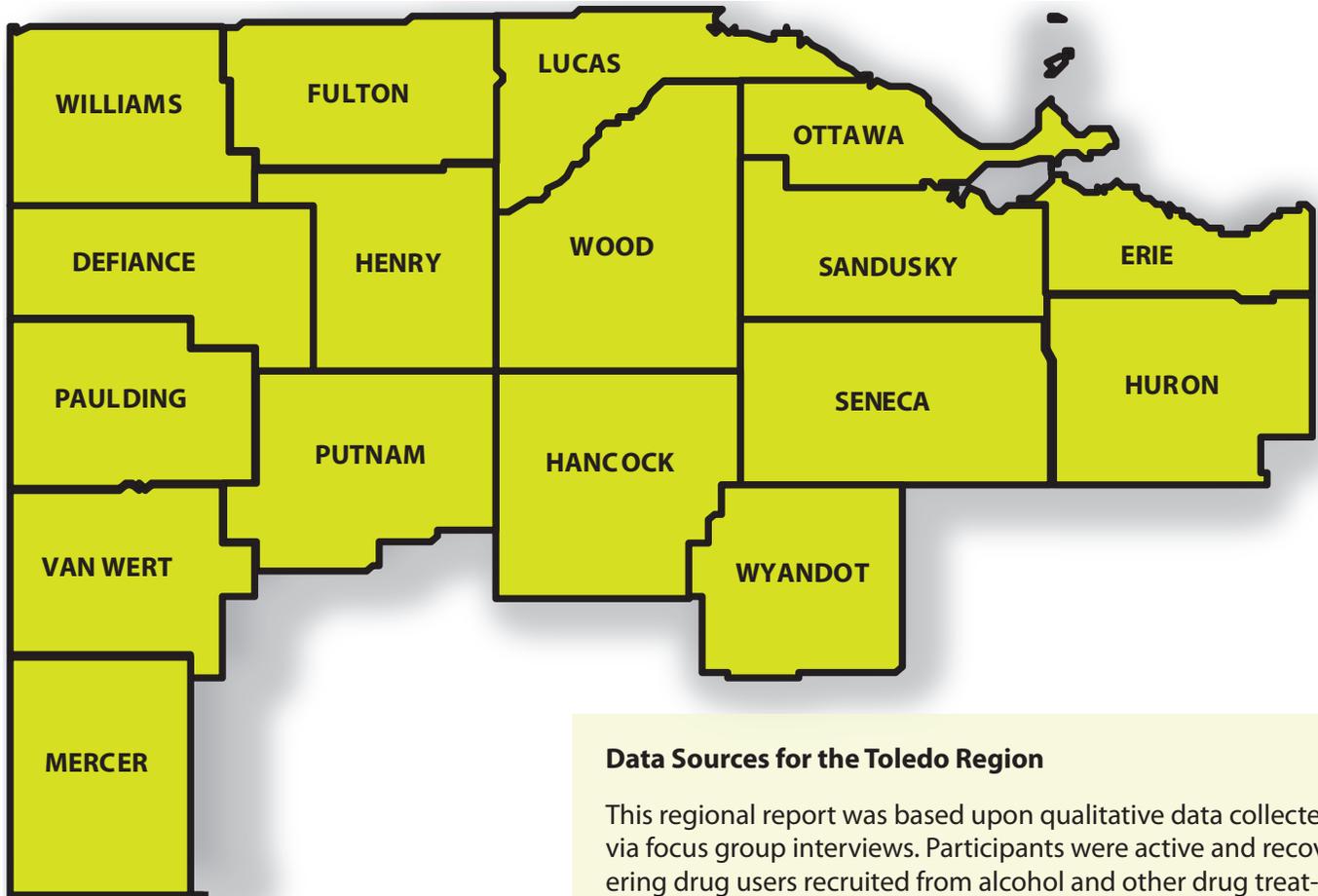


Drug Abuse Trends in the Toledo Region



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 Defiance, Lucas and Williams counties. 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 data surveyed from the Toledo Police Crime Lab and the Bureau of Criminal Investigation (BCI) Bowling Green office, which serves north-west Ohio. All secondary data are summary data of cases processed from July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	41
Gender (female), 2010	51.2%	51.1%	41.5%
Whites, 2010	81.1%	83.7%	61.0%
African Americans, 2010	12.0%	8.0%	26.8%
Hispanic or Latino origin, 2010	3.1%	5.4%	11.1%
High School Graduation rate, 2010	84.3%	83.8%	73.2%
Median Household Income, 2011	\$45,803	\$46,698	\$11,000 to \$14,999 ²
Persons Below Poverty Level, 2011	16.3%	12.5%	46.3% ³

