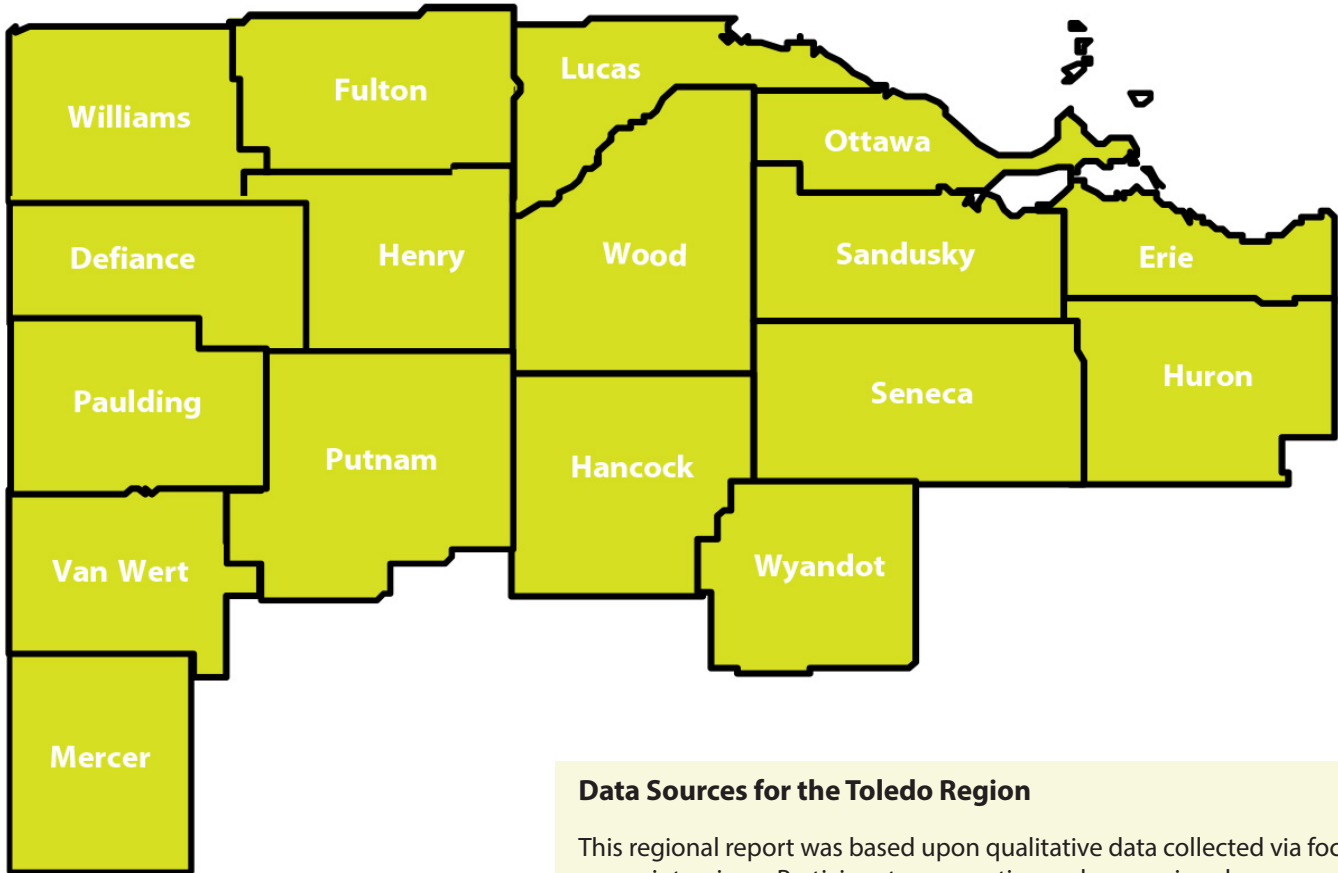


Drug Abuse Trends in the Toledo Region



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 Erie, Fulton, Lucas and Wood 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, 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 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 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2017.

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

Regional Epidemiologist:

Celia Williamson, PhD

OSAM Staff:

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

Kathryn A. Coxe, MSW, LSW
OSAM Coordinator

Jessica Linley, PhD, MSW, LSW
OSAM Quantitative Data Analyst

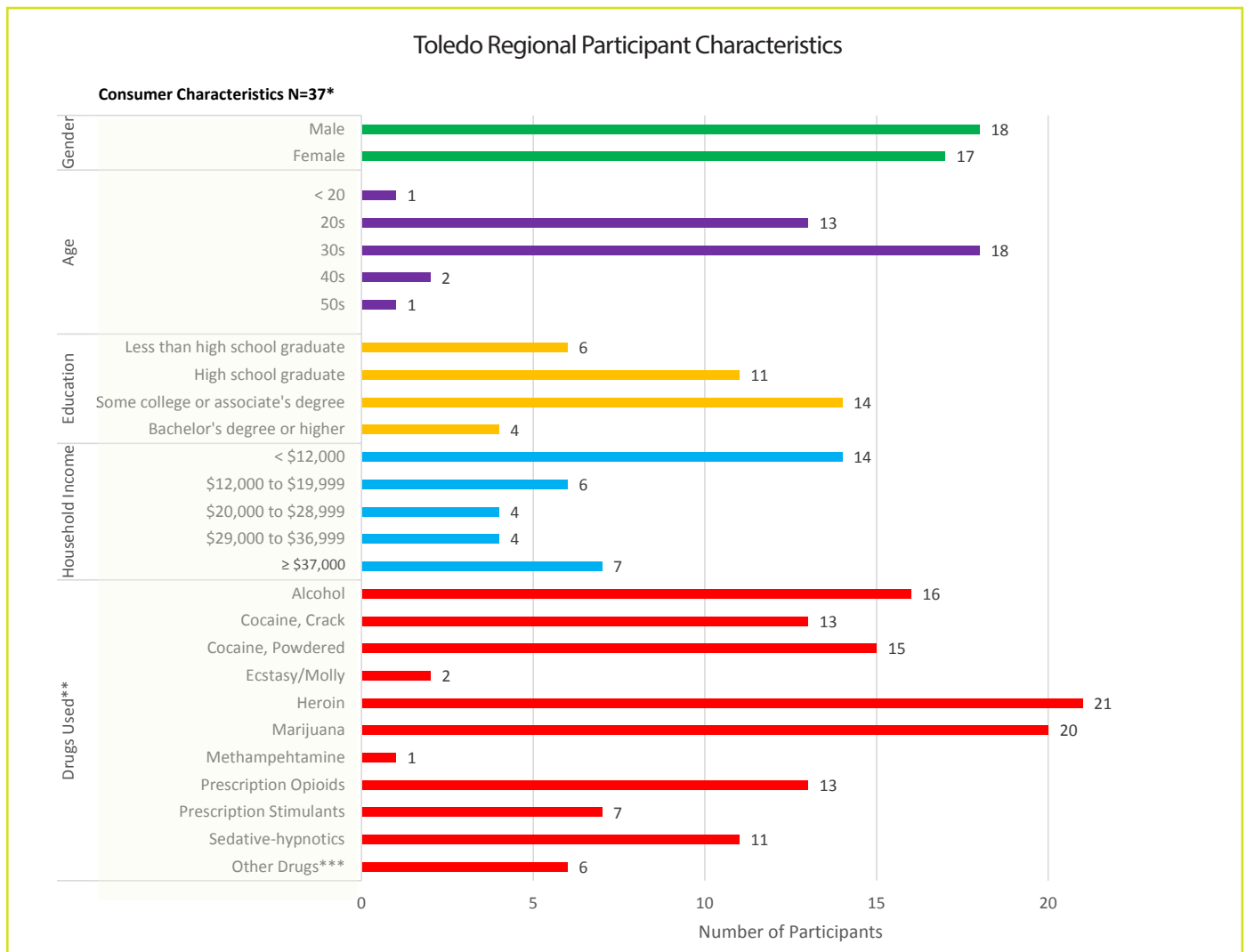
Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	1,217,072	37
Gender (female), 2016	51.0%	50.9%	32.5%
Whites, 2016	82.5%	87.6%	91.4%
African Americans, 2016	12.8%	8.7%	0.0%
Hispanic or Latino Origin, 2016	3.7%	6.2%	8.8% ²
High School Graduation Rate, 2015	89.1%	90.1%	82.9%
Median Household Income, 2015	\$51,086	\$49,809	\$16,000-\$19,999 ³
Persons Below Poverty Level, 2015	14.8%	14.1%	54.3%

¹ Ohio and Toledo region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2017.

