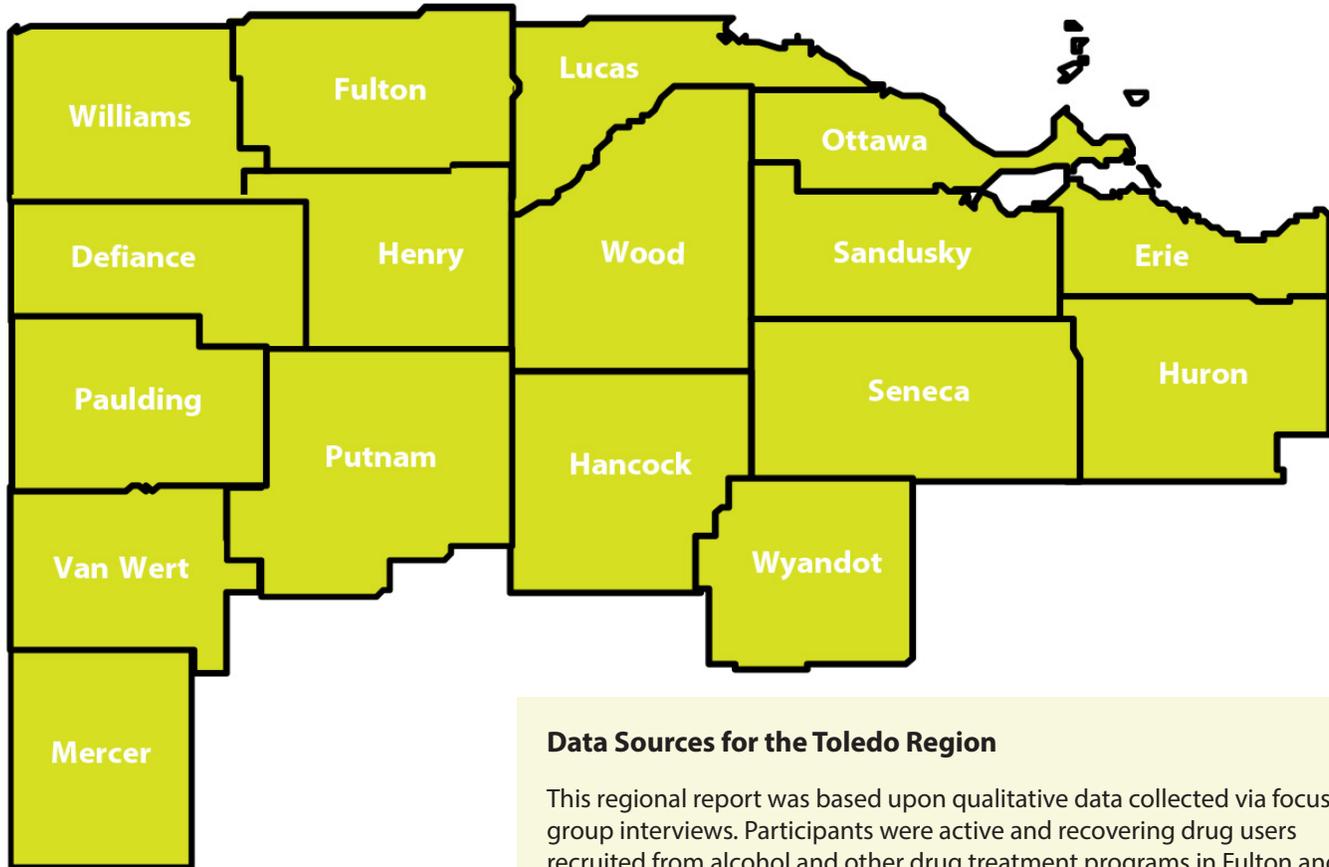




### Drug Abuse Trends in the Toledo Region



#### 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 Crime Lab 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 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 January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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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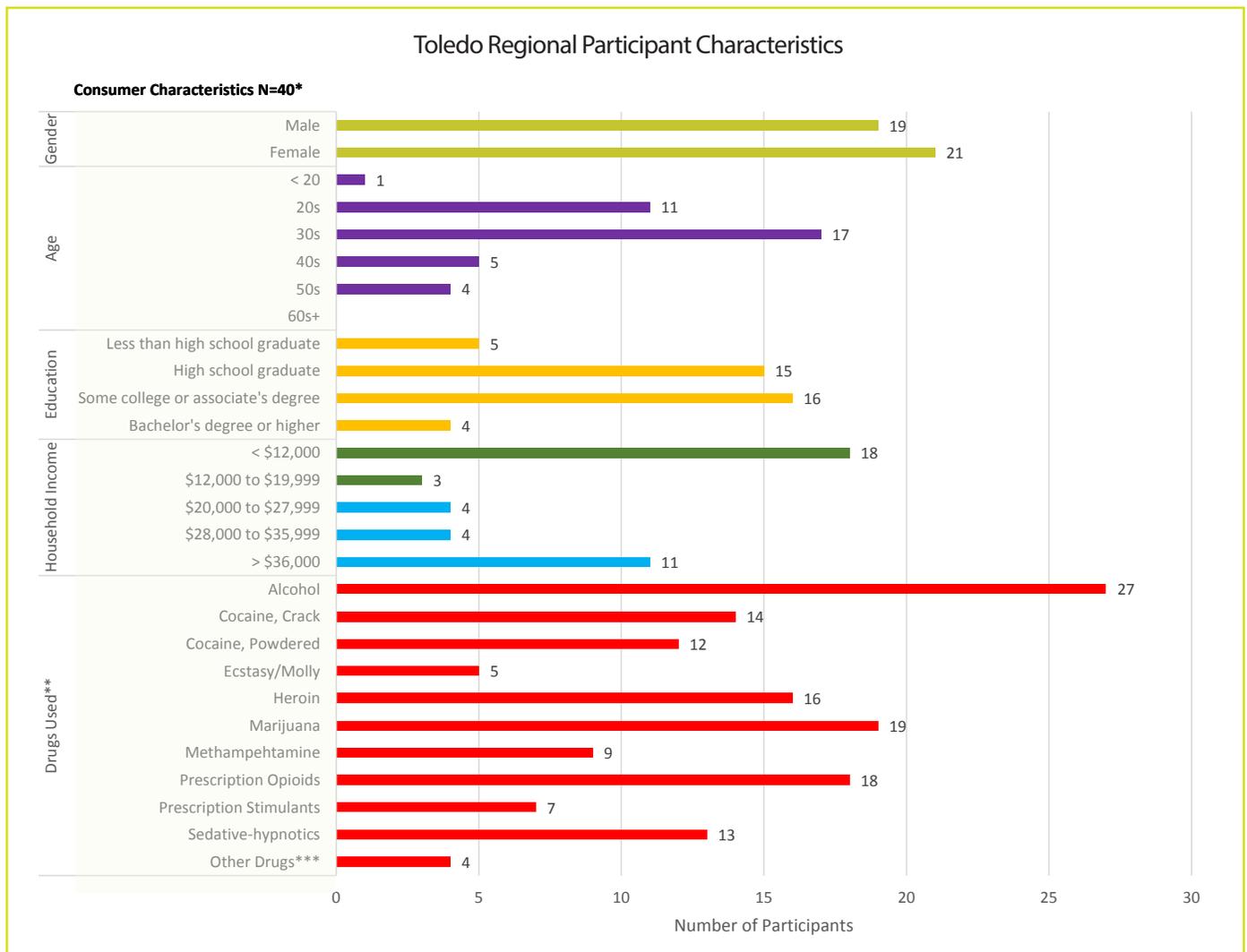
### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	1,219,793	40
Gender (female), 2015	51.0%	50.9%	52.5%
Whites, 2014	82.7%	87.7%	72.5%
African Americans, 2015	12.7%	8.6%	17.5%
Hispanic or Latino Origin, 2015	3.6%	6.1%	7.7% <sup>2</sup>
High School Graduation Rate, 2015	89.1%	90.1%	87.5%
Median Household Income, 2015	\$51,086	\$49,809	\$12,000 to \$15,999 <sup>3</sup>
Persons Below Poverty Level, 2015	14.8%	14.1%	52.5%

