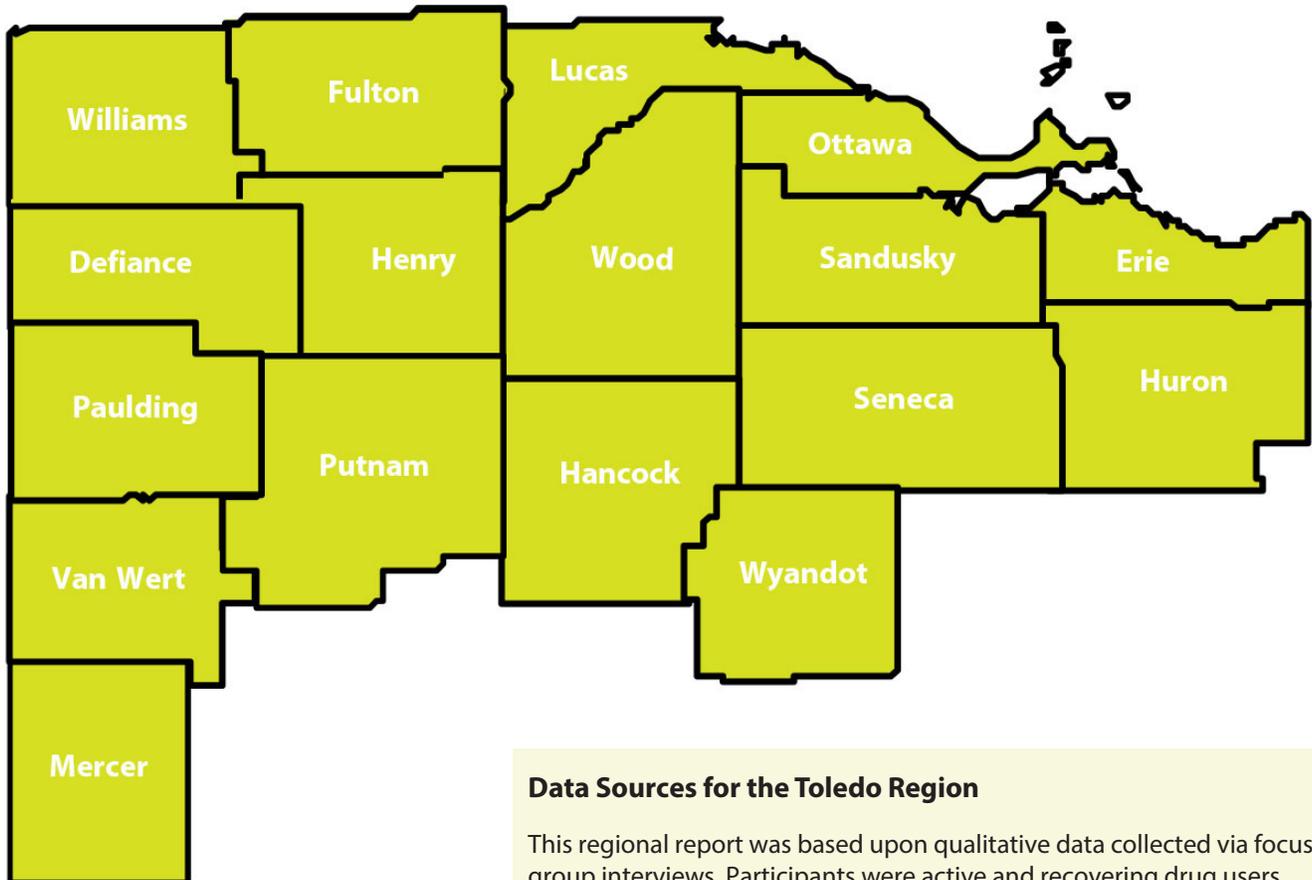




Drug Abuse Trends in the Toledo Region



Regional Epidemiologist:

Celia Williamson, PhD

OSAM Staff:

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

Kathryn A. Cox, MSW, LSW
OSAM Coordinator

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

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, Henry 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 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, the Ohio Bureau of Criminal Investigation (BCI) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

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%	50.0%
White, 2016	82.5%	87.6%	80.0% ²
African American, 2016	12.8%	8.7%	5.0% ²
Hispanic or Latino Origin, 2016	3.7%	6.2%	10.0% ³
High School Graduation Rate, 2012-16	89.5%	90.4%	85.0% ⁴
Median Household Income, 2012-16	\$50,674	\$51,238	\$16,000-\$19,999 ⁵
Persons Below Poverty Level, 2016	14.6%	13.9%	52.5% ⁶

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

²Race was unable to be determined for 2 participants due to missing data. Other races reported include "American Indian/Alaska Native," "other race," and "more than one race."

³Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

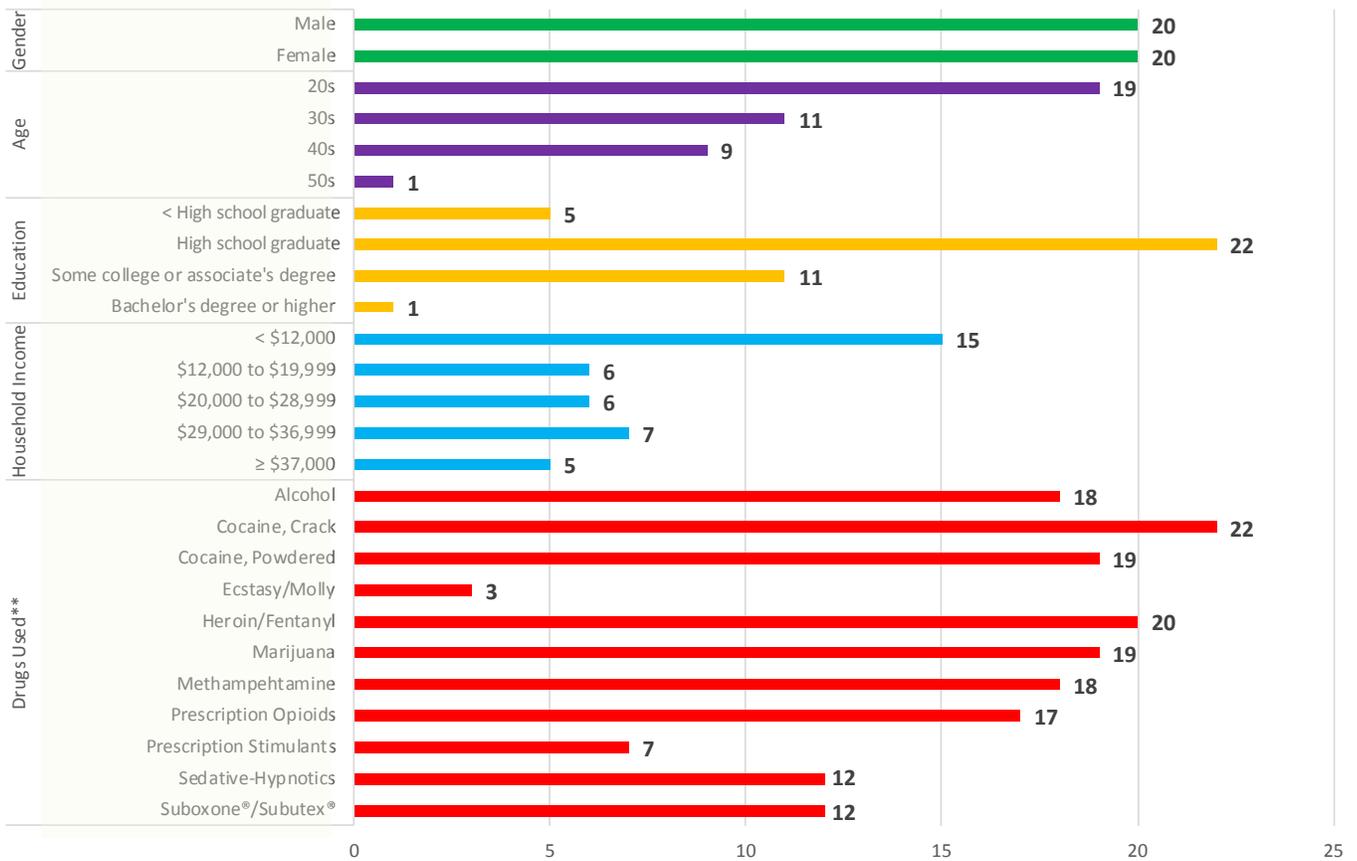
⁴Education level was unable to be determined for 1 participant due to missing and/or invalid data.

⁵Participants 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.

⁶Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Toledo Regional Participant Characteristics

Consumer Characteristics N=40*



*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.

Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region; also highly available were fentanyl, prescription opioids and Neurontin® (gabapentin). Changes in availability during the reporting period included: increased availability for fentanyl and Suboxone®; likely increased availability for methamphetamine; and decreased availability for prescription opioids.

While the availability of heroin remained high, participants discussed that most users sought heroin with the knowledge that it would likely be adulterated with fentanyl. Both participants and community professionals reported that the availability of fentanyl had increased during the reporting period. Participants explained that once users did fentanyl, they could no longer go back to heroin because heroin would 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 processed had increased during the reporting period.

As a result of the increased demand for and supply of fentanyl, participants described decreased street availability of prescription opioids. They explained that fentanyl was 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 had tightened their prescribing of opioids, making opioids less available, they continued to report that users could 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 had increased during the reporting period. There was consensus among respondents that there was 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 sold all or part of their prescribed Suboxone® for other drugs (heroin/fentanyl). Reportedly, the typical illicit Suboxone® users were persons addicted to opiates trying to alleviate withdrawal symptoms in the absence of heroin/fentanyl.

Participants reported that the availability of powdered methamphetamine had increased during the reporting period. They explained that heroin users 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 processed had increased during the reporting period; the lab reported processing crystal as well as white powdered methamphetamine.

Lastly, Neurontin® was highly available for illicit use in the region. Participants and community professionals reported that some doctors prescribed Neurontin® in lieu of opioids for chronic pain. Reportedly, a typical illicit Neurontin® user was a person on probation and/or in substance abuse treatment who was subjected to drug screens.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants reported: *“If I wanted to, I could find it... it's available; Everyone seems to be using it.”* Community professionals most often reported the current availability of powdered cocaine as '10'; the previous most common score was also '10'. A treatment provider commented, *“Everyone seems to be using it.”* A law enforcement officer remarked, *“It's still prevalent in the community.”*

Corroborating data indicated that powdered cocaine is available in the Toledo region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 231 individuals in the Toledo region who reported substance use during the past 30 days, 10.4% 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 24 positive adult drug test results it recorded during the past six months, 25.0% were positive for cocaine (crack and/or powdered cocaine). In addition, the Ohio Department of Public Safety (ODPS) reported seizing 3.2 kilograms (6.9 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested a woman after seizing 17 pounds of cocaine from her vehicle during a traffic stop on Interstate 80 in Wood County (www.statepatrol.ohio.gov, March 9, 2018). A Hancock County grand jury indicted two people on felony charges of possession of cocaine (www.thecourier.com, April 11, 2018). Local law enforcement in Sandusky (Erie County) arrested a man during a traffic stop for possession of cocaine and drug paraphernalia after a search of the man's vehicle revealed paraphernalia and cocaine residue in the vehicle's seat cushions (www.sanduskyregister.com, April 23, 2018). An investigation conducted by a Seneca County drug task force led to the arrest of 15 people in Seneca County on over 50 counts of trafficking in cocaine and heroin, along with several possession charges for cocaine, prescription medication and criminal tools (www.wmfd.com, April 24, 2018). Local law enforcement in Sandusky arrested two men during a traffic stop after finding a bag of suspected cocaine in the pant leg of one of the men and a bag of marijuana in the vehicle (www.sanduskyregister.com, April 25, 2018). Sandusky Police arrested a man and a woman during a traffic stop for drug trafficking and cocaine possession (www.sanduskyregister.com, April 30, 2018). The Seneca County Common Pleas Court heard a guilty plea from a man on two felony counts of cocaine possession (www.advertiser-tribune.com, May 1, 2018).