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

³ 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 37.

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

***Other drugs included: ketamine, lysergic acid diethylamide (LSD), U-47700 (synthetic opioid), psilocybin mushrooms, dimethyltryptamine (DMT), over-the-counter (OTC) sleep aids and Suboxone®.

Historical Summary

In the previous reporting period (June 2016 - January 2017), crack cocaine, ecstasy/molly, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region; prescription opioids were also highly available. Changes in availability during the reporting period included: possible increased availability for marijuana and methamphetamine and likely decreased availability for prescription opioids.

While many types of heroin were 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 was referred to as “china white,” was 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 had 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 was unavailable during the reporting period, and also reported 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 had increased during the reporting period, primarily due to the addition of fentanyl and carfentanil.

Participants and treatment providers indicated that the general street availability of prescription opioids had decreased during the reporting period. Participants said doctor prescribing had tightened, making opioids for illicit use 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 remained highly available in the rural areas of the region. While participants reported that methamphetamine was 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 had increased during the reporting period. Participants noted that users preferred the crystal form of the drug, as it was thought to be “better dope” (a more potent form of methamphetamine).

Community professionals reported that the overall availability of marijuana had increased during the reporting period. A few participants indicated that the high availability of high-grade marijuana, including extracts and concentrates (aka “dabs”), was due to high-grade products coming into the region from legal marijuana dispensaries in Michigan. Treatment providers discussed that heroin users relied on marijuana to help them “keep balance” (ease withdrawal symptoms) when heroin was unavailable.

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

Lastly, a few participants reported abusing Neurontin® (gabapentin) during the reporting period. A participant explained that the attraction to Neurontin® was that the drug intensified the effect of other illicit drug use, particularly methadone.

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 also ‘10’. Participants commented: “People can get it; [Cocaine is] everywhere




you go.” Treatment providers most often reported the current availability of powdered cocaine as ‘8-10,’ while law enforcement most often reported it as ‘5;’ the previous most common score for community professionals was ‘10.’ One law enforcement officer remarked, “Dealers have ‘crack’ (crack cocaine), ‘coke’ (powdered cocaine) and heroin.”

Corroborating data indicated that cocaine is available in the region. The Hancock County Probate Court reported that of the 39 positive adult drug test results it recorded during the past six months, 74.4% were positive for cocaine (powdered and/or crack cocaine). The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 172 individuals in the Toledo region who reported substance use during the past 30 days, 8.7% reported using powdered and/or crack cocaine on one or more days (SBIRT does not distinguish between powdered and crack cocaine).

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 747 cocaine cases reported during the past six months, of which 35.2% were Lucas County cases (there were 707 cases for the previous six months, of which 27.2% were Lucas County cases). NFLIS does not differentiate between powdered and crack cocaine cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ottawa County grand jury indicted a man for trafficking cocaine and fentanyl out of his Port Clinton home (www.portclintonnewsheald.com, Feb. 10, 2017). Two men from Toledo (Lucas County) and one from Michigan were indicted on felonious drug trafficking charges by the U.S. Northern District Court; FBI officers found the men with five kilograms of cocaine and more than a kilogram of heroin (www.toledoblade.com, Feb. 14, 2017). Sandusky Police (Erie County) arrested two men during a traffic stop after seizing two kilograms of cocaine and three pounds of marijuana from their vehicle; officers executed a search warrant of one of the men’s home in Sandusky previously and confiscated 100 grams of crack cocaine (www.sanduskyregister.com, Feb. 24, 2017). The U.S. Northern District Court indicted 22 people in a large-scale cocaine and heroin trafficking ring in Toledo; prosecutors reported that the ring brought the drugs from Detroit, Michigan and sold them in Toledo from 2012-2017 (www.toledoblade.com, March 10, 2017).

Both participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported that availability has decreased. A treatment provider commented, “People can get it.” One law enforcement officer stated, “One guy bought it, [but] it was pure Fentanyl®.” The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ According to participants, the quality of powdered cocaine depends on where and from whom the user obtains the drug. Despite most participants reporting moderate quality of the drug, some participants described the quality as very poor. One participant remarked, “It’s garbage.” Conversely, another participant noted, “You can find good stuff every now and then.”

Participants reported the top cutting agents (adulterants) for powdered cocaine as baking soda, laxatives and vitamin B-12. Other adulterates mentioned included: baby formula, creatine, fentanyl and local anesthetics (benzocaine and lidocaine). Participants commented: “If you buy smaller amounts, it will be ‘stepped on’ (adulterated) more; People are just putting a bunch of garbage in it; People are putting fentanyl in it, and people are overdosing on it.” Overall, participants reported that the quality of powdered cocaine has increased during the past six months. However, one participant observed, “Sometimes they can play you, and you don’t get nothing but baking soda.”

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● levamisole and tetramisole (pet and livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants commented: “[The price of powdered cocaine] depends on who you know; The more you buy, the cheaper it goes.” Reportedly, the most common quantity of purchase is 1/8 ounce (aka “eight ball”).

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$40-60
	A gram	\$50-100
	1/16 ounce (aka “teener”)	\$75-125
	1/8 ounce (aka “eight ball”)	\$250-300
	An ounce	\$500-800

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, “I know a lot of drug dealers that snort it.”




Participants described typical powdered cocaine users as individuals of upper socio-economic status. Participants reported: “Cocaine is more of a rich man’s drug; Middle-class and upper-class people; White men with money.” Some participants described typical powdered cocaine users as individuals who prefer other stimulant drugs, and who are involved in night life and attend clubs and bars. One participant explained, “People that like uppers (stimulants); People that drink a lot [of alcohol] ... bar scene, to keep their night going.” Treatment providers described typical powdered cocaine users as older people, white people, and individuals of middle to upper socio-economic status. One treatment provider stated, “A little older people. I don’t see it much among the kids.”

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.’ Participants commented: “It’s up there; I could walk outside here and within a thousand feet, I could get a ‘rock’ (piece of crack cocaine).” Treatment providers most often reported current availability as ‘9,’ while law enforcement most often reported it as ‘7;’ the previous most common scores were ‘10.’ One treatment provider stated, “I see it quite a bit.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. During an annual drug sweep in Toledo, officers with the Toledo Police Department’s Special Operations Bureau, the Lucas County Sheriff’s Office, together with federal law enforcement agencies, arrested 75 people during the execution of 50 different search warrants in five days; during the sweep, officers confiscated 175 grams of crack and powdered cocaine, 1,043 grams of heroin, 474 prescription pills, 3.75 pounds of marijuana and 1/10 gram of methamphetamine (www.nbc24.com, Feb. 6, 2017). Findlay Police (Hancock County) along with a regional task force raided a home in Findlay and arrested a man, confiscating crack cocaine, methamphetamine, heroin, prescription opioids, LSD (lysergic acid diethylamide), marijuana, drug paraphernalia and criminal tools (www.otfca.com, Feb. 8, 2017). Tiffin Police (Seneca County) collaborated with the Seneca County Drug Task Force to execute a search warrant of a home near a high school; officers arrested a man for drug trafficking after finding crack cocaine, Vicodin® and drug paraphernalia in his possession (www.otfca.com, Feb. 11, 2017).

