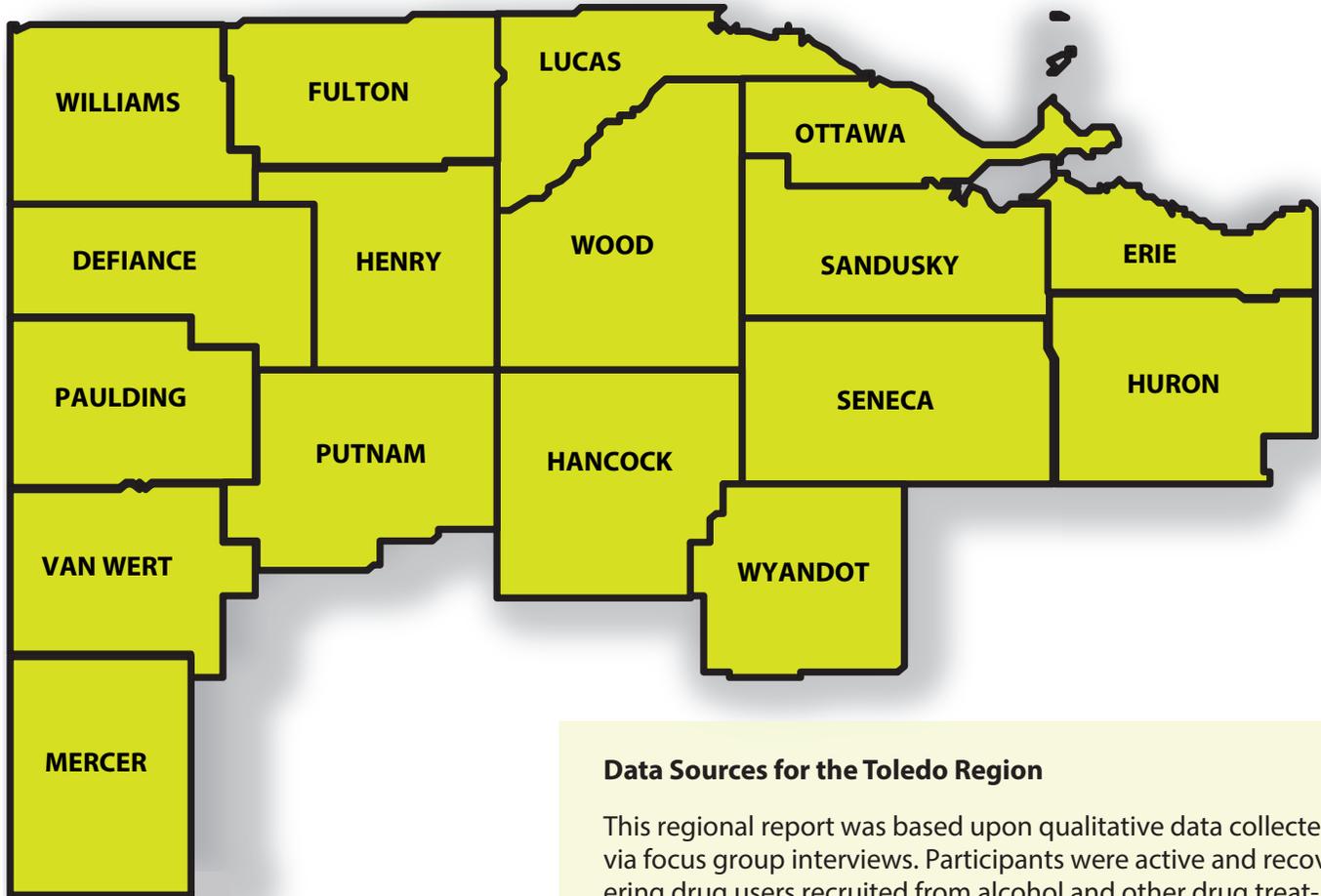




Drug Abuse Trends in the Toledo Region



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 (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green office, the Hancock County Adult Probation Department and the Hancock County Probate and Juvenile Court. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

Regional Epidemiologist:

Celia Williamson, PhD

OSAM Staff:

R. Thomas Sherba, PhD, MPH, LPCC
OSAM Principal Investigator

Beth E. Gersper, MPA
OSAM Coordinator

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%	73.2%
Whites, 2010	81.1%	83.7%	80.0% ²
African Americans, 2010	12.0%	8.0%	11.1%
Hispanic or Latino origin, 2010	3.1%	5.4%	17.1% ³
High School Graduation rate, 2010	84.3%	83.8%	64.4%
Median Household Income, 2013	\$48,308	\$48,446	\$11,000 to \$14,999 ⁴
Persons Below Poverty Level, 2013	15.8%	13.1%	61.0% ⁵

¹Ohio and Toledo region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015

²Race was unable to be determined for 1 participant due to missing and/or invalid data.