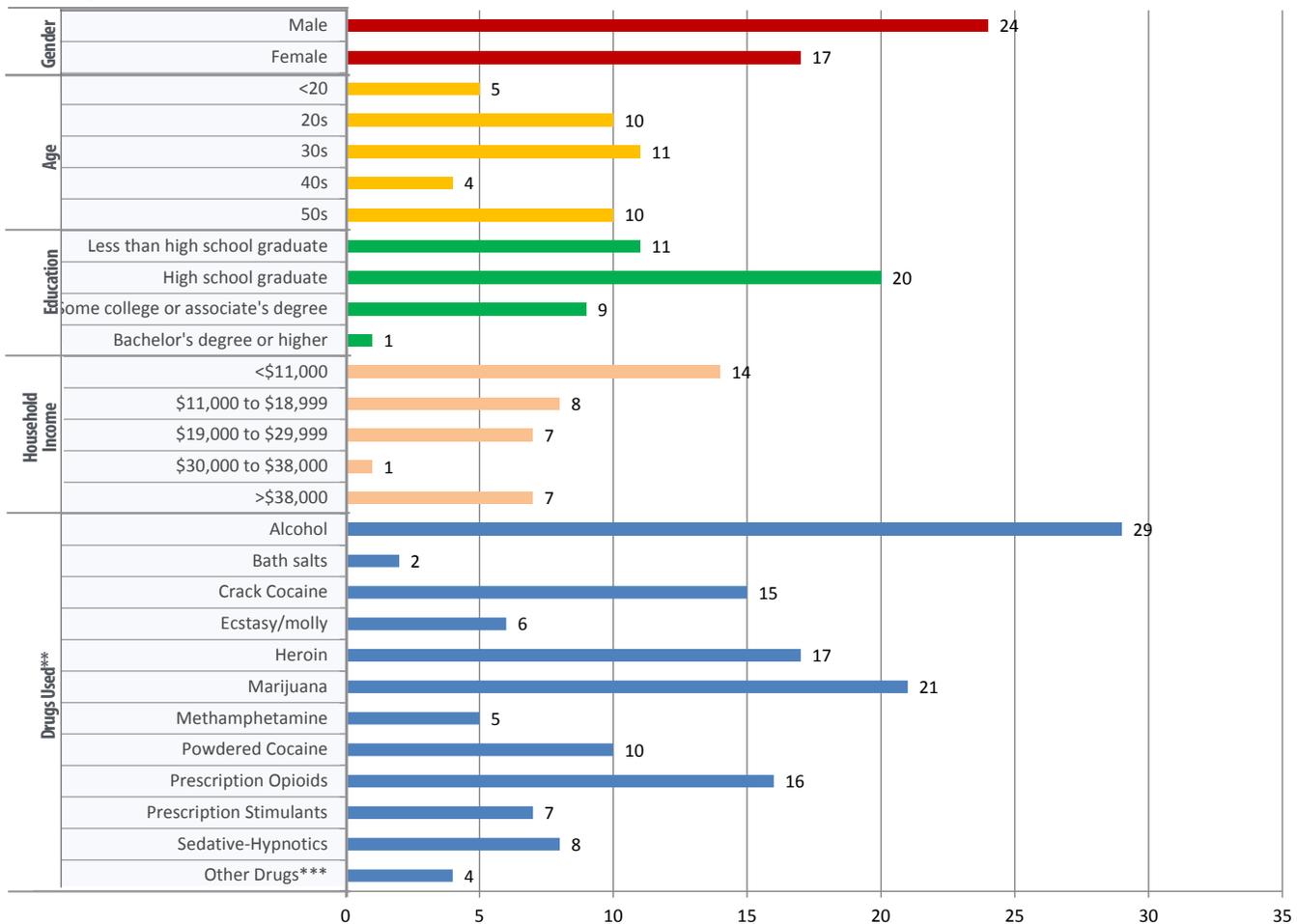
¹Ohio and Toledo statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013-June 2013.

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

³Poverty status was unable to be determined for one participant due to missing data.

Toledo Regional Participant Characteristics

Drug Consumer Characteristics* (N = 41)



*Not all participants filled out forms; therefore, numbers may not equal 41.

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

***Other drugs refer to psilocybin mushrooms, LSD and synthetic marijuana.

Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Toledo region. Changes in availability during the reporting period included increased availability for heroin and Suboxone®, as well as likely increased availability for sedative-hypnotics and synthetic marijuana.

While participants reported that the availability of white and brown powdered heroin had remained consistently high during the reporting period, treatment providers reported that availability of white and brown powdered heroin had increased. Treatment providers noted an increase in drug treatment requests for heroin addiction. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they processed had increased during the previous six months; The BCI Bowling Green Crime Lab also reported an increase in the number of black tar heroin cases it processed. Participants described the typical heroin user as someone who abused prescription opioids first, while treatment providers described the typical user as aged late teens through early 20s.

Treatment providers reported that street availability of Suboxone® had increased during the reporting period due to increased number of doctors who could prescribe the drug. The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they processed had increased. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from people who had prescriptions. Participants and treatment providers described typical illicit users of Suboxone® as individuals who were addicted to heroin and used Suboxone® to avoid experiencing physical withdrawals when they could not 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 had increased during the reporting period. The BCI Bowling Green and Toledo Police crime labs both reported that the number of Xanax® cases they processed had increased during the reporting period. Treatment providers continued to report that they were more likely to see women abuse sedatives-hypnotics.

Despite legislation enacted in October 2011, synthetic marijuana continued to be available from area convenience stores. Law enforcement reported that the availability of synthetic marijuana had increased during the reporting period. The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they processed had increased during the reporting period. New street names for synthetic marijuana emerged to help circumvent the laws; participants said the drug sold under names, such as “scooby snacks.” Reportedly, some young people who used synthetic marijuana believed they would receive less of a penalty than if they were caught with marijuana, while other users reportedly smoked synthetic marijuana because they did not believe it would show up on drug screens.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘8-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), with those in urban areas rating current availability higher; the previous most common score was ‘6.’ Treatment providers and law enforcement followed a similar pattern and most often reported the drug’s current availability as ‘8’ in the City of Toledo and ‘5-7’ in more rural Defiance and Williams counties; the previous most common score in Toledo was ‘8.’ A treatment provider in Toledo commented, “[Availability of powdered cocaine] *it’s pretty high here.*” Law enforcement in Defiance and Williams counties reported that powdered cocaine in their area comes from Toledo, Columbus, Cleveland, Detroit, Chicago or Fort Wayne, Ind.

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Police stopped a vehicle on I-75 in Wood County and found more than \$5,000 worth of drugs, including 32 grams of powdered cocaine, six grams of heroin and one gram of crack cocaine (www.northwestohio.com, Jan.3, 2013). Police arrested two men on the Ohio Turnpike in Lake Township (Wood County) when a kilo of cocaine worth \$100,000 was discovered in their vehicle (www.northwestohio.com, Jan. 31, 2013).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement of-

ficer stated that powdered cocaine “seemed to be a constant.” According to most participants, although powdered cocaine is regularly available, it is not a drug of choice for most users. A participant said, “There’s not a big demand in it [powdered cocaine]; they [users] more want crack [cocaine].” Another participant shared, “I’ve done it [powdered cocaine], but it wasn’t my drug of choice.” Treatment providers agreed, with one commenting, “I really haven’t seen too many clients that say one of their drugs of choice is powder cocaine.” The Toledo Police Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current quality of powdered cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8’. Participants reported that powdered cocaine in the region is cut (adulterated) with acetone, baby aspirin, baby laxatives, baking soda and vitamin C. A participant added, “They [dealers] put everything in there [powdered cocaine] – Tylenol®, ibuprofen ... anything.” Participants often expressed that the quality of powdered cocaine depends on the dealer from whom one buys. A participant commented, “You gotta test it [powdered cocaine]; put it on your tongue and see how good it is.” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs cited levamisole (livestock dewormer) and lidocaine (local anesthetic) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited remain “soft” and “white girl.” Participants listed these other common street names: “girl,” “nose candy” and “powder.” 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 (aka “teener”) sells for \$100; 1/8 ounce (aka “eight ball”) sells for \$250; an ounce sells for \$1,200. Participants in Defiance and Williams counties were more likely to purchase powdered cocaine in Toledo. A participant reported, “I could buy it [powdered cocaine] in my area, but I liked to go to Toledo because I knew it was better quality and cheaper too.”

