

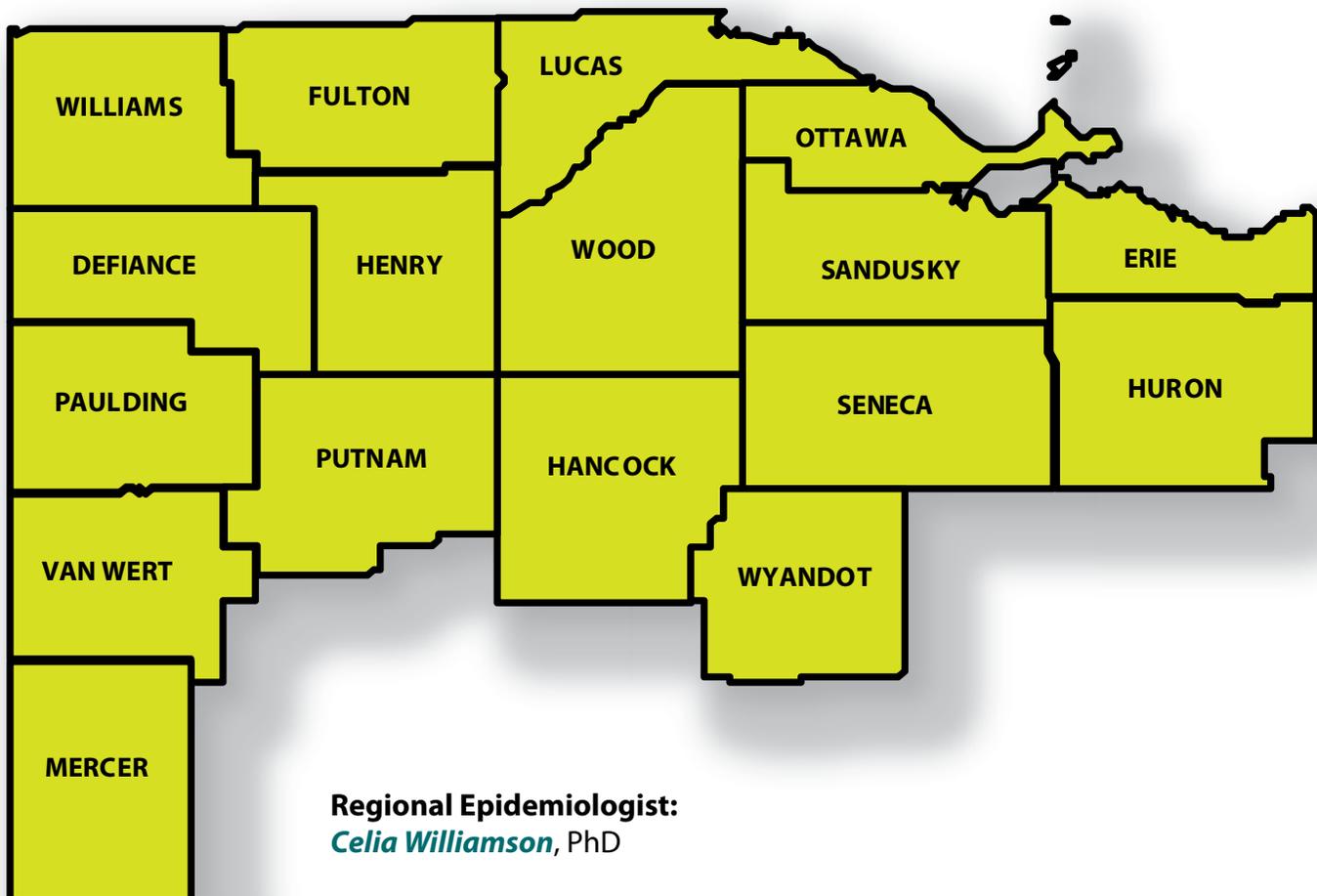
# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Toledo Region

June 2012 - January 2013



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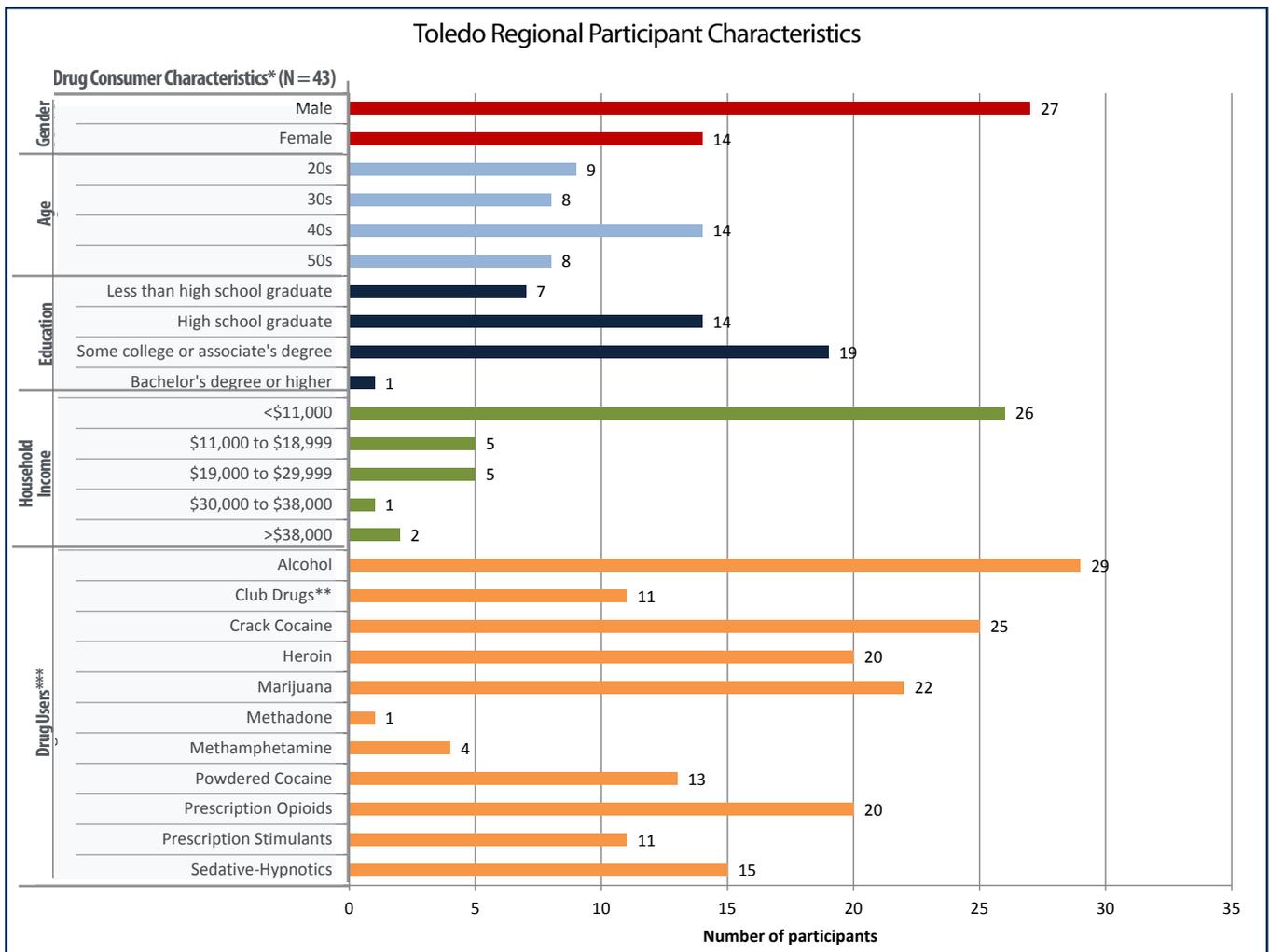
Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	41
Gender (female), 2010	51.2%	51.1%	34.1%
Whites, 2010	81.1%	83.7%	57.5%
African Americans, 2010	12.0%	8.0%	32.5%
Hispanic or Latino origin, 2010	3.1%	5.4%	5.4%
High School Graduation rate, 2010	84.3%	83.8%	82.9%
Median Household Income, 2011	\$45,803	\$46,698	Less than \$11,000 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	12.5%	70.7% <sup>3</sup>