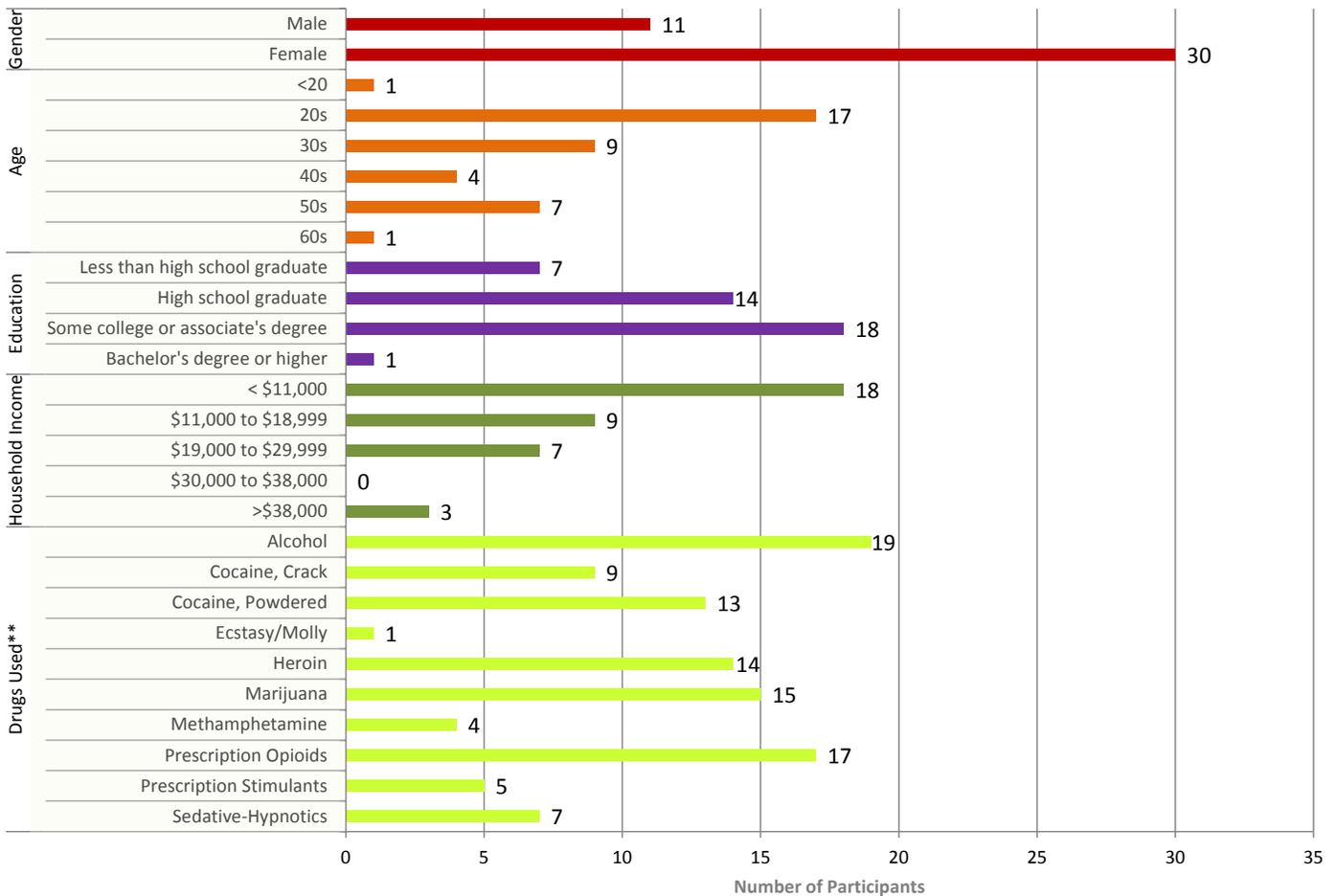
³Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

⁴Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 4 participants for missing and/or invalid data.

⁵Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.

Toledo Regional Participant Characteristics

Drug Consumer Characteristics* (N=41)



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

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

Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. An increase in availability existed for ecstasy, heroin and methamphetamine. Data also indicated decreased availability for bath salts, prescription opioids and synthetic marijuana.

Participants reported white and brown powdered heroin as the most available types of heroin in the region, while law enforcement added that black tar heroin was also highly available. Treatment providers reported an increase in clients who begin drug use with heroin, instead of the typical progression from prescription opioids to heroin.

Both participant and community professional groups reported increased availability of white and tan/brown powdered heroin. The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians (EMTs) carry Narcan® (naloxone, an antidote to opiate overdose) on overdose emergency calls. Participants reported that white powdered heroin is most often 'cut' (adulterated) with fentanyl. Treatment providers reported that while most clients reported use of heroin cut with fentanyl, agency drug screens revealed that heroin was often cut with cocaine. A toxicologist in the region reported greater than 50 percent of heroin-related deaths included Benadryl® or fentanyl.

Participants most often rated the general quality of heroin as '10' (high quality) and explained that heroin dealers were so prevalent that they delivered high quality product to maintain customers. However, participants in more rural areas reported variability in quality and explained that dealers in rural areas were often selling to support their own heroin habits, thus they adulterated the drug more to compensate for the product they used. Participants no longer reported obtaining heroin from dealers at residences, rather on the street through phone connections; reportedly, established dealers attempted to hold onto their drug clientele, even while incarcerated, by entrusting their cell phones to family members until their release.

Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Participants explained that other prescription opioids were available, but not preferred because many of them, such as Opana® and OxyContin®, were reformulated with abuse-deterrents that made them more difficult to inject. Both participants and community professionals reported that the availability of prescription opioids had decreased during the reporting period. The decrease was of-

ten attributed to doctor, pharmacy and law enforcement interventions.

Methamphetamine availability remained variable throughout the region. Participants and community professionals most often reported high availability in more rural areas and lower availability in urban areas. Participants reported that the powdered form of methamphetamine was the most prevalent type in the region. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period.

Participants reported that the most common routes of administration for methamphetamine were intravenous injection (aka "shooting") and smoking. Participants described typical methamphetamine users as of lower socioeconomic status, white and younger (18-25 years of age).

Participants reported that synthetic marijuana was not a drug of choice, as there were many known negative effects associated with its use. Both respondent groups reported decreased availability of this drug during the reporting period. The BCI Bowling Green Crime Lab reported decreased number of synthetic marijuana cases it processed.

