

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

January-June 2011

John R. Kasich, Governor
Orman Hall, Director



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October 3, 2011

Dear Reader,

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is pleased to present its latest Ohio Substance Abuse Monitoring Network (OSAM) *Surveillance of Drug Abuse Trends in the State of Ohio* report covering the period January 1 - June 30, 2011. As you will see, this detailed document is full of qualitative data and first-hand accounts that accurately depict the drug abuse landscape in all regions of the state.

OSAM is a collaborative effort funded by ODADAS in association with stakeholders in the substance abuse and law enforcement community throughout Ohio. The primary mission of OSAM is to provide a dynamic picture every six months of substance abuse trends and newly emerging problems within Ohio's communities. The OSAM Network provides substance abuse professionals and policy makers with the information necessary to plan for alcohol and drug addiction prevention, treatment and recovery services, and to respond to previously unrecognized drug and alcohol problems among underserved populations.

Highlights of the June 2011 report include findings that opiates (prescription painkillers and heroin), cocaine and crack cocaine remain highly available in all regions. Evidence continues to show a progression from prescription opioid abuse to heroin abuse, earning the latter the reputation of being "one of the most available street drugs." In fact, OSAM researchers noted that many entrepreneurial dealers are now peddling prescription opiates in an effort to "cash in" on this increased demand.

For the first time OSAM tracked bath salts -- synthetic compounds that produce a high similar to a stimulant or hallucinogenic drug sold under labels such as *Cloud 9*, *Dove*, *Ivory Wave* and *Vanilla Sky* -- characterizing the substances as "highly available in all regions."

The report also examines patterns of abuse with Suboxone, an FDA-approved medication that has been proven to be effective in treating opioid addiction. Research has shown that most opiate-addicted clients relapse without a comprehensive treatment plan that includes medication-assisted treatment (MAT) and counseling. When appropriately used, Suboxone does not produce euphoria.

For opiate naïve individuals (those individuals who are not using heroin or prescription opiates), Suboxone has a potential for abuse when illegally diverted to the streets. ODADAS is committed to educating treatment providers and prescribers on the value of MAT and the importance of following established policies and practices designed to safeguard supplies and ensure successful outcomes for Ohioans with addiction.

I hope you find this report an informative and valuable tool as we continue to work together to promote health, safety and economic opportunity for all Ohioans.