Participants reported that the most common way to use powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”). A

participant said, “You always have the percentage that’s gonna shoot it [powdered cocaine] if they like that more intense high.” Another participant reported, “We’ve done ‘follies’ ... You have aluminum foil and you put it [powdered cocaine] on top and light the bottom and smoke it with a straw.”

Participants described typical powdered cocaine users in the city as those from a younger generation, “partiers” and of higher socio-economic status. Law enforcement described typical powdered cocaine users in the rural areas as generational drug users who are limited in their drug use. A law enforcement officer stated, “Around here families are usually in the cycle of drugs.” Treatment providers reported that the powdered cocaine users they treat in rural areas are more likely to be, as one stated, “a little bit older ... really hasn’t gotten involved with anything besides alcohol, and maybe they tried marijuana.”

Reportedly, since powdered cocaine is not a drug of choice for many users, it is most commonly used in combination with something else. Participants reported that powdered cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids (specifically OxyContin®, and Percocet®) and sedative-hypnotics. Reasons participants gave for using other drugs with powdered cocaine included: “take the high down a little bit,” “take the edge off.”

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant said, “I don’t even do crack [cocaine], and I can get crack in Toledo.” Participants in rural areas outside Toledo reported that they have to drive to Toledo to obtain crack cocaine. Treatment providers most often reported current availability as ‘8’, while law enforcement reported current availability as ‘7’; the previous most common score was ‘10’.

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. A three-month law enforcement investigation ended in the arrest of a man in Tiffin (Seneca County) for trafficking cocaine; a search of his residence led to the seizure of crack cocaine, powdered cocaine and marijuana (www.northwestohio.com, Feb. 12, 2013). The FBI, Wood County Sheriff’s office and Northwood (Wood County) police busted a prostitu-

tion ring, arresting 10 people and seizing crack cocaine, prescription pills and marijuana (www.northwestohio.com, March 20, 2013).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Nevertheless, a police officer observed, “[The popularity of crack cocaine is] *steadily declining because of the popularity of the opiates. We’ve got a prescription drug epidemic going on ... and there is a demand for opiates [over] crack cocaine.*” The Toledo Police Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current quality of crack cocaine in Toledo as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ Participants in Defiance and Williams counties most often described current quality as ‘6.’ A participant said, “*If you get it [crack cocaine] from Defiance, it’s not that great.*” Participants reported that crack cocaine in the region is cut with baking soda, creatine, lidocaine (local anesthetic) and mannitol (diuretic). A participant remarked, “*Yeah, you’re just buying it [crack cocaine] and don’t know what [dealers] they’re putting in it.*” Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited were “butter” and “work.” Participants listed the following as other common street names: “hard,” “milk,” “ready,” “rock,” “toto” and “yak.” Current street prices for crack cocaine were consistent among participants with experience buying the drug. Although participants reported that most users purchase \$20 rocks (pieces of crack cocaine) to smoke in “crack pipes,” they provided the following additional prices: a gram sells for \$20; 1/16 ounce (aka “teener”) sells for \$70; 1/8 ounce (aka “eight ball”) sells for \$125; an ounce sells for \$1,100-1,300, depending on quality.

While there were a few reported ways of administering crack cocaine, generally the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. However, it was noted that those who prefer intravenous

injection for other drugs would choose to inject crack cocaine as well, but injection of crack cocaine is reportedly uncommon. A participant explained that to “shoot” (inject) crack cocaine, the user would have to break the drug down with baking soda, vinegar or lemon juice.

A profile of a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as “everybody.” A participant echoed the sentiments of others when he said, “*It [crack cocaine] don’t discriminate ... [Typical users] it’s everybody, young and old.*” Community professionals agreed that typical crack cocaine users are a “pretty broad range” of people. However, a law enforcement officer reported, “*The majority [of crack cocaine users] are adult males; the old-time users.*”

Reportedly, crack cocaine is used in combination with alcohol, heroin and marijuana. A participant commented, “*I drank [alcohol] when I smoked crack ... It’s just a weird feeling because your mouth and your body gets numb, so I’d like to drink ... get more drunk [I can drink more alcohol when using crack cocaine].*” Another participant said, “*Sometimes [use] marijuana if you’re up too high, to bring you down just a little bit [from the stimulant high of crack cocaine use].*” A treatment provider also commented, “*With crack, usually it has to be combined with something that will bring them [users] down, so usually alcohol or pot [marijuana], or maybe an opiate [are used in combination with crack cocaine].*”

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ A participant stated, “*In my neighborhood, it’s [heroin] easy to get.*” A treatment provider stated, “*[Availability of heroin] it’s been a ‘10’ for a while because it’s cheaper than pills [prescription opioids] on the streets.*” Another treatment provider shared, “*I think [heroin] that’s the main drug of choice. I’d say almost all of our clients here [more rural area of the region], except for maybe alcohol, can have [obtain] it [heroin] in two hours, tops.*”

Participants reported the availability of white powdered heroin, known as “China white,” as most available. A law



enforcement officer agreed with participants that white powdered heroin is most available in the region, stating, "You're looking at 'China white' here or the off-color white [powdered heroin]." Another law enforcement officer commented on the emergence of a gray-colored heroin: "There's a new form [of heroin] coming out. They call it 'gravel' because it looks like gravel." The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region.

Participants reported brown heroin as moderately available and rated its current availability as '7'; the previous most common score was '10'. A participant described brown heroin as "chunky, sticky ... looks like dog food." Participants reported the current availability of black tar heroin to be low, rating its current availability as '4'; the previous most common score was '2'. A law enforcement officer reported, "I'm not seeing too much of the black tar [heroin] in the area. Every once in a while you will see it."

Media outlets in the region reported on heroin seizures and arrests during this reporting period. Hancock County detectives and the METRICH Drug Task Force searched a residence in Findlay (Hancock County) and arrested three people for drug trafficking; drugs found included 19 grams of heroin, cocaine, marijuana and prescription pills (www.northwestohio.com, June 18, 2013).

