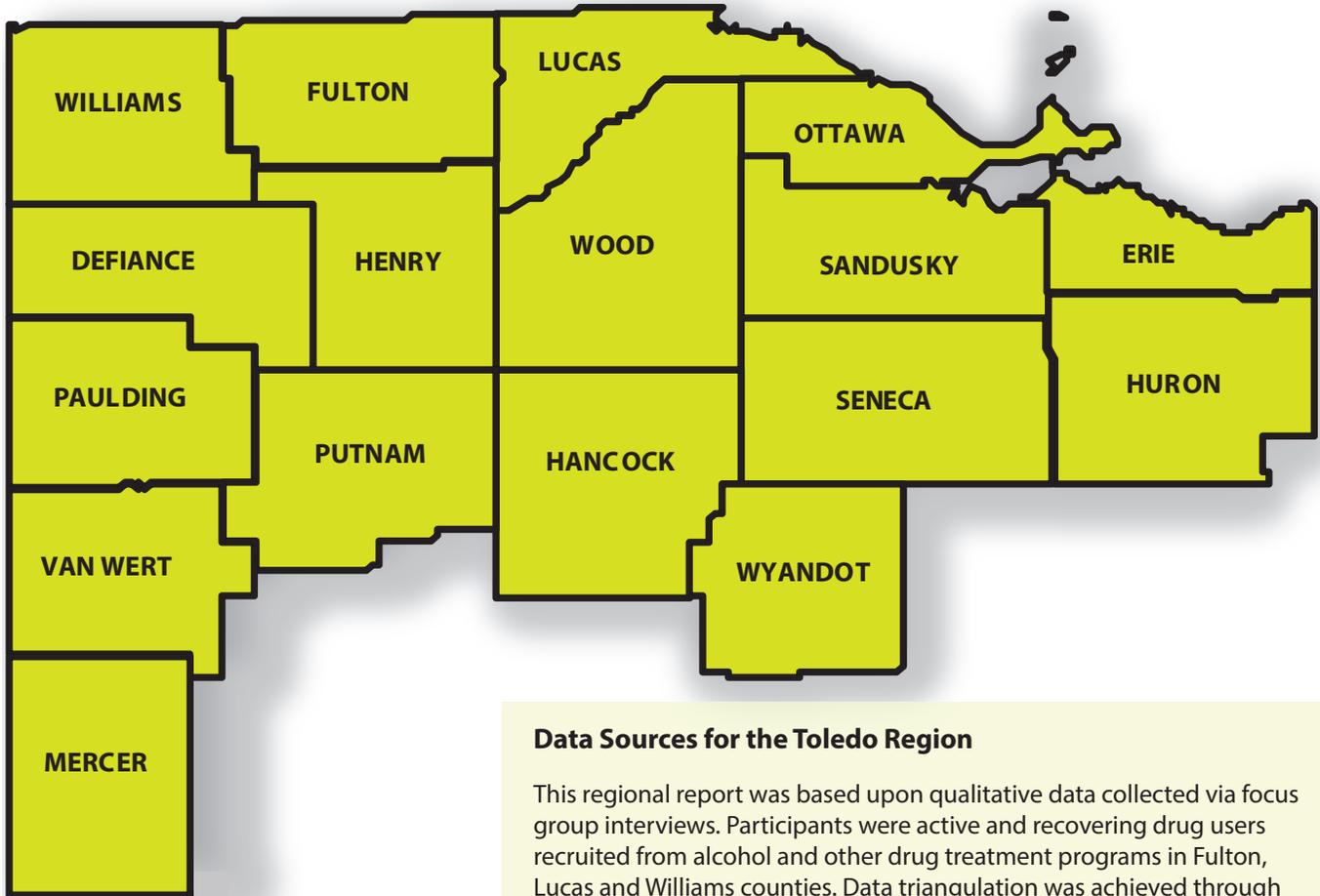




### Drug Abuse Trends in the Toledo Region



#### 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, 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 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), as well as from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from July through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

*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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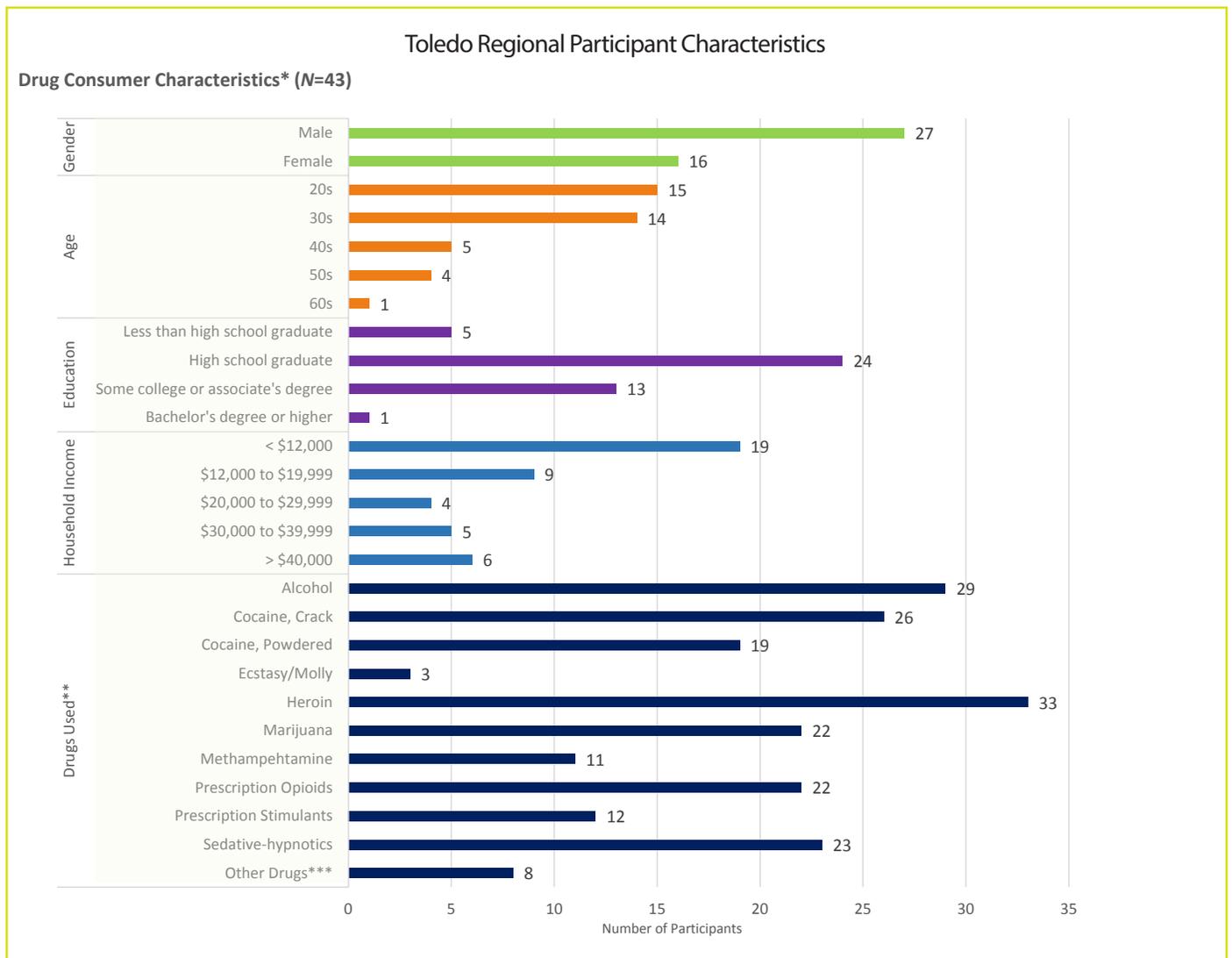
### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,225,517	43
Gender (female), 2014	51.1%	50.9%	37.2%
Whites, 2014	84.8%	88.8%	86.0%
African Americans, 2014	13.6%	9.7%	7.0%
Hispanic or Latino Origin, 2014	3.3%	5.9%	9.5% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	80.6%	88.4%
Median Household Income, 2014	\$49,349	\$49,717	\$12,000-\$19,999 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	15.1%	65.1%