<sup>1</sup> Ohio and Toledo region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 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. Note income categories have been collapsed in the table below.



\*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

\*\*\*Other drugs included: Dimethyltryptamine (DMT), ketamine, lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms, synthetic marijuana and Suboxone\*.

## Historical Summary

Crack cocaine, heroin, marijuana, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region; ecstasy/molly and methamphetamine were also highly available. Changes in availability during the reporting period included: increased availability for heroin; likely increased availability for ecstasy/molly and Suboxone®; and decreased availability for prescription opioids.

While many types of heroin were 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 was cut with fentanyl. Community professionals also reported white powdered heroin as highly available, and noted that this type of heroin was thought to be most often cut with fentanyl. Reportedly, black tar heroin was rarely available in the region.

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

Participants reported that the availability of heroin remained consistently high during the reporting period. Participants surmised that since heroin use was so prevalent that even non-drug users knew a person who used heroin. Community professionals reported that the general availability of heroin increased during the reporting period. One law enforcement officer remarked, *“It’s truly an epidemic.”*

Corroborating data indicated that prescription opioids were 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 registered during the reporting period, of which 35.5 percent were fentanyl/ acetyl fentanyl cases (an increase from the previous reporting period).

Although participants and community professionals

reported that the general availability of prescription opioids decreased during the reporting period 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 contained no heroin, and called this straight fentanyl product “ice cream.” The BCI Bowling Green Crime Lab reported processing an increased number of fentanyl cases during the reporting period.

Community professionals discussed that users who wanted to get off heroin, or who could not find heroin, purchased Suboxone® on the street to avoid withdrawal sickness. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processed had increased during the reporting period.

Lastly, participants reported that the availability of ecstasy and molly increased during the reporting period. 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.

## Current Trends

### Powdered Cocaine

Powdered 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 ‘8’. One participant commented, *“I could get powdered cocaine right now with just a cell phone and a few dollars.”* Another participant added, *“If you got a car, it’s not a problem.”*

Community professionals most often reported the current availability of powdered cocaine as ‘10’; the previous most common score was ‘8’. While they reported it as prevalent, treatment providers noted that powdered cocaine is typically not a primary drug of choice among those in treatment.

One treatment provider commented, *“It’s a mixture. So, lot of clients . . . when we ask . . . they start out with the heroin, but ‘coke’ (powdered cocaine) will be the last on the list. If I can’t get this (heroin), I can always go and get that (powdered cocaine).”* Another provider remarked, *“You would be able to get it fairly easily in Toledo.”*

Corroborating data indicated that cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 11.2 percent reported using cocaine on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 707 cocaine cases reported during the past six months, of which 27.2 percent were Lucas County cases (an increase from 506 cases for the previous six months, of which 14.8 percent were Lucas County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Findlay Police (Hancock County) arrested a man after he led them on a high-speed chase; a K-9 officer alerted police to the man’s vehicle, where they confiscated an undisclosed amount of cocaine ([www.wtol.com](http://www.wtol.com), Aug. 27, 2016). Ohio State Highway Patrol (OSHP) arrested two men in Wood County, one from Buffalo, New York and one from Charlotte, North Carolina, during a traffic stop after seizing six kilograms of powdered cocaine from their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 8, 2016). An Erie County grand jury indicted 15 men and women on separate occasions in August and September 2016 for cocaine possession and/or trafficking in the county ([www.sanduskyregister.com](http://www.sanduskyregister.com), Sept. 21, 2016). A Wood County grand jury indicted seven people from Toledo and Bowling Green for trafficking cocaine and marijuana and for administrating prostitution at two hotels in Bowling Green from December 2015 to September 2016 ([www.sent-trib.com](http://www.sent-trib.com), Sept. 28, 2016). Officers from the Sandusky County Drug Task Force and the U.S. Drug Enforcement Agency (DEA) arrested a man from Fremont after executing a raid of his home and confiscating one ounce of cocaine and two ounces of heroin; the man had prior cocaine trafficking charges ([www.thenews-messenger.com](http://www.thenews-messenger.com), Sept. 28, 2016). The Wood County Common Pleas Court sentenced a man to four years in prison for selling cocaine and fentanyl to a man who subsequently died from an overdose in Deshler (Henry County) ([www.toledoblade.com](http://www.toledoblade.com), Oct. 1, 2016).

Tiffin Police (Seneca County) arrested two people after pulling them over at a local hotel for being with a person under investigation; officers confiscated cocaine and criminal tools from one woman and arrested a man from Toledo for having an active search warrant for permitting drug abuse ([www.otfcs.net](http://www.otfcs.net), Dec. 4, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, there was debate over whether some drug dealers were transitioning away from heroin to sell more powdered cocaine and crack cocaine. One participant reported, *“Right now heroin is a taboo thing for drug dealers . . . A lot of them that I know won’t touch heroin now because of the way it’s being prosecuted. They’re just strictly coke and crack (cocaine). So, it’s like ‘I’ll risk the coke and the crack, but I ain’t messin’ with the heroin.’”* Another participant reported he disagreed, that despite tougher laws, *“One guy goes to jail and two dealers pop up.”* Another participant agreed and said, *“It’s not taboo, because there’s so much money in it.”*

Community professionals also reported that the availability of powdered cocaine has remained the same during the past six months. Universally, community professionals reported that participants were most interested in heroin and may use powdered cocaine in conjunction with heroin. One treatment provider explained, *“Powder users have swayed more toward heroin because the ‘speedball’ effect.”* Speedball is a term describing the concurrent or consecutive use of heroin and 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	No change
	 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 ‘4’. Reportedly, quality continues to depend largely upon where the drug is obtained. This is in relationship to the number of times the drug is adulterated (aka “cut”) by each dealer as it travels to the user. Participants reported that when

a drug is of high quality, it is known as “fire.” One participant explained, “[Quality] varies. There is some real shit here, but you find the right guy; It’s still what we call fire.” One participant explained why getting drugs from the city is best. He reported, “It’s less ‘stepped on’ (adulterated) because it’s closer to where it’s being imported from . . . .”

