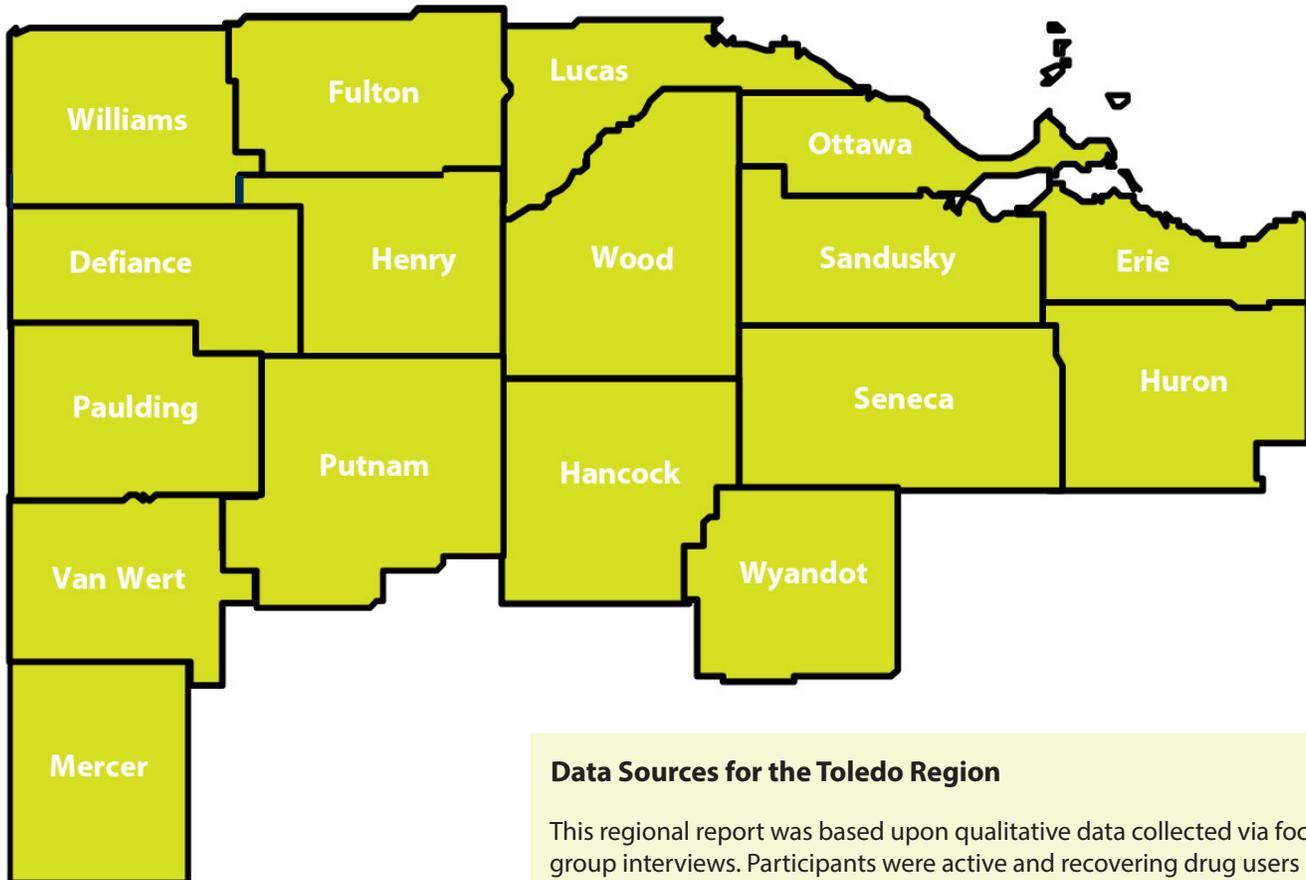




Drug Abuse Trends in the Toledo Region



Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Erie 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 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, Ohio Bureau of Criminal Investigation (BCI) and 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 January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,213,795	46
Gender (female), 2017	51.0%	50.9%	65.2%
Whites, 2017	82.2%	87.5%	80.4% ²
African Americans, 2017	12.9%	8.7%	10.9% ²
Hispanic or Latino Origin, 2017	3.8%	6.3%	19.6%
High School Graduation Rate, 2013-17	89.8%	90.5%	80.0% ³
Median Household Income, 2013-17	\$52,407	\$52,923	\$21,000-\$24,999 ⁴
Persons Below Poverty Level, 2017	14.0%	13.1%	41.3% 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 2018 - January 2019.

