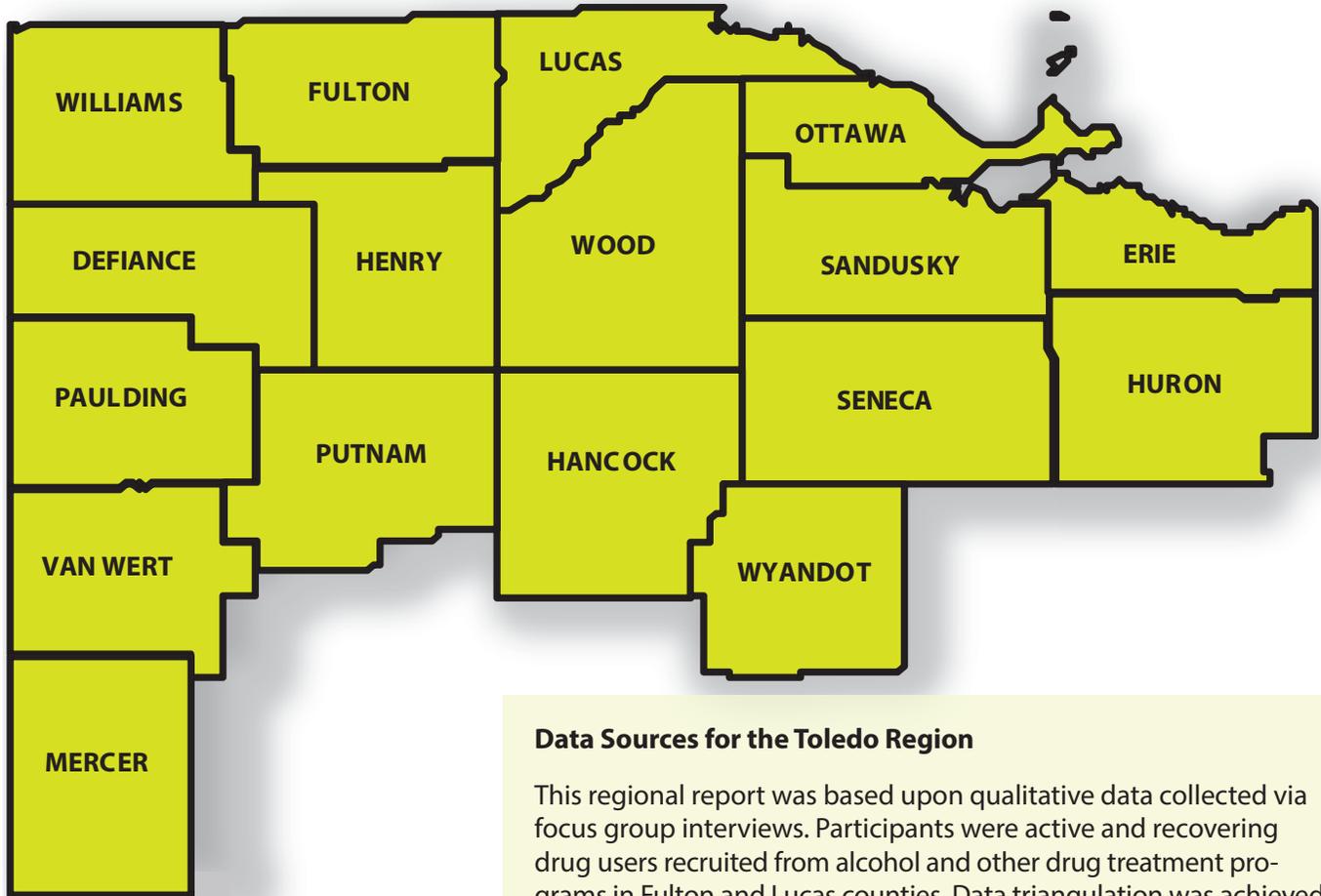




Drug Abuse Trends in the Toledo Region



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 Fulton 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 focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Bowling Green office, the Hancock County Probate and Juvenile Court and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,225,517	48
Gender (female), 2014	51.1%	50.9%	45.8%
Whites, 2014	84.8%	88.8%	66.7%
African Americans, 2014	13.6%	9.7%	20.8%
Hispanic or Latino Origin, 2014	3.3%	5.9%	7.0% ²
High School Graduation Rate, 2014	82.6%	80.6%	85.4%
Median Household Income, 2014	\$49,349	\$49,717	less than \$12,000 ³
Persons Below Poverty Level, 2014	15.3%	15.1%	62.2%