<sup>1</sup> Ohio and Toledo regional statistics were derived from the most recent US Census and Ohio Department of Education data; OSAM drug consumers were participants for this reporting period: January - June 2016.

<sup>2</sup> Hispanic or Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup> Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



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

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

\*\*\*Other drugs included: hallucinogens (LSD, psilocybin mushrooms), methadone, over-the-counter cold and cough medicine (Coricidin®) and synthetic marijuana.

## Historical Summary

In the previous reporting period (June 2015 – Jan. 2016), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the region. Increased availability existed for methamphetamine, sedative-hypnotics and Suboxone®.

Treatment providers described heroin use as an epidemic. Participants observed increased numbers of heroin dealers in the region. Participants also noted that heroin dealers sold cocaine with heroin. While many types of heroin were available, 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 processed had increased; the lab reported having processed blue, brown, gray, tan, white and off-white powdered heroin. The lab noted that the blue-colored heroin (aka “blue drop”) out of Marion (Marion County) was found to contain fentanyl.

Participants 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 described typical heroin users as middle class, white and young.

Participants and community professionals reported increased street availability of Suboxone®. Participants described typical illicit Suboxone® users as people getting off heroin and explained that this drug was used to self-medicate and avoid withdrawal. Law enforcement reported that some users sold their Suboxone® to get money to buy heroin.

Sedative-hypnotics were also linked to heroin use. Participants and treatment providers reported that the general availability of sedative-hypnotics increased due to increased prescribing in the region. Heroin users also sought these medications to assist with heroin withdrawal.

Most rural participants were familiar with methamphetamine, while a few participants from the city had personal experience with the drug. Both participants and community professionals reported high and increased availability of

methamphetamine in rural areas of the region. A participant stated that many people know how to make the drug (aka “shake-and-bake”). Rural participants reported that they manufactured methamphetamine for personal use or obtained it from friends, while urban participants reportedly obtained the drug from a dealer.

Participants and law enforcement reported increased availability of crystal methamphetamine. Law enforcement reasoned that the increase was explained by the stronger penalty for individuals who are caught with two or more items used to manufacture methamphetamine, than for individuals caught with the drug in their possession. Thus, officers believed that some users shifted to purchasing crystal methamphetamine instead of assuming risks involved in making their own.

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processed had increased; 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.

Two participants discussed the presence of “kratom” (mitragynine, a psychoactive plant substance that produces a heroin-like high) in the region. 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 stimulant high similar to cocaine, but in large amounts, it produces the same effect as heroin.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s 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 ‘10’. One participant commented, “It’s pretty common.” Community professionals most often reported current availability of powdered cocaine also as ‘8’; the previous most common score was ‘9’. However, one treatment provider

clarified, "Straight 'powder' (powdered cocaine) is not as available [as crack cocaine]." One law enforcement officer stated, "Cocaine has been [highly available] since the 80s."

Corroborating data indicated the presence of cocaine in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 506 cocaine cases reported during the past six months (an increase from 406 cases for the previous six months). In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 6.6 pounds of cocaine in Wood County in August 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested a man in Toledo (Lucas County) after a K-9 officer alerted troopers to 230 grams of powdered cocaine hidden throughout the man's vehicle ([www.wtol.com](http://www.wtol.com), Jan. 27, 2016). A Hancock County drug task force arrested a man during a raid at a residence in Findlay; 48 grams of cocaine and 46 grams of heroin were seized ([www.otfca.net](http://www.otfca.net), March 31, 2016). The Toledo Bulk Cash Smuggling Task Force seized 11 kilograms of cocaine from a vehicle pulled over in Toledo, arresting the driver who was also a suspect in a larger drug trafficking investigation ([www.wdtn.com](http://www.wdtn.com), May 6, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant remarked, "It hasn't wavered." Community professionals also reported that availability has remained the same. 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	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant commented, "Yea, it's pretty 'cut down' and 'stepped on' (adulterated) around here."

Several participants reported that receiving quality powdered cocaine is either random or dependent on how well one knows the dealer. One participant explained, "It just depends ... I could get two different kinds of 'coke' (powdered cocaine) ... like some would be uncut (unadulterated) [and some would be cut]." Another participant commented, "But unless you know someone, you pretty much getting about a '4' (lower quality)." Yet, another participant observed, "Yeah, you're not gonna get the good shit ... you gotta know people for that."

Participants reported that the top cutting agents (adulterates) for powdered cocaine are baby laxative, baking soda and vitamin B-12. Other adulterates mentioned include: acetone, creatine, dietary supplements (inositol, isotol) and ether. One participant explained that the best type of cut is unnoticeable and closely emulates the drug. For instance, he reported, "'Cause sometimes that burning and smell ... inositol is something that dissolves in water, you can't see it. It doesn't leave a gritty [taste] or anything, so it's easy to just chop up with that and no one will even know it's there ... They throw in a little ether or something to numb your face.'" Another participant commented, "You want that numbing and smell [replicated]." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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. Reportedly, the most common quantity purchased is a gram. A few participants reported on what they called "fire," which they described as high quality cocaine. They reported the cost for fire as \$100 per gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$45-50
	A gram	\$80-100
	1/8 ounce (aka "eight ball")	\$175-225

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. One participant commented, “Most people are going to snort it.” Another agreed and reported, “That would probably be the most common thing, snorting it.” However, one participant that used heroin intravenously reported, “I’m a heroin addict, you know, a needle user, so I would shoot it. I would put it in a spoon, break it down, draw it up, and shoot it ... I would mix the heroin in with it and shoot it together.” Another participant agreed and reported, “If someone uses heroin, they’re more likely to shoot up [powdered cocaine].” Yet another participant reported, “Yea, the powder and the heroin together, they call it ‘speedballin’; It’s what killed John Belushi.”