Ecstasy remained available in the region. Participants indicated that this drug was more available in urban locations. Both participants and community professionals reported that the availability of ecstasy had increased in urban areas. The BCI Bowling Green Crime Lab reported an increased number of ecstasy cases it processed during the reporting period.

Participants referred to both ecstasy (traditionally pressed tablets) and 'molly' (purported as pure MDMA in powdered form) as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African American, 'dope boys' (heroin dealers) and/or people who go to clubs. Participants specified that molly was used by people who attend outdoor music festivals.

Finally, bath salts were rarely available in the region. Treatment providers explained that clients previously used bath salts to avoid testing positive for drugs, and now most programs test for bath salts use. Participants indicated that negative perceptions surrounding the use of bath salts led to its decreased popularity and availability. The most available brand of bath salts reported by participants was *Jumpstart*, however very few participants reported knowledge of places from which to purchase the drug. Participants reported that the most common route of administration for bath salts was intravenous injection (aka "shooting") and snorting. Participants described typical users as younger (20s and 30s), male, white and those who abuse or illicitly use stimulants.

Current Trends

Powdered Cocaine



Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '7' and '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 '6'. One participant commented, *"More people are using it."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers continued to comment that they believed powdered cocaine is often used as a 'cut' (adulterated) for heroin: *"I think the [heroin] dealers are doing it to make their stuff seem more potent; [Users] have been coming up positive for cocaine and they say, 'I don't do cocaine."*

Corroborating data also indicated the presence of cocaine in the region. The Hancock County Adult Probation Department reported that 11.8 percent of the 574 positive drug tests it logged during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; eight of the individuals face charges for cocaine trafficking (www.wane.com, Feb. 12, 2015). Two people were arrested in Bellevue (Erie, Huron and Sandusky counties) for cocaine trafficking near a middle school (www.otfca.net, March 24, 2015). Hancock County METRICH Drug Task Force reported a raid of a Findlay apartment in which 28 packages of cocaine were seized (www.otfca.net, March 27, 2015). A Michigan man was arrested in Port Clinton (Ottawa County) for possession of 10-20 grams of cocaine, 10-50 grams of heroin and some hydrocodone (prescription opioid) (www.otfca.net, March 30, 2015). Five Ottawa County residents were indicted, one of which is an Oak Harbor man who faces six counts of trafficking cocaine (www.otfca.net, May 19, 2015).

Both participants and treatment providers reported that the availability of powdered cocaine has increased during

the past six months. Participants and treatment provider clarified that the availability has increased due to heroin dealers using it as a cut. A treatment provider commented, *"They put it in the heroin."* The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that powdered cocaine in the region is cut with acetone, amphetamines, baby laxative, chalk, ether, sedative-hypnotics (Soma® and Xanax®), Tylenol® and vitamin C. A participant commented, *"Or anything they can get down to powder form."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, *"They started mixing it with all this stuff. That's why the quality went down."*

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

Reports of 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")	\$60-85
	1/8 ounce (aka "eight ball")	\$180-200

Participants reported that the most common routes of administration for powdered cocaine remains snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug.

Participants most often described typical users of powdered cocaine as high profile people and older (30s to 60s). Some participants reported that laborers and those who work long hours or night hours also use powdered cocaine to stay awake; some occupations mentioned include construction workers, dry wallers, truck drivers and strippers. A participant explained that powdered cocaine can, "give you energy." Another participant mentioned that alcoholics often use powdered cocaine. Treatment providers described typical powdered cocaine users as someone younger (18 to mid-30s) and middle- to upper-class. An officer commented, "In the minority communities, I don't think [powdered cocaine use is] as prevalent as in the white-collar communities."

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.' One participant commented, "Just go around the corner." Another participant quipped, "Reach out of your window."

Treatment providers and law enforcement most often reported the drug's current availability as '8,' the previous most common score was '4.' Treatment providers commented: "I don't think it is as popular as it used to be; There is more of a stigma around crack (cocaine) ... low-class or something." Law enforcement reported: "You can find it in certain areas in Toledo ... It's not as popular as it used to be." Another officer replied, "People who are distributing [drugs] will move to the popular drug and right now, that's heroin."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three search warrants were executed in Fostoria (Seneca County), in which \$400-500 worth of crack cocaine and some marijuana were seized (www.otfca.net, Feb. 5, 2015). During a drug sweep operation, Toledo Police seized 100 grams of crack cocaine, five pounds of marijuana, 50 pharmaceutical pills and two grams of heroin (www.nbc24.com, Feb. 17, 2015).

Both participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A participant commented, "It's still a '10' (highly available)." Another participant added, "It depends on where you at ... and if they know your face [before dealers will sell crack cocaine]." The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants indicated that quality often depends on what other adulterants (aka "cuts") are in the drug. A participant commented, "It depends on who's mixing it." Another participant complained, "Too much [baking] soda in it." Participants reported that crack cocaine in the region is most often cut with ammonia, baby laxative, baking soda, lactose and Seroquel®. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant remarked, "It's gotten worse."

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that price depends on amount desired and quality of the drug. Participants reported that smaller units are often purchased and commented: "You can buy a piece of crack for five bucks now; Shoot (inject) two dollars [worth of crack]."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$2, \$5, \$10, or \$20 (depending on size)
	a gram	\$50
	1/16 ounce (aka "teener")	\$75-85
	1/8 ounce (aka "eight ball")	\$125-150 (up to \$300 in rural areas)

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would intravenously inject (aka "shoot") the drug. One participant divulged, "I shot it."

