users of prescription opioids as, *"young; 18-25 [years old]; White females; White men."* While many participants reportedly began using prescription opioids before age 18, no participant reported knowing about the withdrawal effects from these drugs. Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants). A participant reported, *"I have mixed the two [Xanax® and an opioid]. You get a more calming effect and a nod."* Another participant reported that he liked, *"snorting perc's and coke together."*

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® was moderately available in the region. Participants most often reported availability of Suboxone® as '7' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get); treatment providers most often reported availability as '8.' Participants reported that Suboxone® 8 mg pills sold for between $5-10 and that Suboxone® strips/film sold for $7. Participants described the typical street user of Suboxone® as someone who wanted to avoid being "*dope sick*" and used the drug as a safety net until he could find and afford more heroin.

Current Trends

Suboxone® is highly available in the region. Participants most often reported current availability of Suboxone® 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 '7.' Treatment providers most often reported the drug's current availability as '10;' the previous most common score was '8.' Participants and treatment providers reported that the availability of Suboxone® has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants reported that Suboxone® 8 mg sells for between $10-15. According to a participant, dealers buy Suboxone® in bulk for a reported $3-5 per 8 mg pill. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from those who are prescribed it. Participants reported that some users with Suboxone® prescriptions sell or trade the drug for other drugs. A Lucas County participant reported, *"My boyfriend would get it [Suboxone®] … people would trade him for dope [heroin]."* Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue).

Participants continued to describe typical street users of Suboxone® as heroin users who want to withdraw from the use of heroin without being sick and those who just desire to avoid dope sickness for the time being. Although most participants with experience reported not using anything with Suboxone®, a participant in Toledo reported using the drug with a small amount of heroin in order *"to avoid being sick."* A Huron County participant who used Suboxone® intravenously stated, *"At first I would get high [using Suboxone®], then I would do it [use Suboxone®] not to get sick."*

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants, treatment providers and educators identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotics cases that it processes had remained the same during the

past six months. The most common route of administration was oral ingestion, followed by snorting. Treatment providers typically reported seeing younger adults who were White abusing these drugs, while participants described typical users of sedative-hypnotics as anyone who liked the feeling brought about by use of these drugs.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs 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.' Treatment providers most often reported current availability as '10;' the previous most common score was also '10.' A treatment provider commented, "*In this county [Huron County], it's easier to get prescription drugs and marijuana than it is to get alcohol.*" Participants identified Xanax® followed by Klonopin® as the most popular sedative-hypnotics in terms of widespread use. Reportedly, Ativan® and Valium® are moderately desirable among users older than 25 years if other brands cannot be found. Community professionals identified Xanax® followed by Ativan® and Klonopin® as the most popular sedative-hypnotics in terms of widespread use. Law enforcement reported that these drugs are most likely sold by those with prescriptions, with buyers consisting of neighbors, relatives and associates; there is no highly organized distribution system for sedative-hypnotics like there is for other drugs. Participants, treatment providers and law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months with some exceptions; Klonopin® and Xanax® have increased and Librium®, Restoril®, Lunesta®, Mebaral® and Nembutal® have decreased in frequency.

Reportedly, two main types of sedative-hypnotics are currently sold on the region's streets. (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for $0.50) and Xanax® (.5 mg, aka "peaches;" sells for between $0.50-1; 1 mg, aka "footballs;" sells for between $2-2.50; 2 mg, aka "xanibars;" sells for between $5-7). Participants reported the following sedative-hypnotics as also available to street-level users: Ativan®, Soma® and Valium®, but these drugs were said to be less desirable and of little street value. While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral ingestion and snorting.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from people with prescriptions. Participants indicated that it is easier to obtain sedative-hypnotics from people with prescriptions than it is to obtain them from physicians, as very few people discussed obtaining the drug from doctors. A participant reported, *"Those [sedative-hypnotics] they get in Bellevue, they get from someone who got it from a doctor."*

A profile of a typical user of sedative-hypnotics did not emerge from the data. However, participants noted it is most common to see White people in most age groups use sedatives-hypnotics. They also described users as people who can't sleep and people, *"on crack."* Treatment providers thought use of sedative-hypnotics crossed gender and racial boundaries and said users could be anyone. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with crack cocaine to *"come down"* or with alcohol, heroin or prescription opioids to intensify the effects. A participant reported, *"I take Xanax®, wait for a little bit, and then shoot dope [heroin]."*

Marijuana

Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants said that the availability of marijuana had remained the same during the previous six months. Participants reported that the quality of marijuana varied, with the most common quality score being '10' for high-grade marijuana and '6' for commercial-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that for commercial-grade marijuana, an ounce sold for between $25-30; for high-grade marijuana, an ounce sold for between $150-200. The most common route of administration for marijuana remained smoking. Participants, educators and treatment providers continued to report that many different types of people smoke marijuana, and the prevailing thought was that marijuana was widely used and had become socially acceptable.

