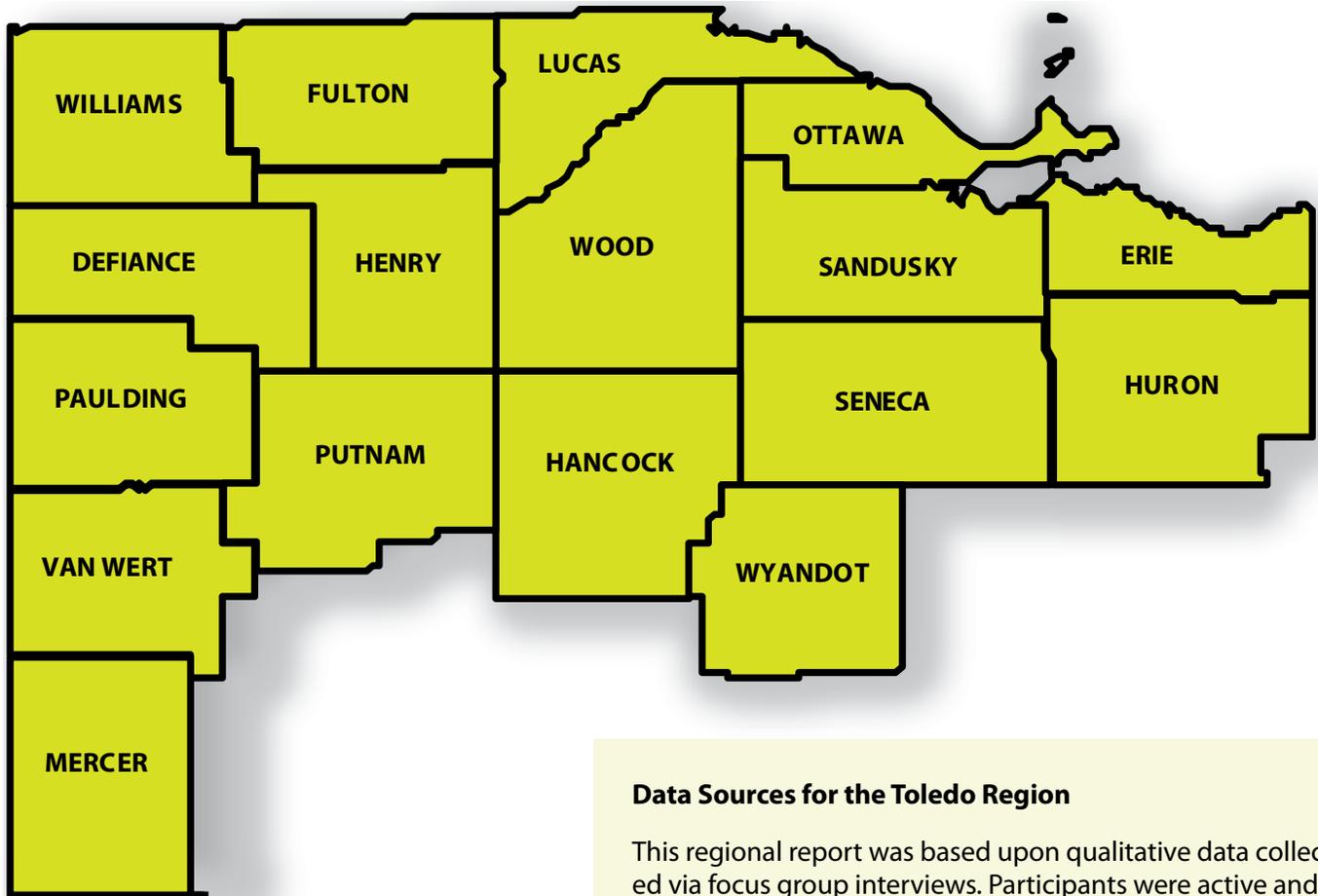




## Drug Abuse Trends in the Toledo Region



### 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 and Lucas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Toledo Police Crime Lab. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	40
Gender (female), 2010	51.2%	51.1%	47.5%
Whites, 2010	81.1%	83.7%	60.0%
African Americans, 2010	12.0%	8.0%	20.0%
Hispanic or Latino origin, 2010	3.1%	5.4%	28.2%
High School Graduation rate, 2010	84.3%	83.8%	84.2% <sup>2</sup>
Median Household Income, 2012	\$46,873	\$47,682	\$11,000 to \$14,999 <sup>3</sup>
Persons Below Poverty Level, 2012	16.2%	12.8%	52.9% <sup>4</sup>