A profile for a typical crack cocaine user did not emerge from the data. Participants described a typical user as anybody and insisted that there is no longer a profile for crack cocaine users. One participant commented, "Everybody smokes it now." Community professionals most often described typical crack cocaine users as lower income, aged 40 years or older.

Heroin

Heroin remains highly available in the region. Both participants and community professionals most often reported the current 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 for both groups of respondents was also '10'. A participant commented, "It's about three houses away." Treatment providers commented: "It's a '10' plus; [Clients] say they're coming here [for treatment] because they're scared. They're losing their friends, family [to overdose death]." A police officer reported, "With heroin, it's not uncommon to have two a day of overdoses, where the people are dying ... typically in a restaurant bathroom and all that kind of stuff. It's crazy."

While many types of heroin are currently available in the region, participants and treatment providers reported white powdered heroin (aka "china white") as most available in terms of widespread use. One participant remarked, "China's everywhere." A treatment provider

reflected, "All I hear is china white." Participants most often reported the current availability of black tar heroin as '4' and of brown powdered heroin as '6'; the previous most common scores were '2-10' for black tar and '10' for brown powdered heroin. Treatment providers most often reported black tar availability as '2' and brown powdered availability as '5'; the previous most common score was '10' for both types.

Corroborating data also indicated the presence of heroin in the region. The Hancock County Adult Probation Department reported that 14.5 percent of the 574 positive drug tests it logged during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; three of the individuals face charges for trafficking heroin (www.wane.com, Feb. 12, 2015). A motel across from the Seneca County Sheriff's Office was the location of a drug bust; heroin, crack cocaine and marijuana were seized (www.otfca.net, March 6, 2015). A K-9 officer alerted to the presence of drugs in a vehicle that was pulled over in Bellevue (Erie, Huron and Sandusky counties); approximately \$10,000 worth of heroin was confiscated and went on record as one of the largest heroin seizures for the Bellevue Police Department (www.wkyc.com, April 9, 2015). Norwalk (Huron County) police seized more than a half ounce of pure, unadulterated heroin, as well as some crack and powdered cocaine when they raided a local residence (www.otfca.net, April 12, 2015).

Media also reported on community efforts in dealing with the opiate epidemic in the Toledo area. Lucas County officials announced that they are going after those putting heroin on the street; heroin dealers will now be charged with involuntary manslaughter if one of their 'customers' dies from an overdose (www.13abc.com, March 6, 2015). Experts began pointing out that the shortage of detoxification beds in the area is counter-effective to treating those with addiction; local treatment agencies are suggesting a special emergency unit for detoxification and visiting nurses for follow-up in hopes to decrease relapse for those struggling with opiate addiction (www.toledo-blade.com, May 7, 2015).

Both participants and treatment providers reported that the general availability of heroin has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has decreased. The crime lab reported having processed brown, gray, tan, white and off-white powdered heroin

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

Participants most often rated the current overall 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'. Participants indicated that the high quality of the drug is the reason for many overdoses in the region. One participant stated, "I had five close associates that have died [from heroin overdose]."

Participants reported that heroin in the region is adulterated (aka "cut") with cocoa, isotol (dietary supplement), lactose, mannitol (diuretic), methamphetamine, prescription opioids, sleep medication (Sleepinal[®]), Seroquel[®] and Xanax[®]. Overall, participants reported that the general quality of heroin, while generally thought to be potent, has become more adulterated during the past six months. Participants commented: "They cut it so bad; You could be getting something you think is china and you don't realize it's not china until you already shot it."

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  diphenhydramine (antihistamine)  fentanyl  quinine (antimalarial)

Reports of current street prices for heroin were reported by participants with experience purchasing the drug. Participants most often reported using 4-7 different dealers for heroin and stated it was less expensive to purchase in Toledo as opposed to more rural areas, such as Defiance and Williams counties.

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
	1/10 gram (aka "balloon")	\$30
	Brown powdered heroin:	
	1/10 gram (aka "folds" or "packs")	\$10-20
	a gram	\$80
	White powdered heroin:	
	1/10 gram (aka "balloon")	\$10-30
a gram	\$80-150	

While there were a few reported ways of using heroin, generally, 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 most often reported obtaining needles from diabetics or from stores (either stealing or purchasing them). A participant who purchased needles at pharmacies shared that he would say, "I want a ten-day supply of U-100 ultrafine, 1 cc." A treatment provider reported, "A lot them are sharing ... so much 'Hep C' (hepatitis C). Eighty percent are positive for Hep C."

A profile of a typical heroin user did not emerge from the data. Both participants and community professionals described typical users as being from "across the board" and "all over the charts." A law enforcement officer reported, "There's heroin everywhere ... and nobody is exempt." Treatment providers also mentioned an increase in the number of pregnant heroin users coming in for treatment. One treatment provider commented, "I would say we had two or three [pregnant women] two years ago and we're up to 30 at this point ... today we had 380 [patients], so like [almost] 10 percent."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals continued to most often rate the current street 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 for both groups was also '10.' A treat-

ment provider commented, "These doctors just prescribe them like crazy." A police officer remarked, "You can get a cocktail of any drug."

