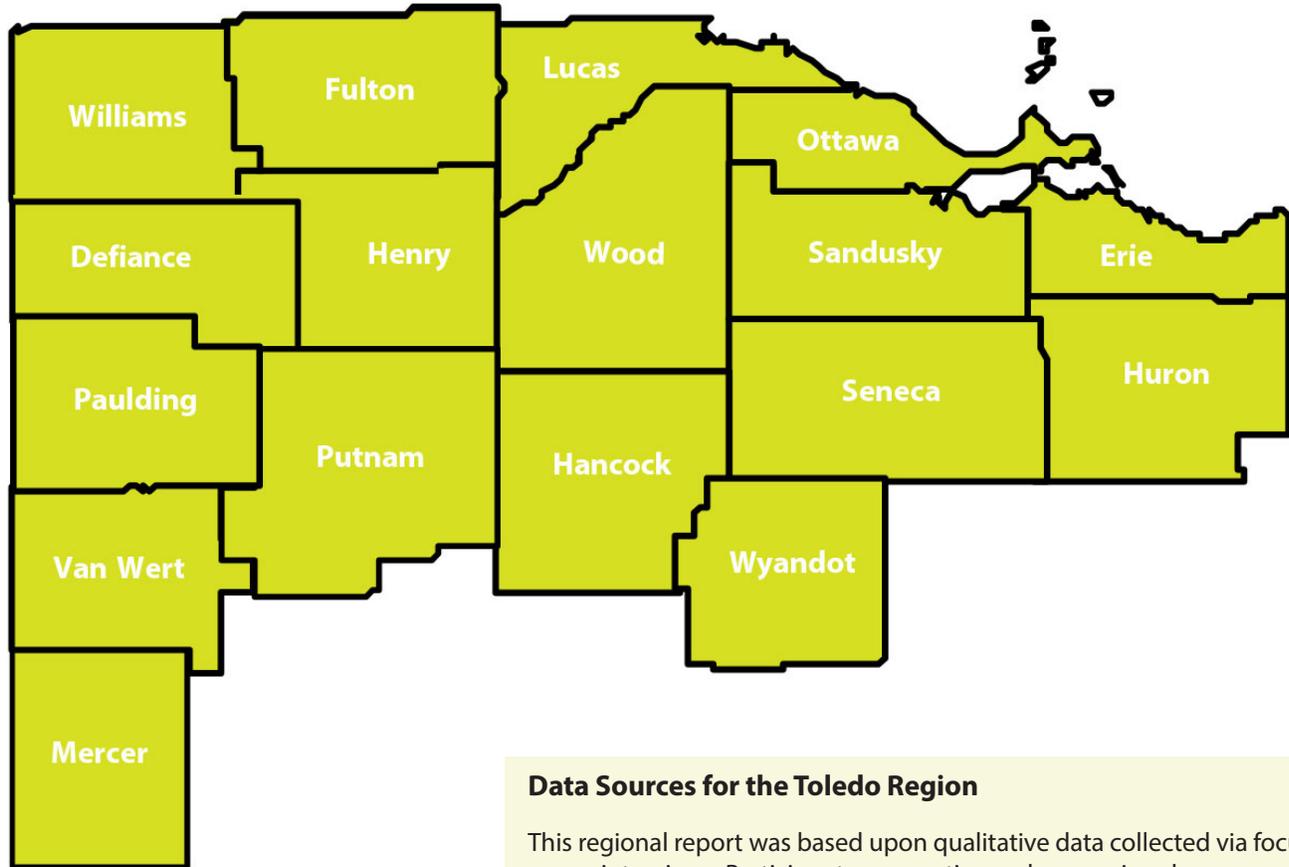


Drug Abuse Trends in the Toledo Region



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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, the Hancock County Probate and Juvenile Court, OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the Ohio. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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 Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	1,217,072	40
Gender (female), 2016	51.0%	50.9%	62.5%
Whites, 2016	82.5%	87.6%	84.6% ²
African Americans, 2016	12.8%	8.7%	2.6%
Hispanic or Latino Origin, 2016	3.7%	6.2%	12.5%
High School Graduation Rate, 2012-16	89.5%	90.4%	89.4% ³
Median Household Income, 2012-16	\$50,674	\$51,238	\$20,000-\$24,999 ⁴
Persons Below Poverty Level, 2016	14.6%	13.9%	47.4% ⁵

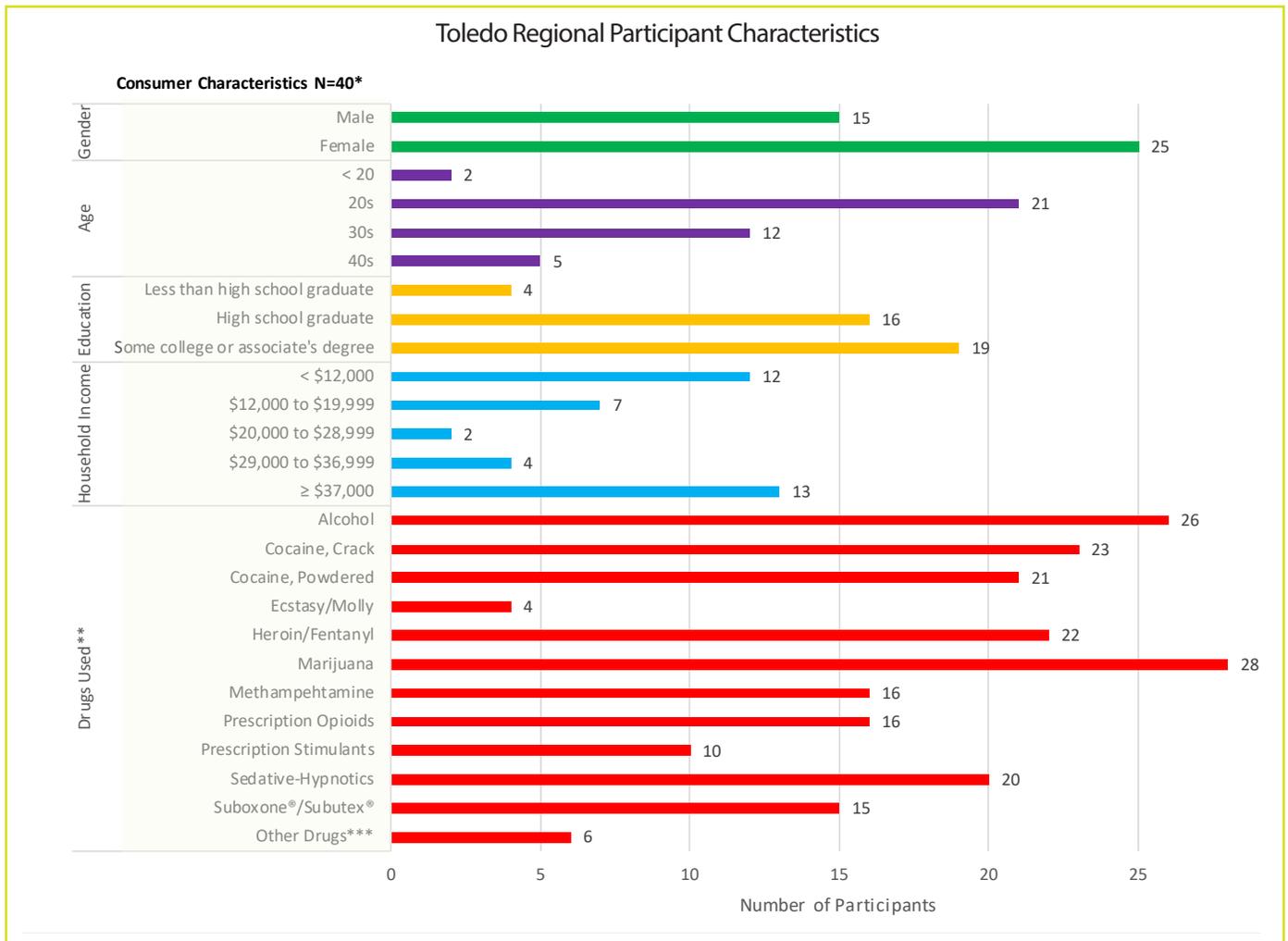
¹ Ohio and Toledo region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