<sup>1</sup>Ohio and Toledo statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 2 participants due to missing data.

<sup>3</sup>Poverty status was unable to be determined for 2 participants due to missing data.

### Toledo Regional Participant Characteristics



\*Not all participants filled out forms; therefore, numbers may not equal 43.

\*\*Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.

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

### Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Lucas County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as to data surveyed from the Toledo Police Crime Lab and the Bureau of Criminal Investigation (BCI) Bowling Green Office, which serves northwest Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

*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 secondary data correspond to the current reporting period of participants.*

### Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine remained 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' (highly available, extremely easy to get); treatment providers most often reported availability as either '7' or '9' depending on location within the region. Participants most often reported that the availability of powdered cocaine had remained the same during the previous six months, while treatment providers reported a slight increase in availability during the same period. The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Bowling Green Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: benzocaine (local anesthetic), caffeine, inositol

(dietary supplement) and levamisole (livestock dewormer). Participants reported that a gram of powdered cocaine sold for between \$40-50; 1/16 ounce, or "teener," sold for between \$70-80; 1/8 ounce, or "eight ball," sold for between \$120-150; an ounce sold for between \$500-600.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. While treatment providers reported use of powdered cocaine as more common among White women, participants reported use as common across all demographic categories.

### Current Trends

Powdered cocaine is moderately to highly available in the region. Participants most often reported 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). A participant reported, "[Powdered cocaine] it's available, but less available than crack [cocaine]." Treatment providers most often reported the current availability of powdered cocaine as '8', while law enforcement most often reported current availability as '6'. A treatment provider stated, "We have more positive drug screens for both coke [cocaine] and opiates." Law enforcement reported that because of "speedballing," or combining powdered cocaine with heroin, powdered cocaine is, "making a comeback."

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In October, authorities filed indictments in the U.S. District Court in Toledo for 28 people, including seven people from Toledo, for being part of a drug-trafficking organization that allegedly brought over 2,400 pounds of cocaine and marijuana into the Toledo area from Mexico and Texas since 2002 ([www.toledoblade.com](http://www.toledoblade.com), Oct. 5, 2012). In November, Toledo police arrested 22 people from across Toledo in a drug-trafficking enforcement sweep; in the raid, police seized 1.135 kilo of cocaine, 20 grams of china white heroin, 714 grams of marijuana, six marijuana plants along with controlled pharmaceuticals ([www.toledoblade.com](http://www.toledoblade.com), Nov. 9, 2012). In December, law enforcement in Toledo led a citywide gang sweep which resulted in 11 felony arrests and seizure of guns, cash, cocaine, marijuana and other drugs ([www.abc6onyourside.com](http://www.abc6onyourside.com), Dec. 11, 2012). In January, troopers with the Ohio State Highway Patrol arrested three Michigan men after finding powdered cocaine, heroin and crack cocaine during a traffic stop in Wood County ([www.nbc4i.com](http://www.nbc4i.com), Jan. 3, 2013).

Participants and treatment providers alike reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider commented that powder cocaine use is, *"pretty steady."* The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Most participants rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine has increased during the past six months. Participants reported that powdered cocaine in the region is cut with baking soda, creatine, lactose, laxatives and vitamin B-12. The BCI Bowling Green and Toledo Police crime labs cited caffeine, levamisole (livestock dewormer) and local anesthetics (lidocaine and procaine) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "soft" and "white girl." Participants listed the following as other common street names: "blow," "nose candy" and "Tony Montana." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for \$50, depending on the quality; 1/16 ounce, or "teener," sells for \$75; 1/8 ounce, or "eight-ball," sells for \$150; an ounce sells for \$1,000. A participant reported that because of the amount of adulteration or "cut" that takes place, powdered cocaine sometimes costs about the same as crack cocaine.

Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately nine would snort and one would intravenously inject the drug. A profile for a typical powdered cocaine user did not emerge from the data. Participants described powdered cocaine users as, *"people you would never think."* A treatment provider responded, *"Both guys and girls like to use it [powdered cocaine]. It's also pretty equal between Black and White [users]."*

Reportedly, powdered cocaine is used in combination with alcohol, Ecstasy, heroin, marijuana and sedative-hypnotics. Participants described powdered cocaine as a "social" drug, something to be used at a party or nightclub. Other than Ecstasy, which was also described as a "party" or "social" drug, powdered cocaine appears to be a drug that is used in combination with a primary drug of choice such as alcohol,

heroin or marijuana. Participants noted that powdered cocaine is used concurrently with heroin ("speedball") or heroin and benzodiazepines are used after powdered cocaine to "come down" from the stimulant effects of powdered cocaine. A participant commented that crushing an Ecstasy pill and mixing it with cocaine is called a, *"pixie stick."*

### Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine remained 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' (highly available, extremely easy to get); community professionals most often reported availability as '3' or '7' depending on location within the region. Participants most often reported that the availability of crack cocaine had remained the same during the previous six months, while treatment providers reported a slight increase in availability. The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of crack cocaine had remained the same during the previous six months. The BCI Bowling Green Crime Lab continued to cite levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for \$30; 1/16 ounce, or "teener," sold for between \$50-65; 1/8 ounce, or "eight ball," sold for between \$100-150; an ounce sold for \$800.

The most common route of administration for crack cocaine remained smoking. A profile of the typical crack cocaine user did not emerge from the data. Participants reported that use spanned across all age groups.

### Current Trends

Crack cocaine remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, *"[Crack cocaine] that's a commodity in high demand, and people are gonna provide that demand to the public."* Participants and treatment providers

reported that the availability of crack cocaine has remained the same during the past six months. A participant reported, "[Crack cocaine] it's been a steady '10' [highly available] for a few years." The BCI Bowling Green and Toledo Police crime labs reported that the number of crack cocaine cases they process has remained the same during the past six months.

Most participants rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baby laxatives, baking soda, creatine, laxatives, Orajel®, Similac®, sleeping pills and vitamin B-12. Participants explained that the quality of crack cocaine coincides with the level of adulteration. Adulteration is driven by individual dealers, so as one participant put it, "[crack cocaine quality] bounces up and down from every drug dealer." Participants reported that the overall quality of crack cocaine has decreased during the past six months. The BCI Bowling Green and Toledo Police crime labs cited levamisole (livestock dewormer) and procaine (local anesthetic) as cutting agents for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "butter," "CD," "crack," "dope," "hardware," "work" and "yay." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of crack cocaine sells for \$50, depending on the quality; 1/16 ounce or "teener," sells for between \$60-75; 1/8 ounce, or "eight ball," sells for between \$150-200; an ounce sells for \$1,500. However, a participant commented, "Twenties [\$20 pieces of crack cocaine] are the common thing you buy."

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately eight would smoke and two would intravenously inject the drug.

A profile of a typical user of crack cocaine did not emerge from the data. Participants continued to describe typical crack cocaine users as, "everybody." A participant commented, "It [crack cocaine] don't discriminate." Treatment providers reported that the typical crack cocaine user is someone from any ethnic group, but someone that typically is middle class or poorer.

Crack cocaine, reportedly, is used in combination with alcohol and heroin. A participant explained that the two combinations, "bring you down and keep you even."

## Heroin

### Historical Summary

In the previous reporting period, heroin remained 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' (highly available, extremely easy to get); treatment providers most often reported availability as '9' or '10'. Participants and law enforcement reported brown powdered heroin as the most available type of heroin within the region. Reportedly, the availability of black tar heroin was much lower than that of white or brown powdered heroin. Participants and community professionals reported that the overall availability of heroin had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of powdered and black tar heroin cases it processes had increased during the previous six months.

Participants reported that the quality of heroin varied within the region. The BCI Bowling Green Crime Lab reported the following substances as commonly used to cut heroin: caffeine, diphenhydramine (antihistamine) and quinine (antimalarial). Participants reported that a gram of brown powdered heroin sold for between \$40-50; 1/4 ounce sold for \$200; an ounce sold for \$700. Participants reported that a gram of black tar heroin sold for between \$100-150; an ounce sold for between \$1,500-4,500. The most common route of administration for heroin remained intravenous injection, though beginner users would reportedly snort the drug. Participants and community professionals reported that the typical heroin user was middle class and White.

### Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, "Heroin is getting out of control in Toledo." Another participant reported, "You would not believe [that] I have five people on my street alone that sell it [heroin]."



While many types of heroin are currently available in the region, participants and community professionals reported the availability of white powdered heroin (aka "china white") as the most available type of heroin. A participant expressed the consensus among participants when he said, "*China white is definitely a hot item right now.*" Another participant, commenting about the desirability of white powdered heroin over brown powdered heroin responded, "*People are looking for the china white as far as I know.*" Finally, a participant explained why china white is in big demand when he said, "*With china white ... it's a stronger high.*" A treatment provider commented, "*We have more patients coming in [to treatment] saying they used china white [than any other type of heroin].*" Local law enforcement reported, "*We see mostly white [powdered heroin] on the street. Every once in a while we see tar [black tar heroin], but it's mostly white.*"

Although less desired, participants also rated the availability of brown powdered heroin also as '10'. A participant offered a reason why heroin is so popular in saying, "*because it's available and it's gotten a lot cheaper.*" Treatment providers also thought heroin to be the favored drug among users. Participants and treatment providers reported the availability of black tar heroin to be low, rating its availability as '2'. Black tar heroin is reportedly controlled by Toledo dealers.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, a Tiffin man was charged with trafficking heroin following an investigation by the Seneca County Drug Task Force ([www.toledoblade.com](http://www.toledoblade.com), Nov. 11, 2012). Also in November, the Toledo Blade published a column in which it stated that Toledo is suffering from an opiate epidemic; five out of six patients that undergo detoxification at a regional treatment facility are treated for heroin and/or prescription opioids addictions ([www.toledoblade.com](http://www.toledoblade.com), Nov. 11, 2012).

While participants reported that the availability of white and brown powdered heroin has remained consistently high during the past six months, treatment providers reported that availability of white and brown powdered heroin has increased. Treatment providers noted an increase in drug treatment requests for heroin addiction during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they process has increased during the past six months; The BCI Bowling Green Crime Lab also reported an increase in the number of black tar heroin cases processed.

Most participants generally rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, a participant commented that within the past six months, "*the quality [of heroin] ain't changed. It's good.*" Participants purchased heroin from both Toledo and Detroit dealers. Some participants obtained heroin in Toledo out of convenience, as one user put it, "*There are more than enough [heroin] dealers in Toledo.*" Other participants preferred to obtain their heroin from Detroit dealers. A participant explained that heroin is, "*cheaper and better in Detroit.*" Participants reported that white powdered heroin in Toledo is cut with "*anything,*" including but not limited to Ajax®, Ativan®, baby lactose, horse tranquilizer, powdered sugar and sleeping pills. Some participants were convinced that in some cases "china white" heroin is dried and crushed fentanyl being sold as heroin. The BCI Bowling Green and Toledo Police crime labs cited diphenhydramine (antihistamine) and quinine (antimalarial) as cutting agents for heroin.