Current Trends

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant reported, *"People*

will just go up and ask if you have any [marijuana] or where to get any." Treatment providers and law enforcement most often reported the drug's current availability as '10,' and both groups reported that marijuana is, *"everywhere."* Media outlets in the region reported on numerous marijuana seizures during this reporting period. The *Norwalk Reflector* reported that the Ohio State Highway Patrol stopped a man near Lucas County, and a search of the vehicle yielded 137 pounds of marijuana, valued at $342,000 (**www.norwalkreflector.com**, Nov. 25, 2011). The *Toledo Blade* reported that the Ohio State Highway Patrol found 20 pounds of marijuana worth $100,000 during a traffic stop in Sandusky County (**www.toledoblade.com**, Oct. 5, 2011). In another case, the *Columbus Dispatch* reported on a marijuana arrest during a routine traffic stop in Lucas County, during which police found 39 pounds of marijuana worth about $39,000 (**www.dispatch.com**, Sept. 22, 2011). In another part of the region, a Toledo news outlet reported that the Hancock County METRICH (Metro-Richland County Drug Enforcement Unit) seized 341 marijuana plants, along with cash, drug paraphernalia and criminal tools (**www.wtol.com,** July 20, 2011).

Participants, treatment providers and law enforcement reported that availability of marijuana has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months. Law enforcement reported that most commercial-grade marijuana comes through the southwest U.S. border; whereas, hydroponic (high-grade) marijuana usually comes from Canada or the northwest part of the country. The network transporting hydroponic marijuana was described as not as structured and not as organized as the network moving commercial-grade marijuana into the country.

Participant quality scores of marijuana varied from '5' for commercial grade to '10' for hydroponically grown on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '6' for commercial-grade marijuana and '10' for high-grade marijuana. Hydroponically-grown marijuana was described by a Toledo user as, *"superb."* A participant reported, *"There is a considerable difference. I can blow through a bowl of reggie [commercial marijuana], and I'm ready to pick up another one … If I had hydro [hydroponically grown marijuana], I can put it in a little glass pipe and just sort of puff on it throughout my day."*

Current street jargon includes countless names for marijuana. The most commonly cited names were "weed" and "pot." Participants listed the following as other common street names: "reggie" and "regular" for commercial-grade marijuana; "AK-47," "blueberry yum-yum," "death star," "dro," "hydro," "pineapple express," "purple haze" and "white widow" for high-grade or hydroponically grown marijuana. A participant reported recently learning of a newly grown version of hydroponic marijuana called, *"Alaskan thunderf***."* The price of marijuana continues to depend on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sell for between $5-10; 1/4 ounce sells for between $30-40; 1/2 ounce sells for between $50-60; an ounce sells for between $75-100; a pound sells for between $700-800. Higher quality marijuana sells for significantly more: a blunt or two joints sell for $20; 1/4 ounce sells for between $100-125; an ounce sells for between $300-400; a pound sells for between $2,500-3,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. In Toledo, a few participants talked about baking marijuana in brownies. Those with the means to purchase a vaporizer ($190 according to a participant) reportedly use it to consume marijuana. Because smoke is replaced by vapors, consumers who used this method see it as a growing trend and a healthier alternative to ingesting smoke into the lungs. Drug consumers more likely to use vaporizers were described by a participant as, *"those … that go to Starbucks® and Barnes and Noble for the most part."* The participant described inhaling the vapors from the marijuana in a vaporizer as, *"very clean ... The THC [tetrahydrocannabinol] passes through the heat and that's what gets you high ... it doesn't turn into ash, so you still have some of the THC in it … you can actually use that to cook, bake brownies [too]."* A few Toledo participants described the use of hashish and kief. Hashish is collected from unfertilized buds from the marijuana plant and contains the same active ingredients as marijuana, but in higher concentrations. Kief is defined as either the crystals off marijuana buds or the yellow pollen from the male plant. A participant explained that he uses a grinder to make kief and hash: "*I have a grinder … THC crystals get sifted out and fall through … looks like tan cocaine. Kief sifts through the screen. It's a process. It's sticky, dusty, almost like pollen from a flower. Kief is just the fine powder. Hash is the compounded kief. You can make hash last a lot longer. Kief burns so fast, like gun powder. You know when you smoke it that you're not just smoking bud."*