Participants reported that the availability of powdered cocaine has remained the same or decreased during the past six months, while community professionals reported that availability has remained the same. The Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this

region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No consensus
	 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 also '10'. However, one participant commented, "[Quality] depends on where you're getting it from." Participants reported that the top cutting agents (adulterants) for powdered cocaine are baby laxatives and isotol (dietary supplement). Other adulterates mentioned included: aspirin, ether, fentanyl and MiraLAX®. One participant commented on why drug dealers add fentanyl to powdered cocaine, stating, "You get higher." Another participant stated, "[Drug dealers use] the same stuff they cut heroin with." One treatment provider commented, "They're cutting it with aspirin and ... 'benzos' (benzodiazepines)." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant said, "It's gotten crappier."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormers)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)

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. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, a participant commented, "[The price depends] on how good it is and where you're getting it."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$80
	1/16 ounce (aka "teener")	\$120
	1/8 ounce (aka "eight ball")	\$175-250

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would shoot and three would snort the drug. Participants commented: *"There's a lot more people shooting up; I would say the majority of the people will inject it. People have been injecting everything lately; it would depend on what kind of people you are with ... I have friends that are against the needle and only snort it, but I also have friends that do both; it's more acceptable when you snort."*

Participants described typical powdered cocaine users as people in the bar scene, of upper socio-economic status and working people, as well as people who typically use heroin. Community professionals described typical users as anyone. However, one treatment provider reported, *"I think the older people use the 'crack' (crack cocaine) and younger people use the 'powder' (powdered cocaine)."* One law enforcement officer commented, *"That's one thing about drugs and abuse ... it's a cross-cultural thing."*

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 pretty easy to get."* Community professionals most often reported the current availability of crack cocaine as '8'; the previous most common score was '10'.

Corroborating data indicated that crack cocaine is available in the Toledo region. ODPS reported seizing 681.8 grams (1.5 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A regional drug task force arrested a man

and woman for possession of crack cocaine after seizing an undisclosed amount of the drug along with cash from a Findlay (Hancock County) residence while executing a search warrant (www.thecourier.com, April 18, 2018). Drug raids of two residences in Tiffin (Seneca County) conducted by the Seneca County Drug Task Force in collaboration with the Tiffin Police Department, Seneca County Sheriff's Office and the Ohio Attorney General's Office BCI Narcotics Division resulted in the arrest of three people on several possession and trafficking charges in crack cocaine and heroin (www.13abc.com, April 26, 2018).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported it has decreased. One law enforcement officer commented, *"It's gone down because of the influx of 'meth' (methamphetamine). It's starting to take a back seat [to crystal methamphetamine] ... particularly now out in the rural areas..."* BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

Crack 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 crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. One participant discussed, *"Two out of 10 dealers that sell crack cocaine will have real 'fire' (high-quality), and the others are semi or mediocre ... you got that one or two people that you can go to for real good crack."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. One participant stated, *"There's a bunch of baking soda in it. It's harder to find the good stuff."* Other cuts for crack cocaine mentioned included: ammonia, baby laxatives, fentanyl, prescription opioids, prescription stimulants and vitamin B. One participant reported, *"People like to cut it with what they shouldn't ... like opiates."* Another participant commented,

"My friend overdosed on it because they put fentanyl in it." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant remarked, "It's horrible."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetics (lidocaine and procaine) ● phenacetin (banned analgesic)

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). Participants commented: *"You can always get a 20 (\$20 rock) from somebody; it's not like an actual gram. You say, 'I want \$20 or I want \$60 [amount]; Crack's cheap. You can [even] get a tiny rock for \$5."* Overall, participants reported that the price of crack cocaine has remained the same during the past six months. However, one participant commented, *"If you get more, you can get a deal. They'll drop the price a little bit."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$80
	An ounce	\$300

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. Participants discussed using lemon juice and vinegar to breakdown crack cocaine for injection. One participant explained, *"Cocaine is water soluble and crack is not, and in order to break that crack back down (remove adulterants), you have to use that lemon juice or vinegar."* Another participant commented, *"I smoked crack for like 18 years ... and when I found the needle, I would never smoke crack again. I never did."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine

users as anyone, but a few participants specified typical users as older people and people of low socio-economic status. One participant said, *"I've never really seen younger people smoking it. It was just like older people."* Community professionals described typical crack cocaine users as anyone. One law enforcement officer reported, *"You get the perception that they are on the lower end of society, but that's not true. There are people from all types of socio-economic classes."*

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 score was also '10'. A law enforcement officer stated, *"In all the years I worked narcotics, I've never seen heroin this prevalent."*

Corroborating data indicated that heroin is available in the Toledo region. The SBIRT program reported that of the 231 individuals in the Toledo region who reported substance use during the past 30 days, 6.9% reported using heroin on one or more days. In addition, ODPS reported seizing 2.9 kilograms (6.5 lbs.) of heroin from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 151 grams of heroin during a traffic stop along Interstate 80 in Lucas County with the aid of a K-9 officer; the driver and passenger were charged with felony possession and trafficking in heroin (www.statepatrol.ohio.gov, Jan. 10, 2018). Local law enforcement in Toledo (Lucas County) arrested a man after emergency responders administered Narcan® (naloxone, opiate overdose reversal medication) to the man who admitted to using heroin and overdosing prior to his vehicle colliding head-on with a bus (www.13abc.com, March 22, 2018). Sandusky County Drug Task Force agents arrested a woman for possession and trafficking in heroin after they witnessed her make a drug transaction at a shopping plaza in Fremont (www.thenews-messenger.com, April 10, 2018). A Huron County grand jury indicted seven people on drug possession and trafficking charges (www.sanduskyregister.com, April 16, 2018). Sandusky Police (Erie County) arrested