Current street jargon includes many names for heroin. The most commonly cited names remain "dope" and "H." Participants listed the following as other common street names: "brown," "diesel," "dog food," "heron," "Mexican mud," "mud" and "white." A participant, in referring to the street name "dog food" for brown powdered heroin, reported, "*I've seen people literally crush up dog food and sell it as heroin. That's how much it looks like dog food.*"

Participants reported buying heroin in "papers" (1/10 gram) measured as "macs." "Papers" are described as white powdered heroin folded up in lottery tickets. "Mac" are the old McDonald's® coffee stirrers with a small spoon on the end. While they are no longer used at McDonald's®, they are sold at head shops. A leveled off "mac spoon" of white powdered heroin sells for \$10; three "macs" may sell for \$20; a "bundle" of 13 \$10 packs sells for \$100 in Detroit or 12 for \$100 in Toledo; a gram of white powdered heroin sells for \$100; 1/4 ounce sells for \$600-700; an ounce sells for \$1,200. Participants reported that brown powdered heroin is also available in different quantities, reporting that a gram of brown heroin sells for \$100; 1/4 ounce sells for \$250. Participants reported that black tar heroin is available in different quantities, reporting that a gram of black tar heroin sells for between \$100-150; 1/4 ounce sells for \$250; an ounce sells for between \$800-1,000. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately nine would intravenously inject and one would snort the drug. Intravenous heroin users reported that they obtained injection needles from various places. A participant reported, *"You can get them [injection needles] from the drug store or buy them off diabetics or people that you know that's got them."*

While participants described typical users of heroin as, *"everybody,"* they were also quick to point out that a typical user might be someone who abused prescription drugs first. Other participants believed users to be, *"younger White people, more than younger Black people."* Treatment providers described the typical heroin user as, *"younger ... in their late teens ... early twenties."*

Reportedly, heroin is used in combination with alcohol, crack cocaine, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics, and above all else, more heroin. A participant who combined drugs reported, *"When I do heroin, I always have a joint [marijuana] on me because it kicks it [the high] in a lot better."*

## Prescription Opioids

### Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, the most preferred prescription opioids continued to be Opana® and Percocet®.

Participants and community professionals most often reported that the availability of prescription opioids had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months; however, increases in the number of Opana® and OxyContin® cases were noted.

Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from doctors or from buying other people's prescriptions. The most common

route of administration for prescription opioids abuse was snorting, followed by intravenous injection. A profile of the typical illicit prescription opioids user did not emerge from the data. Participants and community professionals reported illicit use as common across all demographic categories.

### Current Trends

Prescription opioids remain highly available in the region. Participants and treatment providers 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).

Participants and treatment providers alike identified Percocet® and Roxicet® as the most popular prescription opioids in terms of illicit use; the least desirable prescription opioids was said to be Vicodin®. Participants reported that although the availability of Vicodin® is high, the experienced opiate user would only use the drug if nothing stronger were available, or as a participant described, *"You're sick and can't find no dope [heroin]."*

Media outlets in the region reported on prescription opioid seizures and arrests this reporting period. In September, the Ohio State Highway Patrol reported seizing 1,000 hydrocodone tablets during a traffic stop on I-75 in Wood County ([www.10tv.com](http://www.10tv.com), Sept. 29, 2012). In November, the Ohio State Highway Patrol reported seizing 656 oxycodone hydrochloride pills and approximately seven grams of marijuana during a traffic stop on I-75 in Wood County ([www.nbc4i.com](http://www.nbc4i.com), Nov. 7, 2012). Also in November, arraignment was set in Lucas County for a Maumee cardiologist whom the Ohio State Board of Pharmacy along with law enforcement accused of improperly prescribing pain medication to people he knows or to those referred to him ([www.toledoblade.com](http://www.toledoblade.com), Nov. 28, 2012). In December, the Ohio State Highway Patrol reported seizing 248 oxycodone pills, 92 hydrocodone pills and 279 Xanax® pills during a traffic stop on I-75 in Perrysburg (Wood County) ([www.toledoblade.com](http://www.toledoblade.com), Dec. 6, 2012).

Participants reported that the availability of prescription opioids has increased during the past six months, while treatment providers reported that availability has remained the same. A treatment provider commented, *"I think doctors are starting to prescribe Vicodin® [which are not popular] more than they're prescribing other drugs."* Local law enforcement reported that prescription opioids abuse is decreasing because users are switching to heroin. An officer

reported, *"The use of heroin is going up because availability of prescription pills are going down ... because they [doctors and pharmacies] monitor it [prescription opioids] more closely now."* The BCI Bowling Green and Toledo Police crime labs reported that the number of prescription opioids cases they process has generally remained the same during the past six months; however, the Toledo Police Crime Lab reported an increase in Opana® and a decrease in OxyContin® cases processed.

Current street names for prescription opioids include "hillbilly heroin" and "kiddy crack." Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. 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 (100 mg patch sells for between \$20-30), Opana® (40 mg sells for \$40 or \$1 per milligram), OxyContin® OC (old formulation, aka "oxy's;" 40 mg sells for \$30; 60 mg sells for \$50; 80 mg sells for \$100) OxyContin® OP (new formulation, 40 mg sells for \$10; 60 mg sells for \$15; 80 mg sells for \$20), Percocet® (5 mg sells for \$5; 10 mg sells for \$8), Roxicodone® (aka "perc 30s;" 30 mg sells for between \$20-25) and Vicodin® (7.5 mg sells for between \$2-4; 10 mg sells for between \$5-7).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained snorting and intravenous injection. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Orally ingesting prescription opioids is the least desired route for those abusing for a high. A participant stated, *"I always thought it was a waste to swallow them [prescription opioids]."*

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting the drugs from emergency rooms, online, pain clinics and from Toledo and Michigan doctors. Some participants also discussed getting prescription opioids from seniors and others with chronic pain. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical illicit users of prescription opioids as, *"anybody"* in terms of race, gender, socioeconomic status and age. Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol and sedative-hypnotics (benzodiazepines) to intensify the effect/high.