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical powdered cocaine users as being “50/50” in terms of race (half white and half black). Some participants noted that users seem to be younger with one participant commenting, “It seems to be younger and younger. Most of us were like 12 or 13 [years old] when we started experimenting.” However, most participants did not identify a profile of a typical user. One participant expressed the sentiments of others when he said, “It crosses all barriers.” Another participant remarked, “Drugs and alcohol don’t discriminate on any sort of social or financial status.”

Community professionals described typical powdered cocaine users as younger. Rural treatment providers described a typical user as white and of a higher socio-economic status. Law enforcement could not describe a typical powdered cocaine user, as one officer reported, “Pretty much cocaine is across the board. That’s a drug that everybody, from all racial and economic statuses [uses].”

## 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, “You can get that anywhere. Actually, I think it’s a little more easy to get than powder.” Community professionals most often reported current

availability as ‘8’; the previous most common score was ‘9’. One treatment provider reported, “[It’s] pretty available because a lot of people have come in and said they’ve used it.” A law enforcement officer explained that he has observed consistent abuse of the drug: “You don’t really have new crack users ... kids ... may try it, but they don’t get hooked on it like those in the 80s and 90s did, so most of the people using ‘crack’ (crack cocaine) have been using it for years now. You don’t really have too many new people ... new [crack cocaine] addicts ....”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Sandusky Police Narcotics Unit (Erie County) executed a search warrant at a local residence which resulted in seizure of 128 grams of crack cocaine and over a kilogram of powdered cocaine ([www.13abc.com](http://www.13abc.com), Feb. 20, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. One participant reported on the consistently high availability of crack cocaine when she mentioned, “I can go in a convenience store and someone walks past and says, ‘I got that ‘hard’ (crack cocaine).” Community professionals also reported that the availability of crack cocaine has remained the same during the past six months, with one provider expressing the sentiments of others by saying, “I think it’s stayed the same.” The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months, although the lab noted that it does not typically differentiate between crack and powdered cocaine cases.

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

Participants most often rated the current overall quality of crack cocaine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’. One participant explained that quality depends upon the dealer: “Drugs are like anything else. People decide what they’re going to do with [their product]. Some people decide they’re going to keep it strong and some people decide they’re going to stretch it and make it weaker.” Another participant commented, “It depends on the dealer; how greedy they are.”

Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda. One participant commented, *“That’s what they always use.”* Other cuts for crack cocaine mentioned include: acetone and ammonia. Participants noted that dealers are known to weaken the drug by cutting it with other substances to create more product, thus increasing their profits. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant commented, *“In the last six months, yes, it’s been consistent.”*

<b>Crack Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. The most common quantity purchased is a \$10-20 “rock” (piece), approximately a tenth gram. One participant confirmed, *“Most people get ‘20s’ (\$20 worth of crack cocaine).”* Another participant agreed, *“It’s normally 20s.”* Overall, participants reported that the price of crack cocaine has remained the same during the past six months. Because of the need for users to continue to return and purchase crack cocaine repeatedly in a single day, participants suggested that the crack cocaine economy is on solid ground. One participant reported, *“Cause once you hit it, you’re going to be on,”* meaning you’ll be a returning customer all night. Another participant commented, *“I would be going back all night, \$50, \$50, \$50.”* Even if a dealer is incarcerated, the business continues. One participant reported, *“One gets knocked down (arrested), two pop up (two take his place).”*

<b>Crack Cocaine</b>	<b>Current Prices for Crack Cocaine</b>	
	1/10 gram (aka “rock”)	\$10-20
	A gram	\$60
	1/16 ounce	\$90-100
	1/8 ounce (aka “eight ball”)	\$140-225

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

Some participants explained the differences in shooting crack cocaine and smoking it. One participant reported that injecting it is *“a better rush (high).”* Another participant reported, *“If you shoot it, you don’t get the fiending (withdrawal) part as bad.”* While another participant reported, *“You’re jittery all day long [if you smoke it].”* Participants with experience reported that users use lemon juice, vinegar and Kool-Aid® to dissolve crack cocaine for shooting. Finally, another participant commented, *“If you’re a heroin addict, you’re going to shoot it.”*

A profile for a typical crack cocaine user did not emerge from the data. Participants and community professionals described typical crack cocaine users as anybody and everybody. One participant reported, *“You can go from the poorest person to the lawyers.”*

### 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’. One participant commented, *“Is there a bigger scale than 10?”* Community professionals most often reported current availability as ‘10’; the previous most common score was also ‘10’. A law enforcement officer reported, *“It’s truly an epidemic.”*

Corroborating data indicated the presence of heroin in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 897 heroin cases reported during the past six months, of which 25.2 percent were Lucas County cases (an increase from 840 cases for the previous six months, of which 31.7 percent were Lucas County cases). In addition, Ohio HIDTA’s Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 231 grams of heroin and 56 grams of heroin along with 70 grams of crack cocaine in Sandusky County in November 2015 in two separate seizures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. North Baltimore Police (Wood County) arrested a man for trafficking drugs after 10 grams of heroin were found in his possession ([www.13abc.com](http://www.13abc.com), Feb. 25, 2016). Two men were charged for the overdose death of an Erie County woman to whom they sold a heroin-fentanyl mixture ([www.otfca.net](http://www.otfca.net), April 26,

2016). Authorities charged two men with the heroin overdose death of a young man in Wood County ([www.13abc.com](http://www.13abc.com), May 26, 2016). The Toledo Blade reported on several additional heroin overdose deaths in the region, as well as the arrests of those who supplied the drug to the decedents. The wife of a Toledo man who died of a heroin overdose told police that she saw her brother inject her husband with the heroin; another man pled no contest to reckless homicide for selling heroin to someone else who died; a third man pled guilty to giving his best friend a fatal dose of fentanyl; a fourth man pled guilty to involuntary manslaughter for permitting drug abuse ([www.toledoblade.com](http://www.toledoblade.com), June 1, 2016).

In other news, a Toledo funeral home began sponsoring an awareness campaign on radio, television and billboards regarding the heroin epidemic; funeral home staff reported that they were tired of seeing so many people die from heroin overdose ([www.13abc.com](http://www.13abc.com), Jan. 15, 2016). Toledo Police instituted a new protocol to carry four doses of Narcan® to combat the heroin epidemic ([www.13abc.com](http://www.13abc.com), March 8, 2016). Project DAWN (Death Avoided With Naloxone) began assisting Allen County in providing law enforcement naloxone in an effort to save those overdosing on heroin ([www.limaohio.com](http://www.limaohio.com), May 18, 2016). The Wood County Jail began treating inmates addicted to heroin with Vivitrol® to curb withdrawal cravings ([www.13abc.com](http://www.13abc.com), May 31, 2016). Toledo Police reported that the heroin epidemic has led to an increase in stolen property ([www.13abc.com](http://www.13abc.com), June 1, 2016).

While many types of heroin are currently available in the region, participants continued to report brown and white powdered heroin as most available. However, participants discussed a user preference for white powdered heroin (aka “china white”). A participant commented, “China [white] is what everybody wants.” Participants also reported that in addition to brown and white, there are other colors of powdered heroin available. One participant reported, “There’s gray stuff (heroin) out there, too ... and blue stuff.”