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

³ High school graduation status was unable to be determined for 1 participant due to missing and/or invalid data.

⁴ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁵ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



*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: ketamine, Lyrica® (pregabalin), lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), psilocybin mushrooms and synthetic marijuana.

Historical Summary

In the previous reporting period (January - June 2018), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. Changes in availability during the past six months included: possible increased availability for methamphetamine and synthetic marijuana; and decreased availability for prescription opioids.

While many types of heroin were 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 were also available in the region. The BCI Bowling Green Crime Lab reported it processed beige, brown and tan powdered, as well as black tar heroin during the reporting period. In addition, the lab reported that the number of carfentanil, fentanyl and fentanyl analogue cases it processes increased during the reporting period.

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

While there were a few reported ways of using heroin, generally, the most common route of administration remained intravenous injection (aka “shooting”). Participants reported that injection needles were most available from people with diabetes, drug dealers, pharmacies and big box stores. Reportedly, needles on the street sold for \$2-5 per needle. Participants indicated that sharing needles for injection was a common practice.

Methamphetamine remained 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 was 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 increased during the reporting period. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes increased; the lab reported having processed 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 increased during the reporting period. Several participants suggested that this increase was 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 had 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 reporting period 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 were drug tested and individuals on probation.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant stated,

"You can find it ... druggies like to network." Community professionals most often reported current availability as '10'; the previous most common scores were '8-10' for treatment providers and '5' for law enforcement. A treatment provider commented, "The availability is really high." A law enforcement officer shared, "They can get it fairly easily."

Corroborating data indicated that powdered cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 200 individuals in the Toledo region who reported substance use during the past 30 days, 8.5% reported using cocaine on one or more days (SBIRT does not distinguish between powdered and crack cocaine). The Hancock County Probate Court reported that of the 70 adult drug screenings it completed during the past six months, 48.1% were positive for powdered and/or crack cocaine. In addition, the Ohio Department of Public Safety (ODPS) reported 39 drug task force seizures of powdered cocaine in the Toledo region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Sandusky County Sheriff's officers arrested a man while executing a search warrant at a hotel in Fremont and seizing 18 grams of suspected cocaine (www.thenews-messenger.com, Sept. 11, 2017). Ohio State Highway Patrol (OSHP) in Sandusky County arrested two people from Michigan during a traffic stop on the Ohio Turnpike after the smell of marijuana prompted officers to search their vehicle; officers confiscated 60 grams of powdered cocaine compressed into a baseball sized bundle and 11 grams of crack cocaine (www.statepatrol.ohio.gov, Sept. 12, 2017). Erie County Sheriff's officers arrested two people after executing a search warrant at a residence in Sandusky and seizing 25 grams of cocaine; the investigation stemmed from one of the men reporting to police that two of his firearms were missing, and police obtained warrants to search the home; in addition to drug possession, the man was also charged with having weapons under disability (www.sanduskyregister.com, Sept. 22, 2017). The U.S. Drug Enforcement Agency (DEA) in Toledo, the Ohio Bureau of Criminal Investigation and Identification (BCI) and the Sandusky County Sheriff's Office collaborated to arrest a Fremont woman for trafficking cocaine; the woman was sentenced to three years in prison (www.thenews-messenger.com, Nov. 22, 2017).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One law enforcement officer responded, "There haven't been any trends around here of people doing it any more or less." The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has decreased 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	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. However, participants reported that the quality of powdered cocaine varies depending on the dealer of the drug. One participant reported, "It just depends. Sometimes it's good quality, sometimes it's really 'cut' (adulterated) and it's awful. It varies by who you're getting it from." Participants reported that the top cutting agents (adulterants) for powdered cocaine are baby laxatives and baking soda. Other adulterates mentioned included: baby aspirin, Benefiber®, calcium, creatine, MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), protein powder and Similac®. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  local anesthetics (benzocaine, lidocaine and procaine)  pet and livestock dewormers (levamisole and tetramisole) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. When asked about purchasing less than a gram amount, one participant reported, *"They don't really sell it in [smaller amounts] ... usually, it's half grams, grams."* Another participant remarked: *"It's really expensive ... especially if you're getting anything good ... crack [cocaine is] way cheaper, so people usually go that route."* Although, a participant shared, *"Sometimes the more you buy, the cheaper they cost ... because you're buying in bulk."* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$35
	A gram	\$60
	1/8 ounce (aka "eight ball")	\$200

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 "shoot" (intravenously inject) the drug. A participant remarked, *"I'd shoot mine."* However, the majority of those with experience using powdered cocaine reported that they would snort the drug.

Participants described typical powdered cocaine users as people of high socio-economic status. They commented: *"Upper-class; You probably have to have a job to be able to afford a good amount of cocaine ... unless you're a drug dealer"* In addition, a participant observed typical users as: *"white people with money."* Community professionals described typical powdered cocaine users as across the board, meaning all types of people. One law enforcement officer remarked, *"It is everyone."*

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 remarked, *"It's very get-able."* Another participant commented, *"Crack is everywhere."* Community professionals most often reported the current availability of crack cocaine as '10'; the previous most common scores were '9' for treatment providers and '7' for law enforcement. One law enforcement officer stated, *"If you can get powder cocaine, you can get crack."*

Corroborating data indicated that crack cocaine is available in the region. The SBIRT program reported that of the 200 individuals in the Toledo region who reported substance use during the past 30 days, 8.5% reported using cocaine on one or more days (SBIRT does not distinguish between crack and powdered cocaine). The Hancock County Probate Court reported that of the 70 adult drug screenings it completed during the past six months, 48.1% were positive for crack and/or powdered cocaine. In addition, ODPS reported 26 drug task force seizures of crack cocaine in the Toledo region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Drug task forces in Hancock and Wood counties collaborated in executing a search warrant at a residence in McComb (Hancock County) and arrested a man after seizing unspecified amounts of crack cocaine and drug paraphernalia (www.thecourier.com, Aug. 25, 2017). Drug task forces in Sandusky and Ottawa counties collaborated in executing a search warrant at a residence in Fremont (Sandusky County) and arrested a man after seizing two ounces of crack cocaine, 200 ecstasy tablets, two ounces of marijuana, cash and drug paraphernalia (www.thenews-messenger.com, Sept. 15, 2017). An investigation lead by Toledo Police (Lucas County) and the Federal Bureau of Investigations (FBI) resulted in the indictment of two individuals for possessing and intending to distribute 10 grams of crack cocaine; during the arrests, officers also confiscated over 14 firearms (www.13abc.com, Sept. 29, 2017). Tiffin Police (Seneca County) arrested three people while investigating a report of a home invasion in Tiffin; officers searched the residence and found crack cocaine, marijuana and drug paraphernalia (www.wtol.com, Nov. 29, 2017).