two men for felony heroin possession; both men were recognized by officers for their multiple outstanding warrants and were arrested following a traffic stop that found both men to be in possession of heroin and needles (www.sanduskyregister.com, April 18, 2018). OSHP with the assistance of a K-9 officer arrested two men after seizing 142 grams of heroin from their vehicle during a traffic stop on Interstate 80 in Port Clinton (Ottawa County) (www.sanduskyregister.com, April 19, 2018). The BCI Narcotics Division collaborated with the Fostoria and Tiffin Police (Seneca County) in conjunction with the Seneca County Sheriff's Office and Drug Task Force to arrest 15 people on a total of 76 counts of drug-related charges concerning heroin, powdered cocaine, crack cocaine and prescription drugs (www.reviewtimes.com, April 21, 2018). Sandusky Police arrested a man on heroin possession and trafficking charges after a traffic stop and subsequent search of his residence resulted in the seizure of undisclosed amounts of heroin, drug paraphernalia and cash (www.sanduskyregister.com, April 21, 2018). A grand jury in Seneca County indicted a man on eight felony charges related to drug trafficking; the man allegedly trafficked heroin and methamphetamine near a school (www.advertiser-tribune.com, April 25, 2018). Local law enforcement in Erie County used a K-9 officer to arrest a man during a traffic stop; the man was found in possession of heroin and a syringe following an altercation in Perkins Township (www.sanduskyregister.com, April 26, 2018). A Huron County grand jury indicted a man for trafficking in heroin; the man was also found to be in violation of his probation that resulted from a conviction of trafficking in heroin charges in 2017 (www.norwalkreflector.com, April 27, 2018). A jury in Seneca County convicted a man on involuntary manslaughter for supplying the drugs that killed another man; the man was also convicted on multiple drug-related charges including possession and trafficking in heroin and cocaine (www.thecouier.com, April 27, 2018). A cooperative two-year investigation by the Metro Drug Task Force and Toledo Police Gang Task Force led to the arrest of nine men on several counts of trafficking in heroin and other drug-related charges as part of a criminal organization (www.toledoblade.com, April 30, 2018). Toledo Police arrested a man for drug trafficking and corrupting another with drugs following the overdose of a man in a Toledo hotel room (www.toledoblade.com, May 7, 2018). A U.S. District Court judge in Toledo sentenced a man to 20 years in prison after he plead guilty to conspiracy to possess with intent to

distribute heroin and cocaine, money laundering and possessing firearms (www.toledoblade.com, June 25, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report white powdered heroin as most available. Participants also discussed different colors for powdered heroin as available in the region, including gray, tan and yellow. A few participants echoed the sentiments of one participant who said that even though white powdered heroin is most prevalent, *"the gray is the most popular,"* because it is believed to contain strong amounts of fentanyl. Another participant reported, *"Gray death' is going around."* A treatment provider also mentioned, *"Gray death' is a potent mix of heroin and fentanyl!"*

Black tar heroin is available in the region. However, participants most often rated the current availability of this type of heroin as '3;' the previous most common score was '2.' One participant explained, *"Black tar is harder to find and nobody really wants it anymore.... Black tar is harder to shoot (intravenously inject). It's sticky, harder to break down, and the high isn't that good."* Another participant reported, *"One time you might run into real 'tar' (black tar heroin).... It's not around like it was and it's weak."*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' A law enforcement officer reported, *"Today's heroin [is potent], once somebody ingests heroin for the first time, they're usually hooked."* Participants discussed adulterants

(aka “cuts”) that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. A participant commented, “*You don’t know you get it and they tell you, ‘You got heroin,’ and you end up doing fentanyl or carfentanil. They don’t say, ‘Hey, I got fentanyl or carfentanil; People don’t know the difference between carfentanil and fentanyl and ‘heron’ (heroin), so they ... use the same amount, but carfentanil is a thousand times [stronger] than regular fentanyl, and fentanyl is a lot more [stronger] than heron.’*” Participants reported that most heroin users want and expect heroin to be cut with fentanyl because fentanyl is stronger, even though the high does not last as long as heroin. Participants explained: “[Heroin is] *not as strong as fentanyl. fentanyl is way stronger.... The withdrawal comes on quick; [With] fentanyl, you feel it immediately and it’s very strong and it’s very potent, but it doesn’t last long, so you want to keep going back.*”

Additional cuts for heroin mentioned included: Adderall®, baby laxatives, Benefiber®, NoDoz®, Percocet®, Sleepinal® and Xanax®. One participant argued that no one ever really knows what is used to cut the drug. This participant commented, “*Things that kill people ... ‘benzos’ (benzodiazepines), fentanyl, carfentanil. My sister died a year ago and her heroin was cut with benzos.... You really don’t care.... You know that every time you’re shooting it ... you risk the chance of dying and you don’t care. And ... you go to where they overdosed [to buy the drug].*” Overall, participants reported that the general 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"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol 	

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. 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	\$10-20
	1/2 gram	\$50
	A gram	\$120
1/4 ounce	\$400-500	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug.