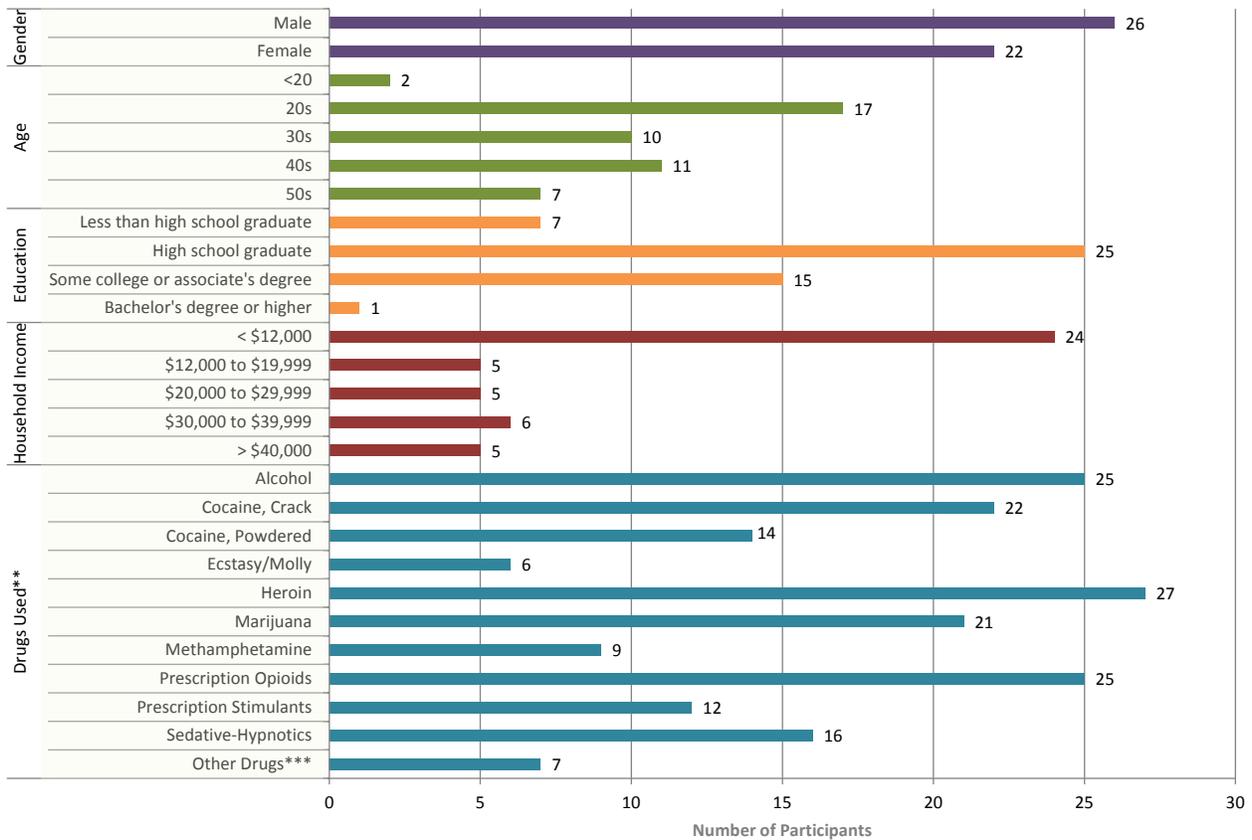
¹Ohio and Toledo region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

²Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status were unable to be determined for 3 participants for missing and/or invalid data.

Toledo Regional Participant Characteristics

Drug Consumer Characteristics* (N=48)



*Not all participants filled out forms completely; therefore, numbers may not equal 48.

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

***Other drugs included: bath salts, hallucinogens (DMT, PCP), ketamine, synthetic marijuana and other prescription drugs (Neurontin®, Suboxone®).

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, ecstasy, heroin, marijuana, powdered cocaine, prescription opioids and sedative-hypnotics were highly available in the Toledo region. Increased availability existed for methamphetamine and Suboxone®, likely increased availability existed for powdered cocaine, and decreased availability existed for bath salts and synthetic marijuana.

While many types of heroin were 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 overall quality of heroin as ‘10’ (high quality) and indicated that the high quality of the drug was the reason for many overdoses in the region. Participants reported that heroin was adulterated (aka “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, participants and treatment providers reported that powdered cocaine, which they agreed had increased in availability during the reporting period, was also used to cut poor quality heroin in an effort to increase the quality of the product. Treatment providers reported that some heroin users appeared unaware of the presence of cocaine in the heroin they used and seemed surprised when they tested positive for cocaine in drug screens. Participants and community professionals described typical heroin users as from “across the board” and “all over the charts.” Treatment providers also noted increased numbers of pregnant heroin users who entered treatment during the reporting period.

The Hancock County Adult Probation Department reported that 30 percent of the 574 positive drug tests logged during the reporting period were positive for buprenorphine (a main ingredient in Suboxone®). Both participants and treatment providers reported increased street availability of Suboxone® and attributed the increase to an increase in number of users who were prescribed the drug. The BCI Bowling Green Crime Lab also reported that the number of Suboxone® and Subutex® cases it processed had increased during the reporting period.

Participants and community professionals continued to describe typical illicit Suboxone® users as heroin addicts and explained that they used Suboxone®, prescribed or

not, to avoid heroin withdrawals or to attempt self-detox. Some treatment providers also noted that they saw an increase in pregnant women using Suboxone® and added that they had never heard of these clients purchasing Subutex®, an even safer alternative for pregnant women.

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

Respondents continued to report that methamphetamine was most often produced for personal consumption following the “shake-and-bake” method of manufacture. Participants explained that these small methamphetamine labs were 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 that users traded boxes of Sudafed® (a precursor ingredient for methamphetamine production) for the drug. Both participants and community professionals described typical methamphetamine users as coming from rural areas and treatment providers noted that many were of lower socioeconomic status.

Current Trends

Powdered Cocaine

Powdered cocaine is 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 ‘7’ and ‘10’. A participant commented, “*Oh, you can find it everywhere.*” Community professionals most often reported current availability as ‘9’ in the City of Toledo and ‘4’ in rural areas; the previous most common score was ‘10’ generally. A treatment provider reported, “*Some clients here (rural treatment program) have a diagnosis of abuse of cocaine ... so it’s still out there.*”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. In possibly the biggest drug bust ever in Fremont (Sandusky County), 34 individuals were charged with heroin and cocaine trafficking following an 18-month investigation undertaken by local, state and federal agents (www.13abc.com, Oct. 30, 2015). A Sandusky (Erie County) man was charged with trafficking cocaine and marijuana in the Village of Put-In-Bay (Ottawa County); the man allegedly transported the drugs to the island community via ferry (www.otfca.net, Nov. 30, 2015).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported a slight decrease due to a large arrest. An officer recounted, "We've seen a small decrease ... we had a ... multi-county round up in August ... Henry, Fulton, Putnam, Defiance ... all the counties. Making a point that drugs are not tolerated. We did identify a potential source of cocaine, which we handed off to an adjacent drug unit ... They did follow up and got search warrants uncovering larger amounts of cocaine." The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' However, a participant reported that quality fluctuates depending on the dealer and the 'cut' (adulterant).