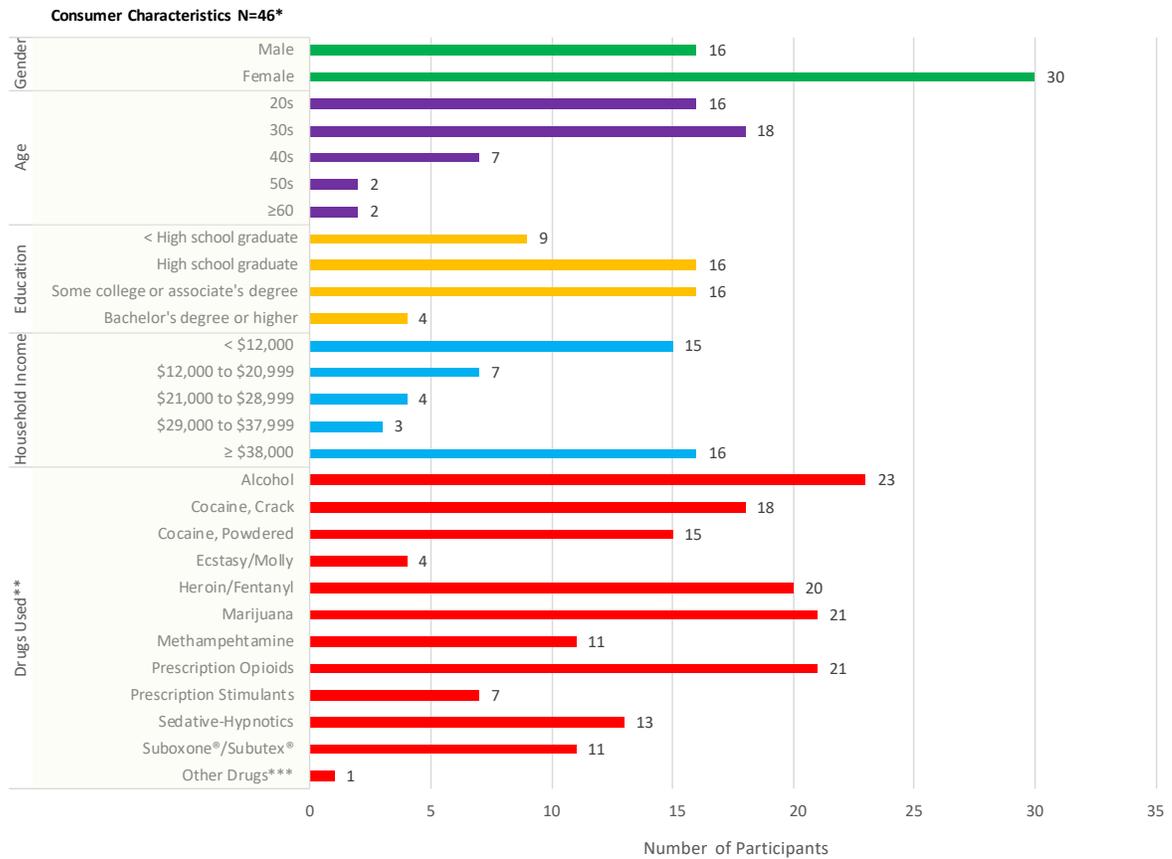
² Race was unable to be determined for 2 participants due to missing and/or invalid data.

³ Education level 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 1 participant due to missing and/or invalid data.

⁵ Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Toledo Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 46.

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

***Other drugs included: hallucinogens and ketamine.

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Toledo region; also highly available was methamphetamine. Changes in availability during the reporting period included: possible increased availability for fentanyl and methamphetamine; and decreased availability for bath salts (synthetic cathinones), ecstasy and prescription opioids.

While many types of heroin were available in the region, participants and community professionals continued to report white powdered heroin as most available. However, participants discussed gray heroin (aka “gray death”) as the most popular type of heroin because it was 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 reporting period.

Participants discussed adulterants (aka “cuts”) that affected the quality of heroin. They indicated that fentanyl remained the top cutting agent for the drug. Participants reported that most heroin users wanted and expected heroin to be cut with fentanyl. They discussed that fentanyl was more desirable because it was stronger than heroin, even though the high it produced did not last as long as heroin. Participants discussed thinking they had injected heroin and fentanyl, only to learn through drug testing that what they injected was just fentanyl. One participant commented, *“I see a lot of fentanyl. I don't think I ever did true heroin.”* BCI crime labs noted fentanyl as a cutting agent for heroin cases processed during the reporting period.

Participants and community professionals reported that the availability of fentanyl had increased during the reporting period. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they processed from this region had decreased during the reporting period, while the incidence of cases of carfentanil (synthetic opioid significantly more potent than fentanyl) from this region had remained the same.

Participants reported that methamphetamine was available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent. Participants reported that the availability of crystal methamphetamine had increased during the reporting period. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period. Participants discussed adulterants that affected 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 remained intravenous injection (aka “shooting”).

Lastly, corroborating data indicated that marijuana was highly available in the Toledo region. Ohio Department of Public Safety (ODPS) reported seizing 1,033.2 kilograms (2,277.8 lbs.) of marijuana from this region during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants and community professionals 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 scores were also ‘10.’ A law enforcement officer commented, *“As long as you're connected ... you can get powdered cocaine.”*

Corroborating data indicated that powdered cocaine is available in the Toledo region. Hancock County Probate Court reported that of the 18 positive adult drug test results it recorded during the past six months, 55.5% were positive for cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 31.2 kilograms (68.9 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), conducting a traffic stop for lane violations in Wood County, arrested a Canadian man and charged him with possessing and trafficking in cocaine; a K-9 officer alerted to the presence of 165 pounds of cocaine in the man’s vehicle (www.wtol.com, Aug. 1, 2018). OSHP conducting a traffic stop along the Ohio Turnpike in Wood County arrested two men for possession and trafficking in cocaine after recovering 140 grams of cocaine following a probable search of the men’s vehicle (www.statepatrol.ohio.gov, Sept. 24, 2018).

Participants and community professionals reported that the high availability of powdered cocaine has remained the same during the past six months. One participant stated, “Wherever you can buy ‘crack’ (crack cocaine), you can buy ‘coke’ (powdered cocaine). A lot of dealers make their own crack, so both are consistent (consistently available).” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased 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 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 also ‘10.’ However, a participant noted that quality, “Depends on who you go through. Some people got some ‘fire’ (good quality) and other people got garbage because they’re cutting (adulterating) it.”

Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported that the top cutting agent for the drug is fentanyl. Other adulterants mentioned included: baby laxative, creatine, diet pills, water pills and Xanax®. One participant remarked, “Yeah, it’s cut with everything. It’s cut with ‘fetty’ (fentanyl). It’s cut

with Xanax®. It’s cut with all that shit.” Another participant noted, “The last cocaine I did was cut with fentanyl.” 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">  caffeine  levamisole (livestock dewormers)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)  triacetin (triglyceride)

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. A participant commented, “You usually just buy a gram.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, participants noted that the price can vary depending on the dealer and the location of purchase. One participant shared, “It’s subjective, it depends on where you get it.”

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40
	A gram	\$75
	1/16 ounce (aka “teener”)	\$120
	1/8 ounce (aka “eight ball”)	\$250

The most common routes of administration for powdered cocaine are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. One participant said, “You can shoot ... coke. It’s the same [as shooting crack]. If you smoke [it], then it runs out faster than snorting it. And, it’s kind of a different high.” Another participant shared, “[You shoot] only if you’ve used heroin before.... If it’s coke, I’m always gonna shoot it....”