Participants reported that the top cutting agents (adulterates) for powdered cocaine are: baby laxative, lactose and vitamin B-12. Other adulterates mentioned include: chalk, isotol (dietary supplement), fentanyl, flour, mannitol (diuretic), protein powder, Sleepinal® and soap. One participant reported that prescription opioids and stimulants are also used to adulterate powdered cocaine. He commented, “What they’ll do is, they’ll smash up whatever pills they can get . . . Adderall®, Percocet®, Vicodin® . . . whatever anybody has.” Another participant commented, “It is essentially whatever they can find that is white.” A law enforcement officer shared, “Somebody thought they were snorting coke the other day, and they were snorting fentanyl.” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is a gram. However, one participant reported, “The more you get, obviously, the more discount you get.” Another participant stated, “If it’s a front (provided up front to the user with the dealer to be paid later), then it will be \$150 because they try to double it up.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

<b>Powdered Cocaine</b>	<b>Current Prices for Powdered Cocaine</b>	
	A gram	\$80
	1/8 ounce (aka “eight ball”)	\$180

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 shoot the drug. A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as people who often party and drink alcohol. Community professionals described typical users as younger people aged 18-25 years, drug dealers and people of any race or sex. One law enforcement officer remarked, “Every demographic.”

### 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, “I could walk outside here and within a 1,000 feet, I could get a ‘rock’ (a piece of crack cocaine).” Another participant remarked, “That’s been the easiest thing to get.” Community professionals most often reported current availability as ‘10,’ the previous most common score was ‘8.’ Although community professionals reported high availability, a treatment provider explained, “We don’t have a lot [of clients] that use crack. It’s always their last choice. The last couple of new people we had, had a ‘party pack’ . . . a little bit of everything in their system.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from a Seneca County drug task force and Fostoria Police arrested a man after executing a search warrant of his home and confiscating an undisclosed amount of crack cocaine ([www.otfca.net](http://www.otfca.net), Aug. 10, 2016). OSHP arrested an Illinois man in Wood County during a traffic stop after seizing 345 grams of crack cocaine and 90 hydrocodone pills from the man’s vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 6, 2016). Officers from a regional drug task force along with the Tiffin Police (Seneca County) arrested a couple after executing a search warrant of their home and seizing large amounts of crack cocaine, powdered cocaine, heroin, ecstasy and marijuana ([www.otfca.net](http://www.otfca.net), Nov. 4, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One treatment provider reported that although the availability of crack cocaine has remained the same, the demand has moved primarily to prescription opioids

and heroin. He explained: *"The demand . . . for it has decreased and therefore the dealer is not looking to purchase that . . . they're looking for the pills or the heroin."*

The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months, although the lab noted that it does not typically differentiate between crack and powdered cocaine cases.

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

Participants most often rated the current overall quality of crack cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' A participant stated, *"Until you build some contacts, you ain't getting very good stuff . . ."* Participants often reported that the quality of crack cocaine is better in the city of Toledo than in rural areas because the drug is often cut (adulterated) more in rural areas. A participant remarked, *"It varies, so it goes anywhere from a '2' to a '6."* Participants reported that crack cocaine in the region is most often adulterated with baking soda, but could be cut with almost anything that is approximately the same color and consistency as the drug. Overall, participants reported that the quality of crack cocaine has remained the same 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. Reportedly, the most common amount of crack cocaine purchased is 1/10 gram (aka "rock"). One participant reported, *"If you're getting small amounts, they're not going to weigh it in front of you. They'll just be like, 'man here's a twenty' (\$20 amount). With large amounts, you want to weigh it."* Another participant commented, *"Like in the suburbs it's 20s, but in the hood you*

*probably are getting 10s (\$10 amounts)."* Overall, participants reported that prices for crack cocaine have remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$60-70

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. In addition, participants reported multiple methods to smoke the drug, including using car antennas, glass pipes, cigarettes, fake roses sold in convenient stores and carry outs, soda cans, Plexiglas and electrical sockets. One participant commented, *"You know those roses? They use the glass pipe of it to smoke."* Another participant commented, *"You can find those at every carry out in the hood."* Yet another participant reported, *"A socket, that's one thing . . . a lot of construction [workers] will just pull out one of those sockets [to smoke crack cocaine from]."* Regarding shooting the drug, one participant commented, *"If they're a heroin addict, they're going to shoot it. Anything you can put in a needle, they're going to put in a needle."*

A profile for a typical crack cocaine user did not merge from the data. Participants described typical crack cocaine users as anyone. One participant reported, *"I see a lot of different people smoking crack . . . rich people smoke crack. My grandmother smoked crack. A lot of hard workers like laborers [smoke crack cocaine]."* Community professionals described typical crack cocaine users as females in their mid-20s, older generations and people of any race or sex. One treatment provider reported, *"That would be more or less hustlers, the people that are on the streets most of the day trying to find a dollar. And I would say, of an older generation. I don't see many new young people that are using crack cocaine. It's a lot of older people."*

## Heroin

Heroin remains highly available in the region. Participants and community professionals 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 scores

were also '10.' One participant remarked, "Seriously, is '10' really the highest number?" Another participant noted, "Everybody's got a heroin set up (arrangement for buying and selling heroin) nowadays. All these young boys, that's what they do ... heroin is the easiest drug to get out there and make your money on, and everybody's doing it." One treatment provider reported that heroin is in demand because it is less expensive than prescription opioids. One police officer reported that finding heroin in Toledo is so easy that all one had to do is, "just walk down the street."

