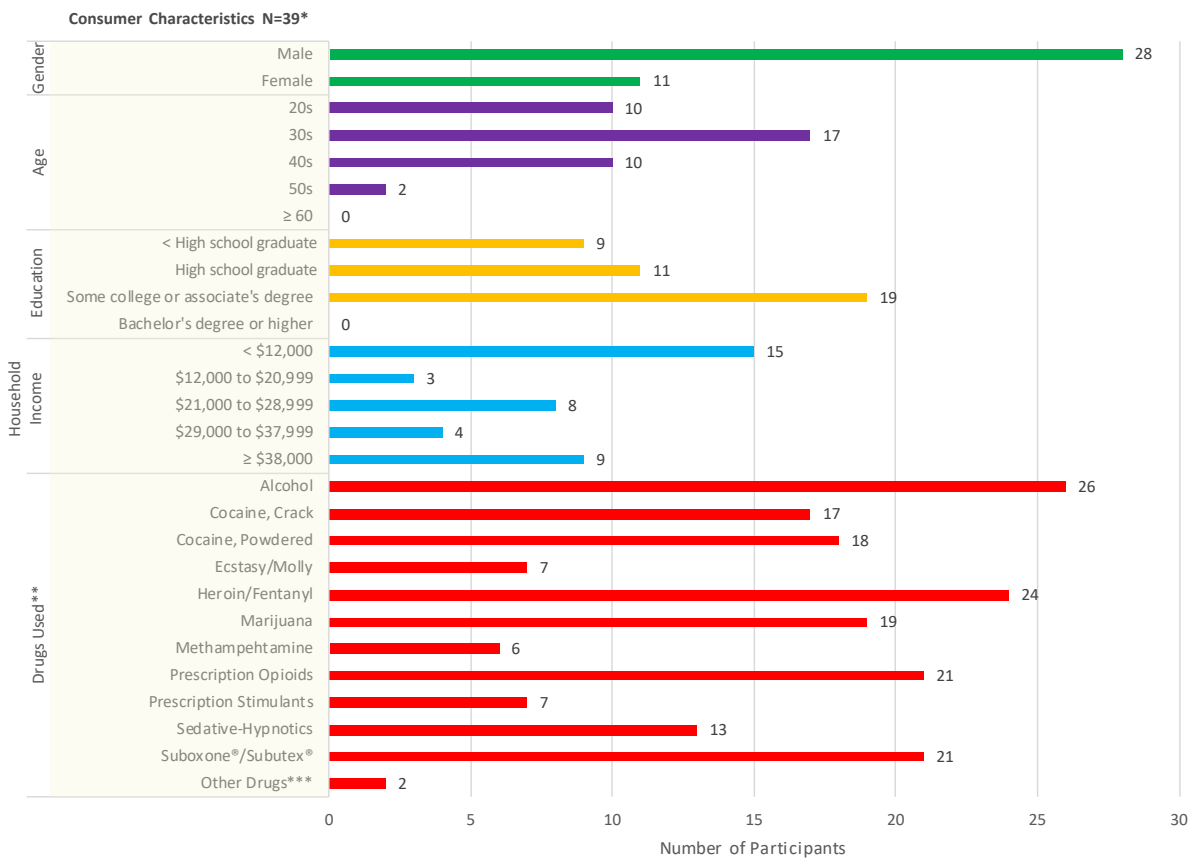


Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2019	11,689,100	1,209,364	39
Gender (female), 2019	51.0%	50.8%	28.2%
White, 2019	81.7%	87.2%	87.2%
African American, 2019	13.1%	8.8%	10.3%
Hispanic or Latino Origin, 2019	4.0%	6.6%	15.4%
High School Graduation Rate, 2014-18	90.1%	90.8%	76.9%
Median Household Income, 2018	\$54,533	\$54,780	\$21,000-\$24,999 ²
Persons Below Poverty Level, 2018	13.9%	13.1%	59.0%

¹Ohio and Toledo region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.
²Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

Toledo Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 39.