Participants described typical powdered cocaine users as factory workers and other people who work long or late hours (“workaholics”), as well as professional people. Participants commented: “People who have a job that have

to do overtime; People that make more money.” Community professionals could not describe a typical powdered cocaine user. One treatment provider reported, “It’s across the board. The only thing I would say is the newer users are people who are on Vivitrol® (medication-assisted treatment for opioid use disorder). They can’t do their opiates anymore so they’re going to cocaine, powder or crack.”

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.’ A participant remarked, “It’s everywhere.” Community professionals most often reported the current availability of crack cocaine as ‘10’; the previous most common score was ‘8.’ One law enforcement officer commented, “It’s readily available. We went through a period ... when everything was heroin ... but then ... I started seeing more crack cocaine....”

Corroborating data indicated that crack cocaine is available in the Toledo region. ODPS reported seizing 321.9 grams (0.7 lbs.) of crack cocaine from this region during the past six months.

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. BCI crime labs reported that the incidence of cocaine cases they process from this region has increased 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	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of crack cocaine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ However, like powdered cocaine, participants discussed varying quality. One participant

reported, “It depends on who you go through, honestly, because a lot of them cut it with baking soda and it’s not worth what you’re paying.” Participants discussed adulterants (aka “cuts”) that affect the quality of crack cocaine and noted that the top cutting agent for the drug remains baking soda. Other adulterants mentioned included: benzodiazepines, fentanyl and Sudafed®.

Participants expressed concern regarding the use of fentanyl as an adulterant. One participant stated, “They’re starting to lace it with dangerous things, putting fentanyl in it.” While addressing the reason that fentanyl would be used as an adulterant in crack cocaine one participant explained, “To get you hooked on heroin. Now you’re coming and getting the heroin ... they’ll make more money....” Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant commented, “It’s not as potent as it used to be. ...”

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)  triacetin (triglyceride) 	

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 \$20 “rock” (approximately 1/10-gram piece of crack cocaine). Participants commented: “A ‘20’ or ‘40’ (\$20 or \$40 priced rock), but you can’t just buy a 20 in one day and be done. You continue to use; Some dealers won’t sell you anything under a 20.” 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”)	\$20
	A gram	\$50
	1/16 ounce (aka “teener”)	\$60
	1/8 ounce (aka “eight ball”)	\$150

The most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. One participant reported, *“I shot it, [but] nine out of 10 people are going to smoke it.”* Participants reported that one would likely shoot crack cocaine if they were experienced with shooting heroin. One participant stated, *“If you don’t shoot your heroin, you probably don’t shoot crack either.”* To intravenously inject the drug, one participant explained, *“You melt it with vinegar.”*

A profile of a typical crack cocaine user did not emerge from the data. Participants commented: *“Drug addiction don’t discriminate ... your mother, your father. It don’t have to be somebody living under a bridge (homeless). It could be anybody. I’ve smoked [crack cocaine] with lawyers; It don’t matter. It’s all ages. I’ve seen teenagers ... anywhere from 18-90 [years of age]; I’ve seen all races.”*

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.’ Participants commented: *“[Drug dealers] come up to the car. It’s like a McDonald’s drive thru; Just go to a little [beverage] carry-out in the ‘hood’ (inner city neighborhood). There’s always a dealer there [and at] that car wash....”* One law enforcement representative reported, *“We’ll go through periods where maybe the dealers are not able to get shipments in and so they’ll be a lull, but it’s usually available.”*

Corroborating data indicated that heroin is available in the Toledo region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 158 individuals in the Toledo region who reported substance use during the past 30 days, 2.5% reported using heroin on one or more days. In addition, ODPS reported seizing 2.3 kilograms (5.1 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. Ohio State Highway Patrol (OSHP) arrested a man and a woman from West Virginia while conducting a traffic stop along Interstate 75 in Hancock County; officers seized 264 grams

of heroin and one gram of marijuana from the couple’s vehicle (www.whio.com, Aug. 16, 2018). A judge in Sandusky County Common Pleas Court sentenced a man to 18 months in prison after he plead guilty to charges of aggravated trafficking in heroin in response to his arrest during a traffic stop along the Ohio Turnpike; OSHP seized 158 grams of heroin/fentanyl and a firearm from the man’s vehicle (www.thenews-messenger.com, Sept. 26, 2018). OSHP conducted a traffic stop along U.S. Route 68 in Hancock County and seized 392 grams of heroin with the assistance of a K-9 officer; officers arrested two West Virginia women for possession of heroin (www.norwalkreflector.com, Oct. 26, 2018).

While many types of heroin are currently available in the region, both participants and community professionals reported powdered heroin (brown, tan and white) as the most available heroin type. One participant commented, *“It could be white. It could be brown. It depends on what it’s cut with. It could be tan, gray. Nowadays, you can call a drug dealer and ask, ‘what’s it look like?’ I mean, the availability is so high, you don’t have to just call one ‘dope guy’ (drug dealer). You can call numerous [heroin dealers and ask] ‘Is yours brown? Is yours white? You can ask those questions now and they’re going to tell you.”*

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this type of heroin as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3.’ However, many participants reported not being able to locate black tar heroin. One participant shared, *“I’ve never been able to get that.”* Community professionals also indicated availability of black tar heroin, most often rating its current availability as ‘2;’ the previous most common score was not reported. One treatment provider stated, *“That’s an old thing. The percentage is small. People used to get that ‘tar’ (black tar heroin), but it’s not that plentiful now.”* Law enforcement officers agreed. One officer added, *“We’re not seeing any black tar.... Usually, heroin is white [powdered] around here.”*

Both 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 remained the same during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' However, participants discussed how quality varies: "That's why it's so scary because you don't know, especially with fentanyl nowadays; Anything around here is usually cut up (adulterated)...." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. Participants commented: "It's pretty much straight fentanyl anymore. You expect it to be fentanyl. My last couple of months of using, all I got was fentanyl; [Drug dealers] don't know how to regulate it (cut fentanyl into heroin). They don't know how much to give out. You can give a little tiny line to somebody and it'll put them down (they will overdose); You're getting fentanyl and you don't know what milligram it is." One law enforcement officer commented, "The latest report we got from [the coroner's office] is that it is still largely fentanyl.... It's about 3% [heroin] ... and 97% is fentanyl or coke or any other drug they're mixing in it."