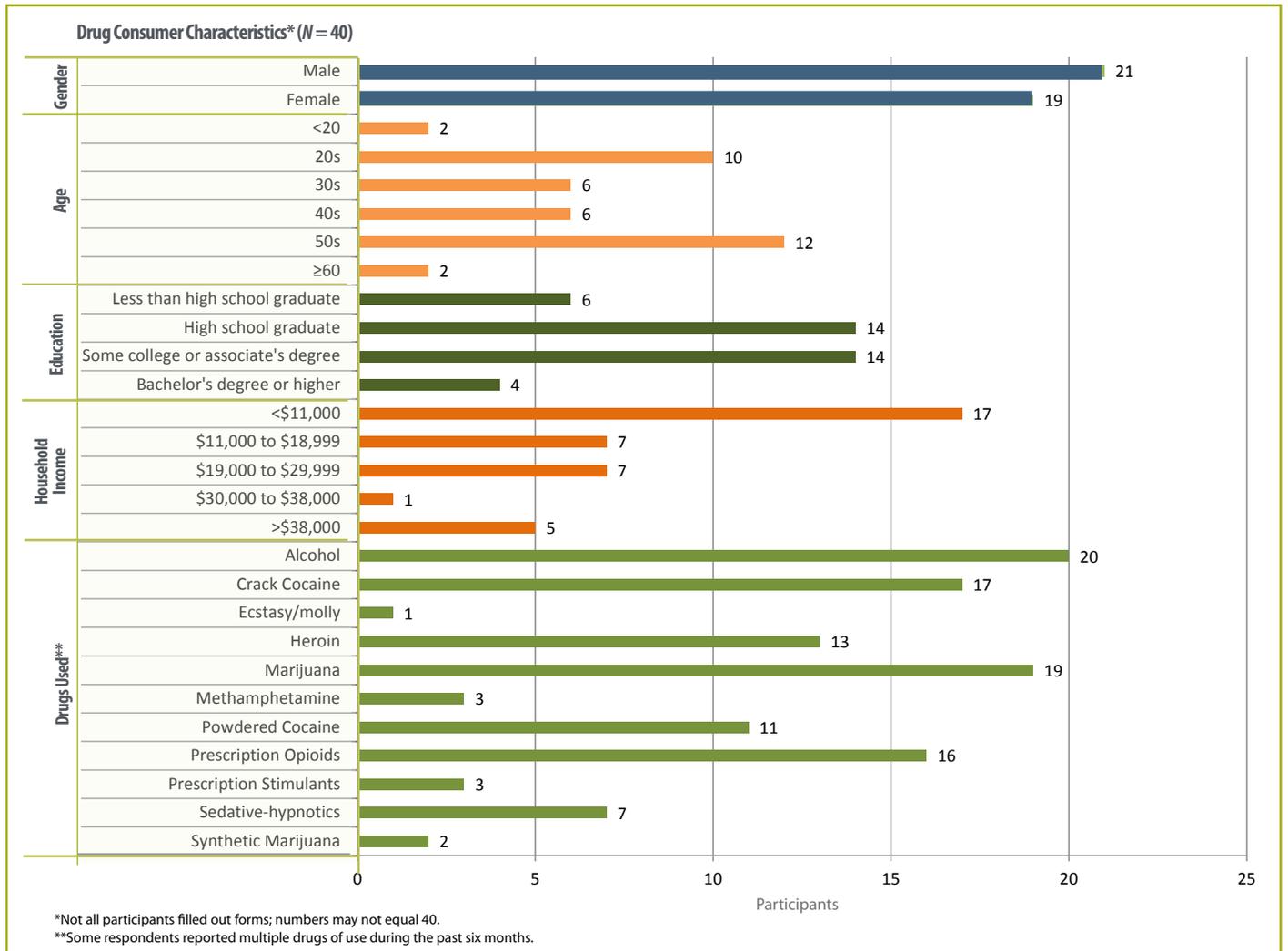
<sup>1</sup>Ohio and Toledo region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013 - January 2014.

<sup>2</sup>High school graduation rate was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for two participants due to missing and/or invalid data.

<sup>4</sup>Poverty status was unable to be determined for 5 participant due to missing and/or invalid data.

### Toledo Regional Participant Characteristics



## Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Toledo region; also highly available were powdered cocaine and bath salts. Changes in availability included likely increased availability for heroin, methamphetamine and Suboxone®.

Participants and community professionals reported that white powdered heroin (aka “China white”) was the most available type of heroin in the region. Treatment providers and law enforcement reported an increase in availability of white powdered heroin. The Toledo Police Crime Lab reported the number of powdered heroin cases it processes had increased. The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region. Law enforcement commented on the emergence of a gray-colored heroin called “gravel” because of its appearance. Treatment providers continued to suggest that the cheaper price for heroin relative to the price of prescription opioids is a contributing factor in the heroin demand. Treatment providers in rural areas identified heroin as a primary drug of choice for users in their area. A shift occurred over the past few reports as more participants reported purchasing heroin in Toledo instead of Detroit. However, participants reported that heroin could be purchased for as little as \$5 in Detroit. Participants described the typical heroin user as in their 20s and 30s, white and middle to upper socioeconomic status. However, many participants and community professionals reported initiation of heroin use as having increased in adolescent populations.

Participants reported increased availability of Suboxone®. Although treatment providers reported that the availability of Suboxone® had remained the same during the previous six months, consistently high, law enforcement officers reported increased availability. Treatment providers thought availability on the street was high because private physicians were prescribing Suboxone® and not monitoring its use. 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. The Toledo Police Crime Lab reported an increased number of methamphetamine cases it processed during the reporting period. Participants in rural areas knew substantially more about methamphetamine than did participants from urban areas; participants in Toledo were more likely to have seen or experienced methamphetamine in passing. Participants reported that methamphetamine was available in both crystal and powdered forms. The BCI Bowling Green Crime Lab reported processing mostly off-white powdered methamphetamine cases during the previous 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 remained available on the street from dealers as well as from “head shops,” convenience stores and gas stations. The most commonly cited labels for this substance remained “incense” and “plant food.” The Toledo Police Crime Lab reported that the number of bath salts cases it processes had increased during the previous 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 aged mid-20s to 30s.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains 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 also ‘8-10’. Similarly, community professionals most often reported the drug’s current availability as ‘9’; the previous most common score was ‘5-8’, with those in urban areas rating availability higher. However, participants and treatment providers often reported that powdered cocaine is not a primary drug of choice in the region. One participant explained, “[Powdered cocaine is] ... so expensive. We were huge on what’s cheap and what gets you high the fastest.” A treat-

ment provider commented, "What I hear is ... they [users] wouldn't typically reach for it [powdered cocaine], but if it's available to them ... [they're] gonna use it."

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Toledo police and FBI agents intercepted a cocaine drug ring and arrested 12 men in "Operation Tailgate," which targeted the group for smuggling about 10 kilograms of cocaine into the Toledo area in the tailgates of trucks every couple of weeks ([www.toledonewsnow.com](http://www.toledonewsnow.com), Aug. 20, 2013). The Ohio State Highway Patrol (OSHP) arrested an impaired driver in Findlay (Hancock County) and found 29 grams of cocaine in the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 8, 2013). Two California men were arrested in Wood County after OSHP found 42 pounds of cocaine and two pounds of black tar heroin in their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 24, 2013).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months. However, the Multi-Area Narcotics (MAN) Task Force, a police unit covering Defiance, Putnam and Williams counties, reported an increase in powdered cocaine during the past six months. An officer reported, "We are seeing a huge influx with the cocaine in the last six months, both powder and crack form." The Toledo Police Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. (Note: the crime lab no longer makes distinctions between powdered and crack cocaine cases.)

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

Participants most often reported the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant with recent drug dealing experience reported on smaller dealers in the area: "[Powdered cocaine is] good quality until they [smaller dealers] start cutting it up. We bring it to them good and then they

add all kinds of stuff to stretch it ... by the time it gets down here, it's usually about a '5' or a '6' [on the quality scale]." Participants reported that powdered cocaine in the region is cut (adulterated) with acetone, baby formula, baby laxatives, baby powder, baking soda, creatine, isotol (diuretic) and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$50
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$180
	an ounce	\$750

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. One participant commented, "Because it's poor quality, a lot of people will shoot coke [powdered cocaine]."