Both participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider stated, “The guys that I see using it, have been using it for a while.” Law enforcement reported that the availability of crack cocaine has increased during the past six months. The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' According to some participants the quality of powdered cocaine is inconsistent. One participant explained, "It varies, you can get some junk." Another participant stated, "Where I get it from, it's always a '10'." Another participant mentioned, "It could either be bad or really good, not in between." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: ether and gasoline. One participant reported, "Gasoline or ether ... horrible things that are supposed to go in cars not bodies." Overall, participants reported that the quality of crack cocaine has varied during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. According to participants, crack cocaine users are not purchasing crack cocaine in specific quantities, but instead are purchasing the drug based upon the amount of money they have. One participant reported, "I'd just tell them how much money I had, and they give me however much in crack. I'd get anywhere from \$70-100 worth." Another participant explained, "You don't get a receipt with your purchase. It's a dirty game ... you get what you get, and if you don't like it, go to a new drug dealer"

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	1/2 gram	\$50
	A gram	\$100
	1/8 ounce (aka "eightball")	\$200
	An ounce	\$1,000-1,500

Participants reported that the most common routes of administration for crack cocaine are intravenous injection (aka "shoot") and smoking. Participants estimated that out of 10 crack cocaine users, five would shoot and five would smoke the drug. One participant reported, "A lot of people 'speedball' (use crack cocaine) with their 'dope' (heroin)." Another participant explained, "If you're gonna shoot it, you'll probably use heroin with it." Some participants reported that smoking crack cocaine is more common than intravenously injecting it.

Participants described typical crack cocaine users as older people, individuals of lower socio-economic status and African-American people. One participant reported, "I think it's associated more with poverty, as opposed to powdered cocaine being people with money." Another participant commented, "Yeah, because crack is pretty cheap." Treatment providers described typical crack cocaine users as of lower socio-economic status, and between 30-50 years of age. A treatment provider stated, "People in poverty." Law enforcement described typical users as heroin users receiving medication assisted treatment (MAT). One law enforcement professional explained, "Heroin addicts ... while they're on the Vivitrol® shot or on Suboxone® or on methadone."

Heroin and Fentanyl

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 commented, "You can go anywhere [and obtain heroin] ... it's everywhere." One law enforcement officer commented on the high availability of the drug and stated, "It's an '11' (on a scale of '0' to '10')."

Corroborating data indicated that heroin is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 172 individuals in the Toledo region who reported substance use during the past 30 days, 15.4% 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 477 heroin cases reported during the past six months, of which 31.4% were Lucas County cases and 11.1% were Erie County cases (a decrease from 728 cases for the previous six months, of which 30.6% were Lucas County cases and 22.8% were Erie County cases).

Separate NFLIS queries for the counties which comprise the Toledo region returned 275 fentanyl and fentanyl analogue cases (there were 262 cases for the previous six months), and 10 carfentanil cases reported during the past six months (in the six months previous to this, no cases of carfentanil were found in NFLIS).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Tiffin Fire Rescue Division (Seneca County) responded to a heroin-related overdose call of an unresponsive man; after reviving the man with Narcan®, officers took the man to a local hospital where he was charged with drug possession and having marijuana paraphernalia; in an unrelated case, Seneca County Drug Task Force officers along with Tiffin Police executed a search warrant at a home in Tiffin, confiscating suspected heroin, prescription pills and drug paraphernalia (www.otfca.com, Jan. 18, 2017). Ottawa County Drug Task Force officers executed a raid of a home of a man convicted on prior drug trafficking charges after observing several people come and go from the man's home, one of whom overdosed shortly after leaving; officers seized suspected heroin and drug paraphernalia (www.otfca.com, Jan. 19, 2017). Rossford Police (Wood County) arrested a man responsible for supplying heroin that resulted in the overdose death of a man at a motel in Rossford; the Wood County Grand Jury indicted the man on two felonious counts for the death (www.wtol.com, Feb. 3, 2017). A Hancock County grand jury indicted a Vanlue woman on several felonious charges for providing carfentanil and U-47700 (synthetic opioid) to her fiancé, who subsequently died of an overdose; the woman's charges were the second recent charges made for overdose deaths related to synthetic opiate analogues in Hancock County, and came soon after another man died in Liberty Township from a fentanyl and cocaine overdose

(www.otfca.com, Feb. 8, 2017). Law enforcement in Seneca County arrested a couple during the execution of a search warrant in Bloomville for using and selling heroin; there were five school-aged children living in the couple's home (www.fltimes.com, Feb. 10, 2017). A Seneca County Drug Task Force arrested a man responsible for heroin-related overdoses after executing a search of his home in Tiffin and confiscating heroin, guns and drug paraphernalia (www.otfca.com, Feb. 16, 2017). Multi-Area Narcotics Task Force officers arrested three people after a 6-month investigation for selling heroin and crack cocaine in Defiance County; officers believed the group traveled to Toledo to obtain the drugs to sell in Defiance (www.wtol.com, April 7, 2017). Ohio State Highway Patrol (OSHP) arrested two people during a traffic stop on Interstate 80 in Sandusky County after criminal indicators prompted a search of the couple's vehicle and troopers confiscated 105 grams of heroin from the vehicle (www.statepatrol.ohio.gov, April 17, 2017). The Lucas County Common Pleas Court indicted a Toledo man for heroin trafficking (www.toledoblade.com, April 26, 2017). Toledo Police arrested a man during a traffic stop after learning he was driving on a suspended license and finding fentanyl and heroin in his vehicle; the man allegedly sold the drugs to another man that day who subsequently died in his east Toledo home of an overdose from the heroin-fentanyl mixture (www.toledoblade.com, May 4, 2017). Willard Police (Huron County) reported using \$4,340 worth of Narcan® in the month of April; the city manager reported to a local news source that 62 doses were used in one month, with an average of six doses per person; he reported that since users are using more opiates and more potent forms of opiates, several Narcan® doses were often needed (www.norwalkreflector.com, May 17, 2017). U.S. Drug Enforcement Agency (DEA) arrested a man during a traffic stop in North Baltimore (Wood County) after observing the man place a black duffle bag into the trunk of a vehicle and finding that the bag contained six kilograms of heroin; officers arrested the man traveling with him acting as a security detail, a gang member from Detroit, Michigan, for aiding in the heroin transportation (www.justice.gov, May 19, 2017). The U.S. Marshals Fugitive Task Force and Perrysburg Township Police (Wood County) took a couple into custody for being responsible for multiple overdoses in Wood County; the couple trafficked heroin and cocaine (www.toledoblade.com, June 1, 2017). A Huron County Common Pleas Court judge sentenced a woman to eight years in prison for her boyfriend's fentanyl-related overdose death; the woman admitted to seeking out pure fentanyl to use with her boyfriend, who was sober

for 60 days, “one last time;” the man was found in a ditch near a local hospital where the woman left him (www.norwalkreflector.com, June 10, 2017). Fostoria Police (a city at the convergence of Hancock, Seneca and Wood counties) arrested a man during a traffic stop when they found large amounts of suspected fentanyl in his vehicle; one of the police officers was exposed to the drug during questioning and was immediately rushed to the emergency department and given Narcan® to subvert an unintentional overdose (www.wtol.com, June 22, 2017).