Corroborating data indicated that heroin is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 12.5 percent reported using heroin on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 728 heroin cases reported during the past six months, of which 30.6 percent were Lucas County cases and 22.8 percent were Erie County cases (a decrease from 897 cases for the previous six months, of which 25.2 percent were Lucas County cases and 18.4 percent were Erie County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police arrested 23 people involved in a drug ring after conducting raids at three houses and confiscating heroin and fentanyl ([www.toledoblade.com](http://www.toledoblade.com), July 13, 2016). The Lucas County Sheriff's Office recounted its first overdose case due to carfentanil in the region; officers reported a man was treated at the hospital for a carfentanil overdose but left early against medical advice, leaving officers in the dark regarding where the man obtained the drug ([www.wtol.com](http://www.wtol.com), Sept. 9, 2016). A media source highlighted the growing national concern that public libraries are becoming a common location for heroin overdoses to occur; after several overdoses were reported at libraries in Ann Arbor, Michigan, Chicago, and Norfolk, Virginia, the Toledo (Lucas County) public library system is now working with law enforcement to combat this issue in Toledo ([www.campussafetymagazine.com](http://www.campussafetymagazine.com), Sept. 15, 2016). An Erie County grand jury indicted three men in September for heroin possession and/or trafficking in the county ([www.thevillagereporter.com](http://www.thevillagereporter.com), Sept. 26, 2016). A Williams County grand jury indicted 14 men and women in August and September for heroin possession and/

or trafficking in the county ([www.sanduskyregister.com](http://www.sanduskyregister.com), Sept. 21, 2016). Officers from the Ottawa County Drug Task Force conducted a five-month long investigation that led to seven individuals being indicted for trafficking heroin and cocaine in the county ([www.presspublications.com](http://www.presspublications.com), Oct. 17, 2016). The Lucas County Common Pleas Court sentenced a man to 15 years in prison for trafficking heroin, cocaine, prescription opioids and marijuana; the man is currently serving a 10-year sentence for kidnapping a 15-year-old female from Toledo and selling her for sex in Chicago ([www.toledoblade.com](http://www.toledoblade.com), Oct. 22, 2016). A Seneca County drug task force arrested a man for distributing heroin that led to five overdoses in two days ([www.otfca.net](http://www.otfca.net), Nov. 1, 2016). A Hancock County drug task force along with Findlay Police arrested a man after executing a search warrant at a motel in Findlay and confiscating heroin, marijuana and prescription opioids from the man's room ([www.otfca.net](http://www.otfca.net), Nov. 30, 2016). Officers from several regional drug task forces along with Fremont Police (Seneca County) arrested a drug dealer from Michigan suspected of being responsible for a rash of heroin overdoses that occurred in November in Seneca County; officers executed a search warrant at a motel in Sandusky County where the man was staying and found large amounts of heroin and drug paraphernalia in his room ([www.otfca.net](http://www.otfca.net), Dec. 1, 2016).

While many types of heroin are currently available in the region, both participants and community professionals reported white powdered heroin as most available. In addition, participants noted that brown, gray and tan powdered heroin are also available in the region. Participants discussed: "Actually ... it was gray for a couple of months and then brown for a couple of months and then white ... but I always considered all of that stuff 'china' (aka 'china white,' white powdered heroin) [and] it's all fentanyl; The gray is mostly fentanyl. The white, quite honestly is where people smash up Percocet® and higher potency prescription pills." Community professionals related white powdered heroin as referring to whitish-gray powdered heroin.

Black tar heroin is also available in the region. Participants most often rated the current availability of this type of heroin as '2'; the previous most common score was '1.' One participant stated, "'Tar' (black tar heroin) is hard to come by." Community professionals also mentioned black tar heroin and rated its current availability as '6.' Because black tar heroin is likely to remain in the hands of higher level drug dealers, law enforcement encountered more black

tar than did participants during this reporting period. Although one officer acknowledged, *"It's harder to get, so we aren't seeing very much of it right now."*

Participants and community professionals reported that the overall availability of heroin has remained the same during the past six months. However, one treatment provider commented, *"It continues to be terrible. It's probably our biggest drug problem."* The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has decreased during the past six months, and estimates that the number of black tar heroin cases it processes has increased, although the lab does not typically differentiate between black tar and powdered heroin. The lab reported having processed brown, off-white, tan and white powdered heroin during the past six months.

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'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent is fentanyl. One participant commented, *"The last time I did it [heroin], I failed my drug test ... back in June and it was mostly fentanyl."* Law enforcement reported that white powdered heroin contains very little heroin. Their comments included: *"We don't have a lot of 'china' (white powdered heroin) ... people call it that, but it's not china; Dealers have been cutting it and stripping the actual heroin and replacing it with fentanyl and other animal tranquilizers (carfentanil) to stretch out the original heroin further."*

Additional cuts mentioned for heroin include: Comet® cleanser, flour, powdered cocaine, rat poison, tranquilizers (carfentanil) and Xanax®. A participant added, *"Anything that will break down in water."* Another participant shared, *"It's all 'coke' (cocaine) ... I bought what I thought was 'china' (white powdered heroin) and I came up positive for cocaine on a ... [urine drug] test."* One law enforcement

officer confirmed, *"They mix it with everything they can get their hands on."* Another officer commented, *"Rat poison ... anything that looks blue. They'll cut it with 'benzos' (benzodiazepines) ... A guy, I have his 'tox' (toxicology) screen ... came up [positive] with everything but heroin."*

Overall, participants reported that the general quality of heroin has increased during the past six months. One participant reported, *"Oh yeah, it's much more potent ... now they're introducing these chemicals [into the heroin market] that are more and more potent."* Another participant remarked, *"It's gotten stronger because of the fentanyl!"* Treatment providers commented: *"They are talking about white (powdered heroin), and obviously, fentanyl is in it; I know that [when people] have 'OD'd' (overdosed), when they get their tox (toxicology) screens back ... not only were they getting heroin, but they were getting fentanyl ...."*

Heroin	Cutting Agents Reported by Crime Lab	
	 caffeine	 diphenhydramine (antihistamine)
	 lidocaine (local anesthetic)	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that dealers tend to sell heroin in smaller quantities such as 1/10 and 1/4 gram amounts. One participant explained that in Toledo, *"You could get a gram or a gram and a half, sometimes two grams, but that's the most ... They're not going to have that much on them. I did have one dude, we went to his 'trap house' (house primarily used to sell and/or use drugs) and we could get as much as we wanted."* However, the most common quantity purchased is 1/10 gram (aka "packs" or "papers," 1/10 gram amounts that typically come in folded up lottery tickets). Reportedly, other ways that heroin is sold is in small baggies obtained from hardware stores. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$20
	1/4 gram	\$40
	1/2 gram	\$70
	A gram	\$100-120

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 shoot and one would snort the drug. As one participant declared, “It’s snorted and injected.” However, another participant reported, “I’ve seen it smoked, but I don’t know a whole lot of people that do it.”

Participants reported that injection needles are most available from local pharmacies, particularly those that don’t require a prescription. Additionally, participants reported obtaining needles from diabetics. One participant commented, “I got mine from a diabetic [and] from one pharmacy in Toledo.” One participant reported obtaining needles from pet store: “There are people that will go into pet stores and buy needles that were meant for pets, which in reality is incredibly painful to shoot up with, but it will work.” Another participant stated, “Yeah, you go to feed stores and get them.”

Participants reported that sharing needles for injection is a common practice. One participant commented, “To be completely honest, because there’s people scared to buy them, or don’t know where to buy them, they will use like dirty needles like nothing ... out of desperation.” Another participant reported, “I think there needs to be more NEPs (needle exchange programs). I’m not saying for me personally because I can get needles easily, but I know very few people that don’t have hepatitis.” A treatment provider commented, “They re-use [needles]. That’s a big one. I’ll say, ‘use another needle,’ and they say, ‘why, it’s my needle.’” Another provider reported that of the clients they treat, “Eighty-five percent have hepatitis B and C.”