Although participants often described typical users of powdered cocaine as anybody in terms of age, race and gender, they identified the typical user as a person with the financial means to purchase the drug. One participant explained that they see typical cocaine users as someone who is "high functioning financially." Participants shared that powdered cocaine is often used at bars, clubs and parties. Participant comments included: "I know a lot of [exotic] dancers that do it; People who party all the time; [Powdered cocaine is] a party drug ... go to the club and you can sell a lot of powder." Participants made distinctions

between powdered and crack cocaine users. One commented, "You're not gonna find people smoking crack with people snorting coke." Another participant shared a personal experience regarding this social stigma: "A lot of my friends that were doing it [powdered cocaine] would look down on me for doing crack." Community professionals did not have a lot to say about the typical powdered cocaine user, but a Toledo police officer reported that law enforcement has seen an increase in female use of the drug and in females getting caught with it.

### 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 reported, "You can get crack cocaine ... wherever you want to go." Community professionals most often reported the drug's current availability as '6'; the previous most common score was '7-8'. A treatment provider commented, "I don't see it [crack cocaine] as much ... I mean, I think there are still people in the community that are using it ... but there are other things they prefer."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested two individuals in Wood County after finding 20 packages of crack cocaine, prescription opioid pills (oxycodone), several unidentified pills and marijuana in their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 12, 2013). A young man in Toledo jumped from a second story window of an abandoned house in an attempt to avoid police; he was arrested after being caught and police seized 2.5 grams of crack cocaine from him ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 30, 2013).

While participants reported that the availability of crack cocaine has remained the same during the past six months, participants observed that there are other drugs of preference. One participant commented, "I don't know that the [crack cocaine] availability is lessening, but more people are moving to opiates." Community professionals were unable to report specifically about the change in availability of crack cocaine. Most community professionals acknowledged availability of crack cocaine while reporting that other drugs are in higher demand. A treatment provider commented, "I would say [crack cocaine]

that's less common than methamphetamine." Another treatment provider observed that those coming into treatment often report that they have used crack cocaine but are more likely to be addicted to other drugs. A treatment provider commented, "I think there are still people in the community that are using it [crack cocaine], but ... [with] our patients ... it's not their drug of choice." A law enforcement officer suggested that current demand is greater for heroin. The Toledo Police Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. (Note: the crime lab no longer makes distinctions between crack and powdered cocaine cases.)

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

Participants most often reported the current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A few participants preferred the quality of yellow-colored crack cocaine and commented: "We had good crack. It was like butter; You try to find yellow [colored crack] 'cause that's the better kind." However, the majority of participants shared: "[Crack cocaine] it's junk. It ain't no good anymore; Last time I got it, it was terrible, I'd say a '6' [on the quality scale]; The quality just wasn't there." Participants reported that crack cocaine in the region is cut with ammonia, baby formula, baby powder, baking soda, laxatives and prescription opioids. One participant commented, "They [dealers] put all kinds of stuff in it [crack cocaine]." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices were consistent among participants with experience buying crack cocaine. A participant explained the most common practice is “to 20 yourself to death,” (to repeatedly buy \$20 worth of crack cocaine).

Crack Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	\$20
	1/16 ounce (aka “teener”)	\$100
	1/8 ounce (aka “eight ball”)	\$150
	an ounce	\$750

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. One participant explained, “I shot it [crack cocaine]. You use vinegar to break it down and shoot it.”

A profile of a typical crack cocaine user did not emerge from the data. Participants described users of crack cocaine as anyone, younger and older. Participants commented: “I’ve seen everybody—doctors and lawyers [use crack cocaine]; A lot of homeless people smoke crack. Usually they start using when they have things and end up with nothing.” Toledo police reported that crack cocaine use is predominately found in urban neighborhoods among African-American users, while more rural officers reported “no stereotypical users.”

## Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin 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’. One participant described, “It’s an epidemic [of heroin use] and it’s spreading through northwest Ohio.” Another participant observed, “You have more heroin addicts than crack addicts.” Treatment providers and law enforcement most often reported current availability as ‘7’; the previous most common score was ‘10’. A law enforcement officer reported, “[Heroin] it’s everywhere. We’re finding it everywhere.” Another law enforcement officer from a more rural area of the region reported,

*“It used to be that they [users] had to ‘trip,’ meaning they had to go outside of our jurisdiction [to obtain heroin]. I think our dealers are picking up on that and now are starting to move into our areas.”*

While many types of heroin are currently available in the region, participants and community professionals reported white powdered heroin (aka “China white”) as most available. Participants most often reported the current availability of white powdered heroin as ‘10’; the previous most common score was also ‘10’. A participant said, “[White powdered heroin] that’s what you find the most.” An officer reported, “Everything that we’re seeing in Williams, Defiance and Fulton [counties] is probably coming out of Toledo; that’s gonna be China white.” A Toledo area law enforcement officer concurred, “We [law enforcement] are more likely to come across white [powdered heroin].”

Participants also reported high availability of brown powdered heroin, reporting its current availability most often as ‘10’; the previous most common score was ‘7’. One participant explained that brown heroin is “like the consistency of brown sugar.” Treatment providers and law enforcement most often reported brown powdered heroin’s current availability as ‘7’; the previous most common score was ‘10’.

Participants reported moderate availability of black tar heroin, rating its current availability as ‘6’; the previous most common score was ‘4’. Community professionals also reported moderate availability of black tar heroin and rated its availability ‘6-7’. However, law enforcement officers from more rural parts of the region reported current availability of black tar heroin as ‘2’. A Toledo police officer reported, “I’ve seen it [black tar heroin] a couple of times, but we’re more likely to come across the white [powdered heroin].”

Media outlets reported on heroin seizures and arrests in the region, as well as a new drug testing “patch” coming to the northwest Ohio area. *Toledo News Now* reported on a “Drugs of Abuse Patch” or “sweat patch” that is tamper-evident and is being used in other parts of the nation; the patch can detect opiates, cocaine, marijuana, amphetamines and PCP (phencyclidine) when it is worn on the upper arm for 10-14 days ([www.toledonewsnow.com](http://www.toledonewsnow.com), Aug. 13, 2013). A 65-year-old man was arrested by the Ohio State Highway Patrol (OSHP) when he was pulled over in Toledo and found in possession of 42 grams of heroin ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 25, 2013). Two men were

pulled over for speeding in Hancock County and arrested for heroin possession; OSHP seized 17.6 grams of heroin and 6.7 grams of cocaine ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 27, 2013). OSHP seized 1.02 kilograms of heroin in a four-day effort targeting drug trafficking on the Ohio Turnpike between Cleveland and Toledo ([www.toledoblade.com](http://www.toledoblade.com), Dec. 23, 2013). Two individuals were arrested at a residence in Mercer County; one because of a warrant due to positive heroin screens while out on bond, the other for possession of heroin ([www.daytondailynews.com](http://www.daytondailynews.com), Dec. 24, 2013).