Participants and community professionals reported that the availability of brown and tan heroin has remained the same during the past six months, while the availability of white powdered heroin has increased. A participant remarked, "[White powdered heroin] it's just taking over." A treatment provider reported, "The only thing I ever hear [about] is 'China white.'" The BCI Bowling Green crime lab reported that the number of powdered heroin cases it processes has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. Both the BCI Bowling Green and Toledo Police crimes labs reported that the number of black tar heroin cases they process has remained the same during the past six months.

Participants most often reported the current quality of black tar and white powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), while reporting the current quality of brown powdered heroin most often as '7'; the previous most common quality score for heroin in general was '7'. A participant commented on the

variability of heroin quality: "One bag [of heroin] can be cut [adulterated], and the next bag can be so pure that it kills you." Participants reported that heroin seems to be better quality when you purchase it in more urban areas of the region. Brown or tan heroin is reportedly less potent than 'China white.'

Participants reported that powdered heroin in the region is cut with baby laxative and sedative-hypnotics (specifically Xanax® and sleep medication). In addition, there was considerable debate concerning the use of fentanyl as a cutting agent. Some participants continued to believe that white powdered heroin is being cut with fentanyl. Others believed there is no use of fentanyl in current heroin and that users are just purchasing potent, white powdered heroin. A treatment provider said, "[Clients] they're always confused about what's in it [heroin] ... Most of them think it's fentanyl, but I think it's mostly cocaine and heroin mixed together." Overall, participants reported that the quality of all types of heroin has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs cited diphenhydramine (antihistamine) and mannitol (diuretic) as cutting agents for heroin.

Current street jargon includes many names for heroin. The most commonly cited were "boy" and "China." Participants listed the following as other common street names: "dog," "dog food," "dope," "food" and "papers." Participants also reported that brown powdered heroin in the region is often referred to as "Toledo brown." Participants reported that white and brown powdered heroin are available in different quantities: a "pack" or "paper" (1/10 gram, which is placed into a baggie or aluminum foil then folded into a lottery ticket) sells for \$10; a "mcspoon" (an old McDonald's coffee stirrer with a small spoon on the end which dealers use to measure powdered heroin) leveled off sells for \$10 or three "mcspoons" for \$20; 1/4 gram sells for \$40; 1/2 gram sells for \$70; a gram sells for \$100-120; 1/8 ounce (aka "eight-ball") sells for \$400; 1/4 ounce sells for \$700; an ounce sells for \$1,100-1,300.

Black tar heroin is considerably more expensive: a "pack" or "paper" (1/10 gram) sells for \$40; a gram sells for \$140; an ounce sells for \$3,200. A shift has occurred during the last few reports, as most participants now report buying their heroin in Toledo instead of Detroit. However, participants reported that heroin can be purchased for as little as \$5 now in Detroit. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, the most common routes of administration are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant commented, *“Most of the people I’ve come across ... do inject it [heroin].”* Participants most often reported that intravenous users obtain needles from area pharmacies. A participant said *“You can go get them [injection needles] from any of the drug stores.”* However, some participants reported that to not raise suspicion, the user must be specific in their request at the pharmacy. A participant commented, *“I say I need a 10-day supply, U-100, ultra-fine 1 cc [injection needle].”*

Participants described the typical heroin user as someone in their 20s and 30s, white and of middle-to-upper socio-economic statuses. However, many participants and community professionals reported that initiation of heroin use is occurring in adolescence. A participant said, *“[Heroin use] it’s hitting the young kids really hard.”* Another participant commented, *“A lot of people are starting it [heroin use] young now, like 13 or 14 [years of age].”* A law enforcement officer agreed, *“[Law enforcement] we’re seeing a lot of the younger generation that are starting to use it [heroin]. Surprisingly, the people I run into also say, ‘My brother or sister [use heroin] as well.’ I say, ‘How old are they?’ [They say] ‘Fifteen or 16 [years of age].’ I’m like, ‘Are you kidding me?!’ They get introduced to it ... watching their parent or sibling use.”* Another law enforcement officer added, *“The female [heroin using] population has increased dramatically.”* Treatment providers reported that the typical heroin user could be anyone. A treatment provider commented, *“We’ve had nurses down here [in treatment for heroin use] ... we’ve had teachers; we’ve had iron workers; we’ve had engineers.”* Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine and marijuana. Participants reported that cocaine is used with heroin to produce the *“up down, up down”* effect (aka “speedball”).

Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals 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 scores were also ‘10’. Participant comments on current availability included: *“Oh, [prescription opioids] it’s high*

[availability]; It [prescription opioid abuse] really became an epidemic.” Participants identified fentanyl, OxyContin® and Percocet® as the most popular prescription opioids in terms of widespread use, while community professionals identified Percocet® and Roxicodone® as most popular. In addition, community professionals indicated that fentanyl patches are highly sought after in the region. A law enforcement officer reported, *“We’ve had three people die in Bryan [Williams County] in the past couple of years [from] chewing the [fentanyl] patches.”*

Media outlets in the region reported on prescription opioids seizures and arrests during this reporting period. The Ohio Attorney General’s Office investigated a doctor in Toledo, which resulted in the doctor’s arrest for overprescribing prescription opioids (specifically oxycodone), as well as for fraudulent billing of Ohio Medicaid (www.northwestohio.com, March 27, 2013). The Fostoria Police Department (Seneca County) and the Seneca County Drug Task Force arrested a Fostoria resident for illegal possession of prescription opioids, as well as possession of heroin and marijuana (www.northwestohio.com, March 21, 2013). Media in the region also reported on the increase of overdose deaths due to prescription opioids and multiple drug use (www.norwalkreflector.com, May 14, 2013).

Some participants reported that the availability of prescription opioids has remained the same during the past six months, while others believed it has decreased. Differences seem to be based in geographical locations. A participant commented, *“The doctors out here [in more rural areas of the region] are more lenient than they are in Toledo because there was a whole bunch of places to buy them from [here].”* Participants from urban centers commented: *“Doctors ain’t writing scripts [prescriptions] like they use to; That’s why heroin is getting so big [popular] because it’s easier to get [heroin than prescription opioids].”* Participants also mentioned that the demand for Opana® specifically has decreased because of the new abuse deterrents in its formulation. A participant explained, *“Opana® ... the new ones are chewy now ... the new OxyContin® you can still chew one of those and catch a buzz [high], but the new Opana®, you can chew up four 40-milligram pills and you won’t catch a buzz [high].”*

Community professionals reported that the availability of prescription opioids has remained the same during the past six months. However, a member of law enforcement commented, *“[Availability of prescription opioids]*

it's slowly going down ... with the DEA [Drug Enforcement Administration] and pharmacists cracking down ... making sure [doctors] they're watching the scripts [prescriptions] ... [and] new coating on [some pills] ... that's why heroin use is going up because [prescription opioids] they're slowly being taken out of the market." The BCI Bowling Green and Toledo Police crime labs reported that the number of prescription opioids cases they process has remained the same during the past six months, with the exception of Opana®, which has decreased.