Sincerely,

Orman Hall, Director

Regional Profile

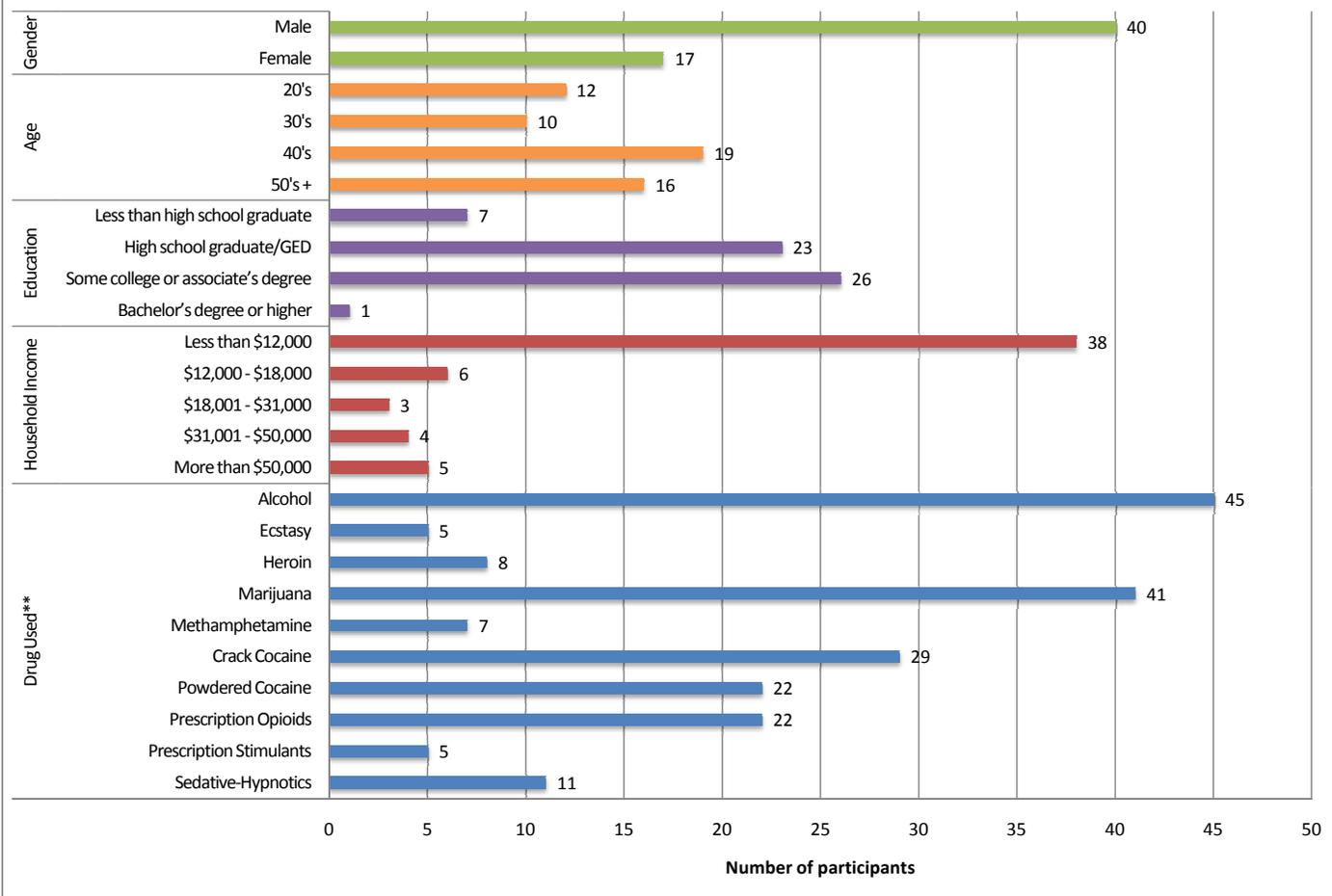
Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,542,645	2,095,033	57
Gender (Female), 2009	51.2%	50.1%	29.8%
Whites, 2009	82.2%	79.6%	49.1%
African Americans, 2009	11.9%	12.9%	42.1%
Hispanic or Latino Origin, 2009	2.8%	3.1%	3.5%
High school graduates, 2009	83.0%	86.1%	87.7%
Median household income, 2009	\$45,467	\$47,553	Less than \$12,000 ²
Persons below poverty, 2009	15.1%	14.9%	30.9% ³

Ohio and Columbus statistics are derived from the U.S. Census Bureau¹.

Respondents reported income by selecting a category that best represented their household's approximate income for 2009².

Poverty status was unable to be determined for two respondents due to missing or insufficient income data³.

Drug Consumer Characteristics* (N=57)



*Not all participants filled out forms; therefore numbers may not add to 57.

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

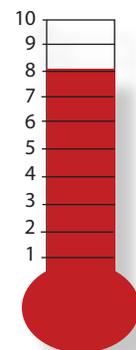
Data Sources

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 Fairfield and Franklin Counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Identification and Investigation (BCI) London Office, which serves Central and Southern Ohio. BCI data are summary data of cases processed from July to December 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current BCI data correspond to the current reporting period of participants. In addition to the aforementioned data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2011.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was readily available in the region. Participants most often reported the drug's availability as '7' and community professionals as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Overwhelmingly, crack cocaine was considered the most obtainable form of cocaine. The most common participant quality score for powdered cocaine was '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). All users agreed that the quality of powdered cocaine was dependent upon the dealer. Participants reported that powdered cocaine was often cut (adulterated) with other substances to maximize profitability. According to the Columbus Police Crime Lab, creatine and the local anesthetics of benzocaine and procaine were used as cutting agents for powdered cocaine. Participants reported that a gram of powdered cocaine ranged in price from \$50–\$100. Reportedly, the most common route of administration for this form of cocaine was intranasal inhalation (snorting). Many users reported a progression of methods, starting with snorting and then progressing on to smoking and intravenous injection. Use was perceived to differ according to class, race and age. Participants noted a trend toward younger users, age 20, and sometimes younger; "rich kids" typically snort the drug. Participants reported that powdered cocaine was often injected concurrently with heroin (a.k.a., "speedball").