Participants reported that powdered cocaine in the region is cut with acetone, baby laxative, baking soda, blood pressure medication, creatine, dietary supplements (inositol, isotol), Orajel®, Seroquel® and Sudafed®. A participant reported, "[Dealers] say they have two different kinds, one for shooting and one for snorting ... two different cuts, one will break down to shoot and one won't." Another partici-

part added, "If they tell you they have one you can shoot and one you can snort, just leave that man alone and go to somebody else, because 'raw' (unadulterated) dope you can shoot or snort." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months and indicated that this is due to how much the drug is cut. A participant explained, "By the time [the dealer] gets it from whoever to you, it's been 'stepped on' (adulterated) so many times that by the time it gets to you, it's maybe a '3' [on the quality scale]."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that variance in price depends on quality. A participant shared, "I can get a 'bill' (\$100) a 'ball' (1/8 ounce) ... it just depends on the quality. You can get balls for \$100 or you can get balls, like quality stuff, for \$200."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50
	1/16 ounce (aka "teener")	\$75-100
	1/8 ounce (aka "eight ball")	\$100-200

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"). A participant reported, "[Users are] thinking ... that if they snort it, they're better than someone who shoots it."

Participants described typical powdered cocaine users as white, college-aged, of a higher socio-economic level, as well as, hippies, lawyers, strippers and prostitutes. One participant remarked, "There are girls working the streets and getting high." Community professionals found it difficult to describe a typical powdered cocaine user, but reported that the age range for use is wide (20s to 60s).

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'. However, one participant reflected on demand and concluded, "I think the need for it isn't there as much anymore." Community professionals most often reported current availability as '9'; the previous most common score was '8'. A treatment provider noted, "It's probably available, it's just not as popular." A law enforcement officer commented, "It's out there. We've come across it."

Corroborating data indicated the presence of crack cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that nine percent of the 188 individuals who screened positive for any drug use during the past six months reported crack cocaine use during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Toledo man was arrested at a Fostoria (Seneca County) motel when police, responding to possible drug activity complaints, found crack cocaine and heroin in the man's possession (www.otfca.net, July 19, 2015). A Fostoria woman was charged with possession of crack cocaine after a drug-related search warrant was executed at her home (www.otfca.net, July 21, 2015). Ohio State Highway Patrol (OSHP) troopers discovered 70 grams of crack cocaine and 56 grams of heroin hidden in a shoe on the rear floorboard of a vehicle that was pulled over for a marked lanes violation in Sandusky County (www.statepatrol.ohio.gov, Nov. 26, 2015).

Participants reported that the availability of crack cocaine has decreased during the past six months. A participant reasoned, "With the prevalence of heroin, 'crack' (crack cocaine) is going away." Community professionals reported that availability has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. However, participants indicated that the quality often varies. A participant explained, "A lot of dealers will have

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

really good crack cocaine. They'll sell that to you and then once you're high, they'll sell you the shitty crack." Participants reported that crack cocaine in the region is adulterated (aka "cut") with acetone, ammonia, baby laxative, baking soda, Orajel®, Seroquel® and Sudafed®. A participant asserted, "They cut it with a lot of 'soda' (baking soda)." Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that most users will purchase crack cocaine in small pieces (aka "rocks") that are not typically weighed. One participant added that dealers will sell pieces for, "what [money] you have in your pocket." Another participant explained, "Most people with a crack cocaine habit, you won't see them buying grams and 'balls' (1/8 ounce). They'll buy [rocks for] 5, 10, and 20 dollars, smoke it all night long. So they're wasting their money throughout the night."

Crack Cocaine	Current Prices for Crack Cocaine	
	A gram	\$50
	1/16 ounce	\$75-100
	1/8 ounce (aka "eight ball")	\$150-200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug.

Another participant shared, *"I like doing both, so either shooting it or smoking it. It depends on who I'm with and if I have a needle."* One participant disclosed, *"Once I started shooting it, I never smoked it again."* Participants also discussed the general anti-social nature and paranoia associated with crack cocaine use and responded: *"Crack smokers usually don't smoke together. Once there's smoke, everyone scatters; You go and hide."*

A profile for a typical crack cocaine user did not emerge from the data. However, several participants pointed out that prostitutes use the drug. A participant reported, *"It was like all the girls who work the streets. Their tricks are providing them money [for crack cocaine]."* Treatment providers noted that heroin users will often use crack cocaine and added that clients who identify crack cocaine as their primary drug of choice are generally older (40s and 50s).

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Several participants admitted to having multiple heroin dealers. One participant ruminated, *"You're hitting three different drug dealers throughout the day and you're feeling good off of each one."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider commented, *"I feel like heroin is just an epidemic."*

Participants noted an increase in the number of heroin dealers in the region during the past six months. One participant declared, *"There are sooo many drug dealers."* Another participant added, *"And we're addicts, so if we have five different heroin dealers, we're going to test them all out."* One participant asserted, *"It's so crazy. Actually some of the best dope I ever got, the kid (dealer) was like 16-years old."* Participants indicated that dealers often sell heroin as well as cocaine. One participant reported that dealers will say, *"I got that 'hard' (crack cocaine) and I got that 'chi' (china white heroin)."*

While many types of heroin are currently available in the region, participants and community professionals reported white and brown powdered heroin as most available in terms of widespread use during the past six months. Participants and treatment providers reported that white powdered heroin is slightly more available than brown