## Suboxone® Historical Summary

In the previous reporting period, Suboxone® remained 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' (highly available, extremely easy to get). Participants and treatment providers alike reported that the availability of Suboxone® had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that a Suboxone® 8 mg strip sold for between \$10-15; 8 mg tablet sold for \$10. Sublingual strips were more common than tablets. Participants reported that Suboxone® was most commonly administered sublingually, with some participants reporting snorting as a route for abuse. Participants reported the typical illicit Suboxone® user as someone using the drug to avoid heroin withdrawal symptoms.

## Current Trends



Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, *"When I was prescribed it [Suboxone®], I was prescribed two a day and I only needed one, so I would sell the other."* Treatment providers most often reported the drug's current availability as '9'. A treatment provider commented, *"There are so many [clients] coming in now having used that [Suboxone®] because doctors can prescribe it ... a lot of them are given a month's supply ... and if they're given two strips a day, then that could be 60 out on the street."* Participants addicted to heroin were very thankful for Suboxone®. A participant who used Suboxone® reported, *"Suboxone® saved my life."* Another participant commenting on Suboxone® treatment responded, *"Suboxone® is a very good thing for the community."* Participants in treatment reported a preference for Suboxone® over methadone. A participant commented, *"Methadone is controlled heroin."* Another participant responded, *"With methadone, you're still gettin' high."*

Media outlets in the region reported on seizures and arrests involving Suboxone® this reporting period. In September, the Ohio State Highway Patrol reported seizing Suboxone® along with morphine sulfate and Xanax® during a traffic stop on I-75 in Hancock County ([www.10tv.com](http://www.10tv.com), Sept. 29, 2012).

Participants reported that street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider stated, *"Too many doctors can prescribe Suboxone®."* The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they process has increased during the past six months.

Participants reported no current street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® tablet and strip/film forms sell for between \$5-20.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration is oral consumption for the tablet form and sublingually for the strip form. Out of 10 Suboxone® users, participants reported that approximately 10 would orally take them. A participant agreed that oral consumption of Suboxone® is most common, but discussed how he would intravenously inject Subutex®. He explained, *"Subutex® is just straight buprenorphine, and Suboxone® has buprenorphine and naloxone (an opioid inverse agonist)."* He reported that Suboxone® cannot be injected due to naloxone.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people who are prescribed it. Participants and treatment providers continued to describe typical illicit users of Suboxone® as individuals who are addicted to heroin who use Suboxone® to avoid experiencing physical withdrawal. Reportedly, when used in combination with other drugs, Suboxone® is used with alcohol and marijuana.

## Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained 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' (highly available, extremely easy to get); community professionals most often reported availability as '8' or '10'.

Participants in Lucas County and community professionals reported Xanax® as the most popular sedative-hypnotic in terms of illicit use. Participants and community professionals alike reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotics cases it processes had increased during the previous six months.

Participants typically reported obtaining sedative-hypnotics from friends and doctors rather than from drug dealers. The most common route of administration for sedative-hypnotics was swallowing, followed by snorting. Participants and treatment providers alike reported sedative-hypnotics use as most common among women and people in high-stress environments.

## Current Trends



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and treatment providers 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). Participants and treatment providers identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of illicit use. Participants preferred Xanax® over Klonopin®, as one user put it, *"They [Klonopin®] ain't as good as Xanax®."*

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. Participants reported that above all prescription medications to abuse, they desired prescription opioids over benzodiazepines, as one participant commented, *"Before perc's [Percocet®] became popular, everybody was doing Xanax®."* Treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. A treatment provider pin-pointed Xanax®: *"I think the Xanax® availability has really increased."* The BCI Bowling Green and Toledo Police crime labs reported that generally the number of sedative-hypnotics cases they process has remained the

same during the past six months, with the exception of Xanax®. Both labs reported an increase in the number of Xanax® cases processed.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for \$1) and Xanax® (1 mg, aka "blue footballs," sells for \$2; 2 mg, aka "bars" or "xanibars," sells for between \$4-5).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain swallowing and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would orally ingest and four would snort the drugs. In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and people with prescriptions. A participant commented, *"But [law enforcement] they're on the doctors now that go overboard [over prescribe medications]."* Yet another participant described the connection between doctors and the street price for drugs when he said, *"That's what drives the prices up is when the doctor's stop prescribing them."*

A profile of a typical illicit user of sedative-hypnotics emerged from the data. While some participants described typical illicit users of sedative-hypnotics as, "everybody," other participants reported that illicit users are typically female and "young" people. A participant stated, *"A lot of elderly get them [sedative-hypnotics] prescribed."* Another participant added, *"Their grandkids take them [sedative-hypnotics] ... the 18- and 19-year-olds."* Treatment providers continued to report that they are more likely to see women abuse sedatives-hypnotics.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids; all of these drugs are combined with sedative-hypnotics to intensify the effect/high.

## Marijuana

### Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings on the quality of marijuana ranged from '6' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana depended on the quality desired. Participants reported commercial (low to mid-grade) marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for between \$5-10; 1/8 ounce sold for between \$15-20; an ounce sold for between \$80-120; a pound sold for between \$750-1,100. Higher quality marijuana sold for significantly more: a blunt or two joints sold for between \$10-20; 1/8 ounce sold for \$50; an ounce sold for between \$200-500; a pound sold for between \$3,500-4,000.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

### Current Trends

Marijuana remains highly available in the region. Participants and treatment providers most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, *"Marijuana is like cigarettes [commonly used and accepted]."* Another commented, *"[Marijuana] it's practically legal."* Yet another participant further minimized marijuana as an illegal drug in saying, *"It [marijuana use] ain't nothin'. It's just something to relax."* A treatment provider commented, *"Everybody's using it [marijuana]."*

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In September, the Ohio State Highway Patrol arrested three California men and seized 65 pounds of hydroponic (high-grade) marijuana during a traffic stop on the Ohio Turnpike in Lucas County ([www.nbc4.com](http://www.nbc4.com), Sept. 19, 2012). Also in September, officers from the Metropolitan Drug Task Force seized dozens of marijuana plants and thousands of dollars from two Toledo residences ([www.toledoblade.com](http://www.toledoblade.com), Sept. 26, 2012). In November, fire crews in Toledo found a marijuana-grow operation in the basement of a home when they were called to the home to put out a fire ([www.toledoblade.com](http://www.toledoblade.com), Nov. 28, 2012). In December, Ohio State Highway Patrol seized 353 pounds of hydroponic marijuana in Erie County ([www.cleveland.com](http://www.cleveland.com), Dec. 14, 2012).