Participants identified Opana®, Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Reportedly, Percocet® are "real available," while Roxicodone® are "the most potent." Treatment providers identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the presence of prescription opioids in the region. The Hancock County Adult Probation Department reported that 10.5 percent of the 574 positive drug tests it logged during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; 10 of the individuals face charges for trafficking prescription opioids (specifically mentioned were dihydrocodeinone/hydrocodone, fentanyl, hydromorphone, methadone, morphine, oxycodone and oxymorphone) (www.wane.com, Feb. 12, 2015). Ohio State Highway Patrol (OSHP) troopers arrested a driver for possession of two marijuana cigarettes and 220 hydrocodone pills when he was stopped for speeding in Hancock County (www.statepatrol.ohio.gov, March 5, 2015). A woman was arrested in Tiffin (Huron County) after several tips led authorities to discover eight bottles of pills, some of which contained oxycodone, for which she had no prescription (www.otfca.net, May 14, 2015). A Port Clinton (Ottawa County) man was caught trying to obtain morphine and oxycodone illegally (www.otfca.net, May 19, 2015). A driver was arrested in Wood County after OSHP troopers discovered 662 oxycodone pills hidden in the vehicle (www.statepatrol.ohio.gov, June 2, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "They're harder to find ... [Doctors] started cutting back; That's why everybody's going to heroin." Treatment providers reported that availability of prescription opioids has remained the same during the past six months. One treatment provider commented, "I hear patients telling me they are going to [specific] doctors ... They're driving to Michigan to pain doctors ... and they sell

[their prescribed opioids] on the streets." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has increased during the past six months; the exception was a decrease OxyContin® cases.

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

Reports of current street prices for prescription opioids were consistent among participants with experience purchasing the drugs. Generally, these medications sell for \$1 per milligram; for example, a 30 mg Roxicodone® could be purchased for \$30. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people with prescriptions (cancer patients, older adults) and by obtaining a prescription from a doctor.

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally consume the drugs. One participant reported, "If they're regular 'percs' (Percocet®), you gotta sniff 'em. If they're '30s' (Roxicodone® 30 mg), you can 'bang' (intravenously inject) 'em."

Participants described typical illicit users of prescription opioids as everyone from teens to the elderly. Treatment providers described typical illicit users as more often teens to 30s. One treatment provider commented, "The younger ones start off with prescriptions ... [then switch to heroin because they are] too expensive and harder to find than heroin." A police officer commented, "I've seen just about everyone."

Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of Suboxone® sublingual filmstrips (aka “strips”) as ‘5’ and availability of the tablets as ‘2’ 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.’ One participant commented, *“Never seen the pills.”* Treatment providers most often reported current street availability as ‘10;’ the previous most common score was also ‘10.’ A treatment provider reported, *“I think that’s real available. I just had a patient flash it at me the other day, saying I bought some Suboxone® ‘cause ya’ll dosing me down.”* Treatment providers reported that some patients prefer Suboxone® over methadone. One treatment provider explained, *“A lot of them think Suboxone® is so much better and they say, ‘I’m not gonna do that methadone.’ It’s like methadone is frowned upon.”*

Corroborating data also indicated the presence of Suboxone® in the region. The Hancock County Adult Probation Department reported that 30.0 percent of the 574 positive drug tests it logged during the past six months were positive for buprenorphine (a main ingredient in Suboxone®).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; six of the individuals face charges for trafficking Suboxone® (www.wane.com, Feb. 12, 2015).

Both participants and treatment providers reported that the availability of Suboxone® has increased during the past six months. A participant reasoned, *“More people are being prescribed them.”* The BCI Bowling Green Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant claimed, *“The price [of Suboxone® filmstrips] has gone up.”*

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-25 for 8 mg
	tablet	\$10-25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from users who have prescriptions. One participant said she gets them from, *“Whoever got ‘em.”* Another participant admitted that he would sell them. While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is sublingual. Participants estimated that out of 10 illicit Suboxone® users, all would sublingually use the drug.

Participants described typical illicit Suboxone® users as most often heroin addicts and explained that they use this drug, prescribed or not, to avoid heroin withdrawals or to try to get sober. A participant explained, *“[If a user can’t] get anything ... you’re down to Suboxone® level.”* Treatment providers described typical illicit users also as someone avoiding withdrawal. A treatment provider commented, *“Not to get high, but if they can’t get anything and [Suboxone® is] available to control the withdrawal until they can get something.”*

Some treatment providers also reported they that have seen an increase in pregnant women using Suboxone® and added that they never heard of patients buying Subutex®, an even safer alternative for pregnant women. One treatment provider shared, *“Once they find out they’re pregnant, they’re doing their best to get their hands on Suboxone® on the street ‘cause they know it’s one of the safer ways to go.”*

Sedative-Hypnotics

Sedative -hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current street 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’ for both respondent

groups. Participants identified Klonopin® and Xanax® as the most popular prescription sedative-hypnotics in terms of widespread illicit use. Several participants agreed when one individual replied, “Most people take Xanax® and Klonopin®.” Treatment providers identified Ativan® and Xanax® as most popular; a treatment provider described the availability of these two medications as “abundant.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; six of the individuals face charges for trafficking sedative-hypnotics (specifically mentioned were clonazepam, lorazepam and alprazolam) (www.wane.com, Feb. 12, 2015). OSHP troopers arrested two individuals in Wood County when a probable cause search revealed a combined total of 637 oxycodone and Xanax® pills (www.statepatrol.ohio.gov, June 19, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, some participants reported that the availability of Xanax® has increased, while Klonopin® availability has decreased. A treatment provider shared, “They start off with [sedative-hypnotics] because they ... have issues and they take more and more and more.” Another treatment provider remarked, “They [are] taking [Xanax®] by the ‘bars’ (2 mg pills).” The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally decreased or has remained the same during the past six months; the exceptions were increases in Ambien®, Ativan® and Xanax® cases.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$0.25 for 0.25 mg \$0.50 for 0.50 mg \$1 for 1 mg \$2 for 2 mg
	Xanax®	\$1-3 for 1 mg \$2-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, family members, friends and psychiatrists. A participant explained, “It starts with friends, ends with dealers.” A law enforcement officer commented, “When you see those pharmacy robberies, it’s related to that.”