powdered heroin. Treatment providers commented: *"We used to hear brown all the time, but we haven't heard brown ... it's 'china white' (white powdered heroin); I hear more of the china white."* A law enforcement officer commented, *"The white and the brown is pretty much what [they] buy."* Participants reported moderate availability of black tar heroin, most often reporting its current availability as '5' on the above availability scale; the previous most common score was '4'. Participants reported: *"I would say the 'tar' (black tar heroin) is less available than the china; Tar is harder to get."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested and charged with trafficking heroin from Toledo to Tiffin (Seneca County); allegedly, the 65-year-old man had been distributing heroin throughout the Tiffin area for quite a while (www.otfca.net, July 17, 2015). A man was arrested for trafficking heroin and prescription opioids following a search of his Fostoria (Seneca County) residence; heroin, prescription pills and marijuana were seized (www.otfca.net, July 31, 2015). Nine people were arrested in Seneca County during a law enforcement collaborative effort; three of the nine faced charges for trafficking heroin (www.otfca.net, Aug. 13, 2015). A series of overnight raids led to the Mercer County Heroin Interdiction Team's largest ever seizure of heroin capsules; 130 heroin capsules, prescription drugs, drug paraphernalia and cash were seized and two people arrested (www.whio.com, Sept. 2, 2015). Three Findlay (Hancock County) residents were arrested for heroin possession after a search warrant led a local drug task force to their residence (www.otfca.net, Sept. 10, 2015). Two men were arrested in Ottawa County and charged with involuntary manslaughter after the heroin overdose death of a woman; the two witnessed the overdose and did not contact emergency services or law enforcement until it was too late (www.otfca.net, Oct. 12, 2015). A Findlay woman was arrested after a large amount of heroin, crack cocaine and marijuana were found at her residence (www.otfca.net, Oct. 14, 2015). The Seneca County Drug Task Force unit discovered heroin and crack cocaine in a Tiffin home; the resident was charged for trafficking heroin and crack cocaine (www.otfca.net, Oct. 16, 2015). A man was arrested at a Fostoria motel; the man was on parole and found with heroin suspected in several overdoses in the area (www.otfca.net, Oct. 16, 2015). A young couple overdosed on heroin in Rossford (Wood County) in their vehicle with young children in the vehicle's back seat; paramedics saved the couple with naloxone (www.wtol.com, Nov. 6, 2015).

Participants and community professionals 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 black tar and powdered heroin cases it processes have increased during the past six months; the lab reported having processed blue, brown, gray, tan, white and off-white powdered heroin, while noting the “blue-drop” heroin epidemic out of Marion (Marion County, OSAM Columbus region).

Heroin	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 heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. Overall, participants reported that the general quality of heroin has remained the same during the past six months. One participant announced, “It’s excellent. It’s a killer.” However, a couple of participants complained about how much the white powdered heroin is adulterated (aka “cut”) and commented: “They just cut it, cut it, cut it; That’s why a lot of people are dying ... because they’re making it ‘stepped on’ (adulterated with unexpected, stronger substances) and so people are ‘OD’ing’ (overdosing); You see, they add more fentanyl and that’s what kills you.”

Participants reported that heroin in the region is cut with baby aspirin, baby laxative, brown sugar, embalming fluid, dietary supplements (Benefiber®, Metamucil®, protein powder) NoDoz®, sleep aids (Sleepinal®), PCP (phencyclidine), powdered cocaine, powdered sugar and vitamin B-12. Participants reported purchasing blue, gray, green and purple powdered heroin and explained: “[The color is determined by] what they cut it with; Gotten some with specks in it.” Participants agreed that heroin is most often cut with other substances and several agreed with one participant who estimated, “I’d have to say that probably two out of eight of us were probably shooting legitimate heroin.” Another participant added, “It’s dangerous because we don’t know [what we are using]. Drug dealers ... they cut and mix it ... So we might get a weak batch and a really strong batch, all in the same batch.”

Heroin	Cutting Agents Reported by Crime Lab	
		diphenhydramine (antihistamine)
	fentanyl	
	quinine (antimalarial)	

Reports of current prices of heroin were consistent among participants with experience purchasing the drug. Participants reported that prices depend on the quality of the heroin and indicated that users most often purchase small quantities of the drug. Participants explained: “I was so convinced that every day was my last day. That’s why I would only buy enough for that moment or that day ... I really didn’t want to get high tomorrow; If I was to buy a ‘quarter’ (1/4 ounce) to last me all week ... it wouldn’t last me all week.”

Heroin	Current Prices for Heroin	
	Brown powdered:	
	1/10 gram (aka “papers” or “packs”)	\$20
	A gram	\$60-130
	1/16 ounce	\$170
	1/8 ounce	\$210-320

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants reported that snorting is looked down upon because users believe it is a waste of money to use heroin that way. One participant reported that anyone snorting heroin is, “off in their own little area ... and everyone’s doggin’ him (putting him down).” Participants reported obtaining needles at local pharmacies for approximately \$1.50 for a pack of 10. A participant stated, “It’s easy to walk in and get needles. All you have to do is tell them you’re diabetic.”

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose. A participant remarked, “Without Narcan®, we would be dead.” Another participant reported on a dan-

gerous activity engaged in by some young people in the community. He explained, "High-school kids ... they have something called a 'Lazarus party' and Lazarus was the guy who Jesus arose in the Bible. So, these kids are OD'ing ... and they're hitting each other with the Narcan® (naloxone, the antidote to opiate overdose) and not realizing that the Narcan® lasts 15 minutes to four hours and they still need to go to the hospital ..."

Participants described typical heroin users as middle class, white and young. A participant reported, "Suburban kids come to the city to get their 'dope' (heroin)." Community professionals described typical users as anyone aged 18-80 years, poor and middle class and white. A treatment provider responded, "The majority are younger, but you do get your older people that are using it, too."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both respondent groups. Participants and community professionals alike identified oxycodone (OxyContin®, Roxicodone®) and Percocet® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider reported, "We hear a lot about 'perk 30s' (Roxicodone® 30 mg)." Participants also noted that Vicodin® is easily obtained, but not desirable and further stated that fentanyl and Dilaudid® are desirable, but not easily obtainable.

Corroborating data indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 230 du (dose units) of hydrocodone and 1,227 du of oxycodone hydrochloride in two separate seizures in Hancock County, both seizures occurred in March 2015; HIDTA officers also interdicted 662 du of oxycodone/hydrocodone in Wood County in a single seizure in June 2015.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP discovered 300 oxycodone tablets during a traffic stop in Erie County (www.statepatrol.ohio.gov, July 21, 2015). OHSP seized more than 534 oxycodone pills during a traffic stop

in Wood County; three individuals were arrested (<http://nbc24.com>, Aug. 18, 2015). OHSP seized 2,086 oxycodone pills, 271 hydrocodone pills and 58 alprazolam (Xanax®) pills from a vehicle that was pulled over in Wood County for following too closely (www.statepatrol.ohio.gov, Nov. 10, 2015).