Participants reported that injection needles are most available from local pharmacies. Additionally, participants reported obtaining needles from drug dealers. One participant reported, “*Anybody can buy them on the street.*” Reportedly, needles on the street most often sell for \$1 per needle or three needles for \$5. Participants also discussed sharing needles as very common. One participant reported, “*I know people that will pick up a needle off the ground and shoot up.*”

Participants described typical heroin users as coming from all walks of life; however, some participants reported typical users as aged 16-24 years and white. One participant commented, “*I’ve seen them from 16-17 [years of age], young girls shooting heroin ... start out snorting it, and it turns into shooting it ... I see a lot more in their 20s.*” Community professionals described typical heroin users as anyone. One treatment provider commented, “*It’s not biased ... it doesn’t discriminate.*” A law enforcement officer commented, “*It’s very diverse.*”

Fentanyl



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

the previous most common score was also '10'. A participant commented, *"I'll be honest ... I never really see heroin. I see a lot of fentanyl. I don't think I ever did true heroin."* When asked if users request fentanyl from dealers, one participant reported, *"It's so cut throat in Toledo ... people are lying about what they have. But ... I knew where I could get fentanyl and carfentanil...."* Community professionals most often reported the current availability of fentanyl as '5'; the previous most common score was not reported. One law enforcement officer discussed, *"It started out as a cutting agent which increased the potency of the heroin ... now people are just going right after the fentanyl."*

Corroborating data indicated that fentanyl is available in the Toledo region. ODPS reported seizing 211.7 grams (0.5 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ottawa County grand jury indicted a man for selling fentanyl and heroin in Ottawa County (www.portclintonnewshearl.com, Feb. 6, 2018). Authorities seized 1.5 kilograms of fentanyl in total from an intended outgoing package at a Toledo post office and from a motel room in Lucas County; two men were arrested and charged with conspiracy with intent to distribute a controlled substance (www.toledoblade.com, March 21, 2018). A Hancock County grand jury indicted a man on felony charges of trafficking in fentanyl, cocaine and heroin (www.thecourier.com, April 11, 2018). A grand jury in Ottawa County indicted a man on two counts of aggravated possession of fentanyl discovered during a traffic stop (www.portclintonnewshearl.com, April 11, 2018). OSHP seized 110 grams of fentanyl during a traffic stop on Interstate 80 near Sandusky (Erie County) with the assistance of a K-9 officer; officers arrested two men on charges of drug possession and trafficking (www.wfmj.com, April 26, 2018). A grand jury in Ottawa County indicted two men, charging each with six felony counts of complicity to drug trafficking; the two men were found to be in possession of 142 grams of fentanyl and heroin during a traffic stop (www.sanduskyregister.com, May 2, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while the incidence of carfentanil cases they process from this region has remained the same.

		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 '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. One participant reported, *"Carfentanil is a '10' definitely. Fentanyl is probably an ... '8,' and heroin is weak."* However, participants agreed, *"[Fentanyl is] more potent [than heroin], but it don't last long. You get sick (experience with-drawal) after five hours; I prefer the fentanyl. It's a better high. I think I've been 'Narcaned' (administered Narcan® to reverse an overdose) six times ... it was all because of the fentanyl."*

Participants and treatment providers reported that "gray death" is the most potent heroin-fentanyl mixture. Participants reported thinking they injected heroin and fentanyl, when what they injected was just fentanyl. Treatment providers added: *"[Some users] think they're doing heroin, but they're doing fentanyl; When they're doing heroin and they tested clean [for heroin] ... they know that they just did fentanyl."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months. However, one participant who spoke about quality reported, *"If somebody dies and you're the dealer, then your business will go way up. They'll seek you out."*

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 for \$10. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

The most common routes of administration for fentanyl are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 fentanyl users, five would shoot and five would snort the drug. Participants and community professionals described typical fentanyl users as intravenous drug/heroin users. Community professionals also described typical fentanyl users as young white people. One treatment provider remarked, “More and more young people [are using fentanyl].”

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 also ‘8’. Community professionals most often reported the current street availability of prescription opioids as ‘7’; the previous most common score was ‘10’. One law enforcement officer reported, “It’s extremely addictive ... [and] it’s easily accessible”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Hancock County grand jury indicted a man on two felony counts of aggravated possession of hydrocodone and amphetamine (www.thecourier.com, April 11, 2018). Participants and community professionals identified Percocet® and Roxicodone® 30 mg (aka “perk 30”) as the most popular prescription opioids in terms of widespread illicit use.

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. One participant explained, “They’re so expensive and they’re cracking down on how much [doctors are] prescribing them ... that’s why I turned to heroin ... I realized I was spending hundreds of dollars on pills, and then I realized \$20 [of heroin] could keep me high all day.” Law enforcement reported: “I think heroin has undercut all of that. It’s so inexpensive and so much more available; it’s the economics.... You go to heroin.”

BCI crime labs reported that the incidence of oxymorphone (Opana®) cases they process from this

region has increased during the past six months (although still relatively few), while the incidence of oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®), morphine and tramadol (Ultram®) cases they process from this region has decreased or remained the same. BCI labs also reported processing very few cases of hydromorphone (Dilaudid®) and methadone during the past six months.

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. Regarding fentanyl patches, participants commented: “The ‘band-aids’ (patches) are the clear ones and they vary in micrograms; The patches go for a \$1 a microgram, so you can pay up to \$100 for a fentanyl patch.” Overall, participants indicated that the street price of prescription opioids has remained the same during the past six months.

Participants reported obtaining prescription opioids for illicit use from cancer patients, drug dealers, parents, doctors and through Internet purchase. Participants commented: “Some people write fake prescriptions and go to the pharmacy; Get one of those doctors [at a pain clinic]. Give him a couple hundred and he’ll write whatever prescription you want; You can buy drugs online, definitely.” One law enforcement officer reported, “They go and rip off their mom and dad for the pain medication ... crush is up, then inject that.” Some participants reported the existence of repressed pills that contain fentanyl. Participants commented: “People started pressing ... breaking them down and repressing them; I got a lot of fake ‘perk 30s.’ ‘Roxies’ (Roxicet®) have fentanyl ... take half [a pill] ... they make you black out for a couple of hours; It’s a lot cheaper and you can make a lot more money when you do it like that.”

The most common routes of administration for illicit use of prescription opioids are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally consume the drugs. Participants commented: *"I like to just snort 'perks' (Percocet®); People will suck on the fentanyl patches ... they'll suck the gel out...."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described illicit users as anyone. They commented: *"All walks of life; Anyone that got prescribed them; Drug dealers; Women."* Community professionals described typical illicit prescription opioid users as 16-25 years of age and of middle-class status.