Both participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Participants explained that availability of crack cocaine remains high: *"It's cheap."*

You need it ... once you're on it, you feel the need for it; The high doesn't last long ... you always want more." The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has decreased 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	No change
	 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 also '7'. However, one participant reported, "You know it's varied. And it depends on how much they cook it ... how much baking soda they throw in there with it." Most participants with experience with the drug supported the sentiment that the current quality of crack cocaine is generally "really good." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. In addition, a participant reported, "I think there might have been amphetamines in some of the crack I've gotten ...". 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	
	<ul style="list-style-type: none">  local anesthetics (benzocaine, lidocaine and procaine)  pet and livestock dewormers (levamisole and tetramisole) 	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a \$10-20 "rock" (piece of crack cocaine). One participant commented, "It just depends on where you buy it. Like this area, they'll sell 'dimes' (\$10 amounts) a lot, but on the east side, you usually can't get less than a 'twenty' (\$20 amount)." However, another participant commented, "You get a better

deal when you buy more, you know, so I always prefer to buy by the gram or more." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$70
	1/8 ounce (aka "eight ball")	\$120

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would "shoot" (intravenously inject) the drug. One participant reported, "Depends on your choice. I mean sometimes they'll shoot ...". In order to intravenously inject the drug, one participant explained, "You break it down with anything acidic".

A profile of a typical crack cocaine user did not emerge from the data. Participants described typical users as every race, both male and female. Additionally, one participant explained that if users weren't poor before using crack cocaine, crack cocaine use will cause people to spend all of their money and have to resort to committing crime. He remarked, "They've spent all their money, so now they're out robbing people." Community professionals described typical crack cocaine users as from all walks of life.

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 law enforcement officer remarked, "It's around here everywhere.... It's easily available no matter where you go."

Corroborating data indicated that heroin is available in the region. The SBIRT program reported that of the 200 individuals in the Toledo region who reported substance use during the past 30 days, 10.0% reported using heroin on one or more days. In addition, ODPS reported 61 drug task force seizures of heroin and/or fentanyl in the Toledo

region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. In federal court in Toledo, a drug ring leader was sentenced to 17.5 years in prison for his involvement in trafficking heroin, cocaine and marijuana (www.toledoblade.com, July 8, 2017). Toledo Police responded to a call of an overdose of a woman at a residence in Toledo; officers used Narcan® (naloxone, an opiate overdose reversal medication) to revive the woman and charged her with drug abuse (www.wtol.com, July 17, 2018). A federal grand jury in Nashville, Tennessee indicted a Toledo man responsible for operating a multi-state drug trafficking ring and intending to distribute over one kilogram of heroin, powdered cocaine and crack cocaine; in addition to the drug seizures in Tennessee, Toledo Police, along with U.S. DEA and FBI agents, executed several federal search warrants at four locations in Toledo related to the man, which resulted in the additional seizures of heroin, crack cocaine, powdered cocaine, marijuana, Suboxone®, cash and eight firearms (www.13abc.com, July 24, 2017). Findlay Police (Hancock County) arrested a man after executing a search warrant at his home and confiscating unspecified amounts of heroin, crack cocaine, drug paraphernalia and cash (www.13abc.com, July 25, 2017). The Grand Lake Drug Task Force, consisting of law enforcement from both Mercer and Auglaize counties, collaborated to arrest a couple after Coldwater Police (Mercer County) stopped them for a traffic violation and a K-9 officer alerted to the presence of drugs; officers found four capsules containing suspected heroin and learned the man had concealed heroin in his rectum; officers took the man to a local hospital where a physician confirmed the presence of three bags of heroin and methamphetamine hidden in the man's rectum (www.wane.com, July 29, 2017). Toledo Police arrested a woman after responding to a call at a residence and finding the woman unconscious from a heroin overdose; officers used Narcan® to revive the woman; the woman was referred to a drug treatment program (www.toledoblade.com, Aug. 28, 2017). The Seneca County Drug Task Force, Seneca County Sheriff's Office and Tiffin and Fostoria Police collaborated to execute multiple search warrants throughout Seneca County, arresting a man responsible for multiple fatal overdoses; officers caught the man after he attempted to flee apprehension and crashed his car into a pole; officers seized heroin, marijuana, cash and criminal tools; officers

later found additional marijuana, cash, drug paraphernalia and criminal tools in another residence, arresting two women (www.wtol.com, Sept. 7, 2017). OSHP in Wood County arrested two Chicago men during a traffic stop on Interstate 80 after criminal indicators prompted a search of their vehicle; officers found a can of WD40 with a fake bottom, revealing 45 grams of heroin hidden in the can (www.fox45now.com, Oct. 3, 2017). Willard Police (Huron County) arrested a man after executing a search warrant at a residence in the city and seizing unspecified amounts of heroin (www.norwalkreflector.com, Oct. 6, 2017). Toledo Police and Lucas County Children's Services were called after emergency workers at a hospital used three doses of Narcan® to revive an 18-month-old child after he overdosed from heroin; the boy's 11-year-old brother said that while they were at the park, the toddler put a bag of an unknown substance in his mouth; the boy's mother reported that later she could not wake him from a nap and immediately took him to the emergency room (www.cleveland.com, Oct. 12, 2017).

While many types of heroin are currently available in the region, both participants and community professionals continued to report white powdered heroin (aka "china white") as most available. One treatment provider remarked, "They like china white." Reportedly, brown powdered heroin is also available in the region. Participants most often rated the current availability of this type of heroin as '4'. Community professionals did not mention brown or black tar heroin, but reported that white powdered heroin is in abundance in the region. Participants reported that the black tar heroin is rarely available, rating its current availability as '2'. One participant commented, "I've never seen black tar heroin in the area." Another participant stated, "It's pretty rare."

Participants reported that the availability of heroin has increased during the past six months. One participant stated, "It's gone up." Community professionals reported that the availability of heroin has remained the same during the past six months. 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 brown, tan and white powdered as well as black tar heroin during the past six months.

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

Participants most often rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' A law enforcement officer discussed, "There have been a heck of a lot more overdoses ... You would hear one every now and then, and there for a while, it was daily." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. Participants reported that most heroin users desired to have fentanyl-cut heroin; and most participants agreed with the sentiment of one participant who spoke of the potency of fentanyl. He said, "It's killing people."