While law enforcement commented on the potency of fentanyl in heroin, they observed that the rate of overdose deaths has decreased during the past six months. They shared: "We're seeing less [overdose] deaths in the last two months than we've seen four months ago, six months ago, or nine months ago; Let's be honest, the dealers are smarter now and they're realizing how much is too much to cut it with, where it's not gonna kill people because the fact that they're getting prosecuted and they're gonna be sent to prison for an overdose death, so it's kind of that trial by error ... we're dealing with part-time chemists; I heard some dealers are passing out the Narcan® (naloxone, opiate overdose reversal medication) with their product as well ... And, Narcan® is readily available at some of the pharmacies now."

Additional cuts for heroin mentioned included: baby formula, Benefiber®, lactose, methamphetamine,

Neurontin® (gabapentin), Seroquel® (antipsychotic), Similac®, Sleepinal® and Xanax®. One participant reported, "People are cutting it with Xanax®, so you still get your 'nods' (sedative effect of heroin) ... that shit (combination of opiates and benzodiazepines) will kill you." 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	
	 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 reported by participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. However, one participant shared, "A couple of grams, that's going to get me through the day at least." Overall, participants reported that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$60
	A gram	\$100-180

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant commented, "I never shot up. I've only snorted. Once you shoot up, you kind of crossed the line...."

A profile of a typical heroin user did not emerge from the data. One participant described typical heroin users as, “pretty much everybody.” However, some participants observed that they saw more white users, very few black users, and younger people between the ages of 18-30 years of age using heroin. Participants commented: “There’s no profile anymore. Back in the day, you would assume it would be this one person, but now, it’s every person. I’ve seen more white people though ... I don’t see that many black people addicted to heroin. I’ll see them sell it all day, but I don’t see that many black people use it; I’ve seen a lot less black people in my experience, but I’ve used with all races, basically.” Community professionals described typical heroin users as anyone.

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.’

Participants shared: “Just as easy as getting ‘dope’ (heroin); I went to a specific dude. That’s the only person I would go to because I knew his shit was fentanyl; [Users] chase it. The heroin wasn’t really working, so they went for fentanyl.” Both participants and treatment providers reported that users are most often looking for a heroin-fentanyl mix when seeking opiates. They request heroin but are expecting heroin and fentanyl. Participants reported that they most preferred this combination because heroin lasts longer than fentanyl, but fentanyl provides a stronger high. The combination of the two provides the user with what they are looking for. However, some participants didn’t care for fentanyl. Participants explained: “Honestly ... I don’t even prefer the fentanyl dope. I mean, pretty much everybody I talk to prefers the fentanyl. I didn’t like the fentanyl; Fentanyl dope doesn’t last as long as heroin.”

Community professionals most often reported the current availability of fentanyl as ‘10;’ the previous most common score was ‘5.’ When treatment providers were asked if they thought users may be upset about getting fentanyl when they ordered heroin, treatment providers commented: “Just fentanyl, just straight fentanyl [is what some would be looking for]; I’ve had multiple clients say that if they got offered heroin they would just laugh. They want fentanyl.”

One law enforcement officer added, “Ninety-percent of addicts are searching for the white [powdered heroin] because the white’s got fentanyl in it, so the white’s gonna be stronger.”

Corroborating data indicated that fentanyl is available in the Toledo region. ODPS reported seizing 2.9 kilograms (6.5 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. A Toledo Police (Lucas County) officer, responding to a call at a residence regarding two drug overdoses was, exposed to suspected fentanyl that required her to be administered three doses of Narcan® before she was transported to a hospital; a man and woman at the residence were charged with permitting drug abuse and child endangering for allegedly allowing a known heroin addict to stay in their home along with their five children (www.13abc.com, July 26, 2018). An investigation led by the FBI, Toledo Police and area task forces resulted in the indictment of nine people charged with conspiracy to possess with intent to distribute at least 400 grams of fentanyl (www.13abc.com, Aug. 23, 2018). A judge in Lucas County Common Pleas Court sentenced a man to serve three years in prison after he was convicted of involuntary manslaughter for selling a fatal dose of fentanyl to a Toledo man (www.toledoblade.com, Sept. 5, 2018).

Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. One treatment provider commented, “I feel like the number [of fentanyl cases] goes up every day.... It seems to be getting more attention. More people are looking for [fentanyl] versus looking for heroin.” BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of cases of carfentanil (synthetic opioid significantly more potent than fentanyl) 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 '8.' Participants commented: *"Some people don't like fentanyl, some people love fentanyl; [Fentanyl is] stronger [than heroin] and honestly, you get more for your buck. But, it wears off quicker.... And, it's a worse withdrawal. Much worse; All the dark heroin, the brown heroin, I was finding was junk. I couldn't get high off it ... I knew I'd get a 'buzz' (high) off the fentanyl and only have to buy \$40 a day."* Participants were unaware of adulterants (aka "cuts") for fentanyl. 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 a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months and corresponds to the prices for heroin. Participants shared: *"I pay the same price for a 20 (\$20) pack of heroin and a 20 (\$20) pack of fentanyl; [Dealers] are buying [fentanyl] dirt cheap, but they're selling it for the same [price as heroin]. Dealers charge off how potent they think it is, so the better the product the more it costs."*

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$60
	A gram	\$100-180

The most common route of administration for fentanyl is intravenous injection (aka "shooting). Participants estimated that out of 10 users, nine would shoot and one would smoke the drug. Most participants observed that fentanyl use mirrors that of heroin use.