A profile for a typical heroin user did not emerge from the data. Participants described typical users as of middle socio-economic status, white and black people, suburban and of any age range. One participant reported, “I’ve seen 14-year-olds, teenagers, kids 15 to 16 [years old], all the way

up to 80-year-olds ... heroin has no discretion at all.” Another participant observed, “White, middle-upper class. Around Toledo I’ve seen more blacks do it ...”

Community professionals described typical heroin users as anyone. Treatment providers reported: “Between the ages of 18 and 34 [years of age] has really been the bulk. Of course you have the older generation that has been doing it for 30 years; Could be a business owner ... and it could be someone off the street.” A law enforcement officer commented, “It’s starting to change, the demographic ... maybe last years was a white male between 18 to 30 [years of age], but now we are starting to see people in lower economic areas of every race ... playing around with heroin.”

### Prescription Opioids



Prescription opioids are highly available for illicit use 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 ‘4.’ However, participants reported that availability fluctuates quite a bit, often from day to day. Participants explained: “It just depends on the dealer ... sometimes it can get dry (opioids become scarce) ... it’s just how fast they (dealers) can get the ‘scripts’ (prescriptions); Anybody can get it. Absolutely anybody can get it, but you can’t get it regularly.”

Treatment providers most often reported the current street availability of prescription opioids as ‘8,’ while law enforcement most often reported it as ‘10’; the previous most common score was ‘10’ for both treatment providers and law enforcement. One law enforcement professional stated, “It’s about supply and demand; if it’s in demand, then they’re going to supply it. They will find a way to supply it.” One treatment provider reported, “[Doctors are] trying to cut down and control it, but ... you can’t control it when a person comes in and says, ‘I got a back issue.’ You can’t readily measure back pain, and so you got to give them what they ask for.”

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 595 prescription opioid cases reported during

the past six months, of which 44.0 percent were fentanyl/ acetyl fentanyl cases; 32.1 percent of these fentanyl/ acetyl fentanyl cases were Lucas County cases (a slight increase from 581 prescription opioid cases for the previous six months, of which 35.5 percent were fentanyl/ acetyl fentanyl cases; 13.1 percent of these fentanyl/ acetyl fentanyl cases were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ottawa County grand jury indicted several people for drug trafficking and possession; one man was indicted for distributing prescription drugs over the course of six months ([www.otfca.net](http://www.otfca.net), July 27, 2016). Two men were convicted in the Huron County Common Pleas Court for trafficking methadone in Norwalk ([www.norwalkreflector.com](http://www.norwalkreflector.com), Sept. 6, 2016). OSHP in Wood County arrested two Michigan men during a traffic stop after confiscating 262 hydrocodone and morphine pills from their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 13, 2016). The Sandusky County Sheriff was indicted after an ongoing investigation completed by the Ohio Bureau of Criminal Investigation for stealing prescription drugs from drop boxes and deceiving physicians into prescribing him prescription pain medicine ([www.nbc4i.com](http://www.nbc4i.com), Nov. 22, 2016). Seven individuals were indicted in Hancock County for trafficking fentanyl, oxycodone, heroin and cocaine in Findlay ([www.thecourier.com](http://www.thecourier.com), Nov. 23, 2016).

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. One participant reported, "There are Norco's®, but they prefer the 'perks' (Percocet®)." Another participant agreed and added, "Percocet's® by far [are most popular]." Community professionals also identified Percocet® as the most popular prescription opioid for illicit use. Treatment providers remarked: "Percocet's® have been the most sought after; 'Perk 10s' (Percocet® 10 mg) are probably more available than anything."

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants reported: "Doctors know people are selling it, so it's becoming harder to come across; Not as easy as it used to be for me. It used to be, you could go anywhere and get pills. Pills were everywhere. You had grandmothers with pills, you had kids, you had people paying their 'house notes' (mortgages) with pills; pills ran everything; The availability of perks has gone down considerably because there are less doctors giving them out, less people getting them, and a lot of people have been cut off."

Many participants attributed the current heroin epidemic to the decrease in prescription opioid availability. One participant explained, "We had these doctors out here that flooded the street with pills. Pills were everywhere ... the next thing you know they cracked down on them, busted all the pill dealers, and you're sick, you're messed up, and so there was nothing left but heroin." Another participant added, "That's exactly what's happening. The Percocet® is going down and the heroin is going up." Another participant commented, "It's cheaper and stronger to go with the heroin."

Treatment providers reported that the general street availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. One treatment provider remarked, "It's getting harder to find with [law enforcement] cracking down." Another treatment provider credited the Ohio Automated Rx Reporting System (OARRS) with the decrease in availability. This treatment provider stated, "The OARRS helps ... It has decreased [availability] some." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has increased or remained the same during the past six months; however, the lab noted that the number of cases it processes for Dilaudid® and morphine have decreased.

		Reported Availability Change during the Past 6 Months	
Prescription Opioids	 Participants	Decrease	
	 Law enforcement	No change	
	 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, "Basically all of them want a dollar a milligram." According to participants and treatment providers, many users sell the opioids that they legitimately receive from a physician in order to obtain illicit drugs, such as heroin. One participant recounted, "I used to get a script of 90 of them [Percocet®] every month and I would hardly take the Percocet®. I'd take like five of them as soon as I got them and then the other 85 of them I'd sell ... for \$2.50 a piece."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$0.50-1 for 1 mg \$5-6 for 5 mg
	Percocet®	\$10-12 for 10 mg \$15 for 15 mg
	Roxicodone®	\$30 for 30 mg

Participants reported obtaining prescription opioids from dealers, doctors, friends and family members with prescriptions. One participant stated, *"Know someone with a script, or a person knows someone with a script, or you 'doctor shop' (visit multiple doctors seeking prescriptions for opioids) ...."*

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would orally consume and five would snort the drugs. One participant noted, *"Most people would snort it."* In addition, participants reported intravenously injecting (aka "shooting") certain types of prescription opioids. According to participants, it is still possible to intravenously inject OxyContin®. One participant commented, *"Every time they come up with a new countermeasure (abuse deterrent) someone comes up with a way to get around it [to allow for illicit use of the drug]."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical users as similar to heroin users. One participant remarked, *"Same people that like heroin."* Participants did not believe that race is a factor in identifying a typical user. One participant responded, *"They used to act like it was a white drug, but that's gone out the window. Everybody does it."*

Treatment providers also did not identify a typical illicit prescription opioids user. Treatment providers stated: *"No, there's not a particular user; It's just a big variety."* However, one law enforcement officer noted, *"Generally, it's somebody who has had pain medication from injuries. They'll be prescribed the OxyContin® or the Percocet® and that stuff, and then when the doctors stop giving it to them ... they'll go out in the streets and try to buy those ...."*

## Suboxone®

Suboxone® remains highly available for illicit use 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 also '10'. One participant reported, *"I could seriously get probably 75 Suboxone® strips in ten minutes right now."* Participants reported the Suboxone® sublingual filmstrip (aka "strip") form as the only available form of the drug.