Participants and community professionals agreed that the availability of white, brown and black tar heroin has remained the same during the past six months. One participant reported that nothing has changed except the death rate of people overdosing on heroin. A representative with the Multi-Area Narcotics Task Force reported that heroin is coming into the area not only from Toledo, but also from: “Columbus to Findlay to Putnam County. We’re [also] getting stuff [heroin] out of Chicago and Fort Wayne [Indiana].” The Toledo Police Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months, and the types included white, beige, brown and tan powdered heroin along with black tar heroin.

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

Participants most often reported the overall current quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. Frequent heroin users reported looking for high-quality heroin in order to reach a longer high. One participant shared, “[I] can go 36 hours—It just depends on how good the dope [heroin] was. I can shoot some dope at nine in the morning and by not even the next morning I would start to feel bad—just depending on if the dope was good. But then you go another 8 to 10 hours, then you really start to get sick.” Participants explained that reports of an overdose signals higher quality which will spur users to seek out that par-

ticular heroin. One participant explained, “If somebody ODs [overdoses], then that’s the stuff they want.” Participants had limited experience with black tar heroin and reported variable quality with some users reporting it as potent and others reporting it as “junk.” One participant shared their opinion: “If someone that’s hooked on heroin goes and does, just like a 20 [\$20 worth] of black tar, most likely they’re gonna overdose because it’s gonna be way more stronger than they’re use to. It’s the concentrated form.”

Participants reported that white and brown powdered heroin in the region are often cut with baking soda, bath salts, prescription opioids (specifically fentanyl and Percocet®), Similac® and sleep aids. A participant commented, “Most everything around here is fentanyl. [Heroin] it’s cut with it.” A law enforcement officer also reported, “A lot of the times, the people I’m dealing with ... say that the China white is cut ... with the [fentanyl] patches. That’s the product they’re buying as heroin.” Participants were unable to report on cutting agents for black tar heroin, but reported that uncut (unadulterated) black tar heroin is typically held onto by dealers. A participant explained, “I don’t see a lot of tar ... There’s somebody who is hustling [cutting black tar heroin with other substances], who is trying to get money ... so to a customer ... it might not be as readily available because if you get tar that’s uncut ... it’s very potent.”

Heroin	Cutting Agents Reported by Crime Lab
	● diphenhydramine (antihistamine)

Current street prices for heroin were variable among participants with experience buying heroin. Participants reported that the most common way to purchase powdered heroin is in 1/10 gram increments often folded in a KENO ticket, a lottery ticket, a magazine page or a telephone book page. A participant stated, “Most people don’t buy it [heroin] in bulk ... [unless] you’re dealing.” Reportedly, prices in the City of Toledo are lower than prices in more rural areas of the region. A participant said that more rural users most often purchase \$40 amounts and share: “Yes, 40s [of heroin] are huge; You would just get a little more [than 2/10 gram].” Participants had limited experience purchasing black tar heroin. Overall, participants reported heroin pricing has remained the same during the past six months.

Current Street Prices for Heroin		
Heroin	white and brown powdered	
	1/10 gram (aka "pack, paper, point")	\$10 (urban) \$20 (rural)
	1/2 gram	\$50
	a gram	\$100-120
	1/4 ounce	\$240
	black tar	
	1/10 gram	\$10

While there were a few reported ways of using heroin, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants commented: *"There's a difference between those who snort and shoot up [heroin]; Usually the person that's shooting it is not going to be around the person that snorts it . . . they don't want people watching them . . . It's embarrassing and looks degrading."* Although many participants reported on users moving from snorting to shooting heroin, one participant shared, *"For the first three years I snorted it [heroin], and my mom's been doing it for three years now and she still snorts it."*

Participants reported getting injection needles from dealers, people with diabetes, doctors, pharmacies, retail stores and the streets. One participant reported, *"As long as you know what to ask for, you'll get it."* Participants explained that once a needle is obtained, a user will look for water to mix and cook the heroin. However, often heroin addicts might not wait to find a place where he or she can get access to clean water. One participant disclosed, *"We'll use anything to shoot up [heroin] . . . that's liquid. We'll use snow. I've used puddle water. I've tried to use spit—anything."*

A profile of a typical user of heroin did not emerge from the data. One participant reported, *"To look at them, you wouldn't be able to choose which one [was on heroin]."* Another participant commented, *"It used to just be like . . . when you think of a junkie, you think of a homeless [person] doing whatever to get it [heroin], but now it's hitting like middle class [people] in like nice areas of town, and they're getting younger and younger."* Other participants shared: *"I've seen very young age, like 16-21 [years old]. They're shooting [heroin] early; My brother is 16 and doing it."* Both

Toledo police and the Multi-Area Narcotics Task Force reported an increase in juveniles who are using heroin. Law enforcement officers commented: *"The last 6 to 12 months we've been seeing more juvenile [heroin] users; A lot of young kids . . . I would say 14 to 18 [years of age]."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant reported, *"You gotta have the money and know the right person who has them [prescription opioids]."* Participants identified Percocet® and Roxicet® as the most available prescription opioids in terms of widespread use, followed by OxyContin® and Opana®. Reportedly, most opiate users are not interested in Vicodin®. One participant commented, *"I always see Percocet® floating around—and Vicodin®, but people don't usually want to pay for nothing except for the Percocet®."* Participants reported that Vicodin® is "weak" and commented: *"Only in a pinch . . . [Vicodin® is] the last resort; When you're really desperate and don't want to be sick."*

Law enforcement reported that prescription opioids remain highly available. However, an officer commented, *"Before . . . everybody had pills [prescription opioids] and now . . . they got one or two pills on them—before, they had 20 to 30 pills in their pocket—Now they're moving toward heroin."* Community professionals identified Percocet®, followed by OxyContin® and Vicodin® as the most popular prescription opioids in terms of widespread use. A treatment provider commented, *"It seems like [prescription opioids] it's so available—whether it be on the streets or going to physicians."*

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested two individuals in Bowling Green (Wood County) and seized 676 oxycodone pills ([www.nbc4i.com](http://www.nbc4i.com), Aug. 15, 2013). OSHP found 243 oxycodone pills and arrested two individuals after they pulled a vehicle over for a marked lanes violation ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 4, 2013). OSHP also seized 238 OxyContin®, 76 Lortab®, 33 Percocet®, three Hydrocodone, marijuana and Xanax® when they stopped a vehicle in Wood County ([www.northwestohio.com](http://www.northwestohio.com), Nov. 19, 2013). A Tennessee man was arrested by OSHP in Findlay (Hancock

County) for possession of 1,066 oxycodone pills ([www.nbc4i.com](http://www.nbc4i.com), Nov. 19, 2013).