A typical user profile did not emerge from the data. Participants continued to describe typical users of marijuana as, "*anyone; everyone."* A participant responded, *"I look at it [marijuana use] as a sort of garnish on top of something that's already pretty great. It makes food better. It makes movies better. You know … talking, sex, or whatever."* Reportedly, marijuana is used in combination with nearly every drug: *"[Marijuana]*

it's a staple." Some participants reported sprinkling powdered cocaine in marijuana cigarettes for smoking ("cocoa puffing" or "primo"). Another participant reported seeing marijuana laced with embalming fluid ("wet").

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine was reportedly rare in Toledo but was said to be available to some extent in rural areas outside the city. Participants most often reported the availability of methamphetamine in Toledo as '1' and in areas surrounding Toledo as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).
Participants and treatment providers disagreed about the availability of methamphetamine, with participants saying that it had increased and treatment providers saying that it had remained a rarity during the previous six months. Participants with experience in buying and using methamphetamine in Toledo indicated that young, White males in their 20s were most likely to use methamphetamine. An educator who worked in areas of risk reduction reported methamphetamine use also could be found in Toledo among the White homosexual male population.

Current Trends

Methamphetamine remains relatively rare in the region. Participants most often reported the drug's current availability in urban areas as '0' and '6' in rural areas outside of Toledo such as Fulton and Lenawee (Michigan) counties on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1' for Toledo and '8' for areas outside of Toledo. Participants described methamphetamine use as, *"a country thing."* Participants who reported seeing methamphetamine in Toledo reported finding methamphetamine in its crystal form. A Toledo participant reported, *"I saw it [crystal methamphetamine] once being sold to a guy in the north end."* Treatment providers in Toledo most often reported the drug's current availability as '0;' the previous most common score was '1.' Treatment providers in Huron County rated current availability as '4.' A provider stated, *"[Methamphetamine] it's available, but you have to do some work [to obtain it]."* Treatment providers from Huron County reported, *"The meth [methamphetamine] here is 'dirty,' not as potent … it's junk, and they [users] don't know how to make it here."* The DEA field office in Toledo reported that methamphetamine is still fairly rare in the 22 counties it covers, but may be found sporadically in some rural counties in the region. Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has decreased over the past six months. Participants who have experience with methamphetamine reported seeing people combine methamphetamine use with alcohol and marijuana use to produce the upper and downer feeling of a speedball. A participant reported, *"[Mixing methamphetamine with alcohol and marijuana] it's kind of like coke and heroin mixed together. You get the upper of the coke, and you get kind of that easiness and good feeling of heroin."*

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was highly available in the region. Participants most often reported the drug's availability as '9' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Treatment providers most often reported the drug's availability as '5,' while educators reported availability most often as '8.' Treatment providers and educators reported that the availability of Ecstasy had decreased during the previous six months, but there was no consensus as to the reason for the decrease. The BCI Bowling Green Crime Lab reported a decrease in the number of Ecstasy cases processed. Participants reported a "single stack" (low dose) Ecstasy tablet sold for between $10-15 and a "double stack" or "triple stack" (high dose) sold for between $20-25. Participants continued to describe typical users as those who frequent the club or bar scene. Additionally, participants described a shift in use from young, White club goers to young, Black club goers, 15-21 years of age.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9.' Community professionals most often reported the drug's current availability as '5.' Participants and community professionals reported that the availability of Ecstasy has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Participants reported that Ecstasy is often cut with one or more other drugs like crack cocaine, heroin,

methamphetamine or powdered cocaine. Unable to be certain of what type of experience they will have, some users have sought out MDMA known as "Molly" to use alone, independent of cut applied. "Molly" refers to the purest MDMA in crystalline or powdered form. A participant reported that she switched from Ecstasy to Molly because she was sick for two weeks after taking Ecstasy that was cut with a substance she believed was methamphetamine: *"I couldn't sleep, couldn't eat. I thought I was going to die."*