Additional cuts mentioned for heroin included: Benefiber®, Benadryl®, carfentanil, lactose, Miralax®, morphine, Sleepinal® and Xanax®. A treatment provider commented, "They're kind of shocked too when there's been 'benzos' (benzodiazepines) in their system. They're like, 'well, ya know, they're cutting [heroin] with it.'" Another treatment provider reported that dealers are cutting heroin with, "Cocaine, multiple things, and fentanyl. You see a little mixture of amphetamines sometimes." One law enforcement officer commented, "I don't think [users] are caring what they are getting anymore." Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  cocaine  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 a gram. However, one participant commented, "You

gotta have your fix for the day, so ... I guarantee probably everybody in this room needs to buy at least a gram." Overall, participants reported 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 "fold")	\$10
	A gram	\$100-200

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant reported on using a heroin rinse. He said, "After you've already done the shot and everything, the residue that's left in the spoon, you put more water on it and [shoot it also] ... it's called 'a rinse.'" He went on to say, "You [also] use a little piece of cotton for a filter. So, you still have 'dope' (heroin) left in that cotton. You add a little water and suck it back up. It's a rinse. You've basically got all the dope out of it, so it's just a little bit of dope left..."

Participants reported that injection needles are most available from drug stores. Additionally, participants reported obtaining needles from drug dealers, doctors, needle exchange programs and pet stores. One participant shared, "I got mine from a pet store in Monroe [Michigan]." Another participant stated, "Walmart sells them all day long." Reportedly, needles on the street sell for \$1-3 per needle. One participant noted, "I would buy mine from the drug dealer for a dollar. They sell them at the pet store for a dollar a piece. And, I've gotten them from the pharmacy, a bag of ten for \$3.95, and then I have also gotten them from Detroit." Participants also discussed that sharing needles is very common.

A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as teenagers to old people and everyone. One participant reported, "It's pretty much across the board." Another participant commented, "Heroin is so mainstream now." Community professionals described typical heroin users as all ages, races and socio-economic status. A treatment provider remarked, "It's all across the board, from 18-80 [years of age]." One treatment provider discussed her

oldest client who is an 81-year-old heroin user. She agreed however, that, "20s and 30s are probably the majority." One law enforcement officer described typical heroin users as, "White people, probably mid-20s. Male, female; it doesn't matter." Another officer commented, "The stories I've heard from people I talked to is they hurt their back, they had surgery, they got hooked on Percocet® or whatever the case may be ... couldn't afford it anymore ... lost the prescription and switched to heroin."

Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported.

Participants discussed that most users seek out heroin with the knowledge that it would likely be adulterated with fentanyl. One participant commented, "Rarely are you going to find a dealer that's like, 'here's some fentanyl!'" Another participant stated, "They can order that online." Community professionals were unable to provide a rating as to the current availability of fentanyl in the region; the previous most common score was not reported. However, treatment providers shared: "I would say it's very available; We're getting a list of patients that are testing negative for everything except for fentanyl!"

Corroborating data indicated that fentanyl is available in the region. The Hancock County Probate Court reported that of the 73 fentanyl-specific adult drug screenings it completed during the past six months, 16.4% were positive for fentanyl. In addition, ODPS reported 61 drug task force seizures of heroin and/or fentanyl in the Toledo region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. In Hancock County, a woman was sentenced to five years in prison for involuntary manslaughter; the woman provided her fiancé with the carfentanil and U-47700 (synthetic opioid) that resulted in his overdose death (www.thecourier.com, Sept. 22, 2017). Huron County Sheriff's

officers responded to a call regarding a drug overdose in Norwalk and found a person dead upon arrival; officers attributed the overdose to carfentanil-laced heroin (www.norwalkreflector.com, Oct. 2, 2017). Toledo Police Vice and Narcotics detectives, along with Toledo Field Operations and SWAT, seized large amounts of fentanyl, heroin, methamphetamine, OxyContin®, cocaine, cash and a firearm during an investigation resulting from a traffic stop (www.wtol.com, Oct. 9, 2017). A man plead guilty to fentanyl trafficking in Wood County Common Pleas Court after U.S. DEA agents observed the man transfer a duffle bag containing six kilograms of the drug to the trunk of a vehicle; officers followed the man, intercepted the drugs and arrested him on Interstate 75; prosecutors also charged another individual in the case for his involvement in fentanyl trafficking (www.toledoblade.com, Oct. 20, 2017). An investigation lead by the West Central Ohio Crime Task Force and the FBI resulted in the indictment of a man in Toledo for trafficking fentanyl, methyl fentanyl, U-47700, heroin and cocaine from February – August 2017; the man sold U-47700 to another individual in Lima (Allen County) which resulted in an overdose for which the man faced an additional 20 years of prison time (www.limaohio.com, Nov. 3, 2017).

Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. One participant commented, "Everybody wants fentanyl now. Once you do fentanyl, the gray [heroin] or the tar (black tar heroin), don't work for you." One treatment provider reported, "They're saying it's better. I have heard them say that it is better, stronger [than heroin]." The BCI Bowling Green Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months, while the number of carfentanil cases it processes has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. One participant remarked, "[Fentanyl] *that's the shit that people are coming back from [overdose] with the Narcan® (naloxone, antidote for opiate overdose). They're mixing [fentanyl in heroin] and the Narcan® will bring them back.*" One treatment provider commented, "*It's definitely stronger [than heroin].*" Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$45-70
	A gram	\$90-120

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, all 10 would shoot the drug. Participants described typical fentanyl users as white people, aged mid-20s. However, a couple of participants indicated fentanyl users as: "*All kinds; No longer [just] white middle class.*" Community professionals described typical fentanyl users as the same as typical heroin users.

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 '7'. A participant shared, "*People who deserve to get (have a legitimate need for) the 'perc 10s' (Percocet® 10 mg)*

or the 'perc 30s' (Roxicodone® 30 mg) or whatever, you know, they can't get them, so what do you expect them to do? They turn to the black market drugs (illicit prescription opioids)."

Community professionals most often reported the current street availability of prescription opioids as '10'; the previous most common score was '8'. Even though many treatment providers believed that doctors have tightened their prescribing of opioids, making many opioids less available, they continued to report that users can easily obtain these drugs for illicit use. One treatment provider commented, "*It's still [readily] available. People will tell me, they will take someone to the drug store [to fill a prescription for opioids] and buy them from that person.*"

Corroborating data indicated that prescription opioids are available for illicit use in the region. ODPS reported 63 drug task force seizures of prescription opioids in the Toledo region during the reporting period (19.0% of the seizures were made in Wyandot County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP in Wood County arrested two people during a traffic stop after smelling raw marijuana coming from their vehicle and conducting a search that led to the seizure of 90 oxycodone pills, 112 Xanax® pills, fraudulent credit cards and a firearm (www.sent-trib.com, Dec. 2017).

Participants identified Roxicodone® 30 mg as the most available prescription opioid in terms of widespread illicit use; community professionals identified Percocet® as most available.

Participants and treatment providers reported that the street availability of prescription opioids has decreased during the past six months. One participant stated, "*People don't want them as much [as heroin/fentanyl].*" Other participants discussed doctors cutting back on prescribing the drugs as a reason for decreased availability: "*It's harder to get them now; You know the way they crack down on the prescriptions, it's hard to get pills. That's why it's become such a big heroin epidemic; I used to be in pain management and now they're not giving you anything. It's so hard; I was on them for five years, you know, and then you're just gonna try to pull 'em out from under me?*"

Treatment providers commented: "*I feel like it has decreased with the heroin increase. Like they don't even want to bother with the pills; I think the doctors are afraid and are more*

selective ... they are being very cautious on who they are prescribing to, so they (prescription opioid users) are turning to heroin." Law enforcement reported that the general availability of prescription opioids has remained the same during the past six months. One law enforcement officer reported, "If you want it, you can get it."