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. However, one participant noted, "[Doctors] are getting more strict about giving them out." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally increased during the past six months; the exceptions were a decreased number of Opana® cases and no change in the number of fentanyl cases.

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

Several participants discussed transitioning from prescription opioid use to heroin use and commented: "Heroin addiction stems from prescription pain drug use; People want heroin. It's so much stronger." One participant illustrated, "When I had an \$80-100 a day habit ... if someone gave me a perk 30 ... it would not do anything for me. It would not even get me off [being] 'sick' (going through withdrawal) ... That's why people just go to heroin."

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Several participants reported that users will often purchase whole prescriptions due to tolerance and feeling the need for more medication; however, no prices were provided for these larger amounts. Some participants reported an increase in price of these medications due to reluctance of doctors prescribing the drugs, this limiting availability and driving prices up. Participants reasoned: "The price used to not be that bad, but since they cracked down with the pain clinics, it's [more expensive]; Those have gone up so much [in price]."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$1 per mg
	fentanyl	\$100 for 50 mcg
	OxyContin® OP	\$1 per mg
	Percocet®	\$1 per mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$2.50 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these medications from friends and family and through personal prescriptions. A participant reported, *"Most of the time, if I had friends that had families that got it [prescribed], I'd go over there and sneak in the bathroom."* Another participant admitted, *"I would only get them [prescribed] to make money to buy heroin or crack."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common 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. However, several participants reported that many users have switched to heroin. One participant reported, *"I haven't seen anybody snort a pill in a long time."*

Participants described typical illicit users of prescription opioids as young professional men and women ("yuppies"), construction workers and exotic dancers ("stripers"). A participant explained, *"Just to keep them pepped all day."* Another participant noted older users and reported, *"[Senior citizens] don't think of it as a drug. It's easier to justify it instead of hard core drugs like heroin and crack."* Community professionals found it difficult to describe a typical illicit user of prescription opioids and said it can be anyone. Treatment providers reported: *"It could be a young high-school student and it could be a grandmother; I mean, I've [had clients aged] 18 to 65 (years)."*

Suboxone®



Suboxone® is highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. Community professionals most often reported current street availability as '10'; the previous most common score was also '10'. A treatment provider commented, *"They don't want to be 'sick' (experience withdrawal) ... if they can't find anything else and somebody's got a Suboxone® then [they'll take it]."*

Participants reported that Subutex® is hard to find, yet several participants indicated that it is sought after. Participants explained: *"Pregnant women get the Subutex®; Subutex® doesn't have the naloxone in it, so when the Subutex® gets prescribed ... that's when it really gets abused because when you're taking Suboxone®, you can't take heroin."*

Participants reported that the availability of Suboxone® has increased during the past six months. One participant remarked, *"It's way up."* Likewise, community professionals reported an increase in availability during the past six months. Treatment providers commented: *"I think it's easier to get; It's gone up; I've been hearing a lot about Suboxone®."* Another provider reasoned, *"I think they're trying to treat themselves (self-medicate), trying not to have to be in a program."* A law enforcement officer reported, *"We have a few where they will sell the Suboxone® to get the money to get heroin."* The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
 Treatment providers	Increase	

Current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant divulged, *"I would get 62 eight-milligram Suboxone® a month ... I would sell maybe 50 of them to sup-*

port my heroin habit." Reportedly, Suboxone® 8 mg sells for \$20. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it prescribed from doctors. One participant reported, "There's a clinic in Toledo ... you go there for four hours and leave with a 'script' (prescription for Suboxone®)."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use remains sublingual absorption. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually consume and one would intravenously inject (aka "shooting") the drug. Participants were eager to share ways of using this drug. A participant explained, "You can shoot it just like you would heroin. Dissolve it in a spoon and shoot it ... 'cause it hits you faster." Other participants shared about snorting (aka "puddling") this medication and explained: "It's like you melt it down like you would do to shoot it up, but you snort the liquid. That's how I use to do heroin when I snorted it ... I puddled it; It's really common in jails 'cause you don't have access to needles."

Participants most often described typical illicit users of Suboxone® as people getting off heroin. Participants reported that users often use Suboxone® to self-medicate and avoid withdrawal. A participant explained, "People ... [may not] want to get clean, but want to get off [being] sick." Community professionals described typical illicit users of Suboxone® as white.

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 the 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. A participant reported, "I never really looked for it. It just came across me."

Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. A participant reported, "Three out of four people in my household are prescribed Xanax®." Another participant deliberated, "Xanax® has gotten sooo popular, because there are so many songs nowadays, so many rap

songs ... on social media, 'Oh, I'm poppin' 'xanies' (Xanax®). It's so crazy. It's like, 'When did it become cool to become a junkie?'" A treatment provider commented, "Xanax® is probably number one."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP stopped a vehicle in Hancock County for a moving violation and discovered 698 oxycodone pills and 55 diazepam (Valium®) pills in the vehicle valued at over \$14,000 (<http://statepatrol.ohio.gov>, Sept. 26, 2015).

Participants reported that the general availability of sedative-hypnotics has increased during the past six months due to increased prescribing. A participant explained, "People build a tolerance to it. Friends and people we know, they go to their doctor and say, 'It's not working' ... so they 'up them' (increase the dosage)." Community professionals also reported an increase in availability of sedative-hypnotics for illicit use during the past six months. A treatment provider observed, "I think some people are experimenting more with them." Another treatment provider stated, "I think a lot of physicians are prescribing them." The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; the exceptions were increases in Ativan® and Valium® cases and a decrease in Xanax® cases.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported that most sedative-hypnotics are inexpensive. One participant commented, "Anything other than Xanax®, you're not really paying for." Another participant responded, "I just got mine for free." Law enforcement also commented, "They tend to trade those or sell those so they can buy something else."