Current Trends



Powdered cocaine remains readily available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. While participants described powdered cocaine as available, they reported that drug does not have high street visibility, meaning one would have to make connections to buy it. Participants stated, *"I had to know somebody first. I know I couldn't go on the street and find it [powdered cocaine]; Drug dealers kept powder [cocaine] for themselves. You just have to know the right people."* Community professionals most often reported the drug's current availability as '7'; the previous most common score was '8'. Narcotics officers commented, *"The availability [of powdered cocaine] is there; When we're hitting the crack houses, it's common to find powder cocaine there also."* Participants reported that the availability of powdered cocaine has decreased over the past six months: *"You have to go to certain areas [to buy powdered cocaine]; Dealers are using it [powdered cocaine] [for] personal usage and to rock it up [to manufacture crack cocaine]; I used to work for this dealer, and he had nothing but powder [cocaine], but it's supply and demand, so he had to find a way to get it rocked. They make more [money] with crack [cocaine] than they do with powder [cocaine]."* A participant from Fairfield County noted, *"I haven't heard of it [powdered cocaine] for quite a while because of all the heroin. You can get it though."* Community professionals reported that the availability of powdered cocaine has remained the same over the past six months. A treatment provider reported, *"It's [availability of powdered cocaine] sporadic. Opiates are taking over."* BCI London crime lab reported that the number of powdered cocaine cases it processes has increased over the past six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that powdered cocaine in Columbus is cut (adulterated) with Enfamil®, lactose, mannitol (diuretic), Similac®, soda and vitamin B12. Participants reported that the quality of powdered cocaine has decreased over the past six months: *"Not really cocaine 'cuz it's cut so much, and it's went into a recession. It [powdered cocaine] costs more, you get less. Quality and amount has diminished; You might as well do something else [because the quality of powdered cocaine is so poor]; The stuff they [dealers] cutting it [powdered cocaine] with ... really they just make a chemical to make you think it's cocaine; If they [dealers] short [on powdered cocaine], they*

throw something in to make up the weight.” BCI London crime lab continues to cite the following substances as commonly used to cut powdered cocaine: levamisole (livestock dewormer) is the cutting agent in most cases, but other agents like boric acid (found in antiseptics and insecticides), inositol (vitamin-like health supplement), local anesthetics (benzocaine, lidocaine and procaine), caffeine (NoDoz®) and sucrose (table sugar) are also used to cut powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain “girl” and “soft.” Participants listed the following as other common street names: “Christina Aguilera,” “critical,” “fire,” “good good,” “Peruvian flake,” “pow wow,” “sugar booger,” “sweet cousin” and “whip.” Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine, with overall prices slightly lower than previously reported. Participants reported that a gram of powdered cocaine sells for \$50–\$75, depending on the quality; 1/8 ounce, or “eight ball,” sells for \$100; an ounce sells for \$1,200. Some participants continued to report that dealers buy powdered cocaine to make crack cocaine in order to make a greater profit. A participant stated, *“That’s crazy [the price of powdered cocaine]. Why do that, buy ‘girl’ [powdered cocaine]? I’d rock it [powdered cocaine] up [into crack cocaine] and try to get more [profit] out of it.”* Participants reported that the most common way to use powdered cocaine remains intranasal inhalation (snorting), although intravenous injection (shooting) was also frequently mentioned. A heroin user in treatment in Fairfield County commented that injection of powdered cocaine is common, especially among heroin users: *“A heroin addict, they’re going to shoot anything, because they’re heroin addicts.”* Participants continued to explain that new users typically start use of powdered cocaine via intranasal inhalation, progress to smoking and finally to shooting.