While many types of heroin are currently available in the region, both participants and community professionals reported white powdered heroin as most available. One participant commented, “I think it’s more of the ‘china’ (aka ‘china white’ powdered heroin) now, more than the ‘tar’ (black tar heroin).” Reportedly, brown, grey, purple and tan powdered heroin are also available in the region. However, most participants reported these color variations as far less available than white: “It’s only been the white. I haven’t seen brown around; You don’t really find tar in this area.”




Participants and community professionals reported that the overall availability of heroin has remained the same during the past six months, although one community professional noted, “The number of overdoses has dramatically increased.” The BCI Bowling Green Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported having processed beige, brown and tan powdered, as well as black tar heroin during the past six months. In addition, the lab reported that the number of carfentanil, fentanyl and fentanyl analogue cases it processes has increased during the past six months. The lab reported processing the following fentanyl analogues: acetyl fentanyl, acryl fentanyl, cis-3-methyl fentanyl, 3-methyl fentanyl, furanyl fentanyl and trans-3-methyl fentanyl.

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’. One participant reported, “People are dropping like flies, so evidently, it’s really, really ‘good’ (potent).” Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported that the top cutting agent is fentanyl. Participants reported: “I overdosed ... My [heroin] was cut with ... 50-60% fentanyl; I got in trouble for selling it ... I thought I was selling heroin, and the test came back, and it was pretty much fentanyl ... I didn’t even know it.” A treatment provider also noted the prevalence of fentanyl cut heroin: “That’s what the ‘tox’ (toxicity) screens are telling us.”

Additional cuts for heroin mentioned included: baby laxatives, baking powder, Benefiber®, lactose, morphine, Orajel™, Similac®, Sleepinal® and Xanax®. Participants commented: “Anything that is a powder; When I was drug tested after I used, it came back morphine and fentanyl®; You don’t know what they’re selling you.” Participants were not in consensus as to the change in quality of heroin during the past six months. Half of participants reported that quality has increased, while other half reported that quality has decreased during the past six months. A participant commented, “It’s either trash or it’s fentanyl!”

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Regarding heroin users purchasing heroin in bulk, such as by the ounce, a participant reported, “I doubt if any us ever bought it by the ounce.” Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	White powdered:	
	1/10 gram (aka “pack”)	\$10-20
	1/2 gram	\$40-60
	A gram	\$140
An ounce	\$350	

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, all 10 would shoot the drug. One participant stated, *“I was always told, ‘You’re wasting it if you don’t shoot it. You should always shoot it.’”* Participants described progressing from snorting to injecting heroin. Participants reported: *“You work your way up from snorting to shooting; I was snorting it six, seven, eight months, then I started shooting it ... that’s when everything came crashing down ... everything just went; They always say they not going to shoot it, but they always do.”*

Participants reported that injection needles are most available from people with diabetes, drug dealers, pharmacies and big box stores. One participant reported, *“[I would] steal them by the box, and we’d be good for a month or two ... We’d all have clean needles.”* Reportedly, needles on the street sell for \$2-5 per needle. Participants reported that sharing needles for injection is a common practice. One participant stated, *“I’d rather pharmacies be able to sell them than deny people ... because once people get denied buying them, HIV (Human Immunodeficiency Virus), Hep C (Hepatitis C) is going to become an epidemic, which it’s getting there because a lot of pharmacies stopped selling needles to people and there is no needle exchanges around this area ...”*

While participants noted heroin use as common among white people, males and individuals between 25-35 years of age, participants generally agreed that anybody can be a heroin user: *“When it comes to heroin, it’s anybody; It’s everybody ... it doesn’t matter; It stretches across all socio-economic groups.”* Community professionals also described typical heroin users as everyone. In addition, one law enforcement professional noted, *“I’m seeing more elderly. She has chronic back pain. Her dealer is like, ‘I’m out of Percocet® but try [heroin].”*

Prescription Opioids



Prescription opioids are moderately to highly 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 ‘8.’ One participant reported, *“Most of the time you can walk into somebody’s bathroom*

and their medicine cabinet is full of them.” Community professionals most often reported current street availability of prescription opioids as ‘8’; the previous most common scores were ‘8’ for treatment providers and ‘10’ for law enforcement.




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 307 prescription opioid cases reported during the past six months (there were 333 cases for the previous six months). These counts do not include fentanyl and fentanyl analogues. Although previous OSAM Drug Trend Reports counted prescription opioids and fentanyl together, they are now counted separately. Fentanyl, fentanyl analogues and carfentanil data can be found in the “Heroin and Fentanyl” section of this report.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Tennessee man during a traffic stop on Interstate 75 in Hancock County when a K-9 officer alerted troopers to search the vehicle; officers confiscated 300 oxycodone (Opana®) pills wrapped in duct tape hidden in the vehicle (www.statepatrol.ohio.gov, Jan. 19, 2017). OSHP arrested a Michigan man during a traffic stop on Interstate 75 in Wood County when the smell of raw marijuana prompted a vehicle search; officers confiscated marijuana and a package containing 611 oxycodone pills (www.statepatrol.ohio.gov, Feb. 19, 2017). An Ottawa County Sheriff’s detective reported to a news source that one street dealer of Port Clinton was recently prescribed 120 oxycodone 30 mg tablets and 60 oxycodone 40 mg tablets by the same doctor within a few weeks’ time frame (www.otfca.com, Feb. 10, 2017). Law enforcement in Toledo charged a Detroit man with drug trafficking for attempting to sell multiple prescription drugs, including: fentanyl patches, codeine, hydrocodone (Vicodin®), tramadol (Ultram®), OxyContin® and Xanax® at a travel center on I-75 north of Toledo (www.toledoblade.com, April 22, 2017).

Participants and community professionals identified Percocet® as the most available prescription opioid in terms of widespread illicit use. One treatment provider stated, *“[Percocet®] are still heavy hitters.”* One law enforcement professional commented, *“‘Perks’ (Percocet®), that’s the one they really want.”* Participants identified Vicodin® as the least popular prescription opioid in terms of widespread illicit use. Participants reported: *“I would never look for a Vicodin®; Vicodin® is not going to do anything for you ... your tolerance is too high.”*

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants remarked: *“You don’t hear about them; Pills have gone down from what it used to be; It’s a lot harder with doctors [to get prescriptions]; Ever since Purdue (Purdue Pharma) put the gel on the OxyContin®, that’s when the streets switched to heroin; Most people I know do heroin. Once you had that, why would you go back to pills; Dope is cheaper, you get higher.”* Specifically, participants reported that the availability of the Opana® and prescription fentanyl transdermal patches have decreased during the past six months. One participant remarked, *“They’re not around like they used to be.”* Community professionals also reported that the general availability of prescription opioids has decreased during the past six months. Treatment providers noted: *“It’s gone down; It’s getting harder to get; [Doctors are] getting better about not prescribing them as much ...”*

The BCI Bowling Green Crime Lab reported that the number of hydromorphone (Dilaudid®), oxycodone/acetaminophen (Percocet®), oxymorphone (Opana®) and tramadol (Ultram®) cases it processes has increased during the past six months, while the number of hydrocodone (Vicodin®), methadone, morphine and oxycodone (OxyContin®) cases has decreased.