In addition to getting sedative-hypnotics on the street from dealers, participants also reported obtaining them

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

through personal prescription, as well as from friends and family members who have prescriptions. Participants reported: *"I got all mine from friends; I can go to the emergency room right now and get some Ativan®."* One participant shared, *"Dealers try to get scripts and they buy them in bulk like that and they resell them for profit on the street."* Treatment providers reported that illicit users most often obtain the drugs from family members and friends.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally consume these drugs. Participants described typical illicit users of sedative-hypnotics as anybody, although women especially (housewives). Other participants added that heroin users often take these medications to assist in withdrawal. Treatment providers described typical illicit users as often younger women. A treatment provider reasoned, *"I think it's mostly women [because of] stress, kids ... family life."* Law enforcement reported that they see sedative-hypnotics abuse across various ages, genders and ethnicities.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both respondent groups. A participant remarked, *"It's everywhere."* A treatment provider commented, *"That's a readily available drug."*

Participants and community professionals discussed availability of high-grade marijuana extracts and concentrates (aka "hash oil," "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC)

from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of extracts and concentrates as '5' on the above availability scale; the previous most common score was also '5'.

Corroborating data also indicated the presence of marijuana in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 83 percent of the 188 individuals who screened positive for any drug use during the past six months reported marijuana/hash use during the past 30 days. In addition, The Hancock County and Probate Juvenile Court reported that 95.3 percent of the 63 positive drug tests 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. Fifty-four marijuana plants and a couple of guns were confiscated during marijuana eradication efforts in Wyandot County; the plants were discovered from the air by a police helicopter (www.otfca.net, Sept. 9, 2015). A man and woman faced felony drug charges after OSHP seized 226 pounds of marijuana, worth approximately \$1,130,000 during a traffic stop in Lucas County (<http://statepatrol.ohio.gov>, Sept. 15, 2015). A K-9 officer alerted to a vehicle that was stopped for a marked lanes violation in Hancock County; four pounds of marijuana were discovered and seized from the trunk of the vehicle (www.statepatrol.ohio.gov, Oct 22, 2015). Toledo police responded to a Toledo Public Schools report of a student consuming marijuana-laced candy provided by another student (www.13abc.com, Nov. 12, 2015). Two men were arrested in Wood County following a traffic stop during which OSHP discovered 47 pounds of marijuana along with 111 grams of hash oil, worth a combined \$235,000, in the men's vehicle (www.statepatrol.ohio.gov, Nov. 24, 2015). Seven ounces of marijuana, 10 ounces of marijuana edibles, eight ounces of marijuana juice, 21 grams of hashish and one gram of cocaine were seized from a vehicle OSHP pulled over for a speeding violation in Lucas County (www.statepatrol.ohio.gov, Dec. 23, 2015).

Participants reported that the availability of high-grade marijuana has increased, while the availability of low-grade marijuana has decreased during the past six months. Participants clarified: *"You don't see a lot of mid-grade weed like it used to be. It used to be nothing but 'Mexican dirt weed'*

through the whole city ... dirt cheap, but nobody is buying that crap anymore because you got so much high-grade; 'Loud' (high-grade) is a lot more available." Another participant reported, "We've ... been getting a lot of Michigan medical marijuana." Treatment providers also reported: "They like the high [quality] stuff; They like the 'hydro' (hydroponically grown marijuana)."

Community professionals reported that availability of marijuana has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No change
	 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'. A participant commented, "It's been good." One participant shared, "It's all real good, especially with Michigan being so close." Overall, participants reported that the quality of marijuana has increased during the past six months.

Reports of current prices for marijuana were consistent among participants with experience purchasing the drug. Participants continued to report that price depends on the quality desired. In addition, some participants talked about high-grade marijuana that is harvested early and sold at a discount. One participant explained, "Somebody will say they don't really have 'loud' (high-grade) and they don't really have 'mids' (middle-grade) ... 'So I'm gonna sell you this gram for \$10 because it's immature loud.'"

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants indicated that very few users would eat marijuana in baked goods or other edibles. Additionally, marijuana concentrates and extracts are most often vaporized. Participants explained: "They make pens for it ... and you vaporize it; A kind of an 'e-cig' (electronic cigarette) and you put the wax in it and it burns it."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/2 ounce	\$25-35
	An ounce	\$80-100
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$15-20
	1/8 ounce	\$50
	1/4 ounce	\$100
An ounce	\$250-300	

Other participants shared: "They use certain special bongs; We could use a ceramic bong because ceramic can hold a lot of heat and then we take a coat hanger and dab a little bit, use the torch to get it white hot and it's like you've smoked a whole blunt of 'dro' (hydroponic marijuana) off one hit."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as everybody, including closet smokers with professional jobs and high-school kids. A participant claimed, "I know a lot of professional people that smoke." Community professionals also described typical users as everyone or across the board.

Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '7' in urban areas and '10' in rural areas of the region on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3' (urban) and '10' (rural). Most rural participants were familiar with the drug, while few participants living in the city had personal experience with it. Urban participants reported: "I ran into it one time; It's more rural, more farm towns." Another urban participant said, "I only knew one person who could get it." A rural participant replied, "It's real easy [to get] here." Community professionals most often reported the drug's current availability as '2' in urban areas and '10' in

rural areas; the previous most common scores were '3' (urban) and '10' (rural). Treatment providers in urban areas were less likely to report treating clients for methamphetamine addiction. One treatment provider reported, "I think there is still stigma with the 'meth' (methamphetamine). Our patients ... look down on people who are addicted to meth."

Participants reported that methamphetamine is available in both powdered and crystal forms, but indicated that the powdered form is most available in terms of widespread use. One participant shared, "It's 'bath-tub crank' (homemade powdered methamphetamine) and it's usually on the east side and it smells like gasoline." Other participants discussed "shake-and-bake" methamphetamine, which means users are producing powdered 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 (found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location. One participant reported, "Almost everyone knows how to make it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Williams County Sheriff reported that four meth labs were found in the span of four days in and around Bryan (Williams County) (www.toledonewsnow.com, July 8, 2015). A K-9 officer alerted Lake Township Police (Wood County) to a commercial tractor-trailer: when searched, police found methamphetamine; three individuals were arrested and charged with possession of and illegal manufacture of methamphetamine (<http://nbc24.com>, Sept. 7, 2015). Two Findlay (Hancock County) residents were arrested after a police raid of their home yielded cash, drug paraphernalia and chemicals commonly used for manufacturing methamphetamine (www.otfca.net, Oct. 17, 2015).