A profile for a typical powdered cocaine user did not emerge from the data. Narcotics officers commented, *“So the old stereotypes aren’t true: Whites like powder [cocaine] and Black people like crack [cocaine]. I don’t think it’s ever really been that way; What we’ve seen from the tactical side is not a lot where it was the White, middle-class people doing powdered cocaine. Now it’s everything. You stop the guy, and he’ll have a little crack in his pocket and a little powder.”* A participant noted, *“All kinds of [powdered cocaine] users. Rich people get better quality and in larger quantities.”* A treatment provider said, *“They [powdered cocaine users] have more access to resources than our folks. They would just get crack [cocaine].”*

Reportedly, powdered cocaine is used in combination with alcohol, heroin and marijuana. All of the aforementioned

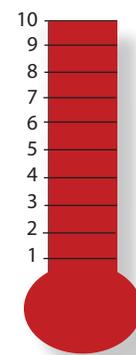
drugs are used to counteract the cocaine high and to help the user “come down.” Heroin and powdered cocaine continue to be injected together by some users in a “speedball” while alcohol and marijuana are used after powdered cocaine use. Participants indicated that all of the above practices are very common. Participants in Fairfield County reported using powdered cocaine with benzodiazepines (Xanax®) because these drugs, *“helps you sleep better.”*

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and treatment providers most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants described crack cocaine as extremely easy to get. The most common participant quality score for crack cocaine was ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that crack cocaine was most often cut (adulterated) with other substances to “blow it up” or make it seem larger than it really was. According to the Columbus Police Crime Lab, levamisole (livestock dewormer) was the cutting agent in 90 percent of crack cocaine cases it processes. Participants reported that 1/8 ounce of crack cocaine, or “eight-ball,” ranged in price from \$110–\$120. However, crack cocaine users reported that users could *“buy any size [amount of crack cocaine] you want,”* even in amounts as low as a few dollars. By far, the most common route of administration for this form of cocaine was smoking. Participants noted that crack cocaine was used by all races and socioeconomic groups, as well as, by all ages (early teens to the elderly).

Current Trends



Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants commented on the extreme availability of the drug, saying things like, *“Pull over to the side of the road, and it [crack cocaine] will come to you; I could go to Walmart® right now and get some. It’s [crack cocaine] always available.”* Participants also spoke of the common lingo crack cocaine dealers use to solicit their drug to interested parties: *“Are you straight? That’s how they [dealers] approach it. ‘You got a cigarette? Are you looking [for crack cocaine]?’”* Participants also noted that crack cocaine paraphernalia is

readily available in corner stores and drive-throughs. Several participants agreed when one said, *"You ask for a brown bag special: Crack [cocaine] stem with a rose, Chore Boy® and wire, sold as novelties."* Some participants even talked about store owners allowing crack cocaine sales in their stores: *"If you standing outside a corner store, the police is gonna mess with you because they're going to say that your store is attracting crack [cocaine] business. So what they [store owners] do is, they allow the crack dealers to come inside the store. The potato chip rack is famous on the east side. You buy yourself a little piece of candy and that way you're going in the store instead of being outside the store buying drugs."* Community professionals most often reported the drug's current availability also as '10'. Crack cocaine was described as *"always available"* by clinicians and *"there if you want it"* by narcotics officers. Participants reported that the availability of crack cocaine has remained stable over the past six months. Treatment providers and narcotics officers also reported that the availability of crack cocaine has remained the same over the past six months. BCI London crime lab reported that the number of crack cocaine cases it processes has remained stable over the past six months.

Most participants rated the quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '4'. Fairfield County participants rated the overall quality of crack cocaine as '6'. Participants reported that crack cocaine in Columbus is cut (adulterated) with drywall, Enfamil®, Orajel®, Similac® and vitamin B12. A participant reported, *"No cocaine in it [crack cocaine]. It's all chemicals. You don't get no high, but you want some more. Just enough [cocaine in crack cocaine] to make you want more."* Another participant agreed with that sentiment, *"I think the quality of everything is going down. The dope boys [crack cocaine dealers] are getting greedier. I've seen a lot of the boys ... what they do is start with the first trip you make, they'll give you the really good shit, then each time you come to them that same night, the quality is going to go down a little bit."* Many participants asserted that the quality depended on the dealer. Participants reported that the quality of crack cocaine has remained the same over the past six months. BCI London crime lab continues to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "panty droppers," "ready," "ya-yo" and "work." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine, with prices remaining fairly constant from the previous reporting period. Participants reported that a 1/10 gram of crack cocaine sells for \$10, depending on the quality; 1/8 ounce,