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




***Hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms).

test results it recorded during the past six months, 29.2% were positive for cocaine (powdered and/or crack cocaine). In addition, Ohio Department of Public Safety (ODPS) reported seizing 37.7 kilograms (83.2 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 Michigan man during a traffic stop in Sandusky County after seizing 490 grams of cocaine worth \$44,590; due to the smell of marijuana coming from the vehicle, troopers conducted a probable cause search and found the cocaine along with 15 grams of marijuana (www.fox8.com, July 18, 2019). Toledo Police (Lucas County) witnessed a drug transaction and followed its participants to a motel in south Toledo; officers arrested three people after finding six pounds of cocaine and 4.5 pounds of heroin in their possession (www.nbc24.com, Dec. 16, 2019).





Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months, clarifying that the drug has consistently remained highly available. Participants said: *"Same people have [powdered cocaine] ... a lot of people have it; It's been [highly available] for a few years now. If there is a drought (period of limited to no supply), it only lasts a few days."* One treatment provider surmised, *"Since fentanyl has taken over [a couple of years ago], [drug dealers] have reduced the price of cocaine to open that market back up."* Another treatment provider remarked, *"It's just consistently available."*

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 change
	 Law enforcement	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants stated: *"It's not pure; They chop (adulterate) it up too much; [Toledo] is a smaller city, if you go to a bigger city like Detroit [quality of powdered cocaine is higher]. ..."*




Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baby laxatives, baking soda and creatine. Other adulterants mentioned included: Miami Ice (powder cut found at head shops and sold as carpet deodorizer) and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. One participant commented, *"Stayed the same in the past six months, but it hasn't been good for a long time."*

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, participants noted that price can vary depending on the consumer's age and location of purchase. A participant shared, *"You go to Toledo and buy an 'eight ball' (1/8 ounce) for \$150 at the most, then come down here (Wood County) and sell each gram for \$100. ..."* While another participant added, *"I'd say the age group [influences pricing], the younger crowd that doesn't have the availability (established access to powdered cocaine) gets charged more, and the people that are older that have the connects are paying less."*





Reportedly, the most common quantity of purchase for powdered cocaine is a gram. One participant commented, *"I normally get grams over and over because I think I'm going to be done with it, then I want more."* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

has increased; [More] younger people are using [crack cocaine] where it used to be the old school urban crowd [that used crack cocaine]." However, treatment providers disagreed. They stated: "I think the drug markets in Toledo have been pretty stable; Stigma [of crack cocaine use persists], no one wants to cook (make and use crack cocaine) ... most [users prefer] shooting coke (intravenously injecting powdered cocaine)." 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 crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' However, participants noted that the quality of crack cocaine varies depending on dealer, the amount of adulterant added and the time of purchase. Participants discussed: "It's just who you know; [Price] depends on how they make it ... if they use more cut (adulterants) [the price is lower]; I know a lot of guys do [crack cocaine] at 8 o'clock in the evening and [quality] is a '9' or a '10' (high quality), then at 2 o'clock in the morning it's a '3' (poor quality)."

Participants discussed adulterants that affect the quality of crack cocaine and continued to report baking soda as the top cutting agent for the drug. Participants commented: "Baking soda is number one overall because that's how they 'rock it up' (form powdered cocaine into 'rocks,' pieces of crack cocaine); You got to have baking soda to make it rock." Other cuts mentioned included: Anbesol® (benzocaine, a local anesthetic) and baby laxatives. One participant explained, "They use Anbesol® to try ... to get you numb when you taste it [to mimic potent cocaine]," while another participant stated that dealers use baby laxatives to cut crack cocaine, "because you get more weight (increases volume to generate more product)." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetics (lidocaine & 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 \$20 piece (approximately 2/10 of a gram of crack cocaine). One participant remarked, "I only buy 20s at a time." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$70
	1/8 ounce (aka "eight ball")	\$175

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants discussed the logic of smoking crack cocaine versus shooting it. They said: "With crack, [the high] doesn't last a long time, so you got to be steady (consistently) shooting that shit to keep [your high] going, whereas you can just keep smoking; If you miss a vein [when shooting] crack, you are going to get an abscess no matter what; [Smoking], that's the way it is made to be done; They called it, 'ready rock' in the 80s when it first came out ... because you were ready to smoke it (there was no preparation involved) ... and it was a rock."