Community professionals most often reported current street availability of Suboxone® as '10'; the previous most common score was '6'. One treatment provider commented, *"That's a big one."* Law enforcement officers commented: *"A lot of folks get on Suboxone® in order to get help and then turn around and sell them to buy heroin; They can get Suboxone® strips from their primary care and then family members will use them or sell them on the street. Some users will actually get their 'subs' (Suboxone®) on the street; We've got a couple people who are getting two doses of Suboxone® a day and they'll take one and sell the other; [They'll] buy strips so they can prevent from being 'dope sick' (in withdrawal)."*

Corroborating data indicated that Suboxone® is 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 67 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 69 cases returned for the previous reporting period).

Both participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. One participant responded, *"For the strips it stayed the same."* A law enforcement officer commented, *"That's been going on for several years."* The BCI Bowling Green Crime Lab reported that the number of Suboxone cases it processes has increased during the past six months.

Suboxone®	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 Suboxone® were consistent among participants with experience buying the drug. Participants reported people will often overpay to avoid withdrawal symptoms: *"You can give \$20 if you're desperate; If you're in withdrawal ... you'll pay \$30 to have it; I've paid up to \$40 out of desperation for an 8 mg strip."* Reportedly, an 8 mg filmstrip most often sells for \$15. However, one participant commented, *"The more you buy, the cheaper it is."*

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other people who are prescribed it. Participants reported that the most common routes of administration for illicit use of the Suboxone® is sublingual or intravenous injection (aka "shooting"). One participant reported, *"You might find some people that shoot them, but basically [it's] under the tongue."* Participants reported the attraction to shooting Suboxone®: *"If you do Suboxone® on a daily basis, you try to avoid getting sick ... [In] shooting ... you use less of it ... and get the same results; You can feel it quicker; It's awful [the taste] ... Do you know what Goo Gone smells like? That would be the taste ... an orangey mediciney taste."*

Participants and community professionals described typical illicit Suboxone® users as heroin users. In addition, a treatment provider described typical illicit users as anyone 18-25 years of age.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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 '8'. Treatment providers most often reported current street availability as '7', while law enforcement most often

reported it as '8'; the previous most common score was '9' for both treatment providers and law enforcement.

Treatment providers remarked: *"Individuals that are under the influence of heroin ... they start talking about anxiety ... Doctors and psychiatrists are prescribing it; A person that is on Suboxone® ... when they come in, give it about a month and they'll be seeing a psychiatrist, and about a week after that, they'll be on Xanax®."* Law enforcement officers reported: *"They'll buy whatever they can; I think that they're unexpectedly using 'benzos' (benzodiazepines) when they're buying heroin. Like one guy, I had his 'tox' (toxicology) screens ... came back benzos and 'meth' (methamphetamine), fentanyl ... everything but heroin ..."*

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 130 benzodiazepine cases reported during the past six months (there were 122 cases for the previous six months).

Participants and treatment providers identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One treatment provider stated, *"Ativan® is at the bottom of the list, they would rather have Xanax®."*

Participants and law enforcement reported that the general street availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported that availability has increased. The BCI Bowling Green Crime Lab reported that the numbers of cases for Xanax® and Valium® have increased during the past six months, while all other sedative-hypnotic cases have decreased or remained the same in number.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant observed, *"Generally, the one and two milligrams are what most people are getting around here."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$.50-1 per pill (unspecified dose)
	Xanax®	\$3 for 1 mg \$5 for 2 mg

Participants reported obtaining these drugs from doctors and drug dealers. One Participant reported, "A lot of people are getting them from their doctors because doctors aren't really afraid to give out the Xanax® so much."

Generally, the most common routes of administration for illicit use of sedative-hypnotics remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. However, one participant noted intravenous injection (aka "shooting") as well: "I think if you're in love with snorting, you're going to snort everything you can. That's how I used to be ... but if you're in love with the needle, you're going to put whatever you can in the needle. I heard that from other people." A profile for a typical illicit sedative-hypnotics user did not emerge from the data, although treatment providers described typical illicit users as of any age, people with a trauma history and people with the propensity to self-medicate.

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals 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 scores were also '10'. One participant reported, "I have a [marijuana] grow field right next to my house."

Participants and community professionals also 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 '5'; the previous most common score was '6'. One participant commented, "It's available ... my son gets it all of the time." Other participants stated: "Me and my ex' (former partner) used to do that; Dabs is real popular."

Another participant explained, "It's coming from Michigan because I know that a lot of those grow farms (marijuana grow operations) get a lot of wax." Community professionals did not provide a current availability rating score for marijuana extracts and concentrates. However, one treatment provider reported, "When we do the marijuana specific groups, some of them have talked about it."

Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 87.5 percent reported using marijuana/hash on one or more days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police arrested a New York man during a traffic stop after confiscating a suitcase containing candy made with THC (tetrahydrocannabinol, the psychoactive ingredient in marijuana), marijuana wax (a marijuana concentrate) and several additional packages of marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 11, 2016). OSHP arrested a California man during a traffic stop in Wood County after confiscating 101 pounds of hydroponic marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 13, 2016). OSHP arrested two people during a traffic stop in Erie County after confiscating 17 vacuum-sealed bags of marijuana, weighing over eight pounds ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 30, 2016). Officers from a Seneca County drug task force along with officers from multiple other local law enforcement agencies collaborated in an annual marijuana sweep and confiscated 100 plants from different fields in the county ([www.nbc24.com](http://www.nbc24.com), Aug. 25, 2016). OSHP arrested a New York man during a traffic stop in Lake Township (Wood County) after confiscating 92 pounds of marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 7, 2016). OSHP arrested another New York man also in Wood County during a traffic stop after seizing seven pounds of marijuana packaged into two blocks and held inside a body pillow ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Sept. 12, 2016). An Arizona man was sentenced in Lucas County Common Pleas Court to 30 months in prison for trafficking 221 pounds of marijuana into the region ([www.toledoblade.com](http://www.toledoblade.com), Oct. 14, 2016). The Ottawa County Sheriff's Office arrested two people after executing a search warrant and seizing psilocybin mushrooms, dozens of marijuana plants and hash oil from the couple's home ([www.presspublications.com](http://www.presspublications.com), Oct. 17, 2016). OSHP

arrested a New York man in Perrysburg (Wood County) after pulling him over for a traffic violation and seizing 263 pounds of marijuana from his vehicle ([www.nbc4i.com](http://www.nbc4i.com), Nov. 10, 2016). OSHP arrested a California man in Wood County during a traffic stop after seizing 71 pounds of marijuana, 360 THC (tetrahydrocannabinol) pills and one pound of hash oil that were wrapped as Christmas gifts in the man’s vehicle ([www.10tv.com](http://www.10tv.com), Nov. 24, 2016). OSHP arrested a woman with Nevada license plates in Preble County during a traffic stop after seizing 200 pounds of marijuana from her vehicle ([www.nbc4i.com](http://www.nbc4i.com), Nov. 29, 2016). OSHP arrested a man in Sandusky County during a traffic stop after confiscating nine pounds of marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 2, 2016). OSHP arrested two men in Wood County during a traffic stop after confiscating 300 pounds of marijuana from their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 7, 2016).