Both participants and community professionals reported that the availability of prescription opioids has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; the crime lab reported processing 79 cases of oxycodone hydrocodone (the highest number of cases for any prescription opioid this reporting period).

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

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 drugs. A participant noted, "You can get a good deal if you buy a script [prescription for opioids] though; the more you buy, the cheaper it will be." Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$25 for 25 mcg patch \$70 for 50 mcg patch
	methadone	\$1 per mg
	Opana®	\$1 per mg
	OxyContin® OP (new formulation)	\$30 for 40 mg \$75 for 80 mg
	Percocet®	\$1 per mg
	Roxicodone®	\$20-30 for 30 mg
	Vicodin®	\$3-5 for 500-750 mg

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from doctors, emergency rooms, neighbors, relatives and pain clinics. Participants reported that youth often get prescription opioids from a parent's medicine cabinet. One participant commented, "Some parents don't drink or don't have a liquor cabinet, but the kid wants a buzz, so they get the medicine [prescription opioids]. They don't understand the severity of it... I didn't... The first time [I abused prescription opioids], I didn't even know what a withdrawal was. I'm like, 'Why are my legs hurting?'" Participants also shared that many users obtain a prescription then buy additional prescription opioids from someone else when their prescription runs out. One participant shared how they usually obtain prescription opioids from the doctor, "I would say that my tooth was bothering me. I have no insurance and I have to wait to get into the clinic. I've taken Motrin®. I've taken Tylenol®. I've done hot compresses, cold compresses. I've tried Anbesol®. Nothing is working. I have to go to work tomorrow and I don't want to call off." Participants admitted that while some doctors are duped into believing they are relieving their patient's pain, others have been caught knowingly involved. A treatment provider concurred that unscrupulous doctors are involved in this aspect of the drug trade, commenting, "Some physicians are closed down and the DEA are watching closer."

While there were a few reported ways of consuming prescription opioids, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would intravenously inject (aka "shoot") the drugs. One participant who preferred shooting commented, "I don't see no sense in it [snorting the pills]... I don't think it adds to it." Another participant reported on the slippery slope from prescription opioid abuse to injecting heroin and commented on the new formulations of pills to make them more difficult to abuse: "They [pharmaceutical companies] make the ones [pills] that you can't get high off of it the way you want to... so what they do is they push these kids over into the heroin... and then the heroin is much cheaper and way better [stronger]."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants commented: "Anybody you see [can abuse prescription opioids]; 50 [years old] and over are on it, and you see people 14 [years old] and up on it." Community professionals agreed. A police officer commented, "[Illicit use of prescription opioids] it's every

age, every walk of life. We've had a 68-year-old lady selling her pills and she was using." A treatment provider described the typical illicit user as, "Someone with ... chronic pain ... that started out being prescribed it [opioids], and the pain wasn't getting addressed and the tolerance increased and they just kept going heavier and heavier because they're miserable."

### Suboxone®

Suboxone® remains highly available in the region. Participants reported the 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 also '10'. Participants commented: "[Suboxone®] that's everywhere; A lot of them on the streets. If you want to pay the money, you can get them." Community professionals most often reported the drug's current availability as '10'; the previous most common score was '7-10'. A treatment provider commented, "[Suboxone® availability] it's been a '10' for a while [and so] we test everyone that comes in for Suboxone®." Another treatment provider said, "[Suboxone® availability] it's right up there with heroin ... I've had a lot of patients say they've tried to use it when they can't get anything else ... and when they don't want to be sick." A law enforcement officer replied, "They [those who are prescribed Suboxone®] are keeping some, but then they are also selling some to buy other things."

Participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. Participants agreed that Suboxone® sublingual films (aka "strips") are more common to find than Suboxone® tablets. A participant said, "[I] don't see pills anymore." The Toledo Police Crime Lab reported

that the number of Suboxone® cases it processes has decreased during the past six months.

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	\$10-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants reported purchasing the drug from individuals who have prescriptions. A participant commented, "People I've seen using Suboxone®, use it when they're withdrawing ... [and] they'll sell [some] to people who have a ... moment of clarity like, 'I don't want to do drugs anymore.'"

While there were a few reported ways of consuming Suboxone®, the most common route of administration is sublingual (under the tongue). Participants estimated that out of 10 illicit Suboxone® users, eight would use them sublingually and two would intravenously inject (aka "shoot") them. One participant explained that users will split the films for more use/sales out of them: "They [users] take them [Suboxone®] and freeze them and break them into quarters so you can sell them ... They'd save some for themselves because you always have to have them or you withdraw." Reportedly, the pill form of Suboxone® can also be injected or snorted. One participant shared, "I tried the under the tongue thing, but it didn't give me the effect I wanted [as] when I snorted them [Suboxone®]."

Participants described typical illicit users of Suboxone® as opiate addicts. Participants commented: "People who run out of heroin; Pill heads." In addition, law enforcement reported that Suboxone® is popular among incarcerated populations. A law enforcement officer commented, "The [Suboxone®] strips are being mailed to correctional facilities because they're [getting] through [mail inspections]."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of

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

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'. One participant commented, "Anybody and their brother can get prescribed any type of benzo [benzodiazepine]." Participants identified Xanax®, followed by Klonopin® and Ativan® as the most popular sedative-hypnotics in terms of widespread use. Participants shared: "I know a lot of people who take Xanax®; They [users in more rural areas of the region] just got hip to Klonopin®." Community professionals agreed with participants and reported current availability as '10'; the previous most common score was also '10'. Most often treatment providers and law enforcement identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. A law enforcement officer commented, "Everybody wants Xanax® and everybody's got Xanax®."