Participants described typical fentanyl users as heroin users. One participant added, *"A lot of white people, more than black people right now. And, a lot of females."* Community professionals described typical fentanyl users as anyone. However, one treatment provider commented, *"I think it typically starts out from heroin. Somebody doesn't just start using fentanyl.... It's usually pills, to heroin, to fentanyl, to carfentanil."*

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '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 '8.' Participants discussed: *"It's not easy, not anymore ... doctors are getting in trouble [and prescribing less]; I can get heroin quicker than anything compared to a pill; I think they're out, but people don't buy them anymore because they're a lot more money [than previously and heroin is cheaper]."* Community professionals most often reported the current street availability of prescription opioids as '8'; the previous most common score was '7.' Participants and community professionals identified Percocet® and Opana® as the most popular prescription opioids in terms of widespread illicit use. One participant remarked, *"Percocet® ... that's gone through the roof."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop along the Ohio Turnpike in Erie County and seized a bag containing 123 oxycodone pills from a female passenger; she and the driver were charged with possession and trafficking in a schedule II drug (www.statepatrol.ohio.gov, July 31, 2018). OSHP seized 693 oxycodone pills and a small amount of marijuana during a probable cause search of a vehicle along Interstate 280 in Wood County; officers arrested a woman for possession and trafficking in drugs (www.wkbn.com, Nov. 24, 2018).

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. A participant commented, *"They're harder to come by ... doctors don't give them out."* One treatment provider reported, *"Some are getting prescriptions. I don't know if anyone has brought this up in other groups, but we recently had a doctor that got shut down ... in this area, for over prescribing opiate pain pills. I have seen and heard a lot about that. People are seeking out treatment more because, even if they go to another pain specialist, they are not getting what this doctor was prescribing."*

BCI crime labs reported that the incidence of oxycodone (OxyContin®, Percocet®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine, oxymorphone (Opana®) and tramadol (Ultram®) cases has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®) and methadone from this region 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, most prescription opioids sell for \$1-2 per milligram. Participants noted: “[Price] depends on what milligram; Opana® are expensive; A ‘perk 10’ (Percocet® 10 mg) can range from \$10-15.” Overall, participants indicated that the price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$80-90 for 40 mg
	Percocet®	\$10 for 5 mg
		\$10-15 for 10 mg \$18-20 for 15 mg
Roxicodone®	\$30-40 for 30 mg	

Participants reported obtaining these drugs for illicit use from doctors, dealers, friends and family members with prescriptions and through Internet purchase. Participants commented: *“If you can find doctors to prescribe them, you can get pills and then trade them for ‘dope’ (heroin) or for crack [cocaine]. I got mine from my doctor; My friend knocked his teeth out to go get perks.”*

While there were a few reported ways of consuming prescription opioids, generally the most common route

of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, 10 would snort the drugs. One participant shared, *“If it doesn’t have Tylenol® (acetaminophen), snort it. If it does, eat it.”*

Participants described typical illicit prescription opioid users as people with illness and injuries. They commented: *“People that can get the prescriptions; People who have been injured.”* Community professionals described typical illicit users as having the financial mean to afford the drugs. One treatment provider reported, *“I would say ... it’s people who have access to more money. They can afford it. The person hasn’t yet gone to heroin or fentanyl or whatever because they can still [purchase] the pain pills. But many times, by the time they get to us, they are beyond pills.”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. One participant shared, *“A lot of people buy it because it gives them a little time to clean up (reduce their tolerance to opiates) ... they can feel a bigger impact when they ‘shoot’ (intravenously inject) again with heroin.”* Community professionals most often reported the current street availability of Suboxone® as ‘10’; the previous most common score was also ‘10’. One treatment provider commented, *“They’ll get it if they can’t find anything else.”*

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while the availability in pill form has decreased. Community professionals reported that the general 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 remained the same during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant shared, *“When I first got prescribed Suboxone®, I would sell them for like \$7-8 dollars apiece. Now, they go for like \$15-20 [for the filmstrip].”* Another participant commented, *“They’re really popular in jail. An 1/8 of a strip is like fifty bucks in jail. A whole strip is like \$300.”* Participants reported that a Suboxone® 8 mg filmstrip most often sells for \$15-20. Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through clinics. One participant shared, *“The dealer will make one friend that goes to a Suboxone® clinic and that one person will bring his whole ‘script’ (prescription filled) back to the dealer and they’ll either pay the guy or trade it for whatever [drug] he wants.”*

The most common route of administration for illicit use of Suboxone® is oral consumption. However, participants also discussed intravenous injection (aka “shooting”) of Suboxone®. One participant commented, *“You shoot them ... I started shooting the Suboxone® ... a lot of people do it (shoot) or snort it. I never took them the way I was supposed to.”*

Participants described typical illicit Suboxone® users as heroin users. One participant explained, *“I knew I could take a Suboxone® and get up and function ‘til I could go get some dope (heroin).”* Community professionals described typical illicit Suboxone® users as heroin and fentanyl users. One treatment provider reported, *“To help with the withdrawal. I’ve had a number of clients who are trying to wean themselves off [opiates]. They do their own program kind of thing.”*

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 ‘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 9.’ Community professionals most often reported the current street availability of sedative-hypnotics as ‘10;’ the

previous most common score was also ‘10.’ One law enforcement officer commented, *“They’re everywhere.”*

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One participant reported, *“Xanax®, you can find that anywhere.”* While another participant shared, *“[Doctors] give me Xanax®, they give me everything I want.”* A treatment provider stated, *“Xanax® is the main ‘benzo’ (benzodiazepine) everybody wants. Sometimes Klonopin® but that’s not usual.”* A law enforcement officer confirmed, *“Xanax® or any generic form of Xanax® [is most available].”*

Participants and community professionals reported that the street availability of sedative-hypnotics has remained the same during the past six months. BCI crime labs reported that the incidence of diazepam (Valium®) cases they process from this region has increased during the past six months, while the incidence of alprazolam (Xanax®) and clonazepam (Klonopin®) cases has decreased or remained the same. BCI labs reported processing very few cases of 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, Xanax® most often sell for \$2 per milligram. One participant remarked, *“[Pill pricing] depends on the 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®	\$1-2 for 0.5-1 mg	\$5-10 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors and friends with prescriptions. One participant stated, *"It's easy to fake a mental disorder of some kind to your doctor so you can get it."* 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. Participants commented: *"They're gonna snort it most likely; I've seen a lot of people take it orally."* Participants and community professionals described typical illicit sedative-hypnotic users as female or people with mental health disorders. One treatment provider stated, *"I would say mostly women, all ages."*