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as everybody. A participant commented, "It's everybody, lawyers, doctors ... everybody." However, community professionals most often described typical crack cocaine users as older people of low socio-economic status. Law enforcement discussed: "Lower income; The average crack cocaine user is a little older and maybe a little more unstable ... they might be homeless...." Treatment

Participants most often rated the current overall quality of heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' However, participants noted variance in quality dependent upon where heroin is acquired. One participant stated, "[Quality] depends on who your dealer is.... If you get it from this [dealer], it's going to be cut (adulterated) with all kinds of stuff, and it's going to be terrible." Another participant commented, "[Heroin] is not what it should be."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and continued to report that the top cutting agents for the drug are Benefiber® and fentanyl. A participant explained that drug dealers use fentanyl to cut heroin, "To make it stronger." Another participant explained the use of Benefiber® as a heroin cut, saying that dealers use the substance, "Because of its consistency ... Benefiber® dissolves in water [for intravenous injection, similar to heroin]." Additional cuts mentioned included: over-the-counter sleep aids (Sleepinal®) and sedative-hypnotics (Xanax®). A participant stated, "They mix it with Xanax® so that it makes you feel like you're nodding (mimics the sedative effect of heroin)." Overall, participants reported that the general quality of heroin has decreased during the past six months. However, one participant acknowledged, "Because fentanyl is so much more potent [than heroin], people have built a tolerance to fentanyl, therefore the heroin just sucks."

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 ● Xylazine (animal sedative) 	

Reports of current prices for heroin were consistent among participants with experience purchasing the

drug. Reportedly, the most common quantities of purchase are 1/2-gram and gram amounts. However, a participant noted, "Half grams, unless you're broke as shit then you're buying 20s (1/10-gram amounts for \$20) ... just to not be sick (to alleviate opiate withdrawal symptoms)." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$80
	A gram	\$150-160

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would inject and two would snort the drug. One participant stated, "You start out snorting then you work your way up to shooting it ... because [when you shoot] you get higher and it hits you faster." Another participant remarked that shooting is, "More bang for your buck."

A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as everybody. They commented: "Absolutely no kind (type) ... it can be anybody; It doesn't discriminate; I used to sell [heroin] to doctors, lawyers, nurses, a teacher ... a schoolteacher." However, some participants identified white people as typical users. One participant said, "White people in general ... I'd say 25-40 [years of age]."

Treatment providers often described typical heroin users as people aged mid-20s to 30s. They stated: "If I had to group [my clients] ... more men over women, mid 20s to early 30s age range would be my primary [heroin users]; I'd say mid-20s to late-30s is my range [of clients who use heroin] ... [although] I've had the occasional older fellows; Equally male and females between early to mid-20s and late-30s." Law enforcement described typical heroin users as becoming more diverse. One law enforcement officer shared, "I think that has changed over the past couple of years because it used to be mainly white people ... but now, [heroin use] is across the board ... all different ethnicities, income levels, education levels, men and women."

and one day be passed out most of the day and the other day feel like I don't have enough; It's kind of hit and miss."

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agent for the drug as Benefiber®. Additional cuts mentioned included: over-the-counter sleep aids (Sleepinal®), quinine (antimalarial), sedative-hypnotics (Xanax®) and sugar. Participants discussed: "For whatever reason, what's in that quinine, gives [fentanyl] 'legs' ... meaning you'll be high longer; Benefiber® breaks down in water, it's not going to harm you and you can't detect it." Overall, participants reported that the quality of fentanyl has decreased during the past six months.

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

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$70-80
	A gram	\$100-150

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. One participant shared, "The first time I shot up, was the last time I didn't." Participants and community professionals described typical fentanyl users as the same as heroin users. One participant stated, "Same as heroin, 25-40 [years] is the most prevalent age range ... white people." A treatment provider remarked, "Same as heroin ... [the drugs are] interchangeable."

Prescription Opioids



Prescription opioids remain available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '2-3' and '6,' respectively. Participants and community professionals attributed low to moderate current street availability to prescribing restrictions placed on doctors, which has limited the supply of illicit opioids and driven up dealer prices making prescription opioids cost prohibitive to most users. Participants commented: "Doctors are under a microscope now, so they aren't prescribing [opioids]; Doctors stopped writing the 'scripts' (prescription for opioids) ... Most people have to go through pain management; The price has gone up, like a lot. So, you got to think, 'Gee, am I going to go buy this expensive Percocet® or take the money from that and go get some cheaper stuff like fentanyl?'"