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

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 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. However, one participant noted, "Some people charge a little bit more." Participants reported that in rural areas prescription opioids may cost more. One participant explained, "If I was to take percs and go to ... my little hometown [in Wood County], I could make at least anywhere from \$3 to \$5 over the milligrams." Overall, the majority of participants indicated that the street price of prescription opioids has remained the same during the past six months.

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and family members and others with prescriptions. One participant reported, "I either stole them from my parents or I would buy them from dealers, or trade [other drugs for them]." One participant reported, "[Doctors] would give (prescribe) me 80 perc 10s a week before I came here, like that's \$800 in ... heroin and ... crack ...". Another participant claimed, "I know a lady in her late 70s and she's selling her pills just to pay her bills."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would "shoot" (intravenously inject) the drugs. Reportedly, shooting prescription opioids isn't as common as previously due to the reformulation of many opioids to include abuse deterrent measures. One participant commented, "I don't know many people that inject it because of the fillers in the pills ... they swallow them or snort them."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit prescription opioid users most often as people with a lot of money, white people and drug dealers. A few participants noted that illicit users often started using opioids through a legitimate prescription. Another participant observed that illicit prescription opioid use is easier to hide than other illicit drug use. He said, "It's going to be used more by the upper class because I mean doing heroin is not as discreet as taking a pill." Additionally, another participant remarked, "Like you have to have a steady job; steady income to be a pill user ...". Community professionals described typical illicit prescription opioid users as anyone, particularly as one provider commented, "If they have a chronic condition, or pain-related condition, they seek those out more ... we do have some people that just use pills..."

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® sublingual filmstrip (aka "strip") as '7' and Suboxone® pill form 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. One participant reported, "People go in and out of treatment and get like a supply and sell them on the street. I know I did that myself." Another participant believed, "It depends on what facility you go to. Sometimes you can only get a small supply, and sometimes you can get a whole month's supply, depending on your insurance." Community professionals most often reported the current street availability of Suboxone® generally as

'10,' the previous most common score was also '10.' One treatment provider commented, "They can get it, and they do."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An addiction medicine physician in Lucas County was indicted for trading sexual acts for Suboxone® with three women, two of whom were his patients and one was an office employee; a judge did not sentence the man to prison, but permanently revoked his medical license, and required him to complete 2,000 hours of community service, complete a sex offender treatment program and mental health assessment, and be electronically monitored for six months; the three women agreed to this sentence, so long as the physician could no longer abuse his medical degree to exert power over people in recovery (www.toledoblade.com, Aug. 24, 2017).

Both participants and community professionals reported that the street availability of the Suboxone® filmstrip form has increased during the past six months, while the street availability of the pill form has remained the same. Participants commented: "I think more people are getting it; People are getting a lot of them; Doctors definitely over prescribe them." One participant shared, "I'll do like a quarter of a strip ... keep some and then sell [the rest]." Another participant stated, "They give you 8 milligrams a day when in reality you only need 4 milligrams a day ... it's crazy." 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	Increase
	 Treatment providers	Increase

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported: "\$25 a pill. Some people will pay \$40; A lot of people are getting it for \$20; They go for \$20-\$25 in Defiance [County]." Overall, participants reported that the price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$20-40 for 8 mg
	Pill	\$25-40 for 8 mg

In addition to obtaining Suboxone® from doctors, participants also reported getting the drug from dealers and other users. One participant reported, "I get mine from a dealer." Another participant claimed, "Mine are from prescriptions or from people selling their prescriptions like to obtain heroin and stuff." Another participant stated, "I would sell my Suboxone® to get 'dope' (heroin)."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips remains oral consumption (sublingual), while the most common routes of administration for illicit use of the pill form are intravenous injection (aka "shooting") and snorting. Participants described illicit use of the pill form. One participant stated, "If it was in pill form, some people would snort them or shoot them." In order to inject Suboxone®, reportedly, the user must: "Melt it; Mix it in water; It's annoying and tedious."

Participants described typical illicit Suboxone® users as people addicted to opiates. One participant explained, "I think people that are trying to get off drugs, like when I was getting Suboxone®, my buddies would hit me up (ask for my Suboxone®) They would take a 'sub' (Suboxone®), so they didn't do 'perc's' (Percocet®) that day." Community professionals described typical illicit users as heroin addicts. A treatment provider indicated, "They are using just to not be sick (to not experience withdrawal)."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' A participant remarked, "Just walk down the street [to find Xanax®]." A treatment provider commented, "It's been available at a high level!"

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. ODPS reported 19 drug task force seizures of benzodiazepines in the Toledo region during the reporting period.

Both participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One participant explained, *"It seems like doctors are more comfortable prescribing [Xanax®], so I've seen a lot more of that."* A treatment provider commented, *"Xanax® is definitely number one."* A law enforcement officer stated, *"Xanax® is something that I found more often than any other pill."*

Participants reported that the street availability of sedative-hypnotics has increased during the past six months, while community professionals reported that it has remained the same. Participants commented: *"Xanax® is going up; I thought they became more available; I think social media is like glorifying [use of sedative-hypnotics]; Yeah, music is glorifying it, too."* The BCI Bowling Green Crime Lab reported that the number of clonazepam (Klonopin®) cases it processes has increased during the past six months, while the number of alprazolam (Xanax®), carisoprodol (Soma®), diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®) cases it processes have decreased or remained the same.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 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. One participant stated, *"Bars' (Xanax® 2 mg) [cost] about \$5. I've seen them sell for as much as \$10 though."* Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months. However, one participant explained, *"[Cost] depends ... people if they are on Xanax® and are craving [it] ... they'll pay [more]."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2-3 for 1 mg \$4 for 2 mg
	Xanax®	\$2-5 for 1 mg \$5-7 for 2 mg

Participants reported obtaining these drugs for illicit use from doctors and friends. One participant shared, *"I get 60 bars a month [from a doctor]."* This participant shared that he would take them all in nine days. Generally, the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. One participant commented, *"Mostly snort them, if you're an addict."* Another participant shared, *"Hits you a lot quicker if you snort it."*

Participants described typical illicit sedative-hypnotics users as anyone, alcoholics and women. One participant reported, *"I know someone who is 15-years old and addicted to Xanax®, and I've seen someone who's 50-years old that's addicted to Xanax®."* Another participant stated, *"I think 'benzo' (benzodiazepine) users are 90% of Americans ..."* Another participant noted, *"A lot of alcoholics abuse benzos."* Community professionals described typical illicit sedative-hypnotics users as women. Treatment providers discussed: *"I feel like it's more women ... like a lot of women; We see a lot of younger women [abuse sedative-hypnotics], more so than older [women]."*

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'. A law enforcement officer remarked, *"What about a '12' (stressing that marijuana in his view is extremely available)?"* One participant reported, *"Weed' (marijuana) is a lot like (as available as) heroin ..."*