Most participants agreed that china white is cut with fentanyl; reportedly, giving heroin a blue/gray color. Blue heroin was mentioned across groups during the reporting period. Some participants referred to it as “blue magic” while others called it “blue dolphin.” Community professionals also reported white powdered heroin as highly available, noting that this type of heroin is thought to be most often cut with fentanyl. One law enforcement officer

reported, “Most of the time it’s fentanyl. So, white china around here is not true white china ... it’s more fentanyl!”

Reportedly, black tar heroin (aka “tar”) is rarely available in the region. Participants most often rated the current availability of this type of heroin also as ‘1;’ the previous most common score was ‘5.’ One participant reported, “Tar’s not as easily available.” Another participant reported, “I had to order it from California. I have a user buddy ... and he just drove it here.” Community professionals also mentioned black tar heroin; however, they were unable to rate its current availability within the region. They commented: “Tough to get; Not as available.”

Participants reported that the availability of heroin has remained consistently high during the past six months. One participant reported that heroin use has become so prevalent that it’s most likely that if you’re a typical user, you know where to go get it and who to get it from. Further, participants surmised that even non-drug users would know a person who uses heroin. Community professionals reported that the general availability of heroin has increased during the past six months. One treatment provider commented, “It’s on the rise, unfortunately.” One law enforcement officer commented that the availability of heroin is “staying strong.”

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, although the lab does not typically differentiate between black tar and powdered heroin cases. The lab reported having processed brown, gray, pink/tan, purple/gray, tan and white powdered heroin during the past six months.

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

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.’ Because of the saturated heroin market, participants explained that if users do not like the quality of the heroin

from one dealer, they will purchase from another dealer. Participants suspected that competition keeps the quality of heroin high. One participant reported that the heroin *he purchased was "consistent ... never bad."*

Participants discussed adulterants (aka "cuts") that affect the quality of the heroin and reported the top cutting agent for the drug as fentanyl. Additional cuts mentioned include: Benefiber®, prescription opioids (Percocet®), Sleepinol® (sleep aid) and Xanax®. One participant reported, *"They put in anything that will make you get a nod."* One participant clarified that cuts are needed: *"You need to cut (dilute) [heroin] because people are going to die [otherwise]."* A few participants reported that dealers cut heroin with Similac®. One participant commented, *"If someone cuts it with Similac® ... you go back and punch them in the face."* Another participant who used brown powdered heroin reported, *"Sometimes it's a hit or miss with that. Sometimes it's good and sometimes it's not. Sometimes if you cook it, it's a little bit better buzz."* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

<b>Heroin</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	diphenhydramine (antihistamine)
	●	quinine (antimalarial)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. The most common quantity purchased is a tenth gram known as "a point." However, one participant reported, *"I was doing too much and I wasn't buying it by the packs; I was buying it by the grams."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

<b>Heroin</b>	<b>Current Prices for Heroin</b>	
	<b>Brown or white powdered:</b>	
	1/10 gram	\$10-20
	1/2 gram	\$70-90
	A gram	\$130-180
	1/8 ounce	\$350
	An ounce	\$700-1,500

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, nine would intravenously inject and one would snort the drug. Participants reported that injection needles are most available from stores and pharmacies. Additionally, participants reported obtaining needles from dealers and diabetics. One participant commented, *"You go the store and get them. You just gotta find the right pharmacy."* Another participant commented, *"You get them from somebody that's diabetic."* The most commonly reported price for needles on the street is \$1-4 per needle. One participant reported, *"[Dealers] will charge you \$3-4 bucks extra."* The street name for a needle is "rig." Participants reported that the purchaser has to be fluent in the terminology and presentation when approaching a pharmacy. One participant describes, *"You gotta know the name of a diabetic 'script' (prescription) ... what you take if you're diabetic."* This participant further commented that a person can't pause when asking to purchase needles from a pharmacy; to reduce suspicion, he suggested saying, *"I want the half inch, 100 cc, long points."* In rural areas surrounding Toledo, participants knew from which establishments they could purchase needles and from which establishments they couldn't. One participant reported, *"You have to go to Defiance [Defiance County]. You can't get them in Bryan [Williams County]."* Lastly, one treatment provider added, *"There's a lot of sharing needles."*

A profile for a typical heroin user did not emerge from the data. Both participants and community professionals described typical users as anybody and everybody. One participant reported, *"It's in high school now."* One treatment provider commented, *"It's across the board ... but the younger population ... [heroin use is] really prevalent ... we're talking 18-19 years old with hepatitis and felonies already ... from rich, well-to-do families."*

### Prescription Opioids



Prescription opioids are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant reported, *"There's less and less doctors prescribing it."* This participant further explained

that persons who are prescribed opioids are most likely addicted to them and thus are not selling them; they're holding onto to their prescription opioids for personal use. Another participant reported, *"I don't think pills are that easy to get because doctors are getting busted. They're cracking down on the opiates to their patients ... all these doctors are following strict protocols now."* However, another participant reported, *"I can make a call and have it in minutes,"* highlighting that with the right connections, prescription opioids are readily available. Community professionals most often reported the current street availability of prescription opioids as '10,' the previous most common score was also '10.'

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 581 prescription opioid cases reported during the past six months, of which 35.5 percent were fentanyl/acetyl fentanyl cases (an increase from 533 cases for the previous six months, of which 10.7 percent were fentanyl/acetyl fentanyl cases). In addition, Ohio HIDTA's Criminal Patrol Unit Highlighted Seizures report recorded that HIDTA officers interdicted 534 du (dose units) of oxycodone in Wood County in August 2015 in a single seizure; 753 du of oxycodone in Hancock County in September 2015 in a single seizure; and 2,415 du of prescription narcotics (type unspecified) in Wood County in November 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Michigan man in Wood County after discovering 462 oxycodone pills, 270 hydrocodone pills, three ounces of heroin, 193 ecstasy tablets, 10 grams of crack cocaine and a gram of marijuana in his vehicle ([www.13abc.com](http://www.13abc.com), Jan. 12, 2016). A Norwalk (Huron County) man was arrested for selling oxycodone to an undercover police officer; police searched his house and seized additional prescription pain medication and heroin ([www.otfca.com](http://www.otfca.com), Feb. 11, 2016). Raids at two Upper Sandusky (Wyandot County) residences resulted in seizure of a large amount of prescription medication and \$44,000 in cash ([www.oftca.com](http://www.oftca.com), March 31, 2016).