or "eight ball," sells for \$75–\$125. Crack cocaine continues to be most often purchased in small quantities for a few dollars. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. As one participant explained, *"Most people are smokin' it [crack cocaine]. Some people is injecting, but for the most part smoking."* A few participants said that crack could be broken down with vinegar or lemon juice and intravenously injected.

A profile of a typical user of crack cocaine did not emerge from the data. Several participants agreed, *"Crack [cocaine] doesn't discriminate."* A treatment provider noted, *"We've had 'em [crack cocaine users] 55 years old, younger and suburban. Crack or heroin gets them into treatment. The younger women, they don't have the life skills that it takes to maintain that lifestyle. They're coming in quicker with more consequences ... They come in a lot more beat up which is another reason they're in sooner."*

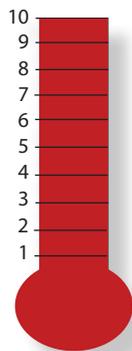
Reportedly, crack cocaine is used in combination with alcohol, heroin and marijuana. Crack cocaine is mixed with marijuana in a joint called a "primo" or with tobacco in a cigarette called a "cigmo." Alcohol, heroin and marijuana are used to mitigate the negative effects of crack cocaine: *"You come down off of it [crack cocaine], you just blaze off some blunts [marijuana] and go to sleep."*

Heroin Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants described heroin's availability as *"the new crack [cocaine]"*, highlighting the drug's high popularity and widespread use. Participants reported that users were switching from prescription opioids to heroin because heroin was cheaper and easier to obtain; also cited as a reason for the progression to heroin use was the change in formulation of OxyContin®, which made the choice drug difficult to abuse. In the Columbus region, black tar heroin was the most common form of heroin, and reportedly, it was typically purchased from Mexican dealers. The most common participant quality score for heroin was '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Heroin available in the region was "very pure" according to the BCI London crime lab, but benzocaine (local anesthetic) and metamizole (analgesic and antipyretic) were cited as cutting agents. Participants reported that a gram of heroin ranged in price from \$80–\$100, depending on quality;

however, many participants reported buying “baggies/ stamps,” or 1/10 gram (“balloon”), for \$10. The most common route of administration for heroin was intravenous injection. Treatment providers reported seeing very young people coming into treatment for heroin addiction, particularly young, White males who started using in high school and often came from suburban areas.

Current Trends



Heroin remains highly available in the region. Participants and community professionals most often reported overall heroin 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 stated, “It’s [heroin] everywhere.” Another participant reported, “A few years back, I would never see people [using heroin] in the crack house. Now in the crack house, you see heroin people in there shootin’ up [injecting heroin]. There’s more people doin’ it [using heroin].” A professional in Fairfield

County noted, “I had a nineteen year old tell me it’s easier for them to walk down the street and get heroin than it is for them to get beer [because they are underage].” While many types of heroin are currently available in the Columbus region, participants continued to report the availability of black tar heroin as most available, rating its availability as ‘10’. Black tar heroin is perceived as safer and powdered heroin as unpredictable, but a participant reported, “You can get anything you want.” Participants and community professionals reported that the availability and use of heroin has remained high over the past six months. Participants continued to attribute the increase in heroin’s presence in the region to the reformulation of OxyContin® and to the lower cost of heroin: “People was on opiate medication, and they can’t afford it anymore. That’s what happened to me.” Treatment professionals noted, “There is more demand and more dealers. Not just inner city. This is urban America. They have the resources to get it [heroin].” Regional media outlets reported on several heroin busts by law enforcement over this current reporting period. *The Delaware Gazette* reported, “The Delaware County Sheriff’s Office seized about \$67,000 in cash and about a pound and a half of heroin ... that highlights a growing heroin problem in Delaware County” (www.delgazette.com, Feb. 23, 2011). *The Columbus Dispatch* reported that 39 people in Fairfield County were arrested and charged with drug trafficking and related crimes. The 39 arrested were accused of selling, “a smorgasbord of illegal drugs, including heroin, crack cocaine, methamphetamine and prescription painkillers” (www.dispatch.com, April 21, 2011). Reportedly, among the drugs confiscated were 185 balloons