Corroborating data indicated that marijuana is available in the region. The SBIRT program reported that of the 200 individuals in the Toledo region who reported

substance use during the past 30 days, 89.0% reported using marijuana on one or more days. The Hancock County Probate Court reported that of the 70 adult drug screenings it completed during the past six months, 11.4% were positive for THC (tetrahydrocannabinol, the psychoactive component of marijuana); the court also reported that 94.1% of the 51 positive juvenile drug tests it recorded during the past six months were positive for THC. In addition, ODPS reported 46 drug task force seizures of marijuana in the Toledo region during the reporting period (30.4% of the seizures were made in Wyandot County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Defiance Police (Defiance County) arrested two men during a traffic stop on State Route 24 after a K-9 officer alerted to the presence of drugs in the U-Haul truck in which they were traveling; officers seized 1,000 pounds of marijuana (www.13abc.com, July 5, 2017). The Wood County Sheriff's Office and the Ohio Bureau of Criminal Investigation collaborated on an operation in Bowling Green and other regional communities to confiscate 89 marijuana plants (www.13abc.com, Sept. 1, 2017). OSHP in Sandusky County arrested two people during a traffic stop on the Ohio Turnpike after criminal indicators prompted a search of the passenger from whom officers seized a bottle of liquid THC; officers searched the vehicle and found over a pound of marijuana and 234 grams of marijuana "edibles" (food products containing THC) (www.statepatrol.ohio.gov, Sept. 10, 2017). Erie County Sheriff's officers arrested a man during a traffic stop in Berlin Heights after the smell of marijuana prompted a search of the man's vehicle; officers seized 150 grams of marijuana, a marijuana pipe and 11 Adderall® pills (www.sanduskyregister.com, Sept. 25, 2017). The Wood County Sheriff's Office was notified of three juveniles who allegedly trafficked marijuana and abused drugs on school grounds (www.sent-trib.com, Sept. 27, 2017). OSHP in Lucas County arrested two men during a traffic stop on Interstate 80 after a K-9 officer alerted to the presence of drugs in their vehicle; officers confiscated 100 pounds of marijuana from the men's vehicle and arrested them (www.wtol.com, Oct. 13, 2017). An investigation lead by the Toms River (New Jersey) Police Department's Criminal Investigation Bureau and the New Jersey Police Missing Persons Unit lead to the arrest of a man by OSHP in Defiance County responsible for taking a 13-year-old girl to Ohio; officers arrested the man and found him in possession of marijuana and

driving under the influence of alcohol/drugs (www.shorenewsnetwork.com, Oct. 19, 2017). OSHP in Wood County arrested a California man during a traffic stop on Interstate 80 after a K-9 officer alerted to the presence of drugs in the man's vehicle; officers confiscated large quantities of marijuana (www.wtol.com, Oct. 20, 2017). OSHP in Erie County arrested two California men during a traffic stop on Interstate 80 after a K-9 officer alerted to the presence of drugs in their vehicle; officers seized 58 pounds of marijuana (www.statepatrol.ohio.gov, Oct. 30, 2017). The Mercer County Sheriff's Office, Rockford Police, Grand Lake Drug Task Force and Coldwater Police's K-9 unit (all Mercer County) collaborated to execute a search warrant at a home in Rockford, arresting a man after confiscating marijuana, hashish, edible THC products, drug paraphernalia, cash and 10 firearms (www.wdtn.com, Nov. 1, 2017). Toledo Police were called to investigate the sale of marijuana edibles to students at a local high school after a student was seen on surveillance cameras purchasing the drug from another student; officers caught four students in possession of the drug, sold as "Fruity Pebble marijuana edibles" (www.toledoblade.com, Dec. 14, 2017).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Both participants and community professionals rated the current availability of these alternative forms of marijuana as '10,' the previous most common scores were '7.' One participant explained, "My 'dudes' (dealers) got it. I mean ... it's like an '8 or 7.' You really got to know somebody [to obtain dabs]." A law enforcement officer commented, "Wax is more popular [than oil]."

Participants reported that the overall availability of marijuana has remained the same during the past six months. One participant stated, "I think that (high availability) will never change." Participants indicated that the availability of marijuana extracts and concentrates has also remained the same during the past six months.

Community professionals reported that the availability of marijuana has increased during the past six months. One treatment provider reported, "I would say it has increased because of the [medical marijuana] cards now." Community professionals indicated that the availability of marijuana extracts and concentrates has remained the same. One law enforcement officer commented on his difficulty in finding people that use dabs. He said, "It's hard to find, honestly, because it doesn't smell like marijuana and it's just a goeey

substance you put on a little piece of paper ... burn it and just suck it up ... it's gone that quick, and there's no smell." He also reported, "They put them in their little e-cigarettes."

The BCI Bowling Green Crime Lab reported that the number of marijuana, including edible THC products and marijuana extracts and concentrates (oils, "dabs"), 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

Participant 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 also '10'. Overall, participants indicated that the general quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "blunt" (cigar, usually filled with about a gram of marijuana). Overall, participants reported that the price of both low-grade and high-grade marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/4 ounce	\$20-25
	High grade:	
	A blunt (cigar) or a gram	\$10
	Extracts and concentrates:	
A gram	\$30-40	

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. One participant noted however, "There's so many ways to use marijuana." Another participant noted, "Smoking it is different than vaporizing it ... you're only getting the THC out of vaping it ... you get the carcinogens out of smoking it. Smoking it is using fire and vaping is like [heating it to] 325 degrees Fahrenheit."

A profile for a typical marijuana user did not emerge from the data. Both participants and community professionals described typical users as everyone, while they described users of extracts and concentrates as marijuana connoisseurs and as people with a good job. One participant described a dab user: "The guy who's got the full-time, good job. He's got his own place, he's got a couple of cars, and he just smokes weed and chills." A treatment provider reported the typical dabs user as, "younger ... teens to late 20s." A law enforcement officer commented that marijuana users are, "white kids, black kids, Hispanics ... they all have been caught buying." Another officer said, "Kids here have always done marijuana and they will always do marijuana."

Methamphetamine



Methamphetamine's current availability remains variable in the region. Participants most often reported the current availability of powdered methamphetamine (aka "shake-and-bake") as '10' and of crystal methamphetamine as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores for methamphetamine generally were '10' for rural areas and '1' in urban areas. One participant said of powdered methamphetamine: "That's everywhere but I'm hesitant to buy that shit." Community professionals most often reported the current availability of methamphetamine generally as '4' in urban areas; the previous most common score was '10' in rural areas surrounding Toledo. One treatment provider said of availability in rural areas: "Methamphetamine is pretty prevalent."