Participants identified Opana®, Percocet® and Roxicet® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified Percocet® and Vicodin® as most popular in terms of wide-

spread illicit use. One law enforcement officer reported, *"I say Percocet®. We've seen a lot of that."* Another officer agreed, *"Percs' (Percocet®) seem to be the easiest ... People can get a hold of them because they are either stealing them from family ... [or] they are getting prescriptions themselves. They go to a friend's house and say, 'hey, can I use your bathroom' and then they go through their cabinets; [and] kids are taking them from their parents."*

In addition, participants discussed a high presence of powdered fentanyl in the region. Participants noted sales of powdered fentanyl which, reportedly, contains no heroin, calling this straight fentanyl product "ice cream." One participant commented, *"That's the big thing now ... that's come around. That's really being talked about. They're calling it 'ice cream.' It's like straight fentanyl."* This participant further shared, *"They did my toxicology when I was in the hospital. I had no heroin in my system. It was all fentanyl."* Another participant commented, *"That shit will kill you."* Yet, other participants reported: *"That's what got me; Yea, me, too. I 'fell out on a dime' (overdosed) and had a habit from hell."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants attributed decreased availability to abuse-deterrent drug reformulations, the increasing cost of prescription opioids and the inexpensiveness of heroin; all of which has resulted in lowering demand for prescription opioids, generally. Participants who used opiates reported that they were more likely to use heroin than to use prescription opioids. No participant reported being *"still addicted"* to prescription opioids, as all had moved on to heroin. Participants declared: *"It's harder to get the pills; People don't want the pills no more; [Heroin is] cheaper ... and it's stronger."*

Community professionals also reported that the general availability of prescription opioids has decreased during the past six months; they cited drug reformulation, drug raids by police and a solid tracking system for prescriptions (OARRS: Ohio Automated Rx [prescription] Reporting System) as the reasons for decreased availability. One treatment provider commented, *"They're coming away from oxycodone now because they're putting it in casing and they can't shoot that up ... The new formula ... made it less popular."* Other providers observed: *"[Law enforcement] raided a lot of places; Our state system, Ohio's system (OARRS) to track [opioid prescriptions] ... now we track [prescriptions in] at least three [states] ... [Ohio], Michigan and Indiana."*

The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally decreased or remained the same during the past six months; the exceptions were increased number of cases for fentanyl, Kadian® and Opana®.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. One participant commented, "The price has escalated to a \$1 a milligram." Another participant reported, "The price got so high, people just stopped seeking out the pills ... and then heroin got so much cheaper." Overall, the majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

Participants reported obtaining prescription opioids through theft, as well as from dealers, doctors, emergency rooms and medicine cabinets of family, friends and associates. 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 remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally ingest the drugs. One participant reported that if it's a big pill, "Some people just swallow them because ... if you crush it up to snort it, there's so much powder that it's stupid ... so, people just eat them."

Some participants described typical illicit users of prescription opioids as from the "younger generation," while many participants described typical illicit users as everybody. One participant explained that illicit use usually starts with pain, and everyone is subjected to pain and can be prescribed opioids. Community professionals described typical illicit users generally as both older and younger individuals. However, one law enforcement officer reported, "It's about the same as what you see with heroin users."

## Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of the filmstrip (aka "strip") form of the drug as '10' and of the pill form as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for the strips and no score for the pills. One participant reported, "You can buy them. Dope dealers usually sell them." Another participant remarked, "[I'd] carry one in my pocket ... for a rainy day."

Community professionals, while indicating that strips are more available than pills, most often reported the current street availability of Suboxone® generally as '6'; the previous most common score was '10'. One treatment provider reported, "People will come in and you ask them, and they say [they got] Suboxone® from the streets. So, they definitely get it from the streets." However another treatment provider clarified, "But the people doing Suboxone® on the streets aren't doing it to get high, they are doing it to keep from being sick (going into withdrawal) ... and they are trying ... they really wanna do better."

Corroborating data indicated the presence of Suboxone® in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 69 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (a decrease from 94 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Toledo Metro Drug Task Force raided four locations in Toledo for drugs and arrested a man with a federal warrant; among the drugs seized were an undisclosed amount of Suboxone®, cocaine, heroin and marijuana ([www.13abc.com](http://www.13abc.com), March 3, 2016).

Participants reported that the availability of Suboxone® in strip form has increased during the past six months, while availability in pill form has remained the same. One participant commented, "The problem got so much worse." Another participant commented, "They [doctors and treatment programs] would just hand these out ... 'here take these instead of heroin.'"

While treatment providers reported that the availability of Suboxone® has remained the same during the past six months, law enforcement reported increased availability. One treatment provider stated, “[Users] still get it [and] ... sell it.” One law enforcement officer reported, “It increased because of the higher number of people trying to get off of [heroin].” Community professionals discussed that users who want to get off of heroin, or who cannot find heroin, purchase Suboxone® on the street to avoid withdrawal sickness. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months while the number of Subutex® cases has decreased.

that shoot them.” Another participant reported, “You can snort the strips [by] putting them in water.” Participants did not comment on the most common route of administration for the pill form of Suboxone®.

Participants described typical illicit users of Suboxone® as people “on paper” (on probation/parole) and people who do not want to be “dope sick.” Thus, if heroin isn’t available, addicts will use Suboxone®, as one participant put it, “because it will hold you ‘til the next day, so you won’t be sick.” Community professionals described typical illicit Suboxone® users as heroin and opioid addicts.

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

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street availability of these drugs 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 ‘10’. One participant commented, “They come around once a month when people get their scripts.” Another participant commented, “Treatment programs ... put people on them that are trying to come down ... off of an opiate addiction ... so instead of putting them on methadone, they start off with a ‘xanie’ (Xanax®) or a Klonopin®.” Community professionals most often reported current street availability as ‘9’; the previous most common score was ‘10’. One treatment provider commented, “They talk about their anxiety levels and then next thing you know [they get prescribed a sedative].”

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One dealer reported, “I’d buy it for \$10 and sell it for \$20.” Reportedly, \$10-20 is the average price for an 8 mg Suboxone strip®; however, a few participants reported that it may sell for as high as \$30. One participant commented, “Depends on how bad you’re hurting.”

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 122 benzodiazepine cases reported during the past six months (a decrease from 143 cases for the previous six months).

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15 for 4 mg \$10-30 for 8 mg
	tablet	\$8 (unspecified dose)

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors, treatment centers and friends with prescriptions. Participants reported that the most common route of administration for illicit use of Suboxone® strip form remains sublingual, followed by snorting or intravenous injection (aka “shooting”). One participant reported, “I know people

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two people from Michigan in Hancock County when a K-9 officer alerted to their vehicle; 378 Xanax® pills and 79 grams of heroin were seized ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 14, 2016). Multiple law enforcement authorities and the US Postal Service were involved in the arrest of a man

at a residence in Liberty Township (Seneca County); more than 4,000 Xanax® pills were seized, along with an undisclosed amount of powdered cocaine and drug paraphernalia ([www.toledoblade.com](http://www.toledoblade.com), June 8, 2016).