Participants and treatment providers reported that the availability of marijuana has remained consistently high during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of marijuana cases they process has remained the same during the past six months.

Participant quality scores of marijuana ranged from '7' for commercial grade to '10' for high grade, with the most common overall score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). In reporting on the overall quality of high-grade marijuana, a participant reported, *"Ever since Michigan legalized using it [marijuana] medicinally, the quality is 10 times better than in the 90s."* Another participant commented on the abundance of high-grade marijuana: *"It's harder to find low grade [marijuana] these days [than high-grade marijuana]."*

Current street jargon includes countless names for marijuana. The most commonly cited names were "loud" and "weed." Participants listed the following as other common street names: "mid-grade," "mids," "reggie" and "regular" for commercial-grade marijuana; "chronic," "Keisha," "kush" and "Obama" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for \$5; 1/8 ounce sells for \$20; an ounce sells for \$100; a pound sells for \$900. Higher quality

marijuana sells for significantly more: a blunt or two joints sell for between \$20-25; 1/8 ounce sells for \$50; an ounce sells for between \$200-300; a pound sells for \$3,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke and one would use the drug in baked goods. A participant reported sometimes using marijuana to make brownies. In addition, a few participants reported they would always ingest marijuana through the use of a "bong" (water pipe) or vaporizer. They viewed smoking marijuana rolled in papers as a, "waste."

A profile for a typical marijuana user did not emerge from the data. Participants continued to describe typical users of marijuana as from any age group, gender and socio-economic status.

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine. A participant responded, *"You gotta have alcohol because your mouth gets so dry ... you need alcohol or Pepsi, Mountain Dew or something to drink [when smoking marijuana]."* Some participants reportedly laced marijuana with crack cocaine calling it a, "coco-puff."

## Methamphetamine Historical Summary

In the previous reporting period, methamphetamine remained relatively rare in the region. Participants most often reported the drug's availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '4.'

There was no consensus among participants and community professionals as to a change in availability of methamphetamine during the previous six months. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants could not rate the quality of crystal methamphetamine. Participants reported that a gram of methamphetamine sold for \$100 and that the

drug could be purchased in much smaller quantities. The most common route of administration for methamphetamine remained smoking. A profile of the typical methamphetamine user did not emerge from the data.

### Current Trends

Methamphetamine is rarely to moderately available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that methamphetamine is available in crystal form. Participants also discussed the presence of powdered methamphetamine. A participant reported he would access powdered methamphetamine that was brownish in color and known as, "peanut butter."

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

Participants reported that methamphetamine is likely to be more prevalent in rural areas, but one could find the drug in Toledo among pockets of people. When asked where methamphetamine could be found in Toledo, a participant said, "You need to go to the trailer parks [to find methamphetamine]." More participants had seen or experienced methamphetamine in Toledo than in the last reporting period. A participant reported, "I know a friend that's got it [methamphetamine]. He's always got it." Another participant reported, "My dude [dealer] used to make it [methamphetamine], but he went to jail." Finally another participant commented, "I see it [methamphetamine] all the time, but I'm scared to death of it, so I won't do it." Treatment providers and law enforcement most often reported the drug's current availability as '5'. A law enforcement officer reported, "[Methamphetamine availability] it's mostly the mobile labs [one-pot methamphetamine that is available]."

Participants reported that the availability of methamphetamine has decreased during the past six months because, as one participant put it, "Everyone wants heroin." Treatment providers reported that availability of

methamphetamine has remained the same during the past six months. However, in referring to both urban and rural use of methamphetamine, a law enforcement officer reported, "[Methamphetamine] it has a huge foothold in this area." The BCI Bowling Green and Toledo Police crime labs reported that the number of methamphetamine cases they process has remained the same during the past six months.

Most participants rated the quality of crystal methamphetamine as '10' and the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the general quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "meth" and "ice." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for \$140; a gram of powdered methamphetamine sells for \$70.

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Out of 10 methamphetamine users, participants reported that approximately five would smoke and five would snort or intravenously inject the drug.

Participants described typical users of methamphetamine as, "tweakers," while also describing use as popular in the gay community. Community professionals described the typical user as White and between 18-25 years of age. Reportedly, methamphetamine is used in combination with alcohol.

### Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants remained 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' (highly available, extremely easy to get). However, community professionals reported an apparent absence of prescription stimulants in the field. Treatment providers most often reported availability of prescription stimulants as '2' or '3.'

Participants and community professionals alike reported that the availability of prescription stimulants had remained the same during the previous six months. The BCI Bowling Green Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months, with the exceptions of Concerta®, Focalin® and Ritalin® for which case numbers had decreased.

Participants reported that Adderall® sold for between \$3-5 per pill. Participants described typical illicit users of prescription stimulants as college students.

### Current Trends

Prescription stimulants are moderately to 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); treatment providers most often reported current availability as '5.'

Participants reported that illicit users of prescription stimulants are not likely to obtain the drugs from a drug dealer. Many participants with use experience reported that the most convenient way to obtain prescription stimulants is by getting them from someone who is prescribed them. A participant reported, *"If you know someone who's got an ADHD [attention deficit-hyperactivity disorder] kid, they might sell you a couple [prescription stimulants]."* Another participant responded, *"I used to take them [prescription stimulants] because my girlfriend's daughter was prescribed them."* A treatment provider commented, *"Yes, we've seen some Adderall® that people like to use."*

Participants and treatment providers alike 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 stimulants cases it processes has remained the same during the past six months, with the exception of an increased number of Adderall® cases.

Participants reported no slang terms or common street names for prescription stimulants. Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Many participants, however, made comments such as, *"I never had to pay for it [prescription stimulants]."* For those who pay for prescription stimulants, the following street-level prices were reported: Adderall® (15 mg or 20 mg sells for between \$1-3; 30 mg sells for \$4).

While there were several reported ways of using prescription stimulants, the most common route of administration is to swallow or, "eat 'em." Participants described a typical illicit user of prescription stimulants as someone who wants to stay awake or who likes to be, "focused." Treatment providers described typical illicit users as White and 30 years of age and younger. Reportedly, prescription stimulants are used in combination with alcohol when the user wants to stay awake at a party or club.