Corroborating data indicated that methamphetamine is available in the region. ODPS reported 28 drug task force seizures of methamphetamine in the Toledo region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Erie County collaborated during a two-year investigation to arrest 15 people responsible for trafficking and/or manufacturing methamphetamine (www.yourerie.com, Aug. 10, 2017). Mercer County Sheriff’s officers arrested two people at a park in Celina after interviewing them and learning they were both impaired from drug use; officers searched their car and found methamphetamine, marijuana and drug paraphernalia (www.wdtn.com, Aug. 14, 2017). The Wyandot County Major Crimes Unit executed a search warrant at a residence in Nevada (small village in Wyandot County), arresting two men after seizing large amounts of methamphetamine and other drugs; the search stemmed from a 3-month-long investigation by multiple law enforcement agencies, including OSHP, Upper Sandusky Police and Carey Police (www.wktn.com, Sept. 26, 2017). Norwalk Police (Huron County) arrested two people after executing a search warrant at a residence and seizing undisclosed amounts of methamphetamine, heroin and criminal tools (www.norwalkreflector.com, Sept. 30, 2017). Hancock County Sheriff’s officers stopped a man on his motorcycle in Hicksville for a traffic violation and the man fled officers by foot, tossing a container of 20 grams of methamphetamine, lysergic acid diethylamide (LSD), and two bundles of heroin while fleeing; officers caught up to the man and arrested him (www.wtol.com, Oct. 21, 2017). The Multi-Area Narcotics Taskforce and Paulding County Sheriff’s Office executed a search warrant at a residence in Paulding and arrested five people after finding crystal methamphetamine, drug paraphernalia and cash in the home; a 3-year-old child in the home at the time of the arrest was taken into custody and placed with other family members (www.crescent-news.com, Nov. 3, 2017). OSHP in Wood County arrested a Connecticut man during a traffic stop on Interstate 80 after a K-9 officer alerted to the presence of drugs in the man’s vehicle; officers seized 246 ounces of methamphetamine (www.statepatrol.ohio.gov, Nov. 3, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. The powdered form of the drug is typically referred to as “shake-and-bake,” which means users produce 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 powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. One participant stated, “When you take the heroin away, the ‘meth’ (methamphetamine) is going to go up.” Community professionals reported that the availability of powdered and crystal methamphetamine has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal as well as white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported the following cutting agents for the drug: baby aspirin, baby laxatives, heroin, MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), niacinamide (dietary supplement) and vitamin B. A participant remarked, “When you get white heroin it can be cut with meth.” The BCI Bowling Green Crime Lab reported dimethyl sulfoxide (topical analgesic) as a cut for methamphetamine.

In addition, a treatment provider discussed methamphetamine as a cut for other drugs: “It’s getting mixed in a lot [with other drugs]. A straight heroin user, they swear that is all they buy and [methamphetamine is] mixed in.” A participant observed that powdered methamphetamine is often sold as other drugs: “People are ripping you off with ‘bottle dope’ (aka shake-and-bake). They’re disguising that shit as ‘molly’ (powdered MDMA) or they’re disguising it as ‘ice’ (crystal methamphetamine) ...

and I know the difference because I know how to make it." Overall, participants reported that the quality of powdered and crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Overall, participants reported that the price of powdered and crystal methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$60-70
	Crystal:	
A gram	\$100	

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, four would shoot, three would smoke and three would snort the drug. One participant stated, "You start out snorting it, then smoking it, then shooting it." Another participant claimed, "Some will 'hot rail' meth." Another participant clarified, "To hot rail, you break out a line [of methamphetamine] ... get a tube ... get the tube like red hot, then snort the line and it turns to smoke in the tube and then you just snort all the smoke."

Participants and community professionals described typical methamphetamine users as people that like to stay up for days, poor white people and people living in the country. However, one participant reported, "I feel like a different variety of people are doing it now, like different, like a lot more women I know ... and other age groups ... but it's primarily white. I don't know anyone who's black or Hispanic that does it."

Prescription Stimulants

Prescription stimulants are moderately to 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 '7'. One participant commented, "It's pretty easy to get a prescription for them." Another participant added, "Pretty much any doctor will give them to you."

Treatment providers most often reported the current street availability of prescription stimulants as '4', while law enforcement most often reported it as '9'; the previous most common scores were '8' for both treatment providers and law enforcement. Treatment providers observed: "You find more people going to the doctor and saying they have issues with sitting still and ADHD (attention-deficit hyperactivity disorder), so they are going in there and being prescribed those kinds of medications; [Parents are] taking their children to the doctor for ADHD and they are taking and using the meds or trading for something else."

Both participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. One participant further identified, "Adderall® extended release capsule 30 milligrams ... the orange ones." Another participant noted, "In my personal opinion [Adderall® is] one of the best, because it's like twice the strength of Focalin®."

Participants and community professionals reported that the general street availability of prescription stimulants has remained the same during the past six months. A law enforcement officer remarked, "Adderall® has been around forever." However one treatment provider reported, "I feel like there has been an increase in amphetamines." The BCI Bowling Green Crime Lab reported that the number of amphetamine (Adderall®) and methylphenidate (Ritalin®) cases it processes have decreased 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. One participant shared, "My 20 mgs (Adderall® 20 mg) I sold them. The lowest I sold them for

was \$5." Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$3-5 for 20 mg \$6-7 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from friends, drug dealers and doctors. A participant exclaimed, "On the street or doctors." Other participants discussed: "I got them mostly from people who were prescribed them; A lot of the kids (students) buy Adderall® from other students during test time because they think it is going to work for them (improve their focus)."

Participants reported that the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort and two would orally ingest the drugs.

Participants described typical illicit prescription stimulant users as high school and college aged, and some working people who use the drugs to get through the day. Participants commented: "College kids for sure are the most common I see; It gives you focus, you get shit done; People who have jobs, that have responsibilities; I specifically sold [my prescription stimulants] to people who work in the food industry ... I had a 50-year-old woman in the food industry that used it to get through her work shift."

Community professionals described typical illicit users as college students. One law enforcement officer based at a university reported, "It's always been the kids who party too much and then think, 'Oh, I have to do really good on this test, so let me try to take this miracle pill so I can retain everything I didn't listen to for the last six months.'"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of 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 '2-3' and '7', respectively. However, a participant noted, "Well, good molly is hard to find." While treatment providers most often reported the current availability of both ecstasy and molly as '6', law enforcement most often reported both types as '9'; the previous most common scores were '2' for ecstasy and '4' for molly. A treatment provider stated, "We hear about [ecstasy/molly] every once in a while, but it's not very prevalent." One law enforcement officer described the current availability of molly as, "just as high as 'weed' (marijuana)."

Although reportedly fairly easy to obtain, participants explained that ecstasy and molly are not a drug of choice. One treatment provider explained that users may use the drug, but wouldn't purposefully seek it out. She reported that users may say, "I'll take this since I can't take that, or I'll take this because here it is." Another provider commented that to participants, using ecstasy and/or molly is akin to a "weekend fun thing." By-in-large the users they see in treatment don't seek out this drug and become addicted to it.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP in Lucas County arrested two men during a traffic stop on Interstate 80 after a probable cause search of their vehicle revealed 25 tablets of ecstasy, two pounds of marijuana brownies, three jars of marijuana, LSD (liquid lysergic acid diethylamide) and a firearm (www.statepatrol.ohio.gov, Nov. 22, 2017).