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 reported, *“It’s about a \$1 a milligram most of the time.”* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months. However, one participant commented, *“[In] smaller towns, it costs more because of travel.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$75 for 40 mg
	OxyContin® OP	\$40 for 80 mg
	Percocet®	\$10-12 for 10 mg
Roxicodone®	\$ \$30 for 30 mg	

Participants reported obtaining these drugs from drug dealers, doctors, people with prescriptions and “pill mills” (unscrupulous pain clinics). Participants reported: *“You have to know someone that can get them; One or two people that are smart enough to find out people in the area that have ‘scripts’ (prescriptions) for legitimate reasons ... purchase them at a discounted street rate ... I knew a couple of people that had a calendar [for] when so-in-so gets a script; Dealers, they get them from people with prescriptions, too; I used to doctor shop; People go to four to five different doctors; Our social security check is not getting us that far, so here, I’ll sell a couple of these to make extra money; You can go to Detroit and get them from ‘pill farms’ (pill mills).”*

In addition, community professionals reported a trend of older people obtaining prescription opioids for a legitimate reason and then selling them. One treatment provider noted, *“You have the older people that are supplementing their income with it.”* One law enforcement professional reported, *“Older folks go to their panic clinics. Like one lady, she goes to the arthritis clinic. She’ll sell her pills to the drug dealer for \$10 a pill. He’ll sell it for \$40 a pill ...”*

Reportedly, fake Percocet® is also being produced and sold on the streets. One participant reported, *“Those are really easy to fake.”* Some participants suspected that heroin or fentanyl is being pressed into a pill and sold as Percocet®. Participants noted: *“They have pill presses; What we’ve been noticing in this area is a lot of people are making perks.”*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would intravenously inject (aka “shoot”) the drugs. One participant explained, *“First they swallow them, and then they start crushing them [to snort them].”*

Participants described typical illicit prescription opioid users as white people, “suburban kids” between the ages 15-18 years, drug dealers and people who prefer “downers” (depressants, drugs that produce a drowsing effect). Community professionals described typical illicit prescription opioid users as individuals who began taking the medication for legitimate reasons, such as chronic conditions, injuries or car accidents, who then began abusing the medications. Treatment providers stated: *“Youngsters on sports teams ... they get hurt and see what these opiates do and they get addicted; Maybe they had gotten some type of injury ... so they are already taking prescription pills, and then they start buying them off the streets because their doctor cuts them off.”*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of the sublingual filmstrip (aka “strips”) form of the drug 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’. Participants commented: *“It’s everywhere; It’s easy to go to the doctor and get them; It’s all over the streets.”* Participants reported that the pill form of Suboxone® is not readily available. Participants remarked: *“They’re really hard to find; They like giving out the strips because people snort the pills ... but you can inject the strips; I have seen people pretend to be pregnant to get Subutex® (a buprenorphine pill that reportedly is crushed and snorted).”* Participants often reported illicitly using Suboxone® to avoid or help alleviate opiate withdrawal. One participant explained, *“I always made sure I had my Suboxone® ... if I didn’t have heroin ... I was good.”*




Community professionals reported the current street availability of Suboxone® as ‘10’; the previous most common score was also ‘10’. Treatment providers commented: *“It’s readily available; That’s a ‘10’ for sure.”* One law enforcement officer stated: *“I see a lot of Suboxone®. They get a ‘script’ (prescription) and they turn and sell those ‘subs’ (Suboxone®) to people that can’t get heroin ... they make money, so they can go buy their heroin. There’s a lot of Suboxone® abuse.”*

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

51 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 67 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The mother of a four-year-old girl brought her daughter to the hospital after the girl got into her mother’s Suboxone® supply at their home in Toledo; hospital workers also confirmed cocaine in the girl’s system, and as a result, the woman was charged with child endangerment (www.wtol.com, April 17, 2017).

Participants reported that the street availability of Suboxone® has increased during the past six months. One participant commented, *“There’s been a big, huge shift (availability increase). It’s seen as something to help you get off of other stuff.”* Community professionals reported that the street availability of Suboxone® has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 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 an 8 mg Suboxone® filmstrip as the most common purchase. Participants remarked: *“It’s usually always the 8 mg; If they know how bad you want it, they’ll jack [the price] up.”* Reportedly, an 8 mg filmstrip typically sells for \$10-20.

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through clinics, doctors and individuals prescribed the drug. Participants stated: *“You can get them from doctors, and you can get them from dealers; I always got them from doctors ... it was just easier [than looking for them], and I’d sell them sometimes.”* Another participant noted that, in order to receive Suboxone® from a doctor, *“You have to be dirty (screen positive for opiates) or dirty for Suboxone® to [continue to] get them.”*

Participants agreed that trading or selling Suboxone® to dealers for money or heroin is a common practice. Participants stated: *"They sell the Suboxone® to their dealers and get what they want; Dealers will buy them. He'll give you \$8 and turn around and sell them for \$20; You can get Suboxone® basically covered by insurance. So, you go to your doctor or the local Suboxone® pill mill. You go through your hour intake and all that and they'll write you a script right there. You get 60 of them. They're worth \$10 a piece. You get 60 of them a month and insurance covers it. That's \$600 a month; That was my thing. Okay, I'm going to not do dope today. I'd go buy a few Suboxone®. I'm like okay for three days. I'd take it one day and go sell it the next day to get dope."*

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption, followed by intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, eight would use the strips sublingually and two would shoot them. Participants reported: *"I put it under my tongue, but you can put it in a cap [with water], let it melt and snort it; I'd shoot the strips."*

Participants described typical illicit Suboxone® users as prescription opioid and heroin users. One participant reported, *"Most of the people that I know that used them were heroin addicts that couldn't afford to go get high and they used them to keep from being 'dope sick' (experiencing withdrawal)."* Law enforcement described typical illicit users as people aged 18-32 years and white people, although they reported a recent increase in African-American people using the drug illicitly. Law enforcement officers stated: *"The black community is just starting to rise (increase illicit use); Every demographic has been touched by this problem."*

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 '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 remarked: *"I think it's pretty easy to get Xanax®; My dealer had them."* Treatment providers also most often reported the current street availability of sedative-hypnotics as '10'; the previous most common

score was '7'. One treatment provider explained, *"They get the prescription [from their] parents' medicine cabinets."* Law enforcement did not rate current street availability of sedative-hypnotics.

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 98 benzodiazepine cases reported during the past six months, of which 64.3% were alprazolam (Xanax®) cases (a decrease from 130 cases for the previous six months, of which 76.2% were alprazolam).

Participants and treatment providers identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Participants commented: *"Xanax®, Xanax®, and Xanax® ... when it comes to the others ... people don't really want it; I wouldn't waste my time with the other 'benzos' (benzodiazepines). None of them compare to Xanax®."* One treatment provider commented, *"Xanax® is off the charts."*

Both participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. One participant noted, *"Doctors still prescribe them."* The BCI Bowling Green Crime Lab reported that the number of alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), lorazepam (Ativan®) and zolpidem (Ambien®) cases it processes has increased during the past six months, while the number of diazepam (Valium®) cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$2 per milligram. Participants commented: *"It's all by the milligram; The more you buy, the less you pay."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Xanax®	\$.50 for .25 mg \$1 for .5 mg \$2.50 for 1 mg \$5 for 2 mg

Participants reported obtaining these drugs from doctors and drug dealers. One participant described being able to get sedative-hypnotics from psychiatrists and general practitioners, and said, *"I always had my prescription for it."* Other participants reported: *"I always got them from doctors, but it's super easy to get them off the streets though; I feel like I could get it easier from a dealer than from a person who gets them prescribed."*

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. Participants reported: *"I swallowed mine; I'd snort them with heroin."*