Current street jargon includes several different names for Ecstasy. The most commonly cited name remains "X." Participants reported that a single stack Ecstasy tablet sells for $10, and a double or triple stack sells for between $15-20. A participant whose boyfriend was a drug dealer reported, "*He would buy it [Ecstasy] for $2-3, but he would buy a lot, like 2,500 pills, and he'd sell them for like $10-15 a pill.*" Participants described typical users of Ecstasy as, *"people who go to clubs, concerts; ravers; strippers."* Treatment providers reported that Ecstasy is used in social situations, and often with alcohol. Participants also reported that Ecstasy is often used in combination with alcohol and marijuana.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were highly available to school-aged youth, those 18 years of age and younger, and reportedly less available to adults in the region. Participants most often reported availability of prescription stimulants as '4' for adults and '8' for those under 18 years of age on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Educators reported the availability of prescription stimulants (Adderall® and Ritalin®) within school populations as '10,' while treatment providers reported the availability of these drugs as '8.' Both participants and treatment providers reported that the availability of prescription stimulants had remained the same during the previous six months. Participants reported that Adderall® 30 mg sold for between $6-8 and continued to attribute the use of these drugs to high school or college students who needed to focus on studying, working or cleaning.

Current Trends

Prescription stimulants remain highly available in the region. Participants most often rated the current overall availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '4' for adults and '8' for those 18 years of age and younger. A participant reported, *"[Prescription stimulant use] it's really big in high schools and colleges."* Nearly every participant with prescription stimulant experience mentioned its ability to help the user, *"focus."* Huron county treatment providers who work with youth younger than 18 years of age reported current availability of prescription stimulants as '8,' and noted that many prescription stimulant users are teens. Toledo treatment providers who work with adults most often reported the current availability of these drugs as '9,' while they reported seeing younger populations, 18-30 years of age, presenting with prescription stimulants in their system. Both participants and treatment providers reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of prescription stimulant cases it processes has generally remained the same over the past six months, while noting existence of decreases in the number of cases of medications based on methylphehenidate HCL (Concerta® and Ritilan®).

The only street term reported to refer to prescription stimulants was, "*poor man's coke.*" While participants were familiar with Concerta® and Ritalin®, no participant reported using either of these drugs in the past six months. Reportedly, Adderall® continues to dominate in terms of widespread use in the region. Those who purchased Adderall® reported that Adderall® 20 mg sells for between $1-3; Adderall® 30 mg sells for between $5-6.

Those in the 18-25 age group reported that they obtained Adderall® from others who were prescribed it, usually friends. Participants explained that most everyone in high school and in the 18-25 year age range knows someone that will freely give the drug to them or will sell it to them at a cheap price. No one reported having to go to the doctor to fake symptoms in order to get the drug. However, a participant discussed bartering for prescription stimulants, *"Some kids got it [Adderall®] prescribed and sold it for another drug."*

Participants continued to describe typical users of prescription stimulants as, *"high school and college kids"* who want to study, girls trying to lose weight or people who work long hours and like to go out and party without falling asleep. A participant reported, *"I'm trying to do so much off three of hours of sleep. I work 14 hours a day. I try to go to at least one club every night with open performances … Then I got to clean my house, do laundry. I still gotta mow the grass. I still gotta maintain my house ... I'm tired of being tired. I need a pick-me-up."* Exam time on college campuses is reportedly a time when Adderall® use spikes. A participant reported, *"I've been in school full-time … I haven't seen anyone that uses it [Adderall®] to get high. There is always a purpose … it sort of zeros you in."*

Reportedly, prescription stimulants are not used in combination with other drugs when the user is using to accomplish particular tasks. However, if used to stay awake while "*partying,*" the user most often combines Adderall® with alcohol and marijuana. A participant reported, *"A lot of them [Adderall® users] are college students that have to work full-time … they work full-time and go to school full-time and wanna have a life after that."*

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts (synthetic compounds commonly containing methylone, mephedrone or MDPV), psilocybin mushrooms and synthetic marijuana ("K2" and "Spice"). A few participants had experience with K2 during the previous six months, but reported it as not highly available. Treatment providers also reported that the availability and desirability for K2 had decreased. The BCI Bowling Green Crime Lab reported that new forms of synthetic marijuana had shown up in their lab that had not seen in the previous six months. Psilocybin mushrooms were reported to be periodically available. Reportedly, 1/8 ounce of psilocybin mushrooms typically sold for between $25-45. The use of bath salts was mentioned by some participants, but no one interviewed had recent experience with the drug. A toxicology expert at the coroner's office reported that Toledo recently had its first death likely attributable to bath salts use: a White adult male. The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Current Trends