### Bath Salts Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained moderately available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as a '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8.'

Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The DEA reported they had seen an increase in bath salts in at least four rural counties and also in Bowling Green (Wood County). The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participants did not provide information regarding the quality of bath salts. Participants reported that they could obtain bath salts from convenience stores and through the Internet. Participants reported that 2.5 grams of bath salts sold for \$20. The most common route of administration was smoking. A profile of the typical bath salts user did not emerge from the data.

### Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. Participants were not able to assess the drug's current availability in the region; participants were either not familiar with the drug or had no use experience.

Reportedly, most participants were repulsed by the negative consequences of bath salts use. A participant commented,

I don't know nothin' about that [bath salts], and I don't want to." Another participant in a different focus group commented, "When we heard about the guy eatin' the dude's face, I think we all lost any thought about it [bath salts]." Finally, another participant responded, "I haven't seen it [bath salts] in Toledo. It's in the suburbs."

Treatment providers and law enforcement most often reported the drug's current availability as '7'. A law enforcement officer had a different take on the drug's current availability than did participants. He reported, "[Bath salts use] it's huge. We're seeing an increase on the street ... and they [drug manufacturers] keep changing them with people calling them different names. They're selling them at the convenient stores ... It's terrible to see some of them on it because they are very violent." While treatment providers and law enforcement had mixed opinions on whether the availability of bath salts has changed during the past six months, participants reported that availability has remained the same. The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months, while the Toledo Police Crime Lab reported an increase in the number of cases it processes.

New street names for bath salts are emerging to help circumvent the laws; participants said bath salts may be sold under names like "incense" or "plant food." Participants in this round of focus groups were not able to identify specific prices for bath salts. However, despite legislation enacted in October 2011, participants reported that bath salts continue to be available. Although illegal, bath salts are reportedly less likely to be obtained from a street drug dealer and more likely to be obtained from a legal establishment. As one participant put it, "[Bath salts] it's one of those head shop things," meaning a user is most likely to obtain the drug from a local head shop.

While there were several reported ways of using bath salts, participants most often thought the drug to be snorted. A profile for a typical bath salts user did not emerge from the data. Treatment providers described typical users as, "across the board," meaning any age, race or gender. Law enforcement described typical users of bath salts as, "very violent" while on the drug.

Reportedly, bath salts are used in combination with powdered cocaine. A participant reported, "You can cut cocaine with bath salts." Another participant added, "Bath salts are a rock. It's a chunky little thing like rock salt, and they

[cocaine dealers] grind it down ... it [is] white just like cocaine ... and you can mix it [combine bath salts with cocaine]."

## Synthetic Marijuana Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") was highly available in the region, despite the ban of their sale in October 2011. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers most often reported that the availability of synthetic marijuana had remained the same during the previous six months, but use had decreased. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Participants did not comment on the quality of available synthetic marijuana or give any pricing information. Participants and law enforcement alike reported that synthetic marijuana was typically used by individuals who needed to pass a drug screen.

## Current Trends



Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") 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). However, a participant reported that even though synthetic marijuana is available, "people don't want it." Another participant responded, "[Synthetic marijuana] it's junk; it's garbage." Other participants with experience also didn't like synthetic marijuana, but disagreed that it is ineffective; they reported not liking the effects from the drug. A participant described, "I hit it [smoked synthetic marijuana] two times and lost my mind. I hallucinated." Another participant reported, "I flipped out and lost it ... It [smoking synthetic marijuana] felt like I was being taken possession of." Law enforcement and treatment providers most often reported the drug's current availability as '7' and '10'. A treatment provider reported, "I've seen it

*[synthetic marijuana] in different counties I've gone to where it's still being sold [in retail stores]."* Another treatment provider commented, *"You can find it [synthetic marijuana] in any gas station, carry-out, head shop ... it's all out there."*

Participants and treatment providers alike reported that the availability of synthetic marijuana has remained the same during the past six months. However, a law enforcement officer believed that availability has increased, stating, *"Law enforcement is seeing it more and more pop up."* He reported that young people who use synthetic marijuana believe they will receive less of a penalty than being caught with marijuana. Some users reportedly smoke synthetic marijuana because they do not believe it will show up on any drug screen. A treatment provider corrected this myth by commenting, *"Before it [synthetic marijuana] wouldn't show up on a drug test, now there is a test for K2."* The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

New street names for synthetic marijuana are emerging to help circumvent the laws; participants said it may be sold under names like "incense," "Scooby snacks" or "Spice." A participant reported, *"They [convenience stores] just put it [synthetic marijuana] up with a different name. One of them is called, 'Scooby Snacks.' You got a picture of Scooby and Shaggy right on the front of it."* Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$10 per gram or \$25 for 2.5 grams.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available from area convenience stores and, "carry-outs." The most common route of administration for synthetic marijuana is smoking. Out of 10 synthetic marijuana users, participants reported that all of them would smoke the drug.

Participants described typical users of synthetic marijuana as users who do not want a drug test to come back positive. A few participants described the typical user as, *"younger dudes; Black people and White people."* Reportedly, synthetic marijuana is used in combination with alcohol. A participant reported, *"If you're smoking [synthetic marijuana], you're drinking [alcohol] ..."*

## Ecstasy

### Historical Summary

In the previous reporting period, Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '2' and law enforcement most often reported availability as '4.' Participants indicated that Ecstasy was not desired because it was not a potent drug and was highly adulterated. Participants also reported the availability of Ecstasy-like substances in the region including 2CE and 2CB.

Participants reported that the availability of Ecstasy had decreased during the previous six months, while treatment providers reported that availability had remained the same. The BCI Bowling Green Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants did not rate the quality of Ecstasy. Participants reported that a single Ecstasy tablet sold for between \$5-10; 1/10 gram of powdered MDMA sold for \$10. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data, but participants reported that they would most likely find the drug at parties or "raves" (underground dance parties).