Media outlets reported on sedative-hypnotic seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) found six Klonopin® pills, a used syringe and marijuana when they stopped a vehicle in Hancock County ([www.statpatrol.ohio.gov](http://www.statpatrol.ohio.gov), Sept. 7, 2013). OSHP seized 100 Xanax® pills, marijuana and heroin when they arrested three individuals after pulling over a vehicle for speeding in Rossford (Wood County) ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 22, 2013).

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer commented, "Xanax® was huge, and still we're seeing some Xanax®." However, some treatment providers agreed that sedative-hypnotics are not as preferred as some other drugs. A treatment provider commented, "I would say [sedative-hypnotics] it's a '10' as far as availability, but it doesn't seem like it's a prime focus." The Toledo Police Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Some participants reported they didn't have to buy them. Participants commented: "[Sedative-hypnotics] they're available, but you don't hear people buying them; They're not that valuable. It's not a huge high." Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 1 mg
	Xanax®	\$1 for 0.5 mg \$2 for 1 mg \$4 for 2 mg

Reportedly, users are more likely to obtain sedative-hypnotics from doctors via prescription or from people they know than from dealers on the street. Participants commented: "Not really dealers—well once in a while; [You can get sedative-hypnotics prescribed] from the doctor pretty easily." Another participant commented, "The folks that I know, they all do the mail order for Ativan®."

While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral consumption and snorting. Differences in routes of administration were found throughout the region. Out of 10 illicit sedative-hypnotic users, urban participants estimated that seven would orally ingest and three would snort the drugs, while rural participants estimated that nine users would snort and one would intravenously inject the drugs.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. One participant reflected, "Used to be benzos were more for women, but it isn't no more." Nevertheless, treatment providers still identified typical sedative-hypnotic users as more likely to be women who have anxiety or depression.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to report 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' for both participants and community professionals. A participant reported, "I can get that [marijuana] anywhere, every day." A law enforcement officer commented, "It [marijuana availability] can go beyond '10' [on the availability scale]. It's everywhere, absolutely everywhere."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) arrested six men and seized 907 pounds of marijuana in related traffic stops in Lake Township (Wood County) ([www.nbc4i.com](http://www.nbc4i.com), July 18, 2013). OSHP discovered and seized 33 pounds of marijuana when they stopped a Pennsylvania man in Wood County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 20, 2013). OSHP also found 20 grams of marijuana and two human trafficking victims when they pulled over a vehicle in Lucas County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Aug. 13, 2013). The Putnam County Sheriff's Office arrested two men after finding 200 marijuana plants near Miller City (Putnam County) during a helicopter drug search ([www.northwestohio.com](http://www.northwestohio.com), Aug. 15, 2013). Two people were arrested by OSHP in Wood County for marijuana possession; more than one pound of marijuana was confiscated ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 9, 2013). Two men were charged with drug felonies when OSHP found more than 20 pounds of marijuana, two small jars of hashish and hydrocodone pills in their vehicle during a traffic stop in Erie County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 18, 2013). OSHP seized 2.98 kilograms of marijuana and 28 grams of hashish in a four-day effort targeting drug trafficking on the Ohio Turnpike between Cleveland and Toledo ([www.toledoblade.com](http://www.toledoblade.com), Dec. 23, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, community professionals reported an increase in the availability of marijuana. Law enforcement and treatment providers agreed: "I would say it [marijuana availability] increased because of the law passing in Michigan ... it kinda funnels its way across the border ... and it seems [even] more available." The Toledo Police Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participant quality scores of marijuana ranged from '7' for low to mid-grade marijuana to '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were also '7' and '10' respectively. Several participants shared noticeable differences between qualities of marijuana. A participant explained, "You might find 'reggie' [low to mid-grade marijuana] that gives you a tingle, but it's nothing like smoking the hydro [hydroponic, high-grade marijuana]." Another participant agreed that hydroponically grown marijuana is "the top of the line." Law enforcement also noted quality differences. One police officer explained that high-grade marijuana is considered great because users are "not paying for seeds or stems."

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5-10
	1/4 ounce	\$25
	1/2 ounce	\$40
	an ounce	\$75-100
	a pound	\$650
	high grade:	
	a blunt or two joints	\$20
	an ounce	\$400
a pound	\$1,000-1,200	

The price of marijuana depends on the quality purchased; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported that commercial/low-grade marijuana is the cheapest form of marijuana; higher quality marijuana sells

for significantly more. A law enforcement officer added, “[Marijuana is] coming in from California, Colorado and Washington State.”

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all ten would smoke the drug. Participants explained that a few marijuana users smoke via a marijuana vaporizer (electronic smoking device). A participant added, “You are a serious stoner [marijuana user], if you use a vaporizer.”

A profile of a typical marijuana user did not emerge from the data. Community professionals shared descriptions: “Across the board. All races; A lot of everybody.” A treatment provider added, “Most [users] don’t view it [marijuana] as a drug. It’s ‘just marijuana.’ They view alcohol the same way, too.”

## Methamphetamine

Methamphetamine availability remains variable throughout the region. Participants most often reported current availability as ‘1’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get) with higher availability noted in more rural areas of the region (‘10’); the previous most common score was ‘4’ (‘6’ in rural areas). Community professionals followed similar patterns in rating the current availability of methamphetamine with those in more urban areas reporting lower availability of ‘1-5’ and those in more rural areas reporting higher availability of ‘6-9’; the previous most common score was ‘2’ in the City of Toledo and ‘5’ in the rural areas. A law enforcement officer from a rural area of the region reported, “[Methamphetamine] that’s rampant . . . I think we’re up to close to 40 meth labs this year so far.”

Participants reported that methamphetamine is available only in powdered forms via “one-pot” or “shake-and-bake” method, 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), people who make methamphetamine (aka “cooks”) can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Reportedly, this type of methamphetamine is also referred to now as “bottle dope.” Participants in rural areas knew

substantially more about methamphetamine than did participants from urban areas. There were no participant reports of crystal methamphetamine in the region.

Although law enforcement reported the presence of a variety of methamphetamine as available in the area (homemade, methamphetamine from Mexico as well as crystal methamphetamine called “ice”), they cited shake-and-bake, the homemade variety, as most available. A law enforcement officer explained, “A lot of our local meth users are creating it themselves . . . They can make up to probably 5 or 6 grams. [They] might sell a gram or trade for pseudoephedrine [main ingredient needed for meth production]. That’s the biggest thing, because they’re only allowed to buy so much pseudo in a 3-day period.”