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' for the sublingual filmstrip (aka "strip") and '6' for the pill form on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' and '1', respectively. One participant remarked, *"I can get [Suboxone®] off the street."*

Community professionals most often reported the current overall street availability of Suboxone® as '10'; the previous most common score was also '10'. Law enforcement reported Suboxone® as popular and described it as a "stability drug," meaning Suboxone® is used to counteract withdrawal when the user is out of heroin. Community professionals noted the filmstrip form as more available than the pill form.

Participants and community professionals reported that the overall street availability of Suboxone® has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant commented, *"I sold every single one for \$20. I wouldn't even cut deals."* Reportedly, Suboxone® 8 mg filmstrip sells for \$20. Overall, participants indicated that the price of Suboxone® has remained the same during the past six months. In addition to obtaining Suboxone® on the street from drug dealers, participants reported getting the drug through Suboxone® clinics. One participant reported, *"You just have to pay \$120 [and] they'll write you a 'script' (prescription) for two weeks. That's all you got to do."*

Participants reported that the most common routes of administration for illicit use of Suboxone® are oral consumption, followed by snorting. One participant remarked, *"Chew them, snort them ..."* Participants described typical illicit Suboxone® users as people who abuse opiates, while community professionals described typical illicit users as 18-24 years of age.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals most often reported current street availability of sedative-hypnotics as '10'; the previous most common score was also '10'. Participants and community professionals continued to identify Xanax® as the most available sedative-hypnotic in terms of widespread illicit use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 65 Xanax® pills, 37 grams of cocaine, approximately one pound of marijuana and a digital scale during a probable cause search of a vehicle that entered a sobriety check in Bowling Green (Wood County); the five people in the vehicle were charged with possession and trafficking in cocaine, marijuana and Xanax® (www.sent-trib.com, March 23, 2018).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. However,

one participant reported, "They're harder to get [because] there's a lot of fake 'bars' (Xanax® 2 mg) out there." BCI crime labs reported that the incidence of alprazolam (Xanax®) and clonazepam (Klonopin®) cases they process from this region has decreased or remained the same during the past six months. BCI labs also reported processing very few cases of diazepam (Valium®), lorazepam (Ativan®), zolpidem (Ambien®) and carisoprodol (Soma®) from this region during the past six months.

Sedative-Hypnotics	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 sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1-2 per milligram. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

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

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors, friends and parents with prescriptions for them. The most common routes of administration for illicit use of sedative-hypnotics remain 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 responded, "I like to eat them if I'm at a party. I can just swallow them [but] snorting gets you [high] faster."

Participants described typical illicit sedative-hypnotics users as housewives, mothers, teenagers and people who use opiates. Community professionals described typical illicit users as women aged 30 years and younger.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' One participant remarked, "It's as common as alcohol." Although participants reported the overall availability of marijuana as a '10,' participants discussed low-grade marijuana as less available than high-grade marijuana. Participants commented: "They still make that? I haven't seen 'reggie' (low-grade marijuana) in a long time; It's rare; I know some old school smokers that still smoke it."

Corroborating data indicated that marijuana is available in the Toledo region. The SBIRT program reported that of the 231 individuals in the Toledo region who reported substance use during the past 30 days, 53.7% reported using marijuana on one or more days. The Hancock County Probate Court reported that of the 24 positive adult drug test results it recorded during the past six months, 62.5% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana); the court also reported that 96.2% of the 53 positive juvenile drug test results it recorded during the past six months were positive for THC. In addition, ODPS reported seizing 1,033.2 kilograms (2,277.8 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 70 pounds of marijuana during a traffic stop along Interstate 80 near Wauseon (Fulton County) that led to the arrest of a man for felony possession of marijuana (www.statepatrol.ohio.gov, January 2, 2018). OSHP arrested a man for drug possession and trafficking in marijuana after seizing more than two pounds of marijuana from his disabled vehicle on Interstate 80 in Erie County (www.statepatrol.ohio.gov, Jan. 8 2018). OSHP seized 493 grams of marijuana during a traffic stop along Interstate 475 in Lucas County that led to the arrest of a man for felony possession and trafficking in marijuana (www.statepatrol.ohio.gov, Jan. 11, 2018). Indiana State police made a traffic stop along Interstate 70 in Hancock County that led to the arrest of two people and seizure of 78 pounds of marijuana (www.10tv.com, April 17, 2018). A judge in the Lucas County Common Pleas Court sentenced a man to two years in prison after he pleaded guilty to trafficking in marijuana; OSHP seized 72 pounds of

marijuana from the man’s vehicle on the Ohio Turnpike (www.toledoblade.com, April 24, 2018). A grand jury in Ottawa County indicted a man on two counts of possession for marijuana and Suboxone® found during a traffic stop (www.portclintonnewsheald.com, April 11, 2018). OSHP arrested a man after seizing 100 pounds of marijuana from his vehicle during a traffic stop on Interstate 80 in Lucas County (www.norwalkreflector.com, May 1, 2018). OSHP seized three pounds of marijuana from a rental car during a traffic stop along U.S. Route 6 in Sandusky County; troopers arrested three men for drug trafficking and possession of marijuana (www.thenews-messenger.com, June 14, 2018).

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”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘10;’ the previous most common score was also ‘10.’ Participants remarked: *“Dabs and wax are very popular; One hit is like smoking a whole block of ‘weed’ (marijuana); They just keep getting better and better.”* Community professionals most often reported the current availability of marijuana extracts and concentrates as ‘5;’ the previous most common score was ‘10.’ Law enforcement reported: *“When you make wax, what you’re doing is, you’re extracting the THC content; The potency of it is just going way up.”*

Participants and community professionals reported that the overall availability of marijuana, as well as marijuana extracts and concentrates, has remained the same during the past six months. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, “dabs”) cases they process from this region has remained the same 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

Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often rated the current quality of high-grade marijuana as ‘10’ and of low-grade marijuana as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score for marijuana generally was ‘10.’ Remarking on the high current quality of marijuana, one participant said, *“Compared to the past, it’s astronomical.”* 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 for low-grade marijuana is 1/4 ounce, and for high-grade marijuana, it is a gram. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$10
	1/4 ounce	\$40-50
	1/2 ounce	\$100
	High grade:	
	A blunt (cigar)	\$10
	A gram	\$20
	1/4 ounce	\$70-100
	1/2 ounce	\$180
	Extracts and concentrates:	
	A gram	\$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 responded, *"I'd rather just smoke it. I like the smell. I like the taste."* One participant reported that users committed to marijuana may lace it with marijuana oil, but typically they will not lace high-grade marijuana with any chemicals.