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. Despite the recent ban of synthetic marijuana, participants and treatment providers believed the drug would remain available for some time and rated the current availability of synthetic marijuana as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Synthetic marijuana that was previously sold at local head shops sold for $25 for a two gram bag, but users did not report the current street price of the drug. Synthetic marijuana is smoked using the same techniques used to smoke marijuana. Reportedly, participants continue to use synthetic marijuana as an alternative to marijuana to pass work-related drug screens. Some participants reported that they were at first curious and excited about smoking something legal. A participant explained, *"K2 was popular at first 'cause you could use it and pass the drug test. But people don't feel it's worth it after all the tests that came out [that screen for synthetic marijuana use]."* This participant also reported, *"Six months ago I could name a dozen people that smoked K2. Today I don't know anybody that smokes it."* However, another participant reported current use of synthetic marijuana: *"I use it [synthetic marijuana] now 'cause I can't do anything else. I smoke on the weekends … I got a bag in my car."* He reported that the high produced by synthetic marijuana lasts about one and a half to two hours. Other participants reported disliking the taste and the artificial nature of synthetic marijuana. Instead, these participants preferred marijuana because it is, *"all natural."* Treatment providers agreed, as one reported, *"They [users] don't like it [synthetic marijuana]. I've had maybe a handful of people that said they disliked it reporting it made them feel anxious, with a headache … and it's just not as enjoyable as marijuana."* The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Bath salts are moderately available in the Toledo area and highly available in Huron County. Participants in Toledo most often rated the drug's current availability as '6' and participants in Huron County a '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers in Toledo rated bath salts availability as '1,' while treatment providers in Huron County rated availability as '10.' A Huron County provider reported that users are, "*presenting psychotic and getting hospitalized in the psych ward [following bath salts use].*" The concern for treatment, as identified by a treatment provider in Huron County, is often, *"The detox centers are saying '[bath salts use] it's a psychiatric problem,' and then the psychiatric hospital is saying, 'no, It's a detox, rehab problem,' so we have these clients that are actively hallucinating, at risk of hurting themselves … and it's kind of like we don't know which treatment to put them in."* A regional media outlet reported on a large seizure of bath salts in Wood County during this reporting period. The Ohio State Highway Patrol found five pounds of bath salts during a routine traffic stop, with a street value of over $150,000 (**www.northwestohio.com**, Dec. 9, 2011). The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. Additionally, the crime lab reported that it has processed many "analog substances" (substances whose chemical structure is similar to bath salts) found in evidentiary specimens submitted this reporting period.

Typically, participants who had used bath salts reported having used the drug because it was legal and could not be detected on work-related drug screens. However, as of Oct.

17, 2011, bath salts that were previously sold in convenience stores, head shops and online were banned as an illegal substance in Ohio. Participants reported that two grams of bath salts legally sold for between $10-12 before the ban on bath salts went into effect. A Huron county participant who reported having used bath salts more than five times described the use of bath salts: *"You crush it [bath salts] down and put it on a can the same way you would smoke crack … The high lasts all night, eight hours or longer. Sometimes [I] would stay up for days."* A Toledo participant reported that he snorted bath salts a few months ago: *"It [bath salts] was kinda sticky. It burned really bad … then there was nothing for a half hour to 45 minutes. Then I was thinking, 'this is garbage.' Then all of the sudden I'm sitting there at the jukebox … I'm chewing on my teeth … it was crazy. It was awesome, like cocaine. It was a completely amplified feeling. Everything was more interesting. You wanna talk more. You wanna do more things, and you gotta be moving around. You just feel like a bolt of lightning …"* Other participants reported on the negative health consequences of bath salts they or their friends have experienced. A participant explained, *"A friend of my friend's was on it [bath salts] all day … he thought there was people in his house, and he shot up his entire house … he shot up his house and then called work and said that he'd killed four people, and then he called the cops and said the same thing. They [police] showed up and no one was there."*