Participants reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. One participant commented, "Over the last couple years, [molly has] become like really popular ... probably because of the music [that references its use]." Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of MDMA (ecstasy/

molly) cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly.

just depends: Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

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

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Tablet	\$10-20 (unspecified dose)
	Molly:	
	1/10 gram	\$10-15
	A gram	\$50-60

Participants most often rated the current overall quality of ecstasy as '4' and of molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' for ecstasy and molly. One participant reported, "I've done [ecstasy] a couple of times. I don't think it's very good." Reportedly, ecstasy and molly are often cut with other substances, including ketamine (an anesthetic typically used in veterinary medicine) and methamphetamine. A participant remarked, "There's not really pure ecstasy around here." In addition, another participant observed, "Molly is being sold like meth ... they're thinking it is [molly] ...". Overall, participants reported that the quality of ecstasy and molly has decreased during the past six months. A participant commented, "They're shit anymore. They're not as good as they used to be back in the day." Another participant said of the quality of ecstasy, "... not worth it."

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold by the gram or 1/10 gram (aka "point"). Another participant noted, "It's sold by the point, like \$20 a point." One participant reported, "The way like I saw molly sold was they sold it by points. It was like 'shards' (crystals) or powder, and I mean people could 'pill it up' (fill a capsule with it or combine it with other substances and press into a pill) ... some people sold it for \$10 a point, some people sold it for \$50 or \$60 a gram. It

Participants indicated that ecstasy/molly is obtained in more urban areas. One participant reported, "I bought molly and ecstasy in Toledo." Participants agreed that ecstasy and molly are mostly obtained and used at dance clubs and at "raves" (dance parties). Participants reported that the most common route of administration for ecstasy and molly is snorting. Participants estimated that out of 10 ecstasy and molly users, eight would snort and two would "shoot" (intravenously inject) or dissolve the substances in water to drink (aka "molly water"). Participants discussed: "There are some people who are going to drink molly; Molly water [or] you put it in Gatorade; Some people want to eat it. Most people snorted it ... like crushed the 'shards' (crystallized meth) [to snort]."

Participants described typical ecstasy and molly users as aged 16-23 years, people who frequent nightclubs and dance clubs (aka "party people"), college students, gay people and white middle-class people. Participants commented: "The younger crowd; Partiers like high-school kids and college [aged] kids; I've only seen it at [music] festivals; It's mostly like college or younger people." Community professionals described typical ecstasy and molly users as college students and people who attend raves. One law enforcement officer commented, "It is a rave drug. Kids will go out to the bars or they will have the parties at one of the houses. Someone will do it there."

Other Drugs in the Toledo Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: Neurontin® (gabapentin) and promethazine (prescription-strength cough syrup).

In addition, secondary data sources reported having processed other drugs not mentioned by respondents. The BCI Bowling Green Crime Lab reported that the number of bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) and synthetic marijuana (synthetic cannabinoids) cases it processes have increased during the past six months, while the number of DMT (dimethyltryptamine), LSD (lysergic acid diethylamide) and psilocybin mushroom cases it processes have decreased or remained the same. The lab also made note of having processed 11 cases for U-47700 (synthetic opioid) during the past six months.

Media outlets reported on law enforcement seizures and arrests involving other drugs not mentioned by respondents in the region this reporting period. OSHP in Wyandot County arrested two people from Michigan during a traffic stop near Upper Sandusky after a K-9 officer alerted to the presence of drugs in their vehicle; officers seized 240 pounds of khat (a plant native to Africa and the Arabian Peninsula containing an alkaloid cathinone, an amphetamine-like stimulant) (www.fox8.com, July 28, 2017). Prosecutors in Toledo Municipal Court charged a man with the death of another man after he provided him with drugs that resulted in his death; the Lucas County Coroner’s Office has yet to release the drug that caused the death; during the man’s arrest, Toledo Police found two bags of synthetic marijuana before taking him to the Lucas County Jail (www.toledoblade.com, Sept. 26, 2017).

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. While participants discussed Neurontin® as highly available, they were not able to rate its current street availability. Treatment providers most often reported the current street

availability of Neurontin® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); a previous most common score was not reported. Treatment providers commented: *“We have a surge of Neurontin® [abuse], seriously; Huge. It’s a big issue here.”*

One treatment provider shared, *“I had a couple of patients who asked to get the prescription ... they made up all these excuses why they had to have it ... One girl was totally honest about why she gets them. She likes to ... crack them open in her mouth, and she [reportedly] gets this great euphoria ... she went to the doctor and complained that she has a lot of back pain and since she can’t get Percocet® or anything like that in the program ... she can get the gabapentin and do what she wants to do.”* Another provider stated, *“I think our doctors ... they slowed down on the Percocet® [prescribing], but they increased the Neurontin®.”*

Participants reported that Neurontin® sells for \$2.50 for two pills (unspecified dose). The typical illicit Neurontin® user is reportedly a person in substance abuse treatment or on probation.

Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) is available for illicit use in the region. Although participants were unable to rate the current street availability of promethazine, they reported that the availability and use of the drug has increased during the past six months. Law enforcement most often reported current street availability as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); a previous most common score was not reported. A law enforcement officer commented, *“I know it’s accessible if people want it.”* One treatment provider stated, *“We have been hearing of more promethazine use.”* Reportedly, typical illicit promethazine users are African-American people, drug dealers and high school students.

Conclusion

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

While the current availability of heroin remains high, participants discussed that most users seek heroin with the knowledge that it would likely be adulterated with fentanyl. Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants explained that once users do fentanyl, they can no longer go back to heroin because heroin will not get one as high as fentanyl. Both participants and treatment providers indicated a user preference for fentanyl over heroin. The BCI Bowling Green Crime Lab reported that the number of fentanyl and fentanyl analogues cases it processes has increased during the past six months.

As a result of the increased demand for and supply of fentanyl, participants described decreased street availability of prescription opioids. They explained that fentanyl is a stronger and cheaper alternative to both heroin and prescription opioids. In addition, participants noted doctors cutting back on prescribing opioids as another reason for decreased availability. However, even though many treatment providers believed that doctors have tightened their prescribing of opioids, making many opioids less available, they continued to report that users can easily obtain these drugs for illicit use.

In addition to obtaining Suboxone® from doctors, participants also reported getting the drug from drug dealers and other users with prescriptions. Both participants and community professionals reported that the street availability of the Suboxone® filmstrip form has increased during the past six months. There was consensus among respondents that there's been an increase in the number of persons in treatment receiving Suboxone®, and thus an increase in prescribing of the

medication. Both respondent types also noted that those with prescriptions sell all or part of their prescribed Suboxone® for other drugs (i.e. heroin/fentanyl). Reportedly, the typical illicit Suboxone® user continues to be person addicted to opiates trying to alleviate withdrawal symptoms in the absence of heroin/fentanyl.

Participants reported that the availability of powdered methamphetamine has increased during the past six months. They explained that heroin users have switched from heroin to methamphetamine due to successful law enforcement efforts in limiting the availability of heroin in the region as a reason for the increased availability and use of methamphetamine. In addition, participants and treatment providers discussed an increase in use of methamphetamine as a "cut" (adulterant) for other drugs such as heroin and "molly" (powdered MDMA). 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 white powdered methamphetamine.

Lastly, Neurontin® is highly available for illicit use in the region. Participants and community professionals reported that some doctors are now prescribing Neurontin® in lieu of opioids for chronic pain. Reportedly, a typical illicit Neurontin® user is a person on probation and/or in substance abuse treatment.