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 these drugs, with pricing being more expensive in the rural areas of the region. A participant who sold drugs in these areas reported, *"OxyContin® and Opana® ... they are cheaper here [Toledo] than anywhere else, so you can buy them here and go 20-30 miles outside of town to Bryan or Bellevue and they're double the price."* 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 \$50), Opana® ER (new formulation, aka "OPs;" sells for \$1.50-2 per milligram), OxyContin® OP (new formulation, aka "oxys;" sells for \$1 per milligram) Percocet® (aka "percs;" sells for \$1 per milligram), Roxycodone® (30 mg, aka "perc 30s;" sells for \$25-30) and Vicodin® (aka "vikes;" 5 mg sells for \$1-2; 7.5 mg sells for \$6).

Participants reported obtaining prescription opioids more often from people with prescriptions than from drug dealers on the street. Some people sell pills individually, while other people sell their entire prescription in one transaction. A participant commented, *"Like everyone's getting prescriptions [for opioids]. You can literally go up to your neighbor and be like, 'Hey, you got any Percocet®?'"* Another participant said, *"I had just always gotten them [opioids] from people who had prescriptions for them."* A few participants continued to report being able to obtain prescription opioids from emergency rooms, as well as through the Internet.

While there were a few reported ways of consuming prescription opioids, the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). Participants reported that out of 10 illicit prescription opioid users, eight would snort and two would intravenously inject them. One participant shared

an exception, *"A lot of people snort it [prescription opioids], but they don't snort Vicodin®. Vicodin® has a lot of Tylenol®, and it burns and stuff. But Percocet® and stuff, they will snort."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical users of prescription opioids as "anybody, really." Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, prescription stimulants and sedative-hypnotics. In describing why a person would combine these drugs, participants responded: *"for more of an effect; It depends on how fast you want it to hit you, really; It depends on the high you want."*

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Reportedly, Suboxone® sublingual strip form is more available than the pill form. A participant reported, *"They [doctors/clinics] really stopped giving out the [Suboxone®] pills. They're giving out the strips because every single strip has a serial number, so they can track it."* Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '9'. A treatment provider commented, *"Nurses are checking lot numbers during 'randoms' [random drug screens]. [Treatment programs] we're doing everything we can to keep it [Suboxone®] from getting out on the streets."* However, another treatment provider thought availability on the street is high because *"private physicians prescribe it [Suboxone®] and don't monitor it."* Law enforcement most often reported the drug's current availability as '6-7'. A law enforcement officer reported, *"The way [Suboxone®] it's prescribed, the doctors aren't very careful. It's easy to get a script [prescription], a seven-day or two-week script; go get it filled, then never go back to a program again; just walk out and sell it."*

Media outlets in the region reported on Suboxone® seizures and arrests during this reporting period. Ohio State Highway Patrol officers arrested two Michigan residents when they searched their vehicle on I-75 in Wood County and found 90 Suboxone® strips along with prescription



opioids, marijuana and ecstasy (www.northwestohio.com, April 29, 2013).

Participants reported that the availability of Suboxone® has increased during the past six months along with demand for and use of the drug. A participant reported, *"I'd say about five or six months ago they [Suboxone®] went up [became more available]."* Although treatment providers reported that the availability of Suboxone® has remained consistently high during the past six months, law enforcement officers with knowledge of Suboxone® reported an increase in availability during the past six months. A law enforcement officer reported, *"[Suboxone® is] just starting to increase as more and more is getting prescribed."* The Toledo Police Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Participants did not identify street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. They reported that Suboxone® 8 mg pills and strips sell for \$15-20 each; and noted that a user may pay as much as \$30 for an 8 mg pill/strip in more rural areas of the region.

Participants reported the most common routes of administration for Suboxone® are sublingual (dissolving it under the tongue) and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, half would orally ingest and half would intravenously inject them. A participant shared, *"I shot Suboxone® once, and I did it like six hours after I used [an opiate], and it put me in withdrawals. I was about 36 hours sick ... I thought I was dying."* Another participant explained that Suboxone® can also be snorted, *"You can dissolve the [Suboxone®] strip and snort that with a little water."*

In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from people with prescriptions. A participant stated, *"People that are addicts and usually have a script of them [Suboxone®], they'll sell them."* Participants described the typical illicit user of Suboxone® as someone not wishing to experience the sickness related to opiate withdrawal. Participants commented: *"They're sitting there and they can't get no heroin, that's the reason why [they use Suboxone®]; It's not like people are saying, 'Oh let me get some Suboxone® to party.' It's not that kind of drug."* Reportedly, Suboxone® is most often used alone. However, a few participants reported they used the drug in combination with Xanax®.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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 identified Xanax® as the most popular sedative-hypnotics in terms of widespread use, followed by Klonopin® and Valium®. Participant comments on current availability included: *"Xanax® is more known; Klonopin® ... it's there [available], but not really common; Valium® is kind of played out."* Treatment providers and law enforcement continued to rate current availability of sedative-hypnotics as '10'; the previous most common score was also '10'. A law enforcement officer said, *"Everybody has Xanax®. Everybody has an anxiety disorder."* Treatment providers and law enforcement identified Xanax®, followed by Klonopin® as the most popular sedative-hypnotics in terms of widespread use.

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A treatment provider commented, *"[Users like] the 'xanibars' [2 mg Xanax®] better [than other sedative-hypnotics]."* The BCI Bowling Green and Toledo Police crime labs reported that the number of sedative-hypnotics cases they process has remained the same, with the exception of Xanax® for which the Toledo Police Crime Lab reported processing fewer cases during the past six months.

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 drugs. Participants reported the following sedative-hypnotics (aka 'benzos') as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for \$1-2); Xanax® (aka "xani;" 0.5 mg, aka "peaches," sells for 50 cents-\$1; 1 mg, aka "blues" and "footballs," sells for \$2; 2 mg, aka "xanibars," sells for \$3-4).