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, *"That's always going to be a '10' (highly available)."*

Corroborating data indicated that marijuana is available in the Toledo region. The SBIRT program reported that of the 158 individuals in the Toledo region who reported substance use during the past 30 days, 35.4% reported using marijuana on one or more days. Hancock County Probate Court reported that of the 18 positive adult drug test results it recorded during the past six months, 44.4% were positive for marijuana; the court also reported that 97.1% of the 68 positive juvenile drug test results it recorded during the past six months were positive for marijuana. In addition, ODPS reported seizing 440.9 kilograms (972.1 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 arrested a man for possession and trafficking in marijuana after discovering laundry bags containing 40 pounds of marijuana in his vehicle during a traffic stop along the Ohio Turnpike in Wood County (www.13abc.com, July 13, 2018). A judge in the Lucas County Common Pleas Court

sentenced a man from California to two years in prison after he plead no contest to drug charges; OSHP seized over 110 pounds of marijuana from the man's vehicle during a traffic stop on the Ohio Turnpike (www.toledoblade.com, July 18, 2018). Sandusky Drug Task Force and Ohio BCI arrested a man for possession of marijuana and weapons after recovering 150 marijuana plants, 20 pounds of marijuana, cultivation equipment, drug paraphernalia and a firearm from the man's residence in Fremont (Sandusky County); other efforts of the federally funded marijuana eradication program netted approximately 50 additional marijuana plants in different locations around Sandusky County (www.wtol.com, Aug. 14, 2018). Undercover federal agents discovered that a postal carrier in Toledo (Lucas County) had been stealing packages containing marijuana and selling the stolen marijuana; the postal carrier was arrested and charged with theft of mail by a postal employee and possession of a controlled substance with intent to distribute (www.13abc.com, Sept. 20, 2018). OSHP conducted a probable cause search of a vehicle along Interstate 75 in Hancock County and arrested a man for possession of marijuana, cocaine and weapons after seizing about 10 pounds of marijuana, a small amount of cocaine and a firearm from the man's vehicle (www.wkbn.com, Oct. 4, 2018). OSHP arrested two men for marijuana possession during a traffic stop for a license plate violation along Interstate 75 also in Hancock County; officers seized 13 pounds of marijuana, 22 vials of THC (tetrahydrocannabinol, the psychoactive ingredient of marijuana) oil and a scale from the men's vehicle (www.fox8.com, Oct. 26, 2018). Bowling Green Police (Wood County) executed a search warrant at a Perrysburg residence and seized 23 pounds of marijuana, half a pound of THC "shatter" (butane hash oil, aka "BHO"), over 300 THC cartridges, packing materials, scales and ledgers indicating drug trafficking activity; officers arrested a woman at the residence for aggravated trafficking in drugs (www.13abc.com, Nov. 2, 2018). OSHP seized 101 pounds of marijuana from a U-Haul® truck with the assistance of a K-9 officer during a traffic stop along the Ohio Turnpike in Wood County; troopers arrested a man for possession and trafficking in marijuana (www.nbc24.com, Nov. 30, 2018). OSHP seized 10 pounds of marijuana and four ounces of THC wax (aka "dabs") while conducting a probable cause search of a vehicle along the Ohio Turnpike in Sandusky County; one man was arrested for possession of marijuana and hashish (www.nbc4i.com, Dec. 19, 2018).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10,' the previous most common score was also '10.' A participant remarked, "I could find those all day." Community professionals most often reported the current availability of marijuana extracts and concentrates as '8,' the previous most common score was '5.' A treatment provider commented, "I feel like people are moving to that (marijuana extracts and concentrates)."

Participants and community professionals reported that the high availability of marijuana has remained the same during the past six months. One participant noted, "You can find it all the time." One law enforcement officer said, "That's socially acceptable. It's everywhere." Participants and community professionals indicated that the availability of marijuana extracts and concentrates has increased during the past six months. A participant stated, "Dabs are bigger [in terms of higher availability and increased popularity]." One treatment provider confirmed, "It's becoming more popular."

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants also discussed the high quality of marijuana extracts and concentrates. One participant remarked, "I've smoked dabs like twice. It's too potent. It's real potent." Overall, participants indicated that the 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" (marijuana filled cigar); the most common quantity of purchase for marijuana extracts and concentrates 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	
	High grade:	
	A blunt (cigar) or a gram	\$10-20
	Extracts and concentrates:	
	A gram	\$40-50

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant noted, "You have 'edibles' (food products made from marijuana) now. If we're talking abuse though, it's being smoked." Regarding extracts and concentrates, one participant shared, "The 'vapes' (hand-held vaporizers, e-cigarettes). It comes in a cartridge. If you do dabs, you have a bong thing with a little needle on it and you heat it up."

A profile of a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as "everyone," while they described users of extracts and concentrates as young people. One participant commented, "That's the younger generation [using extracts and concentrates]... The old people, they just like smoking their regular weed." A treatment provider described typical dab users, saying, "I think the younger crowd ... 13 [years of age] and up ... mid-teens to late 20s. I was also thinking vaping has become a big thing, too. I think [young] people are using those more because of that."