Participants and community professionals reported that the overall availability of methamphetamine has increased during the past six months. Participants commented: "It's so available; it's everywhere." A law enforcement officer suggested a shift in availability and explained, "'One pot' (shake-and-bake)? ... It's just shifting. Williams County is going down, although it's still high, and Fulton County is going up."

In terms of crystal methamphetamine a participant asserted, "Crystal's definitely going up." A law enforcement officer affirmed, "[Crystal methamphetamine is] making its way into the community." Law enforcement explained that there is a stronger

penalty when individuals are caught with two or more items used to manufacture methamphetamine, so he reasoned, "I think [users] might be going to the crystal because it's just possession of meth." 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 methamphetamine as well as brown, pink, off-white and white powdered methamphetamine.

Methamphetamine	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current quality of crystal methamphetamine and of powdered methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' and '7' respectively. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/4 gram	\$20-25
	1/2 gram	\$50
	A gram	\$100
	Crystal:	
	1/10 gram	\$20
	A gram	\$150-160

Rural participants reported that they were most likely to obtain the drug from friends or to make it themselves, while urban participants would likely obtain the drug from a dealer. While there were a few reported ways of consuming methamphetamine, generally 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. A participant commented, “I see a lot of smokers and I see a lot of people who shoot it up.” One participant reported, “I would switch back and forth when I was doing it, depending on who I was with.” Another participant revealed, “I would do it every way. I’d smoke some, shoot some and snort some. You get a different buzz [depending on] the way you do it.”

Participants described typical methamphetamine users as male, poor, white, as well as anyone who likes cocaine. In addition, an urban participant reported, “I noticed a lot of people associated with biker gangs [use methamphetamine].” A rural participant shared knowing a meth cook who is 15-years old. Other rural participants commented on typical users: “Everyone; it used to be ‘rednecks’ and now it’s everyone.” Community professionals most often described typical users as white. Law enforcement indicated younger (20s and 30s) for powdered methamphetamine use and older (35-50s) for crystal methamphetamine use. An officer explained, “They think [crystal methamphetamine is] cleaner. It’s not as dangerous because you don’t have to cook it or make it.”

Prescription Stimulants

Prescription stimulants are 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 also ‘10.’ Community professionals most often reported current street availability as ‘8;’ the previous most common score was ‘5-8.’ Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant explained, “You don’t get the same effect [from other prescription stimulants] as you do Adderall®.”

Participants reported that the general availability of prescription stimulants has decreased during the past six months and indicated that the decrease is due to the

price of the pills, as well as the high availability and effectiveness of alternative drugs. A participant commented, “The price of [Adderall®] is expensive.” Another participant reported, “I can get them, but I just went straight for ‘meth’ (methamphetamine).” Community professionals reported that availability of prescription stimulants has remained the same during the past six months. A law enforcement officer commented, “It’s easily available because it’s a prescription drug. It’s not really highly abused, but people do abuse it.” The BCI Bowling Green Crime Lab reported that the number of Adderall® and Ritalin® cases it processes have increased during the past six months.

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

Current street prices for Adderall® were consistent among participants with experience buying the drug. Reportedly, Adderall® 30 mg sells for \$4-10. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends and family. One participant shared, “I know a dealer that got them from the doctor easy.” While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants and community professionals described typical illicit users of these drugs as women, aged 20s to 30s. Both participants and treatment providers noted women using prescription stimulants for weight loss.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of traditional ecstasy pressed tablets 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 ‘8.’ More specifically, participants reported: “You don’t see [traditional ecstasy tablets] a lot; What it is ... is ‘molly’ (powdered MDMA). They don’t have the ecstasy pills.” Hence,

participants most often reported the current availability of molly as '8;' the previous most common score was also '8.' Community professionals did not have information on the current availability of ecstasy or molly. A law enforcement officer stated, "I haven't seen that in a couple of years."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP stopped a vehicle for a speed violation in Perrysburg Township (Wood County) and a K-9 officer alerted to approximately 200 ecstasy pills valued at \$5,000 (<http://statepatrol.ohio.gov>, Sept. 18, 2015).

Both participants and community professionals 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 decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Participants indicated that the quality of ecstasy varies and added that there are some fake ecstasy tablets being passed off as ecstasy to unsuspecting users. One participant reported that dealers will sometimes use, "shredded paper to press (ecstasy tablets) or dog de-wormer."

Reports of current prices for ecstasy were consistent among participants with experience buying the drug. Participants reported that traditional ecstasy tablets are priced according to quality; the higher the quality, the higher the price. A participant explained, "If it was a 'single stack' (low dose), it was probably fake. If it was a 'double stack' (medium dose), it was cut with some shit ... and if it was a 'triple stack' (high dose) it was pure."

Participants reported obtaining ecstasy and molly from specific dealers. One participant reported, "Normally, drug dealers don't have [ecstasy and molly]. It's like a different type of class of drug dealers. I'd say it's like the 'rave' (dance party) or ... college students ... electronic music scene."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	A tablet (unspecified dose)	\$5-12
	Molly:	
	1/2 gram	\$40
A gram	\$80	

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 reported that the most common route of administration for molly is snorting. Participants described typical ecstasy and molly users as those who go to clubs and raves, as well as partiers and young people. Participants commented: "[It's] a lot of young kids; People that like to go to the club; People that like to go to the bar." Community professionals described typical ecstasy and molly users as younger (18-25 years). A law enforcement officer affirmed, "[They're] definitely younger."

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), ketamine (anesthetic typically used in veterinary medicine), "kratom" (mitragynine, a psychoactive plant substance that produces a heroin-like high), Neurontin® (anticonvulsant), promethazine (neuroleptic medication and antihistamine) and synthetic marijuana.