While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral ingestion and snorting. Participants estimated that out of 10 illicit sedative-hypnotics users, five would snort, and five would orally ingest the drugs. A participant commented, *"Some people can snort everything, but some people it [snorting sedative-hypnotics] hurts their*

nasal cavities, so they eat them. But there's a couple Xanax® that everybody can snort ... the bars ['xanibars']."

In addition to obtaining sedative-hypnotics on the street from dealers, participants often reported getting them from people selling their prescription, friends and family members. A participant explained, *"Well, like, what happens with all of the prescriptions is that people will go get their scripts filled and then sell them to a couple people and those are the dealers. The dealer seeks out people with scripts and buys their whole script the day they get them."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as "anyone." However, participants noted that women are more likely to be able to obtain prescriptions from doctors. A participant commented, *"It's real easy for women to get scripts [prescriptions for sedative-hypnotics]."*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, methadone and prescription opioids. Participants reported that combining sedative-hypnotics with prescription opioids provides more of an effect. When mixed with alcohol, participants reported that this combination produces an immediate blackout. With regards to heroin, a participant stated, *"Shooting heroin and mixing Xanax® will kill you."* Some participants reported using sedative-hypnotics after using cocaine. A participant shared, *"I used to like the take benzos [benzodiazepines] when I came down from coke [powdered cocaine]."* Finally, a participant reported using Xanax® with Suboxone® to intensify the feeling.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 scores were also '10'. A participant reported, *"You can get that [marijuana] anywhere."* Another participant responded, *"It's like it [marijuana] ain't even illegal anymore."* A law enforcement officer commented, *"You can get it [marijuana] about anytime you want."*

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. Celina (Mercer

County) police and the Grand Lake Drug Task Force arrested a man after finding 500 grams of marijuana in his home (www.daytondailynews.com, Jan. 31, 2013). The Lucas County Sheriff's office charged an inmate for attempting to smuggle marijuana into the Lucas County Corrections Center (www.northwestohio.com, Feb. 7, 2013). Media reported on concerns about medical marijuana making its way from Michigan into Toledo; nevertheless, marijuana legalization advocates suggested that Michigan residents did not want to chance arrest despite the increase of profits they would see if they were to sell to users in Ohio (www.northwestohio.com, May 17, 2013). Advocates began mounting a campaign to legalize marijuana for medical use, targeted during the 2014 election (www.toledoblade.com, May 27, 2013). Ohio and Michigan narcotics task forces arrested three individuals for trafficking 10-15 pounds of medical marijuana and heroin to Defiance and William counties (www.northwestohio.com, June 3, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants also noted that the availability of higher quality marijuana has increased. A participant reported that in and around Toledo, *"It's mostly the real strong weed ... probably trying to keep with the medical weed [in Michigan]."* In contrast, the marijuana found in more rural counties of the region is reportedly of lesser quality. A participant commented, *"The quality of marijuana out here in the country is not as good as in the city."* Both treatment providers and law enforcement reported that availability of marijuana has remained the same during the past six months. A law enforcement officer reported, *"That [marijuana] will always be a 10 [highly available] ... because everybody thinks there's nothing wrong with smoking a little marijuana."* 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.

Participants reported the overall current quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' and '10'. Several participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). A participant reported, *"Some people will buy the good stuff [high-grade marijuana] for themselves and the dirt weed [low-grade marijuana] to resell."*

Current street jargon includes countless names for marijuana. The most commonly cited remain “loud” and “weed.” Participants also listed other common street names: “bud,” “pot” and “reggie” for low-grade marijuana; “bin laden,” “dro,” “fruity,” “hydro,” “killer,” “kush,” “mike jones” and “sponge bob” 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 (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$20-25; an ounce sells for \$80-100; a pound sells for \$800-900. High-quality marijuana sells for significantly more: a blunt or two joints sell for \$20; 1/8 ounce sells for \$50; an ounce sells for \$300-350; a pound sells for \$2,400. However, a participant said, *“There’s some stuff [high-grade marijuana] that’s \$400 an ounce.”*

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants reported that out of 10 marijuana users, all 10 people would smoke the drug. Although it is well known that some people bake marijuana in brownies, the participants reported this route of administration is rare in the region.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as “every age, every race, every group.” Reportedly, marijuana is often used in combination with alcohol and many other drugs. A participant commented, *“Weed goes with everything.”* Participants also reported smoking crack or powdered cocaine with marijuana in a blunt or joint, calling this combination *“cocoa puff.”*

Methamphetamine



Methamphetamine remains moderately available in the region. Participants most often reported the drug’s current availability as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), with slightly higher availability in more rural areas of the region (‘6’); the previous most common score was ‘2.’ Participants reported that methamphetamine is available in both crystal and powdered forms. In addition, participants in rural areas knew substantially more about methamphetamine than participants from urban areas. Those

in the city were more likely to have seen or experienced methamphetamine in passing, as a participant reported, *“You might run into a mobile [methamphetamine] lab or something, but that’s not real popular here in this area.”*

Participants from throughout the region 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. A participant, a poly-drug dealer looking to expand her “family business” reported that she traveled to Kentucky to learn how to make methamphetamine. That participant shared, *“We made it [methamphetamine] out of stuff like Drano® ... and like a lot of chemicals ... you just use two-liter pop bottles ... You get to know the chemicals behind it [methamphetamine manufacture] because it’s a lot of specific chemicals. [We used] the shake-and-bake method.”*

Toledo community professionals most often reported the current availability of methamphetamine as ‘2,’ while community professionals in rural areas reported slightly higher availability (‘5’); the previous most common score was ‘5.’ A law enforcement officer reported, *“Crystal meth around here is bathtub meth. We bought crystals, but depends on the cook ... it can look like brown sugar. Some looks like crack cocaine.”* The BCI Bowling Green crime lab reported processing mostly off-white powdered methamphetamine cases during the past six months.

Participants and treatment providers most often reported that the availability of methamphetamine has remained the same during the past six months. However, law enforcement in more rural areas of the region reported an increase in methamphetamine use. The Toledo Police Crime Lab reported an increase in number of methamphetamine cases it processes during the past six months.

Participants were unable to rate the quality of crystal or powdered methamphetamine. A participant commented, *“My buddy says he did a little bit [of methamphetamine] and was up for a day or two.”* Current street jargon includes a few names for methamphetamine. The most commonly cited names were “crystal” and “meth.” Participants listed the following as other common street names: “go-fast”

and “tug.” A participant also reported, “They [users] call it [methamphetamine], *trailer park cocaine*.” Current street prices for methamphetamine were not well-known among participants. Participants suggested methamphetamine users often make the drug for personal use. A participant explained, “They [users] make it [methamphetamine] and use it themselves. They could make enough meth for under \$40 to last three people a week.”