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of crystal methamphetamine as '10' and of powdered 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 were '10' and '3,' respectively. One participant stated, "[Crystal methamphetamine is] *coming up. It's getting more and more available here.*" Community professionals most often reported the overall current availability of methamphetamine as '8;' the previous most common overall score was '10'. One treatment provider shared, "*They're using 'crystal' (crystal methamphetamine) up here (Toledo region). It's come around. Before that we didn't really have much.*"

Corroborating data indicated that methamphetamine is available in the Toledo region. ODPS reported seizing 7.7 kilograms (17.0 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. U.S. Marshals and local police and narcotics task forces conducted raids at residences in Defiance and Williams counties, arresting three men with multiple active warrants for possession of methamphetamine (www.journalgazette.net, Sept. 15, 2018). OSHP seized 50 grams of methamphetamine during a traffic stop along the Ohio Turnpike in Wood County while conducting a search of a vehicle; officers arrested the driver and the passenger for possession and trafficking in methamphetamine (www.wtol.com, Nov. 30, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent in the region. The powdered form of methamphetamine 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 crystal methamphetamine has increased in urban areas and remained the same in rural areas during the past six months, while the availability of powdered methamphetamine has decreased overall. Participants shared: "*Everyone's hooked on crystal meth; [Crystal methamphetamine is] more common.... You didn't hear about it [before].*"

Community professionals reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has remained the same. One treatment provider mentioned, "*I think up here people are far removed from it (powdered methamphetamine). I think shake-and-bake is in the southern part of Ohio....*" 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	Increase
	 Treatment providers	Increase

Participants most often rated the current quality of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants did not rate current quality of powdered methamphetamine; the previous most common score was '1-7.' One participant reported, "*You don't need that much to get a 'buzz' (high) off of [crystal methamphetamine].*" Participants were unaware of any adulterants (aka "cuts") for methamphetamine. Overall, participants reported that the quality of methamphetamine has increased during the past six months. One participant commented, "*[The high] lasts a while ... you'll be up forever.*" Another participant shared, "*It would keep me up for days. That's what I know. It's very scary.*"

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

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, 1/2 gram of crystal methamphetamine most often sells for \$30-40; prices for powdered methamphetamine were unknown. Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

The most common route of administration for methamphetamine remains intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, seven would shoot, two would snort and one would smoke the drug.

Participants described typical methamphetamine users as people who need to stay up late, people who need energy, as well as white people. Participants discussed: *“People that wanna go fast and stay up; White people.”* Community professionals generally disagreed, reporting there was no typical methamphetamine user. One treatment provider shared, *“There’s not an age or gender or anything like that.”* However, one law enforcement officer reported, *“Older, white, LGBTQ (lesbian, gay, bisexual, transgender and queer) population.”*

Prescription Stimulants

Prescription stimulants are 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 ‘5.’ Participants commented: *“That’s everywhere; It’s so easy to come by [prescription stimulants].”* One treatment provider remarked, *“It’s pretty available.”*

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. One participant confirmed, *“Adderall®. That would be the most popular.”* Participants and community professionals reported that the street 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®) for 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 consistent among participants with experience buying these drugs. Participants noted that prescription stimulants typically sell for \$0.50 per milligram. Reportedly, Adderall® 30 mg most often sells for \$15. However, one participant indicated that if one knew the person selling the drug, the price may be lower. The participant stated, *“If I really knew them, [Adderall® 30 mg] would be like \$11 or \$12.... I’d rather do a [prescribed] stimulant than coke or meth, it’s a lot cleaner.”* 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, friends and family members with prescriptions. One participant shared, *“It’s easy to get. When I would do it, I would literally get it from my cousin’s 14-year-old son. I would go through my adult cousin to get it, but it was her son’s prescription.”*

The most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. One participant commented, *“They’re going to swallow it.... I used to open [the capsules] and throw the beads in the mouth.”*

Participants and community professionals described typical illicit prescription stimulant users as high school and college students. One participant shared, *“College students [use prescription stimulants] to study. You can sell a ‘script’ (prescription filled) for twice the price during exam week.”* One treatment provider stated, *“Younger. College students ... there’s a lot of young people working a lot of hours out there.”*

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘6’ and ‘5,’ respectively. One participant shared, *“Molly, I was addicted to it really bad. I would do that every day, spend \$80 a day on it.”* While reporting high current availability of both ecstasy and molly, participants clarified that users have to have the right connections to obtain these drugs. However, they noted that ecstasy and molly are plentiful during music festivals and concerts. Community professionals reported that ecstasy and molly are prevalent but did not rate current availability.

Participants and community professionals reported that the availability of both ecstasy and molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has decreased during the past six months and is very low.

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

Participants could not rate the current quality of ecstasy and molly during the past six months because they believed ecstasy and molly to be heavily adulterated; the previous most common quality scores were ‘5’ and ‘9,’ respectively. One participant reported, *“I love molly and ecstasy, [but] molly isn’t even molly anymore. Molly is every drug in one pill.”* Reportedly, ecstasy and molly are often cut with other substances, including: Adderall®, fentanyl, heroin and methamphetamine. One participant commented, *“[Quality] depends on who you know. I won’t buy it if it’s not yellow or pink [in color]. When it’s pure, it looks like meth, ‘shards’ (crystal methamphetamine)...”* 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. Overall, participants reported that the prices of ecstasy and molly have 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	\$20-60

Participants reported that ecstasy and molly are obtained through drug dealers at clubs, festivals and “raves” (dance parties). One participant commented, *“If the festivals hit, then it’s going to be all over. It’s more event based.”*

The most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would dissolve the drugs in water (aka “molly water”) and drink.

Participants and community professionals described typical ecstasy and molly users as people who attend nightclubs and raves, college students, people under the age of 30 years and those considered “hippies.” Participants shared: *“It’s a party drug or sex drug; I used to love the way it made me feel.”*

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: hallucinogens (psilocybin mushrooms), Neurontin® (gabapentin), kratom (mitragynine) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also

reported that the incidence of synthetic cathinones (“bath salts”) cases they process from this region has decreased during the past six months.

Hallucinogens

Reportedly, psilocybin mushrooms are highly available in the region to users who have the right connections or know where to find them. Participants discussed: *“My dealer sells it; You can get it all the time. ... It depends on the group you hang out with [though].”* Participants also discussed availability of psilocybin mushrooms at concerts and music festivals. One participant commented, *“[Availability is] event based. I saw a big ass black trash bag full of mushrooms just recently [at an event].”* BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has slightly increased during the past six months, although still few cases. Participants described typical psilocybin mushroom users as young people aged 15-22 years as well as middle-aged people.