Hallucinogens like LSD (lysergic acid diethylamide) and psilocybin mushrooms are periodically available in the region. Participants most often rated LSD's current availability as '2' and the current availability of psilocybin mushrooms as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers rated the availability of LSD as '1,' reporting that many clients have reported that they have "*tried it [LSD]*" or experimented with it at some point, but had not engaged in regular use. However, while psilocybin mushrooms were reported to be low in availability in the Toledo area, treatment providers in Huron County rated current availability of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A Huron county treatment provider reported, *"That's a common one [drug of use],"* when asked about hallucinogens. Treatment providers in Toledo and Huron County reported that they have not worked with clients reporting regular use of hallucinogens and that psilocybin mushrooms are typically not a drug of choice among their clientele. Reportedly, both types of hallucinogens continue to be more bountiful in the summer and most prevalent during concerts and music festivals. A participant reported, *"You can't go out and find it [hallucinogens]. It will find you … It's big around a music festival or jam bands."* Participants reported that psilocybin mushrooms sell for between $25-30 for 1/8 ounce, or roughly 3.5 grams. Reportedly, some users chew psilocybin mushrooms which are said to have an awful taste. A user reported rolling psilocybin mushrooms in Fruit Roll-Ups to attempt to disguise their taste. Reportedly, LSD sells for between $3-10 per "hit" (dose, a microdot or blotter) depending on the seller. Participants who used LSD reported that an LSD high can last for up to 21 hours. According to participants, the type of trip (high) depends on the state of mind the user is in prior to taking the drug: the experience can either be, *"hard to manage or great."* During what could be described as a great trip, a participant reported, *"I could visualize. Like I saw how human thoughts were created in the brain. What parts of the brain were making it happen because I was actually watching it happening in front of my face, and I was like this makes perfect sense."* Those who took LSD placed a gel tab of the drug under their tongue. The high was described as having, *"a third eye"* or perceiving things very differently. The BCI Bowling Green Crime Lab reported that the number of LSD cases it processes has decreased, and the number of psilocybin mushroom cases it processes has increased, during the past six months.

Salvia divinorum (psychoactive plant) is moderately available in the region. Participants most often rated the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The most common way to use the drug is smoking. The high produced by salvia divinorum reportedly lasts two to eight minutes, and participants described it as, *"intense but brief."* A participant explained the high this way, "*I went from my couch to a universe of colors [after smoking salvia divinorum]*." Participants reported that the drug is typically purchased online for $30 per gram, and it looks like potpourri. The BCI Bowling Green Crime Lab reported that the number of salvia divinorum cases it processes has decreased during the past six months.

Finally, inhalant use was mentioned only in Huron County. Not many participants engaged in the practice because, as a participant who used to inhale put it, *"People say it [inhalant use] will kill you."* Products used to inhale are dusters (compressed gas used to clean computer keyboards) and "*whippets*" (nitrous oxide) bought from local stores. Participants also described abusing VCR head cleaner (aka "Rush"), a canned product used to clean VCRs. To use Rush, the user puts it into a balloon and inhales it. An inhalant high reportedly lasts just a few seconds, and as one user put it, *"[Inhalant use] it's supposed to intensify sex … they sell it in adult bookstores."*

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remain highly available in the Toledo region. Data indicate likely increases in availability during the past six months for heroin and Suboxone®. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased. A participant commented, *"You can get it [heroin] anywhere in Toledo."* A treatment provider commented, *"Heroin is overrunning pills … heroin seems to be more accessible to them [users] now. It's cheaper [than prescription opioids]."* The DEA field office in Toledo reported that DEA agents have made, *"[heroin] cases in the suburbs and cases involving teens,"* highlighting the widespread availability of heroin. While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered heroin as most available. Some participants reported that Toledo drug dealers are frequently marketing heroin as fentanyl, explaining that they believed this is done to lure buyers who would be leery of using heroin. Most heroin users reported that first heroin use occurred between 18-19 years of age, while reporting that first use of prescription opioids occurred before the age of 18 years when in high school. Participants identified Percocet® as the most popular prescription opioid in terms of widespread use, followed by Opana®; treatment providers identified Dilaudid®, fentanyl, methadone, OxyContin® OP and Vicodin® as other prescription opioids that are highly available and used. Law enforcement reported that the availability of prescription opioids has increased over the past few years and reported a current *"boom"* of illegal prescription opioid use in the region. The BCI Bowling Green Crime Lab reported increases in the number of hydromorphone (Dilaudid®), morphine and oxymorphone (Opana®) cases processed during the past six months. Suboxone® is highly available in the region. Participants most often reported current availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported current availability as '10' (both scores higher than previously reported). The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Participants continued to describe typical street users of Suboxone® as heroin users who want to withdraw from the use of heroin without being sick and those who wish to avoid dope sickness for the time being. Lastly, despite the recent bans on synthetic marijuana and bath salts, participants and treatment providers believed the drugs would remain available for some time. The BCI Bowling Green Crime Lab reported that the numbers of synthetic marijuana and bath salts cases it processes have increased during the past six months. Additionally, the crime lab reported that it has processed many "analog substances."