A profile for a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as everybody. One participant stated, *"Every single person I ever met."* One law enforcement officer commented, *"Everybody. It's not just one group or the other."* Participants described typical marijuana extracts and concentrates users as drug dealers and people who use the drug extensively. Participants remarked: *"People that like weed; Serious 'pot heads' (habitual marijuana users); They're like connoisseurs, the people you get dabs from."*

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug as '10' for the crystal form and '3' for the powdered form (aka "shake-and-bake") 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' and '10', respectively. Participants discussed: *"You can go to [Defiance, Fulton, Lucas and Henry counties to obtain methamphetamine] ... and Williams County is bad, too (prevalent there as well); It's everywhere."* Community professionals most often reported the overall current availability of methamphetamine as '10'; the previous most common scores were '4' in urban areas and '10' in rural areas. Treatment providers reported: *"If you go outside of Toledo, it's everywhere; About a month ago, it seems like everybody was dropping (testing positive on urinalysis screens) for methamphetamine."*

Corroborating data indicated that methamphetamine is available in the Toledo region. ODPS reported seizing 1.7 kilograms (3.6 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Wyandot County Major Crimes Unit collaborated with Upper Sandusky Police (Wyandot County) in the arrest of a man for the

manufacturing of methamphetamine; detectives executed a search warrant of what was described by detectives as the largest methamphetamine lab discovered in Wyandot County (www.thecourier.com, Jan. 7, 2018). OSHP arrested a man, seizing 63 grams of methamphetamine from the man's vehicle during a traffic stop on State Route 4 near Sandusky in Erie county (www.toledoblade.com, March 30, 2018). A Hancock County grand jury indicted three individuals on charges of aggravated possession of methamphetamine (www.thecourier.com, April 11, 2018). A grand jury in Ottawa County indicted a man on multiple charges, including possession of methamphetamine (www.portclintonnewsherald.com, April 11, 2018). A man who pled not-guilty to charges of aggravated drug and paraphernalia possession, assault and disrupting a public service in the Ottawa County Common Pleas Court, allegedly attacked a woman, a passenger in his car, and was later arrested during a traffic stop; the man was found in possession of methamphetamine and drug paraphernalia (www.sanduskyregister.com, June 14, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as most prevalent in the region. In explaining the prevalence of crystal over powdered methamphetamine, one participant commented, *"I know one or two people [using powder] ... it's not that common anymore, [but] there's a lot of 'ice' (crystal methamphetamine)."* The powdered form of methamphetamine is typically referred to as "bottle dope," 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. One participant reported, *"I haven't seen it that much lately, only 'ice.'"*

Participants reported that the availability of powdered methamphetamine has remained the same during the past six months, while the availability of crystal methamphetamine has increased. One participant remarked, *"It's so abundant now."* Community professionals reported that the availability of crystal and powdered methamphetamine has remained the same during the past six months. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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 quality of crystal methamphetamine as '8' and of powdered methamphetamine as '1-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall score was '7'. One participant reported, "It depends on who makes it. It varies considerably." Another participant commented, "It's not so much the potency, but how clean it is. Did they filter it? Did they get everything out of it?" Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following cutting agents for the drug: acetone, bath salts (synthetic cathinones) and heroin. One participant said, "I got a batch one time that was cut with heroin." Overall, participants reported that the quality of both crystal and powdered methamphetamine has remained the same during the past six months.

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (dietary supplement) ● magnesium sulfate (Epsom salts) 	

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 and crystal:	
	A gram	\$50-70
	An ounce	\$400-600

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, eight would shoot and two would snort the drug. A participant discussed, "You just start out snorting. It's a different high. My chest doesn't seize up when I snort it, but it does when I shoot it." One participant reported "hot railing" the drug: a process where the user places the drug in a glass pipe, heats the pipe, and inhales the vapors from the drug through the nose and exhales through the mouth.

A profile for a typical methamphetamine user did not emerge from the data. Participants described typical methamphetamine users as anyone. One participant reported, "I've seen people in their 60s do it. I've seen young people do it. It's saturated [the region]" Community professionals described typical methamphetamine users as those living in rural areas. One law enforcement officer added, "It's always traditionally been a biker's drug. That's where it originated from. But again, I think it's a variety of different types of people I never really saw it in the black community though."

Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for participants, '4' for treatment providers and '9'

for law enforcement. A participant commented, “You have to try hard to get them.” One law enforcement officer said, “It’s harder to come by [than are other drugs].”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Hancock County grand jury indicted a man on felony charges of aggravated possession of amphetamines and marijuana (www.thecourier.com, April 11, 2018). Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) in this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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 inconsistent among participants with experience buying these drugs. Reportedly, prescription stimulants most often sell for less than \$1 per milligram; however, participants reported that Adderall® sells for \$1 per milligram. A participant commented, “The higher the milligram, the more they cost. . . . Sometimes you can get them cheaper . . . it depends on where you go or if you get the beads or the extended release.” Another participant reported, “Not everybody does them, and not everybody wants them, but the people that do want them and do buy them, they want them all the time and they’ll pay what you want.” Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Participants reported obtaining prescription stimulants for illicit use from doctors or through people who have access to a child’s prescription. Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drugs. However, a participant explained that if the drug is in bead form or is extended release, users orally consume the drug.

Participants described typical illicit prescription stimulant users as pre-teens, high school and college students and people who work long hours. Community professionals described typical illicit prescription stimulant users as college students. A community professional reported, “18 to 21 [years] . . . college age to get through class.”

Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet

form of ecstasy as ‘6’ and of “molly” (powdered MDMA) as ‘5’ 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’ for both ecstasy and molly. Participants discussed: “[Ecstasy and molly] used to be easy back in the day [to find], but in the last six months, no not around here; It’s not that popular; It’s available, but it’s hard to come by; You just have to know the right person.”

Community professionals most often reported the current availability of ecstasy and molly as ‘10’; the previous most common scores for both ecstasy and molly were ‘6’ for treatment providers and ‘9’ for law enforcement.

Participants and community professionals reported that the availability of ecstasy and molly has decreased during the past six months. One participant stated, “It’s around, but not like it used to be. It’s more of a club scene where you see molly.” BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has remained the same during the past six months, although still few cases.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Participants most often rated the current overall quality of ecstasy as '5' and of molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' and '9,' respectively. Regarding molly, one participant said, "I've never really had bad molly." Reportedly, molly is often cut with other substances, including bath salts, cocaine, heroin and methamphetamine. One participant commented, "[Molly is not] what they think they're doing. It's really bath salts." Another participant reported, "I've seen people like do special batches. Like if you want a more 'down' (sedative-like) buzz (high) on it, they'll cut it with heroin. My dealer will cut it with meth, so it was a more 'upper' (stimulant-like) buzz." Overall, participants reported that the quality of ecstasy and molly has 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 quantity of purchase for molly is a gram. Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-20
	Molly:	
	A gram	\$60-70

Participants indicated that ecstasy/molly is obtained from drug dealers and at clubs or "raves" (dance parties). Participants reported that the most common route of administration for ecstasy and molly remains snorting. Participants estimated that out of 10 ecstasy and molly users, six would snort, and four would intravenously

inject (aka "shoot") or "parachute" (wrap the drug in tissue paper and swallow). Participants reported: "[Ecstasy and molly are] ... *hard to break down* [for intravenous use]; *I used to press it down and parachute the pills ... it would open up in your stomach and hit you faster.*"

Participants described typical ecstas/molly users as teenagers and people who attend parties, raves or music festivals. A participant discussed, "Festival-going people ... *rave, parties, clubbing-type people more into drinking and the social part of drug using.*" Community professionals described typical ecstasy and molly users as teenagers to people aged early 20s. One treatment provider remarked, "Then they get tired once they turn 30 [years of age] and they move [on]."

Other Drugs in the Toledo Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts (synthetic cathinones), Neurontin® (gabapentin), promethazine and synthetic marijuana.

In addition, secondary data sources reported on other drugs not mentioned by respondents. BCI crime labs reported that the incidence of LSD (lysergic acid diethylamide) and psilocybin mushroom cases they process from this region increased during the past six months, although still few cases. BCI crime labs also reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has increased.

Bath Salts



Bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") are available in the region.

Participants most often reported the current availability of this 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 not reported. One participant commented, "It's really easy to find."

However, participants and community professionals reported that the availability of bath salts has decreased during the past six months. BCI crime labs reported that the incidence of synthetic cathinones cases they process from this region has also decreased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Participants reported that the most common routes of administration for bath salts are smoking and snorting. Participants estimated that out of 10 bath salts users, five would smoke and five would snort the drug. Regarding snorting the drug, a participant remarked, *"Snorting it burns."* Participants described typical bath salts users as teenagers. A participant remarked, *"Stupid people ... teenagers like 15-years old."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately available for illicit use in the region. Participants most often reported the current street availability of the drug as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants commented: *"You can get them from anybody; It's very available; It's not in the drug screen. They can't hold you accountable for using it now."* Participants reported that the general availability of Neurontin® has increased during the past six months. One participant commented, *"People are starting to love that."*

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

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, Neurontin® most often sells for \$1 per hundred milligrams. One participant reported, *"You have to take a lot of them."* Another participant remarked, *"You gotta take at least ten [to feel a high]."*

Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. Participants described typical illicit Neurontin® users as people who used to use heroin or are marijuana users. Participants remarked: *"Ex-heroin users and pot smokers; I've seen a lot of ex-heroin users. They like them a lot."*

Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) is available for illicit use in the region. Participants most often reported the current street availability of promethazine as '10'; the previous most common score was not reported. Participants described typical promethazine users as teenagers and young people.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is 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 not reported.

Participants reported that the availability of synthetic marijuana has increased during the past six months, while community professionals did not report on the change in availability of the drug. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months.

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

Participants most often rated the current quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. One participant reported, *"They're making it in houses."* Participants reported the top cutting agents (aka "adulterants") for synthetic marijuana as acetone and Raid®.

Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report white powdered heroin as most available. However, even though white powdered heroin is most prevalent, a few participants discussed gray heroin (aka "gray death") as the most popular type of heroin because it is believed to contain strong amounts of fentanyl. BCI crime labs reported processing beige, brown, gray, purple, tan and white powdered heroin as well as black tar heroin from this region during the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of heroin. They indicated that fentanyl remains the top cutting agent for the drug. Participants reported

that most heroin users want and expect heroin to be cut with fentanyl because fentanyl is stronger, even though the high does not last as long as heroin. BCI crime labs listed fentanyl as a cutting agent for heroin cases it processed during the past six months.

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while the incidence of carfentanil cases has remained the same. Participants and treatment providers reported that "gray death" is the most potent heroin-fentanyl mix.

Participants reported thinking they injected heroin and fentanyl, when what they injected was just fentanyl. One participant commented, *"I see a lot of fentanyl. I don't think I ever did true heroin."*

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as most prevalent in the region. Participants reported that the availability of crystal methamphetamine has increased during the past six months. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Participants discussed adulterants that affect the quality of methamphetamine and reported the following cutting agents for the drug: acetone, bath salts and heroin. The most common route of administration for methamphetamine remains intravenous injection (aka "shooting").

Lastly, corroborating data indicated that marijuana is highly available in the Toledo region. The Ohio Department of Public Safety reported seizing 1,033.2 kilograms (2,277.8 lbs.) of marijuana from this region during the past six months.