Participants identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. In fact, most all participants who reported using sedative-hypnotics reported using Xanax®. One participant commented, *"After you take a 'benzo' (benzodiazepine) or two, you pretty much forget and you just keep taking them."* Community professionals also identified Xanax® as most available. One treatment provider commented, *"Xanax® is number one."*

Participants reported that the availability of sedative-hypnotics has increased during the past six months, while community professionals reported decreased availability. Most participants reported that they could obtain Xanax® fairly easily. One participant reported, *"I have like five different people I get benzos from."* Another participant commented, *"They went up."* However one participant reported, *"A lot of doctors' offices are being really strict, especially with benzos because a lot of people are selling the benzos or taking more than they're supposed to, so it's hard to get those."*

Community professionals attributed decreased availability for sedative-hypnotics to heroin being more available and highly desirable. One law enforcement officer commented, *"They sell 'xanie bars' (Xanax® 2 mg) all over the street. You know, they're pretty popular, but I think they're going down [in availability] a lot now because hell, you can get heroin for cheaper and it gets you high for a lot longer."* One treatment provider explained that sedative-hypnotics are not a primary drug of choice for most people, but noted, *"They like to mix drugs."* The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally decreased or remained the same during the past six months; the exceptions were increased number of cases for Ambien® and Xanax®.

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

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

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per pill (unspecified dose)
	Xanax®	\$2-3 for 1 mg (aka "footballs") \$5-6 for 2 mg (aka "bars")

Participants reported obtaining sedative-hypnotics from doctors and friends. One participant reported, *"I used to get them from both. I got them from my doctor and I stopped going to my doctor ... and then I would get them from somebody I knew who got them from a doctor."* One treatment provider reported suspecting that some clients store up their medication to sell. This provider discussed, *"What we find is that a lot of patients will just store their pills, waiting to be discharged ... then [selling their sedative-hypnotics] becomes an income ... They don't take them themselves ... you'll see them on the OARRS that they have these scripts, but they test negative [for sedative-hypnotics on drug screens], so they're not taking them."* Another treatment provider affirmed, *"Every time they get that script, they're selling them."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume (chew) the drugs. Participants described typical illicit users of sedative-hypnotics as aged 20-30s and housewives. Community professionals described typical illicit users as both young and old and female. One treatment provider commented, *"I would say the older population, although the young like it, too. And, I think culturally that's pretty consistent; You see all different ethnicities with that ... [and] if you're a woman, you go to the doctor ... and it doesn't matter [what the reason for the doctor's visit], they're going to say, 'hey, take this' ... It's like, 'I'm moody' ... 'oh here, take a Xanax®.'"*

## Marijuana

Marijuana 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'. One participant reported, "There's a lot of 'dro' (hydroponic marijuana) and mid-grade (average quality marijuana)." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. One treatment provider commented, "Yea, they like their marijuana."

Corroborating data also indicated the presence of marijuana in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 529 individuals who reported on marijuana/hash use during the past 30 days, 28.4 percent reported using marijuana/hash on one or more days. The Hancock County and Probate Juvenile Court reported that 94.2 percent of the 52 positive drug tests from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 973 cannabis cases reported during the past six months, of which 23 percent were Lucas County cases (a decrease from 991 cases for the previous six months, of which 23 percent were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a West Virginia man in Lucas County after finding three pounds of marijuana, 17 boxes of tetrahydrocannabinol (THC)-laced cigars and 56 Adderall® pills in the trunk of the vehicle ([www.wkbn.com](http://www.wkbn.com), Feb. 16, 2016). OSHP arrested a California man in Wood County after discovering 189 pounds of marijuana in the truck of the man's vehicle, hidden inside seven plastic containers ([www.nbc4i.com](http://www.nbc4i.com), March 15, 2016). OSHP arrested a driver in Wood County for possession of 21 pounds of hydroponic marijuana and five pounds of marijuana brownies ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 23, 2016). OSHP arrested a man in Lucas County during a traffic stop when they found four large packages of marijuana and 17 plastic bins of THC "shatter," a hard, crystalized form of marijuana extract ([www.wkbn.com](http://www.wkbn.com), May 9, 2016). A Pennsylvania man was arrested in Lucas County following a traffic violation when authorities discovered 13 bags of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 18, 2016). A Detroit man

was arrested by Upper Sandusky Police (Wyandot County) when a K-9 officer alerted to the vehicle and they discovered 50 grams of marijuana, hashish, ketamine, LSD and MDMA ([www.thecourier.com](http://www.thecourier.com), May 29, 2016).

Participants discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '6'; the previous score was not provided. One participant commented, "Not everyone has concentrates." Community professionals did not provide a rating on the availability of marijuana extracts and concentrates.

Overall, participants reported higher availability of high-grade marijuana than low-grade marijuana in the region. One participant explained, "With Michigan near here ... They're getting the medical marijuana." Another participant remarked, "It's strong shit." Yet another participant commented, "The mid-grade is harder to find these days."

Participants and community professionals reported that the general availability of marijuana has remained the same during the past six months. However, participants indicated that the availability of marijuana extracts and concentrates has increased. A few community professionals noted that users they interact with report a preference for high-grade marijuana. One treatment provider commented, "They don't smoke the regular stuff anymore; they're too good for it, they say." One law enforcement officer commented, "It used to be that everyone was smoking 'Mexican dirt' (low-grade marijuana) back in the day, but now ... you see more high-grades than low-grades." Another officer reported, "You don't ever see 'skunk weed' (low-grade marijuana) ... It's all the mid-grade and hydro." Many participants confirmed that they preferred high-grade marijuana. One reported, "Don't nobody really want to smoke that [mid-grade marijuana]." Another commented, "Now with all the legal stuff in Michigan ... it's easier to get." The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated 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 '8' for low grade and '10' for high grade. One treatment provider commented, "Well, they like that potent stuff. Now-a-days, it's 'kush' (high-grade marijuana) ... and they have so many different types of 'pot' (marijuana) ... So, people are looking for the really strong stuff." One participant who made and used dabs discussed the process of making it, while cautioning, "It's dangerous because some kids are getting blown up and hurting themselves ... if not ventilated [properly], it blows up ...." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. One participant reported, "You get what you pay for."

Reports of current prices for marijuana were provided by participants with experience buying the drug. The most common quantity purchased is a gram: \$5 for low-grade and \$10-15 for high-grade marijuana.

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$10
	1/4 ounce	\$15-20
	An ounce	\$75-80
	<b>High grade:</b>	
	A gram	\$10-20
	1/4 ounce	\$70
	1/2 ounce	\$120
	An ounce	\$160-220
	1/4 pound	\$600-800
	<b>Extracts and concentrates:</b>	
	A gram	\$40-80

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, all 10 would smoke the drug. One participant reported that users smoke marijuana using, "Vaporizers, gas masks, bongs, one-hitters, papers and blunts." Those who used dabs also smoked the drug and touted it as being the fastest way to get high. One participant reported, "When you smoke a joint or something, it may take 10 or 15 minutes to kick in, but when you ... do a hit off of a 'rig' (an apparatus similar to a bong fashioned to smoke dabs) ... it will kick in anywhere from 30 seconds to two minutes." This participant also reported that people smoke dabs in e-cigarettes which doesn't produce an odor. In addition, another participant mentioned "weed syrup." This participant explained, "That's a concentrate marijuana that you take shots of it or put it in a pop, mix it and drink it. It's just pot is all it is, drinkable pot."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as everybody from 15 to 90 years of age. Community professionals described typical marijuana users as young. One treatment provider commented, "They say they should be allowed to smoke [marijuana] because Michigan lets them (allows legal consumption of the drug)."