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. A participant commented, “The thing about meth is that you can make it in a Gatorade® bottle . . . There’s so many people that know how it do it that once you buy the ingredients, it costs you \$60--about 3.5 grams of actual meth from that.” A law enforcement officer reported, “In Northwest Ohio the meth production stays steady . . . As long as people can manufacture it in a pop bottle in 35 to 40 minutes, we’re gonna see that drug.” The Toledo Police Crime Lab reported an increase in the number of methamphetamine cases it processes during the past six months; the crime lab reported processing crystal methamphetamine.

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

Most participants rated the overall current quality of powdered methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). One participant reported that the high from poor-quality methamphetamine typically lasts about five hours and the high from good-quality methamphetamine lasts at least 24 hours. Another participant reported high-quality methamphetamine

could last several days. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. However, most participants with experience using the drug reported they made it or it was given to them. Reportedly, a gram sells for \$20.

While there were several reported ways of using methamphetamine, the most common routes of administration are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. Participants explained: *"You smoke it [methamphetamine] on foil or in a pipe, you know, or shoot it; It depends on the crowd; There's a different buzz [high] from each [method], if you smoke it, it's like a prolonged buzz that lasts a really long time. Whereas, if you shoot it, it's like a really big rush at first and then it will last, but not as long, maybe 4 to 5 hours."* Participants described typical users of methamphetamine as most often male and from rural areas. A treatment provider also described typical users as from a lower financial status.

### Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants identified Adderall® as the most available prescription stimulant in terms of widespread use. Participants commented: *"I can get Adderall® pretty well. I wouldn't say it's hopping, but it's available; Adderall® is much more available than Ritalin® and stuff."*

Treatment providers most often reported current availability as '7'; while law enforcement rated current availability lower as '4'; the previous most common score among community professionals was '5-7'. A treatment provider shared, *"We have a couple [of clients] that like amphetamines."* A law enforcement officer explained that people have them illegally; however, law enforcement has not encountered prescription stimulant drug dealers. The officer said, *"[Prescription stimulants] they're just passed through person to person."* Another officer commented that these drugs are not preferred and said, *"I'd say in the pill world ... people want their perc's and vikes [prescription opioids]."*

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 reported that the number of prescription stimulant cases it processes has also remained the same during the past six months.

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

Participants reported Adderall® as available to street-level users, but reported that users typically do not pay for prescription stimulants. Participants with experience buying prescription stimulants reported that Adderall® 20 mg sells for \$3-5.

In addition to obtaining prescription stimulants from people they know outside the home, participants reported taking them from children. A participant explained that addicts who have children with stimulant prescriptions will often, *"... sell their kids drugs to get high."* While there were several reported ways of using prescription stimulants, the most common route of administration is oral consumption. However, one participant shared that he and his wife would intravenously inject her prescription of Ritalin®.

Participants described typical illicit users of prescription stimulants as college students, anyone working long hours or who needs to stay awake for long periods of time. Participants discussed different effects of taking prescription stimulants. One participant shared, *"Like me, I can take it and I'm just calm because I have a chemical imbalance. Other people, who don't have that chemical imbalance, it's ... basically doing coke [powdered cocaine], but cheaper."* Another participant disclosed, *"I did it [Adderall®] because I like to be up and running around and constantly moving ... If you snort Adderall®, it's just like snorting cocaine."*

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported current availability of the drug as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) with more rural area participants reporting slightly higher availability ('5'); the previous most common score was '9'. A participant commented, *"I think every time they made them [bath salts], they passed a new law making this one illegal or that one illegal."* Treatment providers most often reported current availability as '8'; the previous most common score was '8-10'. Treatment providers shared that there is a stigma around using bath salts. One treatment provider shared that those who use bath salts, *"...don't come in for treatment. They do them [bath salts], and they don't seek treatment."* Treatment providers also commented on law enforcement activity concerning this drug. A treatment provider stated, *"[Law enforcement] they're really been cracking down on convenience stores [that sell bath salts]. I think that the message is spreading that it's not as available."*

Participants reported that the availability of bath salts has decreased during the past six months. A participant shared, *"For a while, I got it [bath salts] a lot from places out here [in Toledo]."* The Toledo Police Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No Comment
	 Treatment providers	No Comment

Participants were unable to rate the quality of bath salts, but implied that current quality is not that good. Participants shared: *"[Bath salts use] it's not that enjoyable; It feels like crappy Adderall®."* Participants were also limited in their knowledge of current bath salt pricing. Among those participants with experience purchasing the drug, participants reported that a half gram of bath salts sell for \$20.

Despite legislation enacted in October 2011, bath salts continue to be available from convenience stores (in and out of the region), as well as from the Internet. A participant commented, *"A lot of the convenience stores in Toledo are getting busted, [but] you can still buy it [bath salts] on the Internet though."*

While there were several reported ways of using bath salts, the most common route of administration is smoking. Participants estimated that out of 10 bath salt users, five would smoke, three would intravenously inject (aka "shoot") and two would snort the drug. One participant reported, *"I've done it [bath salts] every way. I snorted it, smoked it, [and] shot it."*

A profile of a typical bath salts user did not emerge from the data. Participants were unable to identify characteristics of typical users. Treatment providers reported that users are generally 18 to 25 years old.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains 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'. Community providers reported low availability of synthetic marijuana throughout the region and most often reported current availability as '1-2'; the previous most common score was '8-10'. A treatment provider commented, *"[Synthetic marijuana] it's there, but nobody's interested in using it."*

Participants reported that the availability of synthetic marijuana has remained the same during the past six months. A participant commented, *"The place I go to ... [synthetic marijuana] it's under the counter."* Community professionals reported a decrease in availability of synthetic marijuana. A treatment provider commented, *"That [synthetic marijuana] was really hot [popular] for a while, but we haven't heard it lately ... It's really decreased in the last 6-7 months."* Law enforcement attributed decreased availability to enforcement efforts, as well as to a general lack of interest in the product. Law enforcement officers reported: *"We just took out a factory that was manufacturing synthetic"*

marijuana; In the last three months . . . we've really impacted it [availability of synthetic marijuana]." The Toledo Police Crime Lab reported an increase in the number of synthetic marijuana cases it processes during the past six months

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Street Prices for Powdered Cocaine	
	a gram	\$10
	3 grams	\$20

Synthetic marijuana continues to be available from gas stations, "head shops" and tattoo parlors. A participant commented on easy availability: "[Synthetic marijuana] that's at the gas stations."