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally ingest and one would snort the drugs. A participant explained, “With Xanax® you can just swallow those ... but with Ativan® and Klonopin® ... snorting it does do more [for the high].” Another participant added, “Xanax® burns when you snort ‘em.”

Participants described typical illicit users of sedative-hypnotics as heroin and prescription opioid users who cannot get their drug of choice. Participants commented: “Usually people that like heroin; Those who can’t get ‘percs’ (Percocet®); People who have a drug of choice [but] will abuse those drugs, too” Treatment providers described typical illicit users as more often younger, 18 to 30 years of age. One treatment provider noted, “I don’t see the older generation.” However, another clinician said, “Young to old [abuse sedative-hypnotics].”

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most

common score was also '10.' One participant commented, "I can get it every day, anytime." Another participant reported, "I know a lot of people that grow their own." A few participants noted the availability of marijuana concentrates and extracts, known as "dabs," throughout the region. Participants commented: "Now they got that stuff... dab; It's coming around." Participants most often reported the current availability of dabs as '5.' Participants described dabs as a waxy form of marijuana concentrate.

Community professionals most often reported the current availability of marijuana as '10;' the previous most common score was also '10.' A treatment provider commented, "I had a patient tell me recently, 'I don't understand why I can't smoke a blunt (marijuana cigar). I'm not here for marijuana, I'm here for opiates. I should be able to smoke a blunt.'" A law enforcement officer shared, "We've seen some places where people are growing their own [marijuana]."

Corroborating data also indicated the presence of marijuana in the region. The Hancock County Adult Probation Department reported that 26.5 percent of the 574 positive drug tests it logged during the past six months were positive for marijuana. In addition, The Hancock County and Probate Juvenile Court reported that 7.7 percent of 376 tests obtained from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; two of the individuals face charges for trafficking marijuana (www.wane.com, Feb. 12, 2015). OSHP troopers discovered a large mason jar and large zip-lock bag containing marijuana in a vehicle they stopped in Hancock County (www.statepatrol.ohio.gov, March 19, 2015). OSHP troopers arrested a Tennessee man when they discovered a pound of marijuana in the trunk of his vehicle (www.nbc24.com, March 16, 2015). Toledo Police were called to the University of Toledo Medical Center where they learned of a woman who was being treated for a gunshot wound on her foot; she admitted to shooting herself in the foot accidentally by her own handgun when she pulled it out to defend herself after two men she was selling marijuana to pulled a gun on her; the men reportedly got away with her handgun and cash (www.nbc24.com, May 22, 2015). OSHP troopers discovered 11 pounds of hydro-

ponic marijuana and a small amount of marijuana paste in a vehicle they stopped in Wood County (www.statepatrol.ohio.gov, June 10, 2015). OSHP troopers seized 600 grams of marijuana in various forms, including gummy candies and suckers, as well as two grams of hash wax when they stopped a vehicle in Erie County (www.statepatrol.ohio.gov, June 21, 2015).

Both participants and treatment providers reported that the availability of marijuana has remained the same during the past six months. Participants remarked: "It's everywhere; At a stop light; In my neighbor's back yard." A few participants noted times during the year when marijuana may not be as available and commented: "There's times during the year, it goes 'dry' (not available); Election season 'cause that's when the indictments come out." The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often reported the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (aka "hydro," high-grade marijuana). One participant commented, "The quality of hydro is way better, like past a '10.'" Another participant indicated that the quality of the drug is variable depending on how it is grown and commented, "They are cross-pollenating and growing all kinds of [marijuana]."

Reports of current prices of marijuana were provided by participants with experience purchasing the drug. Reportedly, the price of marijuana depends on the quality desired and participants continued to report low-grade marijuana as a lot cheaper than high-grade product.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5-10
	1/4 ounce	\$25
	1/4 pound	\$250
	a pound	\$1,100
	High grade:	
	a blunt (cigar) or two joints (cigarettes)	\$10-20
	1/4 ounce	\$75-100
	1/4 pound	\$375-400
a pound	\$2,000-3,000+	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug in baked goods. Participants often reasoned that baking marijuana to get high is a waste of time, *"When we can just smoke it and get high."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described marijuana users as anybody. One participant commented, *"It's the most widespread [drug]."* A treatment provider reflected, *"It's everybody and every age group."*

Methamphetamine



Methamphetamine remains variable in availability throughout the region, with participants reporting higher availability in more rural areas of the region, specifically Defiance and Williams counties. Participants most often reported current availability in rural areas as '10,' while participants in Toledo most often reported current availability in the city as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were similar, '1' in Toledo and '10' in Defiance and Williams counties. A participant from Defiance County com-

mented, *"You can get [methamphetamine] in a couple of hours."* A Toledo participant commented, *"Every once in a while you might see [methamphetamine]."*

Community professionals most often reported the drug's current availability also as '3' in the City of Toledo and '10' in Defiance and Williams counties; the previous most common score provided by rural providers was '10.' A treatment provider in a more rural area commented, *"We got these meth labs [here]."* Law enforcement informed, *"The rural area is where you'll find a lot of the labs ... [Toledo has] smaller operations."*

Rural participants reported that methamphetamine is available in both powdered and crystal forms; however, they said the powdered form is most available in terms of widespread use. Participants most often reported the current availability of crystal methamphetamine as '5' and one participant commented, *"It's harder to get."*

Participants most familiar with methamphetamine during the past six months commented about the production of powdered methamphetamine (aka "one-pot" or "shake-and-bake"), which means users are producing the drug 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 (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant shared her experience, *"You gotta keep shaking it ... You gotta keep opening the cap every so often to let the pressure out or it will explode."* Other participants explained that these small methamphetamine labs are often discarded in ditches on the side of the road to avoid having them discovered in their garbage by law enforcement.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Grover Hill (Sandusky County) resident was found guilty of manufacturing methamphetamine in a rural Putnam County barn (www.otfca.net, Feb. 12, 2015). Law enforcement found multiple one-pot methamphetamine labs in an apartment building in Clyde (Sandusky County); neighbors reported relief that something was being done about the drug issue in that building (www.13abc.com, March 11, 2015). Media also reported that the Multi Area Narcotics (MAN) task force seized 95 methamphetamine labs in 2014 (www.nbc24.com, April 25, 2015).