Participants reported that the availability of marijuana has remained the same during the past six months. Participants discussed that the availability of marijuana rarely fluctuates, as one participant remarked, “No, never for marijuana.” Reportedly, both low-grade and high-grade marijuana availability have remained the same. However, one participant reported, “High quality is easier to get now because of the dispensaries in Michigan.” Participants indicated that the availability of marijuana concentrates and extracts has decreased during the past six months.

Community professionals reported that the overall availability of marijuana has increased during the past six months. However, one treatment provider remarked, “I think marijuana has picked up because they use it as a balance. Marijuana is like a balance when an individual does not have the heroin and they start to feel sick. Marijuana is a balance, so they can get up the strength to get up and eat something to go out and hustle.” The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of marijuana as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Overall, participants indicated that the quality of high-grade marijuana has increased during the past six months. Participants reported: “Quality has gone up and it’s stronger; [With] medical marijuana ... people can control the [potency]. They’re using, different stains.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is one gram. One participant commented on the high cost of high-grade marijuana: “When I started messing with weed [again] ... I hadn’t smoked in years ... the good stuff come out and I was like, ‘damn people are paying \$20, \$30 a gram’ ... I couldn’t believe it.”

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A gram	\$5
	An ounce	\$80
	<b>High grade:</b>	
	A blunt (cigar)	\$10
	A gram	\$20
	An ounce	\$300
	<b>Extracts and concentrates:</b>	
	A gram	\$30-35

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, “Smoke it, put it in a bong (water pipe).” A profile for a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as anyone. However, a few participants observed typical users as hippies and younger people aged 14-20 years.

## Methamphetamine



Methamphetamine remains highly available in the rural areas of the region. Participants most often reported the current availability of the drug in rural areas as '8' and in urban areas as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' in rural areas and '4' in urban areas. One participant reported, *"I have never come across 'meth' (methamphetamine) here (in Toledo). [The drug is] more like in Swanton [Lucas County] and Delta [Fulton County]."* Another participant stated, *"I don't think it's real popular here (in Toledo). It's more on the outskirts."*

Treatment providers most often reported the current availability of methamphetamine in rural areas as '8' and in urban areas as '3'; the previous most common score for rural areas was '9'; no data were reported for availability in urban areas previously. One treatment provider who works in Toledo stated, *"Meth is not so much on the radar. People aren't really chasing that. I've had one or two individuals where crystal meth was something that they used ..."* Law enforcement most often reported the current availability of methamphetamine as '6-7'. One law enforcement professional commented, *"The outlying rural areas ... meth and 'molly' (powdered MDMA) are very high."*

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 148 methamphetamine cases reported during the past six months, of which 36.5 percent were Defiance County cases, 16.9 percent were Sandusky County cases and 6.1 percent were Lucas County cases (there were 146 cases for the previous six months, of which 40.0 percent were Defiance County cases, 11.0 percent were Sandusky County cases and 4.8 percent were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Putnam County Sheriff's Office arrested two people during a traffic stop after seizing 10.6 grams of methamphetamine, materials used to manufacture methamphetamine, 39.6 grams of powdered cocaine, 6.4 grams of crack cocaine, 19.5 grams of marijuana and 49 Roxicodone® pills from their vehicle ([www.thecourier.com](http://www.thecourier.com), Oct. 17, 2016). Findlay Police (Hancock County) arrested a man on Christmas

morning during a traffic stop, confiscating approximately one dozen containers of crystal methamphetamine, other unidentified substances and drug paraphernalia from the man's vehicle ([www.toledoblade.com](http://www.toledoblade.com), Dec. 26, 2016).

Participants reported that methamphetamine is available in both crystal and powdered forms throughout the rural areas of the region; however, they reported powdered methamphetamine as the most prevalent form of the drug. The powdered form of methamphetamine is typically referred to as "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, *"They make it in them damn bottles now and they shake it with all the batteries and all that crap."*

Participants and community professionals reported that the overall availability of methamphetamine has remained the same during the past six months. However, participants reported that crystal methamphetamine availability has increased during the past six months. One participant commented, *"It's getting pretty available. It's getting more popular to find the crystal because more people want it over the 'bottle dope' (shake-and-bake methamphetamine). It's way better than the bottle dope."* One law enforcement professional commented, *"It's pretty steady."*

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, tan, off-white, and liquid methamphetamine.

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

Participants specifically rated the quality of powdered methamphetamine as '4' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '8' and '6', respectively. One participant explained why she prefers crystal methamphetamine: "[Powdered methamphetamine] makes me sick [with] anxiety real bad; there's a lot of lithium in it ... makes my bones hurt. The 'glass or ice' (crystal methamphetamine) is a lot better." 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. Reportedly, the most common quantity purchased is 1/10 gram. One participant explained, "If you wanna save money, meth is definitely the way to go; I mean ... I spent like \$50 and that stuff had me high for like a week and a half. You can do a line and be high for three days."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/10 gram (aka "a point")	\$20
	A gram	\$75
	<b>Crystal:</b>	
	A gram	\$100-120

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, five would shoot and five would smoke the drug. Reportedly, more methamphetamine users are intravenously injecting the drug due to increasing needle use generally among users. According to one participant, "It came around so late that everybody was already using the needle ... so when it showed up, it's something else to put in a needle." This participant also added, "If you're using a needle, you'll put Tylenol® in a needle to cure a headache."

Participants and treatment providers described typical methamphetamine users as white people and individuals who also use heroin and/or cocaine. One participant explained, "Anybody that likes cocaine will try it, and

anybody that's crossed the line between dealing heroin and smoking crack will more than likely like doing it." A rural treatment provider reported, "They were the same type of individuals that were using heroin, but they couldn't get their heroin and they couldn't find cocaine, so they used the meth because meth is something they could make themselves." Law enforcement professionals described typical methamphetamine users as white people, males and those aged 18-35 years. One law enforcement officer stated, "If they're a burglar, they've got a habit ... whether it's heroin or meth."

### Prescription Stimulants

Prescription stimulants remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. One participant reported, "[To obtain a prescription for stimulants] they just go to the doctor and tell them they have adult ADHD (attention-deficit hyperactivity disorder)." Treatment providers most often reported the current street availability of prescription stimulants as '7'; the previous most common score was also '7'. One treatment provider commented, "They'll take their kids to the doctor [to obtain a prescription for stimulants] so they can steal it from their kids."