Participants described typical illicit sedative-hypnotic users as young white people, older women and opiate users. Participants stated: *"White people love Xanax®; Younger crowd. Kids are just popping 'xanie bars' (Xanax® 2mg) and going to parties and thinking it's cool. That's all I see on social media ... like a couple of days ago. I saw a picture of some dude all sprawled out on a couch drooling on himself. It looked like he peed himself. And his friends are like, 'Oh dude's all 'barred out' (passed out on xanie bars) ... It's so funny."* Treatment providers described typical illicit sedative-hypnotic users as women and people under stress. Treatment providers reported: *"More women use Xanax®, but guys use it, too; People that have stress in their lives start it, thinking it will help, and end up abusing it."*

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'. Participants explained: *"It's everywhere; I could literally walk out this door and find three different dealers [selling marijuana]."* Treatment providers

reported: *"That's still prevalent; They have all kinds now."* One law enforcement professional stated, *"I have little 12-year olds going into their purse ... I'm like, 'You've got marijuana?' ... 'No, I don't, I have 'weed' (marijuana) ... It's like cigarettes to them."*

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants and community professionals most often reported the current availability of extracts and concentrates as '7'; the previous most common scores were also '7'. Participants reported: *"I know right where to go [to obtain dabs]; I used to make my own 'shatter' (a marijuana concentrate, hard and brittle), which is the most concentrated weed you can get; A dab can be a shatter or wax. Shatter is basically 90% or higher THC (tetrahydrocannabinol, the psychoactive ingredient in marijuana). Wax is usually 50-60% [THC]."* Other participants reported difficulty in obtaining marijuana extracts and concentrates. Participants explained: *"It's kind of hard to get dabs; I can get weed a lot easier than I can get dabs."* One treatment provider stated, *"As far as I know, they are very available."*




Corroborating data indicated that marijuana is available in the region. The Hancock County Probate Court reported that of the 31 positive juvenile drug test results it recorded during the past six months, 93.5% were positive for THC. In addition, the Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 172 individuals in the Toledo region who reported substance use during the past 30 days, 82.0% reported using marijuana on one or more days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Tiffin police officers and a Seneca County drug task force arrested a man after executing a search warrant of a home and finding marijuana-related drug paraphernalia (www.otfca.com, Feb. 4, 2017). Findlay Police and a Hancock County drug task force seized marijuana, cocaine, heroin, drug paraphernalia and criminal tools during the execution of a search warrant of a home (www.otfca.com, Feb. 6, 2017). OSHP arrested a New York man during a traffic stop on Interstate 80 in Wood County when a raw smell of marijuana prompted a search of the vehicle and officers confiscated two pounds of hydroponic marijuana and marijuana edibles (food products containing THC) hidden in the trunk (www.statepatrol.ohio.gov, March 12, 2107). Perrysburg Township Police (Wood County) and a

Sandusky County drug task force conducted a 6-month investigation which ended in the seizure of 150 marijuana plants and 40 pounds of marijuana from a home in Perrysburg Township (www.toledoblade.com, April 12, 2017). OSHP in Sandusky County arrested an Akron man during a traffic stop on Interstate 80 after a search of the vehicle yielded two guns and several bags of marijuana weighing three pounds (www.statepatrol.ohio.gov, April 16, 2017). Toledo Police Vice Narcotics Unit arrested a south Toledo man for cultivating and selling marijuana out of three different homes; officers confiscated 75 marijuana plants, growing chemicals and supplies at one location, packaged marijuana and guns at the second location, and drug supplies at the third location (www.toledoblade.com, April 22, 2017). Toledo physicians are already prescribing medical marijuana cards for certain patients to travel to other states to obtain medical marijuana to bring back to Ohio to use for medicinal purposes; legal officials and policy makers are cautioning these doctors, as the legal guidelines for providing medical marijuana prescriptions are still not solidified and the Pharmacy Board of Ohio has yet to grant state reciprocity policies for Ohioans to obtain medical marijuana in other states to use in Ohio (www.toledoblade.com, April 24, 2017). Seneca County narcotics officers and Tiffin Police arrested two men during the execution of a search warrant of their home, confiscating large amounts of marijuana, drug paraphernalia and criminal tools (www.wtol.com, April 26, 2017). OSHP arrested a woman during a traffic stop in Toledo for driving erratically and finding approximately 100 grams of marijuana in her vehicle; in addition to charges arising from drugged driving, the woman also plead guilty to child endangerment for driving with her 18-month old son with no car seat (www.toledoblade.com, May 9, 2017). OSHP arrested three Oregon men during a traffic stop on the Ohio Turnpike in Fulton County after confiscating 15 pounds of marijuana hidden in their car's trunk (www.statepatrol.ohio.gov, May 11, 2107). OSHP arrested a Garfield Heights (Cuyahoga County) man during a traffic stop on the Ohio Turnpike in Erie County when criminal indicators prompted a search of the man's vehicle; officers confiscated a duffle bag containing 11 pounds of marijuana (www.statepatrol.ohio.gov, May 28, 2017). OSHP arrested an Indiana man during a traffic stop on Interstate 75 in Wood County after finding five sealed packages of marijuana and large amounts of cash in the man's vehicle (www.statepatrol.ohio.gov, June 2, 2017).

Participants and community professionals reported that the overall availability of marijuana, including extracts and concentrates, has remained the same during the past six

months. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes, including cases of marijuana extracts and concentrates, has increased during the past six months.

Marijuana	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 marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants reported: *"It's all good; It's actually hard to find bad weed nowadays; 'Mids' (low-grade marijuana) don't really exist here anymore; It's 2017. Good weed is everywhere."* Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants commented: *"Quality and variety is through the roof; The price has gone down, the quality has gone up; It hits you so quick."*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. However, smaller than a gram purchase is common for marijuana extracts and concentrates. Participants stated: *"You don't buy it by the gram; You buy a gram and it's like buying an ounce of 'coke' (cocaine) [a gram would be a large purchase]."* Additionally, one participant indicated pound pricing: *"My connect would have six to seven different kinds [of marijuana], ranging from \$2,700 to \$3,200 for a pound."*

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A gram	\$5
	1/4 ounce	\$25
	1/2 ounce	\$40
	An ounce	\$80
	1/4 pound	\$300
	A pound	\$850
	High grade:	
	A blunt (cigar) or a gram	\$10-15
	1/4 ounce gram	\$100
	1/2 ounce	\$175-200
	An ounce	\$225-275
	1/4 pound	\$800
	A pound	\$2,700-3,200
	Extracts and concentrates:	
	A gram	\$35-40

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. However, participants also mentioned orally consuming marijuana in the form of “edibles.” One participant noted, “I use to make a lot of edibles.” In addition, participants described smoking marijuana extracts and concentrates. One participant said, “It’s a lot harder to smoke [than traditional marijuana]. You need all that gear to smoke it.” Another participant explained, “Wax is soft and sticky. You take like a nail or coat hanger and put a little bit on it ... It looks almost like rock candy ... you have to heat it up ...”

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. Participants reported: “Everybody loves weed; More people use weed than do heroin.” A treatment provider added, “It really is across

the board.” Participants and treatment providers described typical marijuana extract and concentrate users as chronic marijuana users. Participants reported: “Heavy weed smokers, connoisseurs; ‘Stoner’ (habitual marijuana user) college kids; Partiers.” Another participant explained, “The really extreme ‘pot heads’ (habitual marijuana users). People like me who smoked an ounce a day or smoke a whole blunt to yourself and you’re lucky to be high for 30-40 minutes [progress to the more potent forms of marijuana, dabs].” One treatment provider remarked, “The people I know that use dabs are usually just ‘weed heads’ (habitual marijuana users).”