Media outlets also reported seizures and arrests of other drugs in the region this reporting period. An Ottawa County grand jury indicted an Oak Harbor man for manufacturing and trafficking anabolic steroids; the man manufactured the steroids in his home and then sold them throughout the country via the U.S. Postal Service; many of the chemicals used to manufacture the steroids came from China, also through the U.S. Postal Service (www.otfca.net, Nov. 30, 2015).

Bath Salts

Participants and community professionals reported no firsthand knowledge of bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) in the region during the past six months. One participant stated, *"I never see bath salts."* Another participant remarked, *"No, that's gross."* A treatment provider commented, *"I haven't seen that in a long time."* Participants referred to several negative highly-publicized incidents that discouraged users from using bath salts. A participant recalled, *"A guy climbed a flagpole [high on bath salts] and did a nose dive at the university."* However, contrary to participant and community professional views on the current availability of bath salts, the BCI Bowling Green Crime Lab reported that the number of bath salt cases it processes has increased during the past six months. The lab clarified that alpha-PVP (aka "flakka") is classified as a second-generation bath salt, which may be the reason for the increase in cases.

Hallucinogens

Hallucinogens are available in the region. However, participants were unable to rate the current availability of these drugs. A law enforcement officer reported the current availability of LSD as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant shared, *"I could get you 'acid' (LSD) or mushrooms (psilocybin mushrooms) right now ... I live out in the country and 'shrooms grow from cow shit, so for me it's readily available."* Law enforcement reported, *"We just did an LSD case back in April."* The BCI Bowling Green Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes have remained the same during the past six months.

Although participants did not report on the current quality of LSD or psilocybin mushrooms, one participant shared, *"I know a lot of people that grow mushrooms ... They are grown indoors and like, they get better after every batch."* Reports of current street prices for hallucinogens were provided by only one participant who shared, *"I can go get a 'sheet of acid' (100 doses) for \$250 right now."* Participants indicated that these drugs are most often obtained at particular music venues, or from those who have access to where psilocybin mushrooms are grown.

Ketamine

Only a couple participants reported on the use of ketamine in the region during the past six months. These participants reported current availability of the drug as '7-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"It's just really expensive."* Current street prices of ketamine were provided by participants with experience purchasing the drug. Reportedly, a gram sells for \$60-100.

Kratom

Kratom is available in the region, albeit rarely. Two participants discussed the presence of kratom and explained that this drug originates in Southeast Asia (Indonesia). A participant reported, *"We have a guy that just got busted [with kratom] at the [residential treatment] house."* Participants reported: *"[Kratom is] a leaf ... It's just a crushed leaf ... You can get it online and ship it over; It's not regulated by the FDA ... and it's labeled right on it, 'not for human consumption.'" Participants further explained: "Small amounts are stimulating and high amounts are sedative ... Some amounts will give you like a cocaine high; In the right amount, it's beneficial, but to an addict, it's not." One participant shared, "It took me like six months to get addicted to it ... It gives the same effect as heroin"*

Neurontin®

Neurontin® is available in the region, but not many participants had knowledge of this particular drug. Participants indicated that Neurontin® was not desirable, but is emerging as a drug of abuse. A participant explained, *"It's a nerve, pain medication."* Another participant thought, *"People are starting to take Neurontin® a lot."*

Synthetic Marijuana

Participants and community professionals reported no firsthand knowledge of synthetic marijuana (synthetic cannabinoids) in the region during the past six months. Participants did not report having used the drug; community professionals did not report seeing or hearing of the drug. Hence, participants and community professionals thought that the availability of synthetic marijuana has decreased

during the past six months. The BCI Bowling Green Crime Lab however, reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Conclusion

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

Heroin remains extremely easy to get in the region. Treatment providers commented that heroin use is epidemic. Participants noted an increase in the number of heroin dealers during the past six months. Participants also indicated that heroin dealers often sell cocaine along with heroin. While many types of heroin are currently available in the region, participants and community professionals reported brown and white powdered heroin as most available in terms of widespread use.

The BCI Bowling Green Crime Lab reported that the number of black tar and powdered heroin cases it processes have increased during the past six months; the lab reported having processed blue, brown, gray, tan, white and off-white powdered heroin, noting the “blue-drop” heroin epidemic out of Marion (Marion County, OSAM Columbus region) in which heroin was found to contain fentanyl.

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose. Participants and community professionals most often described typical heroin users as middle class, white and young.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants most often described typical illicit Suboxone® users as people getting off heroin. Participants reported that users often use Suboxone® to self-medicate and avoid withdrawal. Law enforcement reported that some users sell their Suboxone® to get money to buy heroin.

Sedative-hypnotics have also been linked to heroin use. Participants and treatment providers reported that the general availability of sedative-hypnotics has increased during the past six months due to increased prescribing in the region. Reportedly, heroin users also seek these medications to assist with heroin withdrawal.

Most rural participants were familiar with methamphetamine, while few participants living in the city had personal experience with it. Both participants and community professionals reported high and increased availability of methamphetamine in rural areas of the region. A participant stated that almost everyone knows how to make the drug (aka “shake-and-bake”). Rural participants reported that they were most likely to obtain the drug from friends or to make it themselves, while urban participants would likely obtain the drug from a dealer.

In terms of crystal methamphetamine, participants and law enforcement reported increased availability during the past six months. Law enforcement reasoned that the increase can be explained by the fact that there is a stronger penalty for individuals who are caught with two or more items used to manufacture methamphetamine than for an individual caught with the drug in their possession; thus, some users have gone to purchasing “crystal meth” instead of taking the risks involved in making their own methamphetamine.

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 methamphetamine, as well as, brown, pink, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as male, poor, white, as well as those who like cocaine.

Lastly, “kratom” is available in the region, albeit only two participants discussed the presence of this substance. Kratom is mitragynine, a psychoactive plant substance that produces a heroin-like high. Participants explained that this drug originates in Southeast Asia (Indonesia) and can be purchased online. Participants further explained that in small amounts the drug produces a stimulating high similar to cocaine, but in large amounts it produces the same effect as heroin.