Both participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One participant commented, "Adderall® is everywhere." Other prescription stimulants either were not mentioned or, as is the case with Vyvanse®, were said to be not as available. One participant reported, "That's really hard to come by ... I'm talking about Vyvanse."

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 increased during the past six months, while the number of Ritalin® cases has decreased.

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

Reports of current street prices for Adderall® were consistent among participants with experience buying the drug. Reportedly, Adderall® 30 mg sells for \$2-5. Participants reported obtaining prescription stimulants most often from friends. They were unable to report on the most common route of administration for illicit use of prescription stimulants due to no personal illicit use of these drugs during the past six months; oral consumption was the most common route of administration reported for illicit use during the previous reporting period.

Participants described typical illicit users of prescription stimulants as those aged 18-21 years, college students and adolescents. One participant reported, *“The younger people tend to get it from their friends and stuff.”* Community professionals also described typical illicit users as college students. One law enforcement officer commented, *“Younger college-aged; I mean, I’ve had some people that have had those drugs on them that haven’t been college material, but you know, they’re very accessible [to college students].”*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘6’ and ‘10’, respectively. However, there was only one participant who reported using molly during the past six months. He commented, *“I did a lot of molly.”* Community professionals most often reported the current availability of ecstasy and of molly as ‘8’; the previous scores were ‘10’ for both forms of the drug. One Treatment provider reported, *“They’re doing it pretty big now.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Tiffin Police (Seneca County) and officers from a regional task force worked together to arrest a couple after implementing a search warrant of their home and seizing large amounts of ecstasy, crack cocaine, powdered cocaine, heroin and marijuana ([www.otfca.net](http://www.otfca.net), Nov. 4, 2016).

Participants and community professionals reported that the availability of both 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	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants were not able to rate the overall current quality of ecstasy and molly this reporting period; the previous most common score was ‘8’ for both ecstasy and molly. However, although participants did not have first-hand knowledge on the quality of ecstasy or of molly during the past six months, a few participants reported that the quality of ecstasy has generally decreased over time. One participant reported, *“It’s not as good as it was 10-12 years ago.”* Participants did, however, report that the pressed ecstasy pills are typically stamped with pictures, such as: barefoot, Bart Simpson, daisies, ninja turtles and transformers. One participant reported, *“The best one is barefoot.”*

Reports of current prices for ecstasy and molly were consistent among participants with experience purchasing the drugs. Reportedly, ecstasy sells by the pill and molly typically sells by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Medium dose (aka "double stack")	\$5
	High dose (aka "triple stack")	\$8
	<b>Molly:</b>	
A gram	\$40-60	

Participants indicated that molly is often obtained from dealers. Participants described typical ecstasy and molly users as "clubbers" (those who regularly frequent nightclubs) and "ravers" (those who attend dance parties). Community professionals described typical ecstasy and molly users as young adults, and particularly, young African Americans. One treatment provider remarked, "It's a party drug."

## Other Drugs in the Toledo Region

Participants and community professionals listed other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]) and Neurontin® (gabapentin, an anticonvulsant).

### Hallucinogens

Reportedly, LSD is available in the region; however, participants were not able to rate its current availability; the previous most common availability score for LSD was '4' on a scale of 0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Only one treatment provider was able to report on the current availability of LSD. This provider reported current availability as '2' and said, "We get a little bit of LSD. Matter of fact ... I just got a call over the weekend from ... a girl and she did meth and LSD ... she was only 19 [years old]." He continued, "However, it's rare that I hear anyone using [LSD]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from the Mercer County Sheriff's Office arrested a Celina couple after

executing a search warrant of their home and seizing 900 doses of LSD, "dabs" and less than one ounce of marijuana ([www.limaohio.com](http://www.limaohio.com), Sept. 20, 2016).

The BCI Bowling Green Crime Lab reported that the numbers of LSD and psilocybin mushroom cases it processes have decreased during the past six months. A treatment provider described typical LSD users as individuals between 18-21 years of age who use the drug recreationally.

### Neurontin®

A few participants reported abusing Neurontin® during this reporting cycle. One participant reported, "When I was at the methadone clinic, everyone was like 'Neurontin® this, Neurontin® that.' We got Neurontin® outside for 50 cents apiece." Another participant reported, "I used to buy them all day, every day." A participant explained the attraction to Neurontin®: "It's not a narcotic, but what it does is, it intensifies your methadone ... so if you take your methadone and you go buy ten Neurontin® and you take all ten, it's sort of like you tripled your [methadone] dose."

## Conclusion

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

While many types of heroin are currently available in the region, both participants and community professionals reported white powdered heroin as most available. Both groups of respondents discussed that white powdered heroin, which is referred to as "china white," is mostly fentanyl with very low to no heroin content. Law enforcement explained that dealers heavily cut heroin with fentanyl and carfentanil (aka "elephant tranquilizer") to increase the amount of the drug to increase their revenue.

In addition to fentanyl, participants reported that cocaine has become a more common cut for heroin than previously.

Participants shared they had screened positive on drug screens for cocaine use when they expected to screen positive for heroin use only. Treatment providers noted more clients talking about using cocaine when heroin is unavailable during the past six months, while also reporting an increase in clients sharing that they “speedball” the two drugs (concurrent or consecutive use of heroin and cocaine). Overall, participants reported that the general quality (potency) of heroin has increased during the past six months, primarily due to the addition of fentanyl and carfentanil.

Participants and treatment providers indicated that the general street availability of prescription opioids has decreased during the past six months. Participants discussed doctor prescribing as having tightened, making opioids for illicit use increasingly more difficult to find. Treatment providers credited increased use by doctors and pharmacists of the Ohio Automated Rx Reporting System (OARRS) as a primary reason for decreased street availability.

Methamphetamine remains highly available in the rural areas of the region. While participants reported that methamphetamine is available in both crystal and powdered forms throughout rural areas, they reported powdered methamphetamine as the most prevalent form of the drug. However, participants reported that crystal methamphetamine availability has increased during the past six months. Participants noted that users prefer the crystal form as it is thought to be “better dope” (a more potent form of methamphetamine).

Community professionals reported that the overall availability of marijuana has increased during the past six months. A few participants indicated that the current high availability of high-grade marijuana, including extracts and concentrates (aka “dabs”), is due to these high-grade products coming into the region from legal marijuana

dispensaries in Michigan. Treatment providers discussed that heroin users rely on marijuana to help them “keep balance” (ease withdrawal symptoms) when heroin is unavailable.

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, tan, off-white and liquid methamphetamine. Participants and treatment providers described typical methamphetamine users as white people and individuals who also use heroin and/or cocaine. Law enforcement professionals described typical users as white people, males and those aged 18-35 years. Reportedly, more methamphetamine users are intravenously injecting the drug due to the widespread and crossover use with heroin.

Lastly, a few participants reported abusing Neurontin® (gabapentin) during the past six months. A participant explained that the attraction to Neurontin® is that the drug intensifies the effect of other illicit drug use, particularly methadone.