While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the substance.

Participants described typical users of synthetic marijuana as: "People that are on probation and can't smoke weed; high school kids." Participants often reported that they preferred regular marijuana over synthetic and shared: "What's the point?; The only reason people do it [use synthetic marijuana] is if they have to take a drug test." Treatment providers described typical users as adolescents or people who do not have access to marijuana. A treatment provider added, "People that prefer marijuana . . . don't care for K2."

## Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains 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) with more rural area participants reporting higher availability ('9'); the previous most common score was also '7'. Similar scores were provided for powdered MDMA (aka "molly"). Urban area participants most often reported the current availability of molly as '7', while rural participants most often reported current availability of molly as '10'. Treatment providers and law enforcement most often reported moderate to high current availability of ecstasy as '8' and '5' respectively; the previous most common score was '3' and '8' respectively.

Media outlets reported on ecstasy and molly seizures and arrests in the region during this reporting period. The Ohio State Highway Patrol (OSHP) seized 55 ecstasy pills and a bag of oxycodone pills from a vehicle pulled over in Wood County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 23, 2013). Media reported on the increase of molly use in the area; the report explained the connection between molly and popular culture and reported an increase in treatment for the drug in Bowling Green (Wood County) ([www.northwestohio.com](http://www.northwestohio.com), Nov. 26, 2013).

Participants reported that the availability of ecstasy has decreased during the past six months or is concentrated among small pockets of people. A participant commented, "When it first came out, it was a big thing to take ecstasy and go out to a party . . . [now] that's kind of played out. There's so many other things I've seen in my area that unless you are in a party crowd or club atmosphere, [ecstasy] it's just not something people seek." The same can be said for molly which is reportedly concentrated within the arts community. A participant observed, "The only time I've seen molly was at a music festival." According to a treatment provider, the availability of ecstasy is decreasing: "I have not heard much about ecstasy . . . I'm kind of surprised that went by the wayside. I don't remember a positive screen on it." Law enforcement officers agreed that availability has declined during the past six months, although one officer added that ecstasy is recently, "becoming more popular . . . I just pulled 35 off a person a couple of weeks ago." The Toledo Police Crime Lab reported

that the number of ecstasy cases it processes has remained the same during the past six months.

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

Participants with experience using ecstasy reported that the overall quality of the drug has decreased during the past six months, but they were unable to assign a quality rating score to the drug. A participant commented, "Ecstasy has lost a lot of its quality. It's mostly bunk [bad quality]." Participants reported that ecstasy is now being cut with cocaine, heroin and methamphetamine. A participant shared, "Ecstasy is cut with all different kinds of stuff. You can get coke-based [cocaine] or heroin-based ecstasy or meth-based. They call it 'smacky.'" A law enforcement officer reported, "Generally, we are seeing the ecstasy mixed in with the methamphetamine."

Although only a few participants had experience purchasing these drugs, street prices for ecstasy and molly were consistent among participants. One participant reported, "[Molly] it's priced the same as 'China' [white powdered heroin] ... it's just sold in capsules or papers."

Ecstasy	Current Street Prices for Ecstasy	
	ecstasy:	
	single, double and triple stacks (doses)	\$5-10 each depending on dose type
Molly	Current Street Prices for Molly	
	molly:	
	1/2 gram	\$60
	a gram	\$100-110

Reportedly, the most common route of administration for ecstasy is oral consumption. However, one participant commented, "With 'X' [ecstasy] you can snort it, shoot it, dissolve it and drink it, and put it in your butt."

Participants described typical users of ecstasy as younger. A participant explained, "It's more of a younger drug ... club thing ... You're not gonna take ecstasy and sit down and watch TV." Another participant shared that exotic dancers often use ecstasy. Community professionals also reported that ecstasy is typically a drug used in clubs and described typical ecstasy users as more often white and 15-30 years of age.

### Other Drugs

Participants reported low availability of psilocybin mushrooms in the region, but this drug was not mentioned by the majority of people interviewed. Participants most often reported the current availability of psilocybin mushrooms as '4' 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'. A participant shared, "I know people who grow them [psilocybin mushrooms] in their house all year round." The Toledo Police Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months.

Participants with experience using psilocybin mushrooms noted variability in quality of the substance. One participant commented, "There's really good mushrooms out there and there's really bad mushrooms." Participants reported that psilocybin mushrooms are most often purchased as 1/8 ounce for \$40. The most common route of administration is oral consumption, although participants reported that psilocybin mushrooms have a bad taste. Participants described typical psilocybin mushroom users as: "clubbers; hippies; partiers."

### Conclusion

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

Participants and community professionals reported that the availability of heroin has remained the same during

the past six months; that is extremely available. Participants referred to heroin use as epidemic and reported that there are currently more individuals addicted to heroin than crack cocaine. While many types of heroin are currently available in the region, white powdered heroin (aka "China white") remains the most available heroin type. The Toledo Police Crime Lab reported processing white, beige, brown and tan powdered heroin along with black tar heroin.

Participants reported that while the high availability and use of heroin has remained unchanged in the region from the previous reporting period, many participants observed that the death rate from heroin overdose has increased. Participants attributed this increase in overdose deaths to more potent heroin and to prescription opioids being used as a cut for heroin (specifically fentanyl and Percocet®). Participants also noted bath salts and sleep aids as cutting agents for heroin. Participants explained that the report of an overdose is viewed as a signal of higher quality heroin. This spurs users to seek the dealer of that specific heroin so as to purchase heroin of the same high quality. Both Toledo police and the Multi-Area Narcotics Task Force reported an increase in juveniles using heroin.

According to participants and community professionals, the availability of ecstasy has decreased during the past six months or it is concentrated among small pockets of people. The same can be said for powdered MDMA (aka "molly") which is reportedly concentrated within the arts community. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months. Participants stated that ecstasy is now being cut with cocaine, heroin and methamphetamine. Participants and community professionals reported that ecstasy is typically a drug used in clubs and described typical ecstasy users as more often white and 15-30 years of age.

Lastly, despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from certain convenience stores, gas stations and "head shops" (in and out of the region), as well as through the Internet. Community professionals reported a decrease in the availability of synthetic marijuana during the past six months, with law enforcement attributing the decrease to enforcement efforts and a general lack of interest in the product.