Community professionals agreed with the overall participant assessment of the current street availability of prescription opioids. Treatment providers discussed: "Because of the laws changing with doctors, it's harder for [illicit users] to obtain [opioids]; [Illicitly obtained opioids] are definitely too expensive. Fentanyl is so much cheaper than a 'perk 30' (Roxicodone® 30 mg); There are less pills on the market now ... that seven-day prescribing rule (only allowing for a seven-day supply) has really cut into a lot of people's [illicit] use." One law enforcement official stated, "I think regulations have helped ... doctors are not prescribing it the way that they used to. I think the kickbacks have stopped going to these doctors from the [pharmaceutical] companies. The OARRS (Ohio Automated Rx Reporting System) program has [doctors and pharmacies] all connected ... that has helped...."




Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant remarked, "They're usually the most prescribed, so they are the easiest to get." Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants stated: "The prices went up too [high] and it squeezed [most users] out of the market; To get pills [prescribed by a doctor] is getting a lot harder and it's just

'10' for both treatment providers and law enforcement. Treatment providers observed: *"There's an active Suboxone® market in our parking lot. We give them 30 [Suboxone®] and they walk out there and sell them; They get a month prescription and sometimes there's no follow up or accountability to make sure they're being taken as prescribed..."* One law enforcement official noted, *"I have people who come in on an intake for drug court, and they have been on [Suboxone®] for months, unprescribed."*

Participants and community professionals identified the sublingual filmstrip (aka "strip") as the most popular form of Suboxone® in terms of widespread illicit use. Participants commented: *"[Filmstrips] are the more commonly prescribed form of [Suboxone®]. I think I've only seen the pill [form of Suboxone®] once; The pills are difficult to come by."* Treatment providers reported: *"[Suboxone® filmstrips] are all we hand out here. And, it's a perfectly packaged dose (filmstrips are individually wrapped) for street [sale]; It's hard to find anything else right now. Insurance won't pay for anything else (insurance only covers the filmstrip form of Suboxone®)."*

Participants reported that the street availability of Suboxone® has increased during the past six months. Participants attributed increased availability to increased doctor prescribing of the drug. They said: *"[Doctors] would rather see you on Suboxone® than heroin; There's a lot of people in the [Suboxone®] program and some of them are just here to abuse the program or are not completely ready [to stop opiate use], so they are getting their [Suboxone®] prescription and selling them."* Participants indicated that some users illicitly use Suboxone® to transition off heroin on their own terms. One participant stated, *"You're not overdosing in record numbers on Suboxone®. And, honestly I don't think it's such a bad avenue for people because it is a safer than doing fentanyl and heroin. It's maintenance, you're trying, you're trying to get clean, so you're using some kind of medication for maintenance ... so you can figure that out (how to get sober) and taper down (wean yourself off heroin)."*

Community professionals reported that the street availability of Suboxone® has remained the same during the past six months. One law enforcement officer stated, *"Honestly, I just think we're saturated with it because everybody is prescribing [Suboxone®] and that really hasn't changed."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

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

Current street prices for Suboxone® were reported by participants with experience buying the drug. Reportedly, Suboxone® 8 mg filmstrip sells for \$15-30. Participants explained that variation in street price is due to seller greed. If a seller detects that a potential buyer is experiencing withdrawal symptoms, they will charge more for their Suboxone®. Participants explained: *"In this area, unfortunately, the bastards want \$20 a strip; People paying \$20 to \$30; If you're dope sick (experiencing withdrawal) and your tolerance is so high that \$20 [of heroin/fentanyl] ain't gonna [get you high].... You'd rather pay the \$20 [for Suboxone®] not to be sick until you can figure out how to get some more money."* Overall, participants reported that the street price of Suboxone® has increased during the past six months.