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 ‘10’ and in urban areas as ‘1’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘8’ and ‘2’, respectively. Regarding availability of methamphetamine in rural areas, participants reported: “Williams County, you can get ‘meth’ (methamphetamine) from there; I think Williams County is ‘shake-and-bake’ (powdered methamphetamine); There is ‘ice’ (crystal methamphetamine) out here, but it comes from the southern states.” Regarding availability of methamphetamine in urban areas, participants reported: “There’s not as many people that do it here; I’ve lived here my whole life and I’ve never even seen meth.”




Community professionals most often reported the current availability of methamphetamine in rural areas as ‘10’ and in urban areas as ‘4’; the previous most common scores were ‘8’ and ‘3’, respectively. Regarding availability of methamphetamine in rural areas, one treatment provider reported, “Fulton and Williams [counties], you can get it all day.” One law enforcement professional reported, “There is a lot of meth in the outlying areas.” Another law enforcement professional added, “Shake-n-bake’ is more Defiance (Defiance County), Tiffin (Seneca County), Napoleon (Henry County) ... and North Baltimore (Wood County) has a lot of meth.” Regarding availability of methamphetamine in urban areas, Treatment providers reported: “It’s just not that prevalent; We don’t see it a whole lot ... not in Lucas [County]. It’s the outskirts; It’s a killer on the outskirts of Lucas County. They come to Lucas County to get the heroin and people here go out to the surrounding counties like Fulton and Williams to get meth.”

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 153 methamphetamine cases reported during the past six months, of which 20.3% were Defiance County cases, 13.7% were Sandusky County cases, and 12.4% were Lucas County cases (there were 148 cases for the previous six months, of which 36.5% were Defiance County cases, 16.9% were Sandusky County cases, and 6.1% were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Port Clinton Police (Ottawa County) arrested a woman during a traffic stop after confiscating three plastic bags containing a total of four grams of crystal methamphetamine, two grams of marijuana and drug paraphernalia from her vehicle (www.portclintonnewsheald.com, Jan. 3, 2017). U.S. federal marshals and Wood County law enforcement arrested a man after he lead them on a high-speed chase in a vehicle containing a mobile methamphetamine lab, beginning in Wood County and ending in a crash in downtown Findlay (Hancock County); the man had active warrants in Wood County, Maumee (Lucas County) and Florida (www.wtol.com, Feb. 23, 2017). A Seneca County drug task force arrested four people for methamphetamine possession after executing a search warrant of a home in Tiffin and confiscating methamphetamine, drug paraphernalia and criminal tools (www.otfca.com, Feb. 28, 2017). Law enforcement in Lucas County charged a man with methamphetamine possession after finding him with the drug and supplies used to manufacture the drug during a traffic stop in Toledo (www.wtol.com, May 5, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported powdered methamphetamine as the most prevalent form of the drug. One participant remarked, "If you want 'glass' (crystal methamphetamine), you're not going to find it here. 'Shake-n'-bake,' that's all I've ever seen." 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.

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported that availability has increased. One treatment provider stated, "Probably a year ago, it wasn't popular at all. Now, I've been hearing more about it." 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 as well as brown and white powdered methamphetamine.

Methamphetamine	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 methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. One participant reported, "Meth takes over (overrides) anything ... like even if you were to shoot heroin, you're not going to feel the heroin because the meth is so strong." 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. According to participants, powdered methamphetamine is cheaper than crystal methamphetamine. One participant remarked, "If it's 'shake n' bake,' you're going to pay less (than crystal methamphetamine)." Other participants commented: "[Powdered methamphetamine is sold for] \$20 a 'point' (1/10 gram), like heroin; [Crystal methamphetamine is] a little more expensive than 'coke' (powdered cocaine)." Participants also reported trading ingredients, such as Sudafed®, for methamphetamine. One participant stated, "I would buy a box of Sudafed® for them and get high for free."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/10 gram (aka "a point")	\$20
	1/2 gram	\$60
	A gram	\$100
	1/8 ounce	\$180

Participants reported that the most common routes of administration for methamphetamine remains intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, five would shoot and five would smoke the drug. One participant reported, "I think more shoot it than anything." Another participant mentioned, "I've done 'hot rails' (snorting methamphetamine through a glass tube which has been heated) ...". Another participant noted, "It sucks to sniff (snort) it." One treatment provider added, "Injecting is main, but they're snorting, too ... and just killing their nasal passages."




Participants described typical methamphetamine users as white people, people of lower socio-economic status and people who use stimulants. Participants reported: "White, hillbillies; Poor white people; Lower-class people already struggling with some other addiction or illness; People that do cocaine or crack are the people that will try it." Community professionals described typical methamphetamine users as rural, white people and people living in poverty.

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 also '7'. In order to obtain prescription stimulants, illicit prescription stimulant users would reportedly need to make several phone calls. One participant reported needing to make "three to four calls" to obtain the drugs. Community professionals most often reported current street availability of prescription stimulants as '8'; the previous most common score was '7'. One treatment provider noted, "It's readily available."

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. One participant reported, "Adderall® floods my Facebook® every day. 'Got these 'addies' (Adderall®)." This participant continued, "It's everywhere." Community professionals identified Adderall® as most available.

Both participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. One participant stated, "There's not a whole lot of stigma associated with that at all." The BCI Bowling Green Crime Lab reported that the number of amphetamine (Adderall®) and methylphenidate (Ritalin®) cases it processes has increased during the past six months.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, prescription stimulants generally sell for \$0.50 per milligram.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 20 mg
		\$6-7 for 30 mg
\$8 for 40 mg		
Vyvanse®	\$4-6 for 70 mg	

Participants reported obtaining these drugs from doctors and individuals with prescriptions, including children. One participant reported, "Doctors hand it out like candy." Other participants noted: "People know people that have prescriptions; They take it from their kids." A treatment provider commented, "There are a lot of parents that get it for their kids and don't ever give it to their kids. They sell them." Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs.

Participants described typical illicit prescription stimulant users as high school and college students. One participant mentioned, *"I know a lot of kids, like their little brothers, or like younger siblings, are prescribed it ... they'll be like, 'Yes, I can snag a couple out of his bottle and he won't notice.'" Community professionals described typical illicit prescription stimulant users as people with attention-deficit hyperactivity disorder (ADHD), dance club patrons, workaholics, high school students, and teens or young adults. Treatment providers remarked: "I see a trend with people with ADHD and taking medications, abusing those medications more than they're prescribed; Seems like the EDM (electronic dance music) crowd [illicitly uses prescription stimulants] ... staying up all night, being able to drink more."*




Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2-3' and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores for both ecstasy and molly were '8.' However, one participant commented on ecstasy, *"No one wants 'X' (ecstasy) pills because they put other shit in it now."* Another participant added, *"It's not around anymore."* Participants reported on the availability of molly: *"Oh, I can get that anytime; It's more molly now; Molly is around a lot."*

Community professionals most often reported the current availability of ecstasy as '2' and of molly as '4'; the previous most common scores for both ecstasy and molly were '8.' Treatment providers stated: *"Molly is more popular here ... I haven't seen [ecstasy] a whole lot; [Molly is what] all these rappers rap about."* One law enforcement professional reported, *"We stopped a kid and he had a briefcase of molly."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Texas man during a traffic stop on Interstate 80 in Stoney Ridge (Wood County) after a search of his vehicle yielded six pounds of ecstasy pills hidden in the car (www.statepatrol.ohio.gov, Jan. 9, 2017).

Both participants and community professionals reported that the availability of ecstasy and molly have remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy/molly (MDMA) cases it processes has decreased during the past six months, while the number of MDA cases has increased.