Participants and treatment providers reported that the availability of methamphetamine has increased during the past six months. One participant reported, *"All I see in the paper is meth labs [being busted]."* The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown powdered, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine as '10' and of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for both forms of the drug. Participants reported that powdered methamphetamine is not as good as crystal methamphetamine. Several participants agreed with one who reported that when purchasing powdered methamphetamine, they had to, *"buy double the amount [because] shake-and-bake's not gonna last that long."* A self-proclaimed methamphetamine cook commented on increasing the quality of powdered methamphetamine by using an adulterate and shared, *"We went and bought horse tranquilizer ... mixed it in."* Overall, participants reported that the quality of both crystal and powdered methamphetamine has increased during the past six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug; however, no participant was able to provide specific quantities for their purchase. Participants specified that powdered methamphetamine is approximately \$20 less expensive than crystal methamphetamine. One participant reported purchasing *"three decent lines"* of powdered methamphetamine for \$20. Another participant reported spending \$50, but was unsure of the quantity and commented, *"You just get a bag."* Other participants reported trading boxes of Sudafed® for an undefined amount of the drug.

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would shoot, two would smoke and one would snort the drug. One participant commented on snorting the drug and commented, *"It burns really bad!"*

Participants often described typical methamphetamine users as truck drivers or people in professions where they need to stay awake for longer or nighttime hours. One participant connected individuals with attention deficit disorder to methamphetamine use and commented, *"I noticed a lot of people placed on (prescribed) Adderall® ... when they do start trying bigger, harder drugs, I noticed a lot of them tend to go for the meth."* Both participants and community professionals described typical users of methamphetamine as living in rural areas, with treatment providers also noting typical users as being from lower socio-economic populations.

Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current street 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 '5.' A participant reported that these medications are *"everywhere."* Community professionals most often reported prescription stimulant current street availability as '5-8'; the previous most common score was '6.' A law enforcement officer reflected, *"I don't see a whole lot of people pushing Adderall® on the street."*

Participants reported that Adderall®, Concerta® and Ritalin® are available throughout the region, but identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Community professionals agreed, as one treatment provider remarked, *"Adderall® is probably the biggest."* However, neither participants nor community professionals indicated these medications as a primary drug of choice in the drug using community.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A University of Toledo student was caught selling Adderall® to another student for about \$100 (www.nbc24.com, Feb. 18, 2015).

Both participants and treatment providers reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months while the number of Ritalin® cases has decreased.

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

Reports of current street prices were provided by participants with experience using these medications during the past six months. One participant shared that she had spent \$5-7 on a 30 mg Adderall®. However, these medications are reportedly not often obtained from drug dealers, but rather from acquaintances, friends or family who have prescriptions. Most participants hadn't purchased a prescription stimulant and if used, got them from people they knew.

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are snorting and oral consumption. A treatment provider commented, "Concerta®, you can't crush. It's in that shell, so they probably don't abuse it as much ... Adderall® you can snort."

Participants described typical illicit prescription stimulant users as more often college students. One participant commented, "It's more around college campuses [because it] keeps you super focused." Another participant divulged, "I used it a lot when I was in school." Another participant described users as, "People that got a lot of work to do." Community professionals similarly described illicit prescription stimulant users as younger, often college students, 18 to 30s in age. Treatment providers commented: "Some people like it for the weight loss; Like that extra energy." Law enforcement added that users often have to stay awake, such as third-shift workers. One officer explained, "They're using it as a way to stimulate the brain."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is highly available in the region. Participants and community professionals most often reported both ecstasy (traditional tablets) and molly (powdered MDMA) current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' and '8' respectively.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested a driver in Hancock County after a drug-sniffing canine alerted to a vehicle in which 41 ecstasy tablets were discovered (www.statepatrol.ohio.gov, April 16, 2015).

Both participants and treatment providers reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

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

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

Several participants indicated preference for molly over ecstasy tablets. One participant commented, "Molly is way better." Another participant reported, "Ecstasy is mostly fake." One participant suggested that ecstasy is adulterated with other substances and commented, "Mostly animal dewormer." One participant reported on quality of molly and said, "Molly's gotten way better."

Reports of current street prices for ecstasy and molly were provided by participants with experience buying the drugs. Participants reported that these drugs are less expensive if the user purchases in high quantity. Participants reported that ecstasy sells for \$10 per tablet, but could be purchased for only \$2 apiece if purchased in bulk. Reports of molly prices were variable among participants, who reported that this form of the drug is most often sold in capsules. A participant reported purchasing three capsules (traditionally 1/10 grams each) for \$40-50. Other participants reported that it is common to spend \$5-25 on molly, but could not specify for what quantity. One participant compared sales of molly to sales of crack cocaine in that the drug could be purchased in any amount and quantity.