### Current Trends

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of Ecstasy as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Any party you walk into, any club you walk into, any bar, you'll find it [Ecstasy]."* Treatment providers most often reported the drug's current availability as '2.' A treatment provider explained that Ecstasy is a drug that some users have experienced, but it's not a drug of choice for most people that seek treatment, as she put it, *"[Clients] they've tried everything ... but may not be currently using it [Ecstasy]."*

Participants and treatment providers alike 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 decreased during the past six months, while the Toledo Police Crime Lab reported that the number of cases it processes has remained the same. Participants discussed the differences between higher quality MDMA that is a powder and lower quality MDMA that has crystals in it. A participant described his experience with the crystal type MDMA, *"The 'Molly' [MDMA] that I got just burns when you snort it."* Another participant who sold MDMA commented that the crystal type MDMA is, *"fake."*

Current street jargon includes several different names for Ecstasy. The most commonly cited name for Ecstasy remains "X," participants reported that MDMA is often referred to as "Molly." Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) Ecstasy tablet sells for \$5; a "double stack" or "triple stack" (high dose) tablet sells for between \$10-15. A participant reported, *"You can get the five dollar brand [of Ecstasy] or the 10 dollar brand with different symbols. They're always different."* Current street prices for MDMA were consistent among participants with experience buying the drug. Participants reported that a gram of "Molly" sells for between \$60-100; an ounce sells for between \$700-1,000.

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. In addition, a few participants discussed *"plugging"* of Ecstasy (insertion of the drug rectally). Reportedly, MDMA is most often snorted.

Participants described typical users of Ecstasy as 18-25-year-olds who like to go to night clubs. A participant stated, *"[Ecstasy] it's on the club circuit."* Both participants and treatment providers identified Ecstasy as a, "rave drug." A participant commented that college students are most likely to use the drug. Another participant who sold MDMA reported, *"I use to sell it [Ecstasy], and I would go down to BG [Bowling Green] and college towns and sell it."*

Reportedly, Ecstasy is used in combination with alcohol and marijuana to enhance the effects of the drug. Ecstasy is also often used in anticipation of, preparation for, or during sex. A participant reported, *"You can get that [Ecstasy] as quick as you can get Viagra."*

## Other Drugs

### Historical Summary

In the previous reporting period, participants and community professionals listed the following other drug as present in the region, but this drug was not mentioned by the majority of people interviewed: DMT (dimethyltryptamine: a psychedelic compound of the tryptamine family). Reportedly, DMT was available in the region, although only one participant reported first-hand experience in using the drug during the previous six months. The most common route of administration for DMT was smoking. DMT could be purchased through the Internet or from dealers that specialized in hallucinogens. Reportedly, the drug typically sold for \$10 "a point" (1/10 gram). The BCI Bowling Green Crime Lab reported the number of DMT cases it processes had increased during the previous six months. In addition, while not mentioned by participants, other hallucinogens were reported by the crime lab. The crime lab also reported that cases of LSD (lysergic acid diethylamide), PCP (phencyclidine) and salvia divinorum had decreased, while cases of psilocybin mushrooms had remained the same 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: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and Viagra®. A few participants reported that LSD is seasonal and is more likely to become available when particular concerts or bands come to town. A participant reported, *"But when they [band] come in town, they're around for a few months ... and there's a lot of it [LSD]."* Current street jargon includes a few names for LSD. The most commonly cited names were "acid," "blotter" and "blotter acid." Treatment providers reported that some of their clients report that they have tried LSD, but LSD is not a drug of choice. The most common route of administration is oral consumption (aka "dropping acid"). Participants described the typical LSD user as a, "hippie" or someone who attends specific rock concerts.

Reportedly, psilocybin mushrooms are also occasionally available, but no participant had current knowledge of the drug. Participants also did not have current pricing information for either hallucinogenic drug. Media outlets in

the region reported on psilocybin mushroom seizures and arrests this reporting period. In September, Toledo police reported that 135 pounds of “psychedelic” mushrooms with an estimated street value of \$3.1 million was seized from several northwest Ohio homes; three men were charged with drug-related felony charges in connection with an alleged growing operation ([www.nbc4i.com](http://www.nbc4i.com), Sept. 21, 2012). The two reporting regional crime labs presented conflicting data as to change in number of hallucinogenic cases processed during the past six months. The BCI Bowling Green Crime Lab reported that the number of LSD, PCP and psilocybin mushroom cases it processes has decreased, while the Toledo Police Crime Lab reported increases in the number of DMT (not tracked by The BCI Bowling Green), LSD and psilocybin mushroom cases it processes (the number of PCP cases remained the same).

In addition to availability of hallucinogens during the past six months, a few participants mentioned illicit use of Viagra®. While participants could not comment on the current street availability of Viagra®, they reported that some men, typically men aged 18-60 years, use the drug to enhance a sexual experience. A participant commented, “*Viagra is available because men are ... always lookin' [for sex].*” Yet another participant explained the reason that younger men may desire to purchase Viagra®, explaining, “*If you smoke a lot of weed or smoke crack ... that can sometimes damper your sexual ability.*” Reportedly, the current street value of a Viagra® 50 mg tablet is \$10.

## Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Toledo region. Changes in availability during the past six months include: increased availability for heroin and Suboxone® and likely increased availability for sedative-hypnotics and synthetic marijuana.

While participants reported that the availability of white and brown powdered heroin has remained consistently high during the past six months, treatment providers reported that availability of white and brown powdered heroin has increased. Treatment providers noted an increase in drug treatment requests for heroin addiction during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they process has increased during the past six months; The BCI Bowling Green Crime Lab also

reported an increase in the number of black tar heroin cases processed. Participants described the typical heroin user as someone who abused prescription drugs first; treatment providers described the typical user as aged late teens through early 20s.

Treatment providers reported that street availability of Suboxone® has increased during the past six months due to more doctors now prescribing the drug. The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they process has increased during the past six months. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people who are prescribed it. Participants and treatment providers continued to describe typical illicit users of Suboxone® as individuals who are addicted to heroin and use Suboxone® to avoid experiencing physical withdrawal when they cannot obtain heroin.

Participants and treatment providers identified Xanax® as the most popular sedative-hypnotic in terms of illicit use. Treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs both reported that the number of Xanax® cases they process has increased during the past six months. Treatment providers continued to report that they are more likely to see women abuse sedatives-hypnotics.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available from area convenience stores. Law enforcement reported that the availability of synthetic marijuana has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months. New street names for synthetic marijuana are emerging to help circumvent the laws; participants said the drug currently sells under names, such as “Scooby snacks.” Reportedly, some young people who use synthetic marijuana believe they will receive less of a penalty than being caught with marijuana, while other users reportedly smoke synthetic marijuana because they do not believe it will show up on any drug screen.



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