### Methamphetamine

Methamphetamine is highly available in the rural areas of the region. Participants from rural areas 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'. Participants from Toledo most often reported the current availability of methamphetamine as '4'; the previous most common score was '7'. However, one participant commented, "'Meth' (methamphetamine) is making its way to Toledo."

Community professionals from rural areas most often reported current availability of methamphetamine as '9'; the previous most common score '10'. One rural treatment provider remarked, "Oh, that's big time." One law enforcement officer reported, "It's a '10' if you want it ... one guy we pulled over ... he was making [methamphetamine] as he was driving." Another officer commented, "Ohio has it here, it's just not as well known. One of the reasons meth is harder to track [in Toledo] is because right now the main dealers of it are outlaw motorcycle clubs and they are very hard to infiltrate."

*They are very dangerous and they can get up and move at the drop of a hat."*

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 146 methamphetamine cases reported during the past six months, of which 40 percent were rural Defiance County cases and 4.8 percent were Lucas County cases, the county in which the city of Toledo is located (a decrease from 194 cases for the previous six months, of which 47.9 percent were Defiance County cases and 5.2 percent were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Upper Sandusky Police (Wyandot County) responded to a report of a methamphetamine lab inside a trailer home; three people were arrested and a large amount of methamphetamine was seized, and the lab was subsequently dismantled and removed ([www.otfca.net](http://www.otfca.net), May 7, 2016).

Participants in rural areas outside of Toledo reported that methamphetamine is available in powdered and crystal forms. However, they reported the powdered form of methamphetamine as most prevalent. One participant reported, *"Williams County is horrible (has a lot of powdered methamphetamine)." The powdered form of methamphetamine is typically referred to as "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 reported, "As fast as they take the cooks off the street, there's a new generation of cooks born that had watched the last generation [produce methamphetamine]."*

Participants and community professionals reported that the availability of both powdered and crystal methamphetamine has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing primarily crystal methamphetamine cases.

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

Participants in rural areas most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Rural participants specifically rated the quality of powdered methamphetamine as '8' and of crystal methamphetamine as '6'; the previous most common scores were '10' for both forms of the drug. One participant said of the current quality of methamphetamine, *"It's like 'crack' [cocaine] on steroids (the stimulant high is greater than that of crack cocaine)."*

Participants generally did not mention additional adulterates (aka "cuts") for methamphetamine. However, one participant reported, *"We put the horse tranquilizer in it ... we put it in the microwave, cooked it for a while ... and it looked like real live 'ice' (crystal methamphetamine)."* Overall, participant reported that the quality of both powdered and crystal 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. Reportedly, the most common amount purchased is a gram. One participant reported, *"I was high for three days off of one (a gram amount of methamphetamine)."* Participants also reported trading methamphetamine for other drugs. One participant shared, *"We were trading 'ice' (crystal methamphetamine) for ... 'coke' (powdered cocaine)."*

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	A gram	\$60
	<b>Crystal:</b>	
A gram	\$100	

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, nine would shoot and one would smoke the drug. One participant added, *“Shooters are also smoking it.”*

Participants described typical methamphetamine users as white, aged 18-35 years. Some participants pointed out that “bikers” and “country folk” use methamphetamine. However, one participant reported that additional groups are becoming attracted to methamphetamine because of its increased availability: *“Oh, I can’t get this [my drug of choice], so I’m gonna smoke some meth.”* Community professionals described typical methamphetamine users as living in rural areas. One treatment provider commented, *“You see it more in the rural [areas] because they can make it ... they can ... cook it more than they could in the city ... it’s a very high potent smell.”*

## Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported the current street availability of these drugs as ‘6’ 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’. Community professionals most often reported current availability as ‘7’; the previous most common score was ‘8’. However, one law enforcement officer described current prescription stimulant use as high. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One participant commented, *“Adderall® is number one.”* Community professionals also identified Adderall® as most popular.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a West Virginia man in Lucas County after seizing 56 Adderall® pills, marijuana and THC-laced cigars from the trunk of his vehicle ([www.wkbn.com](http://www.wkbn.com), Feb. 16, 2016).

Both participants and community professionals 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 decreased during the past six months, while the number of Ritalin® cases has increased.

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 for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, Adderall® 20 mg sells for \$2; 30 mg sells for \$5-10. Although available, a few participants noted that prescription stimulants are not highly desired. One participant reported, *“People just give them out now [without charging money in exchange].”* Another participant reported, *“I can’t sell these ... ‘Do you want them?’ ... most people would probably still say ‘no.’”* Participants reported obtaining prescription stimulants from people with prescriptions and from people with children who have prescriptions. One participant reported, *“Sometimes [a parent] just gets them for their kids and sells them.”*

Participants reported that the most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would eat (chew) and one would snort the drugs. One participant reported, *“I know people that will snort and ‘pop’ (swallow) them.”* Another participant commented, *“I think one kid is snorting it out of 10, and he’s becoming your drug user because he’s experimenting with more. He’s not just doing Adderall®.”*

Participants and community professionals described typical illicit users of prescription stimulants as college students. One treatment provider commented, *“Yes, Adderall® is very prevalent in college-aged kids.”*

## Ecstasy



Ecstasy (methylenedioxyamphetamine; MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as ‘6’ and of “molly” (powdered MDMA) as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’

(highly available, extremely easy to get); the previous most common scores were '5' for ecstasy and '8' for molly. One participant commented, *"It depends on the time of the year ... spring during the hippie festivals ... it's gonna be brought back into the area and it's gonna be wild everywhere ... so usually March to about July there's big availability of molly and ecstasy..."*

Community professionals most often reported current availability of both ecstasy and molly as '10'; the previous most common scores were not reported. One law enforcement officer reported, *"We see more [powdered] MDMA or molly then we are actually seeing ... ecstasy, those Flintstone tablets kind of went to the wayside with [the arrival of powdered] MDMA ... because [molly is] more popular ... Ecstasy is more of your parent's drug now."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Michigan man in Wood County after seizing several drugs from his vehicle; 193 ecstasy tablets were among the drugs seized ([www.13abc.com](http://www.13abc.com), Jan. 12, 2016).

Participants reported that the availability of ecstasy and molly has increased during the past six months. Those with experience cited the current time of the year as the reason for the increased availability. 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 increased 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	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of both ecstasy and molly as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' for ecstasy and '8' for molly. One participant commented, *"Molly is the pure form of ecstasy."* Participants did not report on whether or what with ecstasy or molly are "cut" (adulterated). Overall, partici-

pants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for molly were consistent among participants with experience buying the drugs. One participant reported, *"You're more likely to see molly than ecstasy."* Prices for ecstasy were not known.