In addition to obtaining Suboxone® for illicit use on the street from drug dealers, participants also reported getting the drug through doctor prescription and other users with prescriptions. A participant shared, *"At my last treatment center, [other clients/users] tried to buy them off of me in the parking lot."* Another participant commented, *"[Sometimes users] sell too many [of their prescribed Suboxone®] that the next thing you know [they need them to avoid withdrawal symptoms], so until they get to their doctors ... they gotta go back to the streets to buy them."*

The most common route of administration for illicit use of Suboxone® remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, seven would orally consume and three would intravenously inject (aka "shoot") the drug. One participant said of oral consumption, *"That's the way you're supposed to do them. I can't wrap my mind around why you would shoot Suboxone®."* Another participant confirmed, *"I just put them in my mouth."* In addition, one participant commented on snorting Suboxone® filmstrips, saying, *"I just 'puddle them' ... dissolve them in water and snort it up my nose."*

Participants described typical illicit sedative-hypnotic users as women and people with addiction or mental health issues. Participants discussed: *"Somebody that's using heroin and wants to get more nodded out (intensify the sedative effect of heroin); Probably a person with anxiety who doesn't have them prescribed; Honestly, women ... they are prescribed more to women than men."* In addition, community professionals described typical illicit sedative-hypnotic users as drug users (i.e. stimulant drug users) who are trying to counteract the effects of other drugs. One treatment provider stated, *"Young, male or female, 20 to 30 [years of age], trying to balance out whatever other drugs they are doing."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly

available, extremely easy to get); the previous most common scores were also '10.' Participants stated: *"It's socially acceptable; Now, you can get medical [marijuana] in Ohio. The country is changing."* Treatment providers commented: *"It's everywhere. There's probably people walking around this building (treatment facility) with some in their pocket right now; It's almost legal they all say."*

Corroborating data indicated that marijuana is available in the Toledo region. Hancock County Probate Court reported that of the 24 positive adult drug test results it recorded during the past six months, 41.7% were positive for cannabinoids; the court also reported that 86.8% of the 38 positive juvenile drug test results it recorded during the past six months were positive for cannabinoids. In addition, ODPS reported seizing 130.1 kilograms (286.7 lbs.) of marijuana from this region during the past six months.

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.' One participant remarked, *"There is a demand for it. It is easier to carry around [undetected]. I use*

[dabs] because I have kids and my wife doesn't want me blowing marijuana smoke all over the house. So, therefore, this doesn't have smoke or a scent. I can do it in this room [and go undetected]."

Treatment providers most often reported the current availability of marijuana extracts and concentrates as '6,' while law enforcement most often reported it as '5;' the previous most common scores were '10' and '3-4,' respectively. Treatment providers discussed: *"They all tell me how easy it is to get away with [dabs use]. You can vape (inhale and exhale the vapor produced by an e-cigarette or similar device) anywhere, and no one knows it (vaping does not emit an odor, unlike smoking marijuana); Everyone has a vape pen (a compact, pen-shaped vaporizer)."*

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants indicated that the availability of marijuana extracts and concentrates has increased. A participant noted, *"Once you get a [medical marijuana dispensary] card in Ohio, you can get a pass (are able) to go to Michigan and get it. I know a lot of people that are buying [vape cartridges containing concentrated THC, tetrahydrocannabinol, the psychoactive component of marijuana] and bringing them back [to the Toledo region] and selling them...."*




Community professionals also reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. A treatment provider remarked, *"[Marijuana] has been this way (highly available) for 20 years."* One law enforcement officer said of dabs, *"They are more available."* One treatment provider observed that users prefer dabs to marijuana, saying, *"People don't like rolling weed (preparing marijuana cigarettes, aka 'joints') and smoking it like they used to."*

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



and his female passenger had swallowed about a gram of heroin just before being stopped—both were taken to a hospital for treatment (www.cleveland18.com, Aug. 17, 2019).

Participants and community professionals reported that methamphetamine is available in crystal and powdered forms throughout the region; although, they noted crystal methamphetamine as more prevalent. One participant remarked, *“It’s crystal [available] all day.”* 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. However, a participant commented, *“People want ‘glass’ (crystal methamphetamine), not shake-and-bake.”*

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants discussed: *“Two years ago, when I came up here (Toledo), you couldn’t find it anywhere. Now you can; People are starting to switch ... get off the opiates and go with a new trend (methamphetamine).”* Treatment providers commented: *“[Methamphetamine availability and use is increasing like] a wave and it’s just getting closer, and closer, and closer to us. We’re just starting to see the first breezes of the storm (a new drug crisis); Availability is increasing. So, if they can’t get their hands on ‘coke’ (cocaine), they’re going to go to the next best thing (methamphetamine).”* 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 overall quality of methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8’ for powdered methamphetamine and ‘10’ for crystal methamphetamine. Participants were unaware of any adulterants (aka “cuts”) for methamphetamine. Overall, participants reported that the quality of 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 (DMSO; 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 methamphetamine purchase is 1/2 gram. Participants noted: *“A gram will last you about three days, and you’ll stay up for four [days]; A half gram will last you a couple of days.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	1/2 gram	\$50-60
A gram	\$80-100	