While there were many reported ways of using methamphetamine, the most common routes of administration are smoking or intravenous injection (aka “shooting”). However, participants were unable to report which route of administration is most common. A participant shared that she saw methamphetamine users who “shot it and ... other ones [who] smoked it ... The guys that made it, smoked it out of a little bowl they smoked weed out of.” Reportedly, there are several methods of smoking methamphetamine. A participant explained, “Some smoke it [methamphetamine] out of a light bulb. They take the bottom out where you screw it in; they unscrew it without breaking the light bulb and smoke it out of there.” A law enforcement officer commented: “[Users] smoke it [methamphetamine] off a foil ‘boat,’ [a piece of folded foil heated from underneath] or inject it.”

Participants described typical users of methamphetamine as white. A participant added, “I would say it’s a younger person drug, like 20s or 30s [years of age].” A law enforcement officer commented, “We’ve seen an increase in female [methamphetamine] users.” Reportedly, methamphetamine is used in combination with alcohol to “come down” after methamphetamine use or with crack cocaine to intensify the effect of methamphetamine. However, some participants reported that methamphetamine is often used by itself.

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported the current availability of these drugs 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’. Participant comments on current availability included: “Adderall® is the favorite [prescription stimulant]; Adderall® is more available ... you can’t find Ritalin®.” A participant shared, “That [prescription stimulants] was my drug of choice.” Treatment providers most often reported current availability as ‘7’, with a slightly lower rating in more rural areas

of the region (‘5’); the previous most common score for Toledo was ‘5’. A law enforcement officer reported, “We [law enforcement] hear about it [prescription stimulant use], we just don’t see it or catch it.”

Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The Toledo Police Crime Lab also reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. However, participants reported that these drugs are referred to as “poor man’s coke.” Participants were unable to provide current street prices for prescription stimulants, as not many participants had experience buying these drugs. However, a participant reported having purchased Adderall® for \$3, but couldn’t identify the milligram. Participants who reportedly used these drugs had gotten them for free.

While there were several reported ways of using prescription stimulants, the most common routes of administration are oral consumption and snorting. Participants described typical illicit users of prescription stimulants as students. Participant comments included: “[Prescription stimulants] it’s a school drug; They [students] use it [prescription stimulants] to stay up ... use it to study.” A treatment provider agreed, “[Students illicitly use prescription stimulants] for class or, you know, to keep focused.” Participants did not report other substances used in combination with prescription stimulants, as many participants thought these drugs are used to help focus and study.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are highly available in the region. Participants most often reported the drug’s current availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); in the previous report, participants were not able to assign an availability score. A participant with bath salts use experience commented, “There’s a lot of bath salts.” Community professionals most often reported current availability as ‘9’ or ‘10’ with slightly less availability in more rural areas of the region (‘8’); the previous most common score was ‘7’. Treatment providers commented on the stigma associated with using bath salts: “People

don't like to admit they're taking [using] it [bath salts]; I think there's a bit of a stigma attached to it [using bath salts]. There are so many ingredients that go into it ... and if you're shooting it, you have an easier chance of getting all kinds of issues – cysts and things – and I think there's some stigma because people get real 'tweezy and geeky.'" A law enforcement officer commented, "Wow, we [law enforcement] just dealt with a couple of them [bath salt users] in the past couple of months, and they're just, I mean, absolutely crazy to deal with."

Participants reported that the availability of bath salts has remained the same during the past six months. A participant commented, "[Bath salts] it's still in the stores." Community professionals also reported that the availability of bath salts has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Current street jargon includes a few names/labels for bath salts. The most commonly cited labels remain "incense" and "plant food." Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, 500 milligrams of bath salts sell for \$20.

Despite legislation enacted in October 2011, participants continued to report that bath salts remain available on the street from dealers as well as from "head shops," convenience stores and gas stations. While there were several reported ways of using bath salts, the most common routes of administration are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salts users, eight would intravenously inject and two would snort the drug.

Participants described typical users of bath salts as people aged early 20s and younger, people who like the crack or powdered cocaine high, and people on probation who have to submit to urine drug screens. Law enforcement described typical bath salts users as mid 20s to 30s. A law enforcement officer remarked, "[Bath salts users] they're paranoid; they're hallucinating. We had one girl ... we saw her in a car, and she was so high she couldn't talk to us." Reportedly, bath salts are most commonly used alone. A participant explained, "[Bath salts] that's something you do by itself. You can't even eat nothing [while using bath salts]."

Synthetic Marijuana

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); the previous most common score was also '10'. A participant voiced the sentiment of others when she said: "They took it [synthetic marijuana] out the stores, but people are still selling it who aren't supposed to." Treatment providers and law enforcement most often reported the drug's current availability as '8' and '10' respectively; the previous most common score was '10'. A treatment provider reported, "The problem is we're seeing some really negative issues with K2; people getting paralyzed for periods of time ... nasty seizures; a lot of seizures."

Participants and community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of synthetic cannabinoid cases it processes has decreased during the past six months.

Current street jargon includes a few names/labels for synthetic marijuana. The most commonly cited remain "K2" and "Spice." Other common street names/labels include "incense" and "scooby snacks." A law enforcement officer reported, "A lot of what we see now are the scooby snacks. They're being sold around town, which are little Scooby-Doo!™ baggies called scooby snacks" ... and that's synthetic marijuana." Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells 10 grams for \$10-20. A participant said, "It [synthetic marijuana] looks like potpourri."

Despite legislation enacted in October 2011, synthetic marijuana continues to be available in local convenience stores and "head shops." Manufacturers continue to shift the chemical make-up of the drug so that it can be sold legally (skirting the law) while producing the same effects. A law enforcement officer who had recently obtained the altered drug reported, "We sent it [synthetic marijuana] to the state [crime lab] for testing and it comes back, 'no controlled substance,' so we're at a standstill ... and we've talked to prosecutors about what we can do about it ... all because they [manufacturers] tweaked the chemicals." Participants

continued to report that the most common route of administration for synthetic marijuana is smoking. Participants reported that out of 10 synthetic marijuana users, all would most likely smoke the drug.