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

Participants rated the current quality of ecstasy and molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not provided. Reportedly, ecstasy is often cut (adulterated) with other substances, including: powdered cocaine and methamphetamine. One participant reported, *"If it's around, you'll get a meth bomb anyways. If you buy a triple stack (high dose) it's gonna be meth pressed in a pill!"* Reportedly, molly is also cut with fentanyl. One participant stated, *"Molly right now is even being cut with fentanyl. I know so many people that's done molly right now and was wasted off it ... nodding out ... and they're like, 'What's going on?'"* One treatment provider commented on fentanyl as a cutting agent and stated, *"It's very, very cheap. You can buy it from China in bulk for fairly cheap."* Overall, participants reported that the quality of ecstasy and molly have remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, the most common amount of molly purchase is 1/10 gram. One participant stated, *"Molly, same prices as crack and cocaine."*

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Medium dose (aka "double stack")	\$10
	High dose (aka "triple stack")	\$15-20
	Molly:	
	1/10 gram	\$10-20
A gram	\$60-100	

Participants indicated that molly is most often obtained through Internet purchase. One participant reported, "If you order it online, it's really cheap." The most common routes of administration for ecstasy/molly are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 ecstasy/molly users, five would shoot and five would snort the drugs. One participant reported, "We stayed up shooting it for like three days."

Participants described typical ecstasy/molly users as high school and college students, drug dealers, and people who "party." One participant explained, "That's a younger person thing." Community professionals described typical ecstasy/molly users as college students and people who go to dance clubs. One treatment provider remarked, "That's the young crowd."

Synthetic Marijuana






Synthetic marijuana (synthetic cannabinoids) is 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); no previous most common score was reported. One participant stated, "There's a lot of 'K-2' (a synthetic marijuana brand name)." Treatment providers most often reported the drug's current availability as '1'; no previous score was reported. One treatment provider remarked, "I never hear about it anymore."

Participants with experience using synthetic marijuana reported fear of adverse effects from the drug. Participants reported: "I didn't like that high. I was scared. I was ready for that to be done; I'm scared of it; You get stupid on it for real; The last stuff I smoked I thought I was going to die; I

had seizures [when I used it]; We had two ODs (overdoses) in Stryker (Williams County) in about a week." One law enforcement professional reported, "We've had people overdose on K-2." Another law enforcement professional remarked, "We had a guy that was smoking 'K' (aka 'K-2') and overdosed on a bus and fell on top of a child. He openly admitted it was K-2."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two inmates of a correctional facility in Williams County overdosed after smoking synthetic marijuana in a bathroom; corrections officers found them with respiratory difficulties and took the men to a hospital for treatment (www.toledoblade.com, May 2, 2017).

Participants reported that the availability of synthetic marijuana has increased during the past six months. Several participants suggested that this increase is due to a surge in availability and use of the drug in north Toledo. Community professionals reported that availability has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is a blunt (cigar). One participant stated, "Blunt [is] \$10, but you can smoke a blunt like 10 times and be toasted every time." Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from drug dealers. One participant explained, "It's like homemade. They don't sell it in the stores anymore. People buy potpourri and put it on a cookie sheet. You take a can of this aerosol and you coat it ... people are triple and quad coating one batch to make it stronger."

The most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical users as high-school

students, African-American males, individuals who are drug tested and individuals on probation who are subjected to drug testing. Participants remarked, *“Most of the guys I know that use are black guys; Everybody in the hood is smoking that; People who have to take drug tests [use synthetic marijuana]; They’re on probation.”* Law enforcement described typical synthetic marijuana users as being of low socio-economic status. One law enforcement professional reported, *“More in the hood or among the homeless ... those not financially able to get regular marijuana.”*

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 psilocybin mushrooms).

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD and psilocybin mushrooms 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 ‘4’ for LSD and no most common score was reported for psilocybin mushrooms. To obtain either of these drugs, one participant reported, *“You have to hang with the right crowd.”* Other participants reported, *“They’re seasonal. You have to know someone that knows a grower; ‘Shrooms’ (psilocybin mushrooms) are around at a certain time. They’re around heavy and then they’re gone.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Lucas County grand jury indicted a woman for selling psilocybin mushrooms and marijuana for “spiritual purposes” in her Toledo church to members who paid fees to be part of the church (www.toledoblade.com, Jan. 28, 2017). The Hancock County Sheriff’s Emergency Response Team and a Hancock County drug task force collaborated to execute a search warrant of a home in Jenera where they confiscated 100 grams of MDMA, LSD, marijuana, drug paraphernalia and criminal tools; officers arrested one man for possessing the substances (www.thecourier.com, March 3, 2017).

The BCI Bowling Green Crime Lab reported that the number of LSD and psilocybin mushrooms cases it processes has increased during the past six months.

Reports of current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. One participants stated, *“On the Internet you’ll pay like \$250 for 100 [doses of LSD, aka “a sheet”]. If you get it here, you’ll pay like \$500-600.”*

Participants described typical users of hallucinogens as young people who like to party.

Current Prices for Hallucinogens		
Hallucinogens	LSD:	
	A dose (aka “a hit”)	\$10
	10 doses (aka “strip”)	\$70-90
	100 doses (aka “sheet”)	\$500-600
	Psilocybin mushrooms:	
	1/8 ounce	\$40
	1/4 ounce	\$100
	An ounce	\$250-260

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Toledo region. Changes in availability during the past six months include: possible increased availability for methamphetamine and synthetic marijuana; and 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 (aka “china white”) as most available. Reportedly, brown, gray, purple and tan powdered heroin are also available in the region. However, most participants reported these color variations as far less available than white. The BCI Bowling Green Crime Lab

reported having processed beige, brown and tan powdered, as well as black tar heroin during the past six months. In addition, the lab reported that the number of carfentanil, fentanyl and fentanyl analogue cases it processes have increased during the past six months.

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agent is fentanyl. Participants explained that fentanyl gives heroin potency, and without fentanyl, heroin would be “garbage.” Regarding fentanyl as a cutting agent, participants reported that fentanyl is also used to cut cocaine, relaying that cocaine users are overdosing due to fentanyl. A few participants shared that they have overdosed on fentanyl, while community professionals noted a dramatic increase in overdoses during the past six months.

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 injection needles are most available from people with diabetes, drug dealers, pharmacies and big box stores. Reportedly, needles on the street sell for \$2-5 per needle. Participants indicated that sharing needles for injection is a common practice.

Methamphetamine remains highly available in the region; however, participants continued to report high availability in rural areas and low availability in urban areas. Participants indicated that methamphetamine is available in powdered and crystal forms throughout the region, although they reported, powdered methamphetamine (aka “shake-and-bake”) as the most prevalent form of the drug.

Community professionals reported that the availability of methamphetamine has increased during the past six months. 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 as well as brown and white powdered methamphetamine. Participants described typical methamphetamine users as white people, people of lower socio-economic status and people who use stimulants. Community professionals described typical users as rural white people and people living in poverty.

Lastly, participants reported that the availability of synthetic marijuana has increased during the past six months. Several participants suggested that this increase is due to a surge in availability and use of the drug in north Toledo. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Participants with experience using synthetic marijuana reported fear of adverse effects from the drug. Participants and law enforcement discussed several overdoses in the region during the past six months which they attributed to synthetic marijuana. In addition, media outlets reported that two inmates of a correctional facility in Williams County overdosed after smoking synthetic marijuana in a bathroom. Participants described typical users of the drug as high-school students, African-American males, individuals who are drug tested and individuals on probation who are subjected to drug testing.