The most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, eight would shoot, one would snort, and one would smoke the drug. One participant surmised, *“I’d say about 80 percent are probably shooting it.”* Participants described typical methamphetamine




and college students. A treatment provider reported, "College kids. There's an illusion that it helps them study and be more ... I hear it a lot." A law enforcement officer stated, "College students do it, I would talk to them about it." In addition, one participant who sold prescription stimulants observed, "Eighty percent of my customers were women ... and most of them were housewives."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: 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 and of "molly" (powdered MDMA) as '6' 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 '6' for ecstasy and molly. Participants discussed: "[Ecstasy/molly] is a niche drug; it's more like a 'rave' (dance party) drug.... You can find it in Detroit a lot because there's a lot of raves up there.... But, Toledo is not necessarily a hub for it."

Community professionals also most often reported the current availability of ecstasy and of molly also as '6,' the previous most common scores were '6' for ecstasy and '8' for molly. Treatment providers shared: "I hear molly, but everything is molly because kids don't know what real ecstasy is; We don't get a lot of positive drug screens for [MDMA]. But, when we do a drug and alcohol assessment [and] someone identifies using those drugs, it's almost always, 'Oh, we do it when we are having parties or when I'm hanging out with friends.' Very rarely is it, 'I have to use it every day.'" A law enforcement officer added, "I've seen it a lot, not in drug court people. I've seen a lot of people who say they take it recreationally as something fun. Drug dealers take [molly] a lot."

Participants reported that the availability of ecstasy and molly has decreased during the past six months, while community professionals reported that the availability of ecstasy and molly has remained the same. One participant remarked, "I used to be able to find [ecstasy/molly] a lot easier than I can now." 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	No change
	 Treatment providers	No change

Participants discussed the quality of ecstasy and of molly and rated the current quality of ecstasy/molly as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' for ecstasy and '7' for molly. One participant stated, "[Ecstasy/molly] are being cut (adulterated) with something, or it's meth ... it's not what you think you are getting." Reportedly, ecstasy/molly is often cut with other substances including heroin, methamphetamine, powdered cocaine and sedative-hypnotics (benzodiazepines). Participants discussed: "From 'china' (white powdered heroin/fentanyl), to cocaine, to meth (substances used to cut ecstasy/molly); [Ecstasy/molly] can have a cocaine base or heroin base. If you're getting molly though, sometimes it's meth; I think a lot of people are really getting meth ... one time I thought I was getting [molly], it ended up being meth." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Current prices for ecstasy and molly were reported by participants with experience buying the drugs. One participant noted, "[Price] depends on if you are buying in quantity (bulk) or not." 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")	\$5-15
	Molly:	
	1/10 gram	\$10

Participants indicated that ecstasy and molly are obtained through drug dealers at nightclubs, raves and music festivals. The most common route of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, nine

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

Participants most often rated the current overall quality of kratom as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. One participant noted, "If you get it from a good vendor, it's a '10' (high quality)." Other participants remarked: "I'd say a '10' because I have benefited from it; Capsules are probably the most common (more common than the powdered form of kratom), but I found the powder to be better [quality]." Overall, participants reported that the quality of kratom has increased during the past six months. A participant noted, "More people are buying [kratom] and knowing about it, so maybe vendors are putting more time and money into making better quality and not just shipping out shit."

The most common route of administration for kratom remains oral consumption. Participants estimated that out of 10 kratom users, all 10 would orally consume it. Participants described typical kratom users as opiate users. A participant stated, "[Kratom] helps with [opiate] withdrawal symptoms."

Neurontin®






Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately to highly available for illicit use in the region. Participants most often reported the drug's current street availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One participant shared, "I'll talk about Neurontin® all day. It's a godsend. I was prescribed it, not for [opiate] withdrawal, I was prescribed for a nerve disorder. Before I was kicked off of Suboxone®, I realized [Neurontin®] helped with withdrawal."