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Law enforcement 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); participants and treatment providers were unable to rate the current availability of kratom. Law enforcement shared: *“You can buy it at the head shop; You can make a tea out of it. That’s the new thing. Put it in your tea. ... I’ve run into numerous people that say they use [kratom] to come off of heroin. ... They don’t let them know that when you come off the tea ... you’re going to go through withdrawal.”*

Law enforcement described typical kratom users as opiate users. Law enforcement discussed: *“Addicts in recovery. ... When you send out a [drug urinalysis] test, you have to say specifically that you want it tested for kratom. ... It’s a legal way to get a high ... It’s not a scheduled drug; We ran a search warrant. Vice narcotics was there, SWAT was there, and they found kratom. It’s not illegal so they weren’t interested in it in the search warrant. I was the only one there that knew what it was. ... The addicts know and they’re educating themselves on how to deal with their*

withdrawals, deal with their addiction, or substitute. But, the medical profession isn’t aware yet and law enforcement is behind on that.”

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘7’ and ‘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 ‘6.’ Participants shared: *“That’s everywhere; That’s really big around here. It’s getting popular. My old friends, opiate addicts, that’s their go-to now. A lot of them are on Vivitrol® (medication-assisted treatment for opioid use disorder).”*

Community professionals most often reported the current street availability of Neurontin® as ‘10’; the previous most common score was not reported. One law enforcement officer remarked, *“It’s highly available. It’s a prescription drug. It’s not scheduled. It would be illegal to possess a prescription that doesn’t belong to you, but it’s not a felony because it’s not a scheduled drug.”*

Participants with experience in the illicit use of Neurontin® discussed the effects of the drug when taken in higher doses. They shared: *“Five 800s (Neurontin® 800 mg pills) will get you ‘right’ (feeling good). Yeah, pretty much take five or 10 of them. They make me walk sideways; You can take like two 800s and your nerves feel good; They give you pep. If you take enough, it’s a sedative.”* Participants reported that Neurontin® 800 mg most often sells for \$1-2. However, one participant claimed, *“The most you’ll ever pay for one ... 800 mg ... would be a dollar.”*

Participants indicated that Neurontin® is obtained for illicit use from drug dealers, doctors, friends with prescriptions and through rehabilitation facilities. Participants stated: *“Seems like you can walk into your doctor’s office and ask for it ... they’re giving that out big time; I’m taking that right now. You can get that from rehab; Buy it from a dealer or a friend.”*

Participants described the typical illicit Neurontin® users as opiate users. They discussed: *“People that are trying to get a legal high; Neurontin® is like a miracle drug to the junkie. ... If you take enough, you’re gonna ‘nod out’*

(experience a high), but you have to take a handful. So, if they don't have Suboxone® and need something for their 'dope sickness' (opiate withdrawal) ... if they take a handful of Neurontin®, they're going to be okay; There's people all over the place who take extra gabapentin with their methadone." In addition, one law enforcement officer stated, "If you are getting treatment, 90% of the clients prescribed any mental health or psychiatric medicine ... they're getting prescribed gabapentin."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants and community professionals most often reported the current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One law enforcement officer reported that the availability of synthetic marijuana has increased during the past six months. This law enforcement officer stated, "It's steadily climbing." BCI crime labs reported that the incidence of synthetic cannabinoid cases they process from this region has increased during the past six months.

Participants did not rate the current quality of synthetic marijuana. However, some participants believed synthetic marijuana is often cut with other substances, including: Clorox®, Comet® and rat poison. Participants discussed the effects of the drug from their personal experience. They said: "You can't do nothing with it. You're stuck. You're sitting there stuck on stupid; A few years back, when it was just starting to get popular, it was a very similar high to marijuana. Now, what they have, you couldn't pay me enough to touch that; It messes your body all up."

Reportedly, synthetic marijuana typically sells for \$40 per five-gram bag amount. Participants described typical synthetic marijuana users as school aged, persons needing to pass a drug screen, incarcerated and people on probation. Participants reported: "K-2' (synthetic marijuana) is big. It's in the high schools; K-2 is seen a lot in jails and prisons, halfway houses, all of that." Community professionals described typical synthetic marijuana users as students and those in treatment for substance use disorder. Law enforcement commented: "A lot of students use it; Addicts in recovery.... It's a way to get around the system (drug screen)."

Conclusion

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

Heroin continues to remain widely available. Participants explained that there are numerous heroin dealers in the community, some participants commented that they had three to five dealers' numbers in their phones, while other participants reported that even if you didn't know any dealers, you could quickly locate one.

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. While noting the high potency of fentanyl, law enforcement observed that the rate of overdose deaths has decreased during the past six months, due in part they said to increased access to Narcan® (naloxone, opiate overdose reversal medication). A law enforcement officer stated, "I heard some dealers are passing out the Narcan® with their product ... and Narcan® is readily available at some of the pharmacies now."

Both participants and treatment providers reported that users are most often looking for a heroin-fentanyl mix when seeking opiates. Participants reported that they most preferred this combination because heroin lasts longer than fentanyl, but fentanyl provides a stronger high. The combination of the two provides the user with what they are looking for. BCI crime labs reported that the incidence of heroin cases they process from this region has remained the same during the past six months, while the incidence of fentanyl and fentanyl analogue cases they process has increased.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates (aka "dabs") has increased during the past six months. BCI

crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months. Respondents discussed the social acceptability of marijuana generally while discussing the increased desirability for dabs among young people.

Participants reported that the availability of crystal methamphetamine has increased in urban areas and remained the same in rural areas of the region during the past six months, while the availability of powdered methamphetamine (aka "shake-and-bake") has decreased overall. One participant remarked, "*Everyone's hooked on crystal meth.*" BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Lastly, synthetic marijuana is highly available in the region. Participants described typical synthetic marijuana users as school aged, persons needing to pass a drug screen, incarcerated and people on probation. Community professionals described typical users as students and those in treatment for substance use disorder.