Participants described typical users of synthetic marijuana as people who are trying to avoid testing positive on drug tests. A participant explained, *"Anybody who is on probation, who can't smoke weed, still uses K2 to get by."* Treatment providers described the typical synthetic marijuana user as young, most often teenaged. A treatment provider reported that adolescents watch videos depicting use of the drug on YouTube. Another treatment provider reported, *"My daughter says [synthetic marijuana use] it's everywhere in high school"*. Reportedly, synthetic marijuana is used in combination with alcohol to increase its effect.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) 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 '10'. A participant remarked, *"I can get it [ecstasy] anywhere."* Participants agreed that "molly," the white powder that is reportedly "pure" MDMA, is more popular than the pill form of adulterated ecstasy. A participant explained, *"[Ecstasy] all turned to junk. Nobody wants to buy it anymore because like one out of every 10 pills you find might be OK."* Another participant commented, *"Molly is really bad [prevalent] in Defiance."* A participant from Toledo agreed, *"Yes, [molly] is more available than ecstasy."* Treatment providers most often reported ecstasy's current availability as '3,' while law enforcement rated it as '7;' the previous most common score was '2'. Neither treatment providers nor law enforcement rated the current availability of molly.

Participants reported that the availability of ecstasy is sporadic. A participant stated, *"Ecstasy goes up and down [in availability] more than molly does now."* Both treatment providers and law enforcement were unable to report on availability change for ecstasy or molly during the past six months. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for ecstasy. The most commonly cited names remain "X" for ecstasy and

molly for powdered MDMA. 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 \$2-5; a "double stack" or "triple stack" (higher dose) ecstasy tablet sells for \$5-10; molly sells for \$50 a gram. A participant reported, *"My friend was getting it [powdered MDMA] through the mail from China, and he would come over with a pound of it. He was paying \$30 a gram, but he was selling it for \$50 a gram."*

While there were several reported ways of using ecstasy and molly, the most common route of administration is snorting for molly and oral consumption for ecstasy. A participant reported that ecstasy is sometimes used rectally. Participants described typical users of ecstasy or molly as: *"club people; partiers; people in their teens up to mid-20s; 'young ballers' [aka crack cocaine dealers]; whites."* Reportedly, ecstasy and molly are used in combination with alcohol and marijuana to be social and to intensify their effects.

Other Drugs

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: inhalants and psilocybin mushrooms.

Participants most often reported the current availability of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability included: *"Shrooms [psilocybin mushrooms] are really big [popular]; A lot of my friends do 'shrooms."* Several participants suggested an influx of psilocybin mushrooms in more rural areas of the region. The Toledo Police Crime Lab reported that the number of psilocybin mushroom cases it processes has increased during the past six months. Reportedly, the most common street name for psilocybin mushrooms is "shrooms." Participants also reported that the most common route of administration remains oral consumption. A participant commented, *"[Psilocybin mushrooms] they're disgusting. I put them on my pizza or something ... for hours you're trippin' [high]."*

Due to the legality of the substances and the ease of store purchase, participants most often reported inhalant availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability included: *"You*

can go to the store and get them [inhalants]; Sometimes they [store employees] catch on to you and call the cops. 'Cause I went there one day [to buy inhalants] ... and then left and came back, and they wouldn't let me buy anymore." A law enforcement officer in a rural area reported, *"They're still doing the inhalants."* Another law enforcement officer added, *"We had a kid almost die from 'huffing' [inhaling] gasoline fumes."* Law enforcement reported the following substances were used for "huffing:" computer keyboard cleaner (aka "duster"), glue and spray paint.

A treatment provider reported, *"I had one [client] ... he came in [to treatment] for alcoholism, but then he switched it entirely to huffing ... and he was using nitrous [oxide] ... that you can buy from 'head shops,' [and] we had one [client] that mixed bleach [and] ammonia intentionally ... he was a 'huffer.'"* The most common route of administration of inhalants is "huffing." A participant explained, *"You spray [the inhalant] down a rag, put it to your face and huff it."* Participants and community professionals described typical users of inhalants as young adults ages 18 to mid-20s. Reportedly, inhalant use is more common in rural areas of the region than urban areas.

Conclusion

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

Participants and community professionals reported that white powdered heroin (aka "China white") is the most available type of heroin in the region. Treatment providers and law enforcement reported that availability of white powdered heroin has increased during the past six months. The Toledo Police Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region.

Treatment providers continued to cite the cheaper price for heroin relative to the price of prescription opioids as driving the current heroin demand. Treatment providers in rural areas identified heroin as the primary drug of choice

for users in their area. In addition, law enforcement commented on the emergence of a gray-colored heroin called "gravel" due to its appearance.

A shift has occurred during the last few reports, as most participants now prefer buying their heroin in Toledo instead of Detroit, as expressed in earlier reports. However, participants reported that heroin can be purchased for as little as \$5 now in Detroit. Participants described the typical heroin user as aged in their 20s and 30s, white and of middle-to-upper socio-economic statuses. However, many participants and community professionals reported that initiation of heroin use is occurring in adolescence.

Participants reported that the availability of Suboxone® has increased during the past six months along with demand for and use of the drug. Although treatment providers reported that the availability of Suboxone® has remained consistently high during the past six months, law enforcement officers with knowledge of Suboxone® reported an increase in availability during that time frame. Treatment providers thought availability on the street is high because private physicians prescribe Suboxone® and don't monitor it. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from people with prescriptions. Participants described the typical illicit user of Suboxone® as someone not wishing to experience the sickness related to opiate withdrawal.

Law enforcement in more rural areas of the region reported an increase in methamphetamine use. The Toledo Police Crime Lab reported an increase in number of methamphetamine cases it processes during the past six months. Participants in rural areas knew substantially more about methamphetamine than participants from urban areas; participants in Toledo were more likely to have seen or experienced methamphetamine in passing. Participants reported that methamphetamine is available in both crystal and powdered forms. The BCI Bowling Green crime lab reported processing mostly off-white powdered methamphetamine cases during the past six months. Participants described typical users of methamphetamine as white; law enforcement reported an increase in female methamphetamine users.

Lastly, despite legislation enacted in October 2011, participants continued to report that bath salts remain available on the street from dealers as well as from "head shops," convenience stores and gas stations. The most commonly

cited labels remain “incense” and “plant food.” The Toledo Police Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. Participants described typical users of bath salts as people aged early 20s and younger, people who like the crack or powdered cocaine high, and people on probation who have to submit to urine drug screens. Law enforcement described typical bath salts users as those aged mid 20s to 30s.