Community professionals most often reported the current street availability of Neurontin® as '8,' the previous

most common score was '10.' One law enforcement officer stated, "[Doctors] prescribe [Neurontin®] for anything. It's a nerve and pain medication ... it's for anxiety, it helps with withdrawal, it helps ADHD." Another officer said, "I think it's prescribed and then it is abused ... it is commonly prescribed, so a lot of people aren't spending money on it. It's not hard for them to obtain, they're not going out of their way to get it. And, the medical community doesn't seem to be viewing it as a drug that is being abused, so the availability is just through the roof."

Treatment providers also discussed widespread illicit use of Neurontin®. They reported: "[Gabapentin] shows up on people's [drug] screens all the time and they have no prescription for it; I had a lady, I ran her OARRS (Ohio Automated Rx Reporting System) report, she filled a year's worth [of Neurontin® prescriptions] in four months between two different states. It's just a big mess; There's so many people that get it now, and the way they tell me they take it [is troubling], they're not taking one at a time, three times a day. They're taking 30 [pills] at a time."

Participants reported that the street availability of Neurontin® has increased during the past six months. A participant remarked, "I'd say it's being over prescribed." Treatment providers reported that the availability of Neurontin® for illicit use has remained the same during the past six months, while law enforcement reported increased availability. One law enforcement officer stated, "I think we have seen [Neurontin®] prescribed for that wide variety of [conditions] more so than in the past."

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




Current street prices for Neurontin® were reported by participants with experience buying the drug. Reportedly, Neurontin® 300 mg sells for \$0.50-1.25. Overall, participants reported that the price of Neurontin® has remained the same during the past six months. Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants and community professionals described typical illicit Neurontin® users as opiate users.

A participant remarked, "Somebody that is addicted to opiates and going through withdrawal from opiates."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. While participants did not report on the current availability of the drug, law enforcement most often reported current availability of synthetic marijuana as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' for participants and not reported by community professionals. One law enforcement official reported, "We can't really test for it on a drug screen, but we see behaviors in people that we feel are indicative of K-2 (brand of synthetic marijuana) use ... I would say it is pretty common." One treatment provider added, "They're still using the synthetic K-2 around here."

Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has remained the same during the past six months.

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

Community professionals described typical synthetic marijuana users as young people in their 20s and marijuana users trying to pass urine drug screens. One law enforcement official stated, "Younger, 20s ... that recreational younger [drug user], not using a lot of the heavier drugs yet." A treatment provider stated, "A typical user might be in a treatment program, trying to pee clean (pass a urine drug screen)."


Conclusion

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

Participants reported moderate current availability of heroin during the past six months. However, they discussed fentanyl-heroin mixtures and fentanyl substitutions for heroin as highly available. The consensus among participants was that "pure" heroin (heroin not adulterated with fentanyl) is difficult to obtain. Community professionals discussed user inability to distinguish heroin from fentanyl. BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months, while the incidence of fentanyl and fentanyl analogue cases they process from this region has increased.

Participants noted the appeal of fentanyl to dealers as greater profitability: dealers sell fentanyl at heroin prices, but they acquire fentanyl at lower prices than they do heroin. Participants discussed the higher potency of fentanyl over heroin as the appeal to users. A participant shared, "[Fentanyl] is what everyone wants. After you do heroin, and you do fentanyl, heroin is just not going to do the job anymore." Law enforcement reported an increase in positive drug test results for fentanyl among probationers and a higher number of arrests and seizures involving fentanyl during the past six months.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Both respondent groups talked about heroin/fentanyl users switching from opiates to methamphetamine as increasing demand for methamphetamine. In describing a typical methamphetamine user, a participant observed typical users as, "People who are trying to get off of heroin and trying not to be 'dope sick' (experience opiate withdrawal symptoms)." BCI crime labs reported that the incidence of



methamphetamine cases they process from this region has increased during the past six months.

Lastly, participants and law enforcement reported that the availability and use of kratom have increased during the past six months. Participants described typical kratom users as opiate users who use kratom to alleviate opiate withdrawal symptoms. In addition, participants and law enforcement reported that the street availability of Neurontin® has increased during the past six months. Law enforcement indicated that Neurontin® is prescribed for a wide variety of conditions. A participant remarked, *"I'd say it's being over prescribed."* Similar to kratom, participants and community professionals described typical illicit Neurontin® users as opiate users who also use this drug to alleviate opiate withdrawal symptoms.