While there were a few reported ways of consuming ecstasy and molly, generally the most common routes of administration are snorting and oral consumption. Participants estimated that out of 10 ecstasy or molly users, eight would orally consume and two would snort the drugs. One participant reported, *"You can't snort ecstasy, it burns."* Another route of administration mentioned was anal insertion (aka "plugging"). A participant shared that there is an advantage to this last method and explained, *"You wouldn't have to use nearly as much."*

Participants described typical users of ecstasy or molly as partiers and younger individuals between 18 and 25 years of age. Community professionals described typical ecstasy and molly users as teens through 20s. A treatment provider added, *"It's a party drug."* Law enforcement pointed out that people will put this drug in alcoholic drinks for date rape and explained, *"It makes you loosen up all your inhibitions, sexually."*

Other Drugs in the Toledo Region

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: synthetic marijuana, bath salts and over-the-counter (OTC) cold and cough medications.

Media outlets also reported seizures and arrests of other drugs in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others facing charges in connection with the group; one individual faces a charge for

trafficking 25I-NBOMe (www.wane.com, Feb. 12, 2015). OSHP troopers arrested a man near Elmore (Ottawa County) when they stopped him on the Ohio Turnpike and discovered psilocybin mushrooms and hash oil (www.otfca.net, June 25, 2015).

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'. Treatment providers most often reported current availability as '6'; the previous most common score was '4'.

Participants and treatment providers reported that the availability of synthetic marijuana has decreased during the past six months. Participants commented: *"Nobody messes with that crap; Nobody uses it."* A participant indicated strong potency of the drug and commented, *"This guy hit it once and he was on the ground."* The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Reportedly, despite legislation enacted in October 2011, synthetic marijuana continues to be available from certain corner stores and gas stations. One participant explained, *"They still sell it on the down low."* The only route of administration reported remains smoking. Participants described typical users of synthetic marijuana as anybody. Treatment providers described typical users of synthetic marijuana as younger, 18 to 24 years of age and those trying to pass drug tests.

Bath Salts



Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1'. Participants did not have personal experience with the drug and responded: *"No, hell no; It makes you a zombie."* Treatment

providers most often reported current availability also as '2,' the previous most common score was '2' as well. One treatment provider commented, *"I've heard of people doing the bath salt thing, but I'm not familiar with it."* Law enforcement reported occasionally receiving alerts to 'be on the lookout' (aka "BOLO") for bath salts.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. A participant reported, *"It's around, but it's not that easy to get."* A treatment provider commented, *"They're not using that as much."* The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Reports of current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for \$10-20 per vial, but participants did not know the amount of the drug in the vials. Participants described the vials as plastic and similar to packaging for lip gloss.

Despite legislation enacted in October 2011, bath salts continue to be available from certain corner stores and tattoo shops. One participant reported, *"It turned illegal and they started taking it out of stores, but the store I would go to get it from, he would still sell it."* A treatment provider described a typical bath salts user as late teens to early 20s. Law enforcement also reported younger users such as high school students, experimenting with drug use.

OTCs

A few participants reported illicit use of cough syrup in the region. Participants reported high availability of these syrups due to the legality of the drugs. One participant commented, *"You can get that at the corner store."* A few participants identified typical users as young people, ages 12-17 years, who drink cough syrup which they call "syrup" or "lean." The most common route of administration for OTCs remains oral consumption through drinking the liquid syrup, reportedly, most often combined with Sprite® or cream soda.

Conclusion

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

While many types of heroin are currently available in the region, participants and treatment providers reported white powdered heroin (aka "china white") as most available in terms of widespread use. Participants most often reported the current overall quality of heroin as '10' (high quality) and indicated that the high quality of the drug is the reason for many overdoses in the region. Participants reported that heroin is often cut with other drugs, such as methamphetamine, prescription opioids and Xanax®. The BCI Bowling Green Crime Lab reported fentanyl as a heroin cut.

In addition, both participants and treatment providers reported powdered cocaine, which they reported increased in availability during the past six months, is used to cut poor quality heroin by dealers attempting to make their product more potent. Treatment providers reported some heroin users as testing positive for cocaine on drug screens when they've reported no cocaine use, thus some users were unaware of cocaine in their heroin. And while participants and community professionals described typical heroin users as being from "across the board" and "all over the charts," treatment providers mentioned an increase in the number of pregnant heroin users coming in for treatment during the past six months.

The Hancock County Adult Probation Department reported that 30.0 percent of the 574 positive drug tests it logged during the past six months were positive for buprenorphine (a main ingredient in Suboxone®). Both participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months, attributing the increase to an increase in the number of users prescribed the drug. The BCI Bowling Green Crime Lab also reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

Participants and community professionals continued to describe typical illicit Suboxone® users as most often

heroin addicts and explained that they use this drug, prescribed or not, to avoid heroin withdrawals or to try to get sober. Some treatment providers also noted that they have seen an increase in pregnant women using Suboxone® and added that they never heard of these clients buying Subutex®, an even safer alternative for pregnant women.

Lastly, participants and community professionals reported high availability of methamphetamine in Defiance and Williams counties, while reporting low availability for the drug in the City of Toledo. Participants reported that methamphetamine is available in both powdered and crystal forms. However, they said the powdered form is most available in terms of widespread use, but the quality is not as good as crystal methamphetamine. Reportedly, the powdered form is often cut with other substances, such as horse tranquilizers, to increase its potency.

Respondents continued to report that methamphetamine is most often produced for personal consumption following the “one-pot” or “shake-and-bake” method of manufacture. Participants explained that these small methamphetamine labs are often discarded in ditches on the side of the road to avoid having them discovered in the cook’s garbage by law enforcement. Participants reported users trading boxes of Sudafed® (a precursor ingredient for methamphetamine production) for the finished drug. Both participants and community professionals described typical users of methamphetamine as living in rural areas, with treatment providers also noting typical users as being from lower socio-economic populations.