Molly	Current Prices for Molly	
	1/10 of gram	\$10-15
	A gram	\$80
	An ounce	\$1,200

Participants indicated that ecstasy and molly are obtained from dealers and friends at festivals and parties. Participants reported that the most common routes of administration are oral consumption for ecstasy and snorting for molly. Participants estimated that out of 10 ecstasy users, eight would eat and two would snort the drug. The opposite was said to be true for molly: eight users would snort and two would eat the drug. One participant reported, *"We would put it in water and drink it."* Another participant reported, *"You can also 'booty bump' (anally insert) it ... it's a faster experience ... through the bloodstream. It gets in your body a lot faster."* Participants described typical ecstasy and molly users as young and into psychedelic drugs. Community professionals also described typical ecstasy and molly users as young.

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is moderately available in the region. Participants most often reported the drug's current availability 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 not reported as respondents had no firsthand knowledge of the drug. One participant responded, *"[Synthetic marijuana] was everywhere for a while."* Another participant commented, *"You can find it."*

Community professionals most often reported the current availability of synthetic marijuana as '4'. One law enforcement officer discussed that marijuana use has become

more socially acceptable; therefore, the officer explained a person who wanted to smoke marijuana no longer viewed synthetic marijuana as an acceptable alternative. This officer stated, “‘K-2’ (synthetic marijuana brand) has kind of gone to the wayside. It’s the whole society’s changing outlook on marijuana .... Now, people are really not caring about weed, [so] what’s the point [of smoking K-2].” Meant to mimic marijuana, participants reported that once tasted, users can tell that they are not smoking marijuana. One participant described, “It tastes different as soon as you hit it.” Another participant reported, “I figure I can get weed, so why [use synthetic marijuana]?”

Both participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Several participants suggested that decreased availability is due to decreased desire for the drug. Many participants shared the sentiments of one participant who expressed, “That is seriously the worst trip ever ... no fun.” Most participants held a disdain for synthetic marijuana. One participant reported, “I would not pay for that shit.” Another reported, “It freaked me out.” Finally another reported, “I just wanted to die [after using synthetic marijuana].”

However, if someone desired to obtain synthetic marijuana, one participant reported, “All you got to do is go online and order it. They’ll send it right to your house.” The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common purchase is a 3.5 gram package which reportedly sells for \$30. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available in some stores and through Internet purchase. One participant reported, “You can get it from headshops.”

While there were a few reported ways of consuming synthetic marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as teenagers and those on probation. However, as a participant noted, probationers may now be subjected to drug screening that can detect the use of synthetic marijuana: “Anybody who [was on] probation, before they tested for it. Now they test for that.” Community professionals described a typical synthetic marijuana user as someone substituting for marijuana.

## Other Drugs in the Toledo Region

Participants and community professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, and promethazine (antihistamine, a neuroleptic).

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Toledo man was revived by Narcan® after overdosing on U-47700, a synthetic opioid that is reportedly eight times stronger than morphine, which he bought online ([www.toledoblade.com](http://www.toledoblade.com), May 17, 2016). The Lucas County Drug Abuse Response Team reported U-47700 as available in Lucas County and was responsible for at least one overdose ([www.nbc24.com](http://www.nbc24.com), June 7, 2016).

### Anabolic Steroids

A law enforcement officer reported on anabolic steroids. He commented, “It’s not the old school form of steroids; they come in different forms now. It’s easily out there for these student athletes. They want to perform better and perform higher ... there’s more pressure on them to produce. They are moving more towards these type of performance enhancers; they’re called performance enhancing drugs.” Reportedly, anabolic steroids are most accessible to young men. The officer remarked, “You’re not going to go down to the inner city looking for steroids.”

## Hallucinogens

Hallucinogens such as LSD (aka “acid”) and psilocybin mushrooms were mentioned by a few participants with experience with these drugs. These participants most often reported the current availability of both LSD and psilocybin mushrooms as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Reportedly, a single hit (dose) of LSD sells for \$5; an eighth ounce of psilocybin mushrooms sells for \$25 and a quarter ounce sells for \$50.

## Inhalants

Inhalants, such as computer dusters, were mentioned by law enforcement and a few participants with experience with these drugs. One participant reported that when he used an inhalant he was instantly affected: *“I was knocked out; like head first.”* One law enforcement officer reported, *“Inhalants are a big one. If you think about it ... inhalants are the cheapest ... way to get high.”* Another officer reported, *“We actually get calls ... a guy at the dollar store ... kept coming in there buying aerosol cans.”* Officers reported that users may be older individuals or college aged. One officer commented, *“It seems younger though.”*

## Promethazine

Law enforcement officers reported high current availability and use of promethazine (aka “syrup”). One officer reported, *“We do definitely see it ... we just ran into a couple [of cases of promethazine] weeks ago.”* In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two Michigan men in Lucas County after discovering five bottles of codeine syrup in their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 17, 2016).

Reportedly, illicit use of promethazine is concentrated among younger users who are influenced by the lyrics of contemporary music that sing about getting high with “syrup.” One officer explained, *“Older people with more disposable income, if they want to get high, there is weed. They are not going to go get some cough syrup ... whereas the younger crowd ... they want to listen to their favorite songs and do exactly what they’re talking about.”*

## Conclusion

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

While many types of heroin are currently available in the region, participants continued to report brown and white powdered heroin as most available. However, participants discussed a user preference for white powdered heroin (aka “china white”). Most participants agreed that china white is cut with fentanyl. Community professionals also reported white powdered heroin as highly available, noting that this type of heroin is thought to be most often cut with fentanyl. Reportedly, black tar heroin is rarely available in the region.

Participants discussed the many adulterants (aka “cuts”) that affect the quality of the heroin and reported the top cutting agent for the drug as fentanyl. Reportedly, the addition of fentanyl to heroin gives the drug a blue/gray color. Blue heroin was mentioned across focus groups during the reporting period, with some participants referring to this type of heroin as “blue magic” or “blue dolphin.”

Participants reported that the availability of heroin has remained consistently high during the past six months. Participants surmised that since heroin use has become so prevalent that even non-drug users would know a person who uses heroin. Community professionals reported that the general availability of heroin has increased during the past six months. One law enforcement officer remarked, *“It’s truly an epidemic.”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 581 prescription opioid cases reported during the past six months, of which 35.5 percent were fentanyl/acetyl fentanyl cases (an increase from the previous reporting period).

While participants and community professionals reported that the general availability of prescription opioids has

decreased during the past six months due to abuse-deterrent drug reformulations, the increasing cost of prescription opioids and the inexpensiveness of heroin, along with drug raids by police and a solid tracking system for prescriptions (OARRS: Ohio Automated Rx Reporting System), both respondent groups discussed a high presence of powdered fentanyl in the region. Participants noted sales of powdered fentanyl which, reportedly, contains no heroin, calling this straight fentanyl product "ice cream." The BCI Bowling Green Crime Lab reported processing an increased number of fentanyl cases during the past six months.

Community professionals discussed that users who want to get off of heroin, or who cannot find heroin, purchase Suboxone® on the street to avoid withdrawal sickness. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Lastly, participants reported that the availability of ecstasy and molly has increased during the past six months. Those with experience cited the current time of the year as the reason for the increased availability as these substances are most often obtained at summer music festivals and concerts.