of heroin, which *Dispatch* reporters cited would probably sell for \$7–\$10 per balloon in bulk quantities and \$20–\$30 per balloon retail. Additionally, *WCMH NBC 4* in Columbus reported on two sensational heroin busts: “*Woman Hides 47 Heroin Balloons In Her Body*” (arrest made in Delaware County, www.nbc4i.com, May 6, 2011) and “*4 Accused of Smuggling Heroin Into Jail In Boxer Shorts*” (arrest made at Franklin County Jail, www.nbc4i.com, June 1, 2011). BCI London crime lab reported that the number of heroin cases it processes has remained stable over the past six months.

Most participants generally rated the quality of heroin as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘6’. Participants reported that black tar heroin in Columbus is cut (adulterated) with crushed aspirin. A participant reported, “The quality [of heroin] is better. A lot of people know what they’re getting, and there’s so many dope boys [drug dealers] available to get it from. You know which ones have the best quality.” Over the past six months, participants reported that the quality of heroin has remained stable. BCI London crime lab continues to report that heroin is extremely pure in the region. Gas chromatography-mass spectrometry analysis typically shows that heroin is 80 percent pure; however, occasionally caffeine is used as a cutting agent.

Current street jargon includes many names for heroin. The most commonly cited names remain “boy,” “dog food” and “H.” Participants reported that black tar heroin is available in different quantities. (Note: prices included here reflect current pricing for black tar heroin as very few participants had pricing information on powdered heroin. Overall pricing remains stable from the previous reporting period.) Black tar heroin sells for \$10 a bag; \$90 a bundle (10-12 bags). Participants and community professionals reported that the most common way to use heroin remains by intravenous injection (shooting); however, reportedly, intranasal inhalation (snorting) is also quite common. Many participants continued to report that users typically start with snorting heroin and eventually progress to shooting, or “they shoot pills and go straight to [shooting] heroin.” A participant also reported seeing someone who took black tar heroin and shook it up with hot water to dissolve it: “Shake it up, and snort it up, so you can avoid needles and marks.” Narcotics officers noted that they had heard from informants that users were using the aforementioned method of heroin ingestion as well.

A profile of a typical user of heroin did not emerge from the data. Participants described typical users of heroin as, “younger people, all races, teens and young adults, a lot of college students.” A narcotics officer noted, “You get a little bit of everything. You have older [heroin] users, teenagers, high school aged, you know. I’ve been hearing it’s somewhat a rite of passage for high school aged children sometimes to do it intravenous;

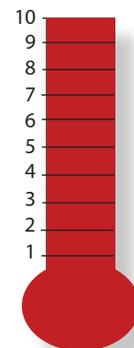
We're seeing a lot of average White people from the suburbs." Treatment providers also noted that heroin use has grown to include more young and suburban users: "We have seen the age drop from the mid-40's to the 20's. Most started using before 21; [Heroin use] spreadin' out into the 'burbs. Back when I was young, it was more adults, street people."

Reportedly, heroin is used in combination with alcohol, benzodiazepines (Xanax®), crack cocaine, marijuana and powdered cocaine. Some participants reported taking benzodiazepines to heighten the effects of heroin: *"Benzos [benzodiazepines] – my favorite buzz ... Intensifies the high."* Heroin is also mixed with powdered cocaine in a "speedball", and is said to help with the crash experienced by crack and powdered cocaine users. However, heroin is frequently used alone. A participant stated, *"When you're doing H [heroin], you're not too interested in anything else."*

Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants and community professionals most often reported street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). According to law enforcement, prescription opioid use was at epidemic levels in Central Ohio, and prescription opioids were the most frequently purchased street drug of the special investigative unit. Participants described some prescription opioids as more readily available than others. Reportedly, OxyContin® OC was less available as it had been replaced in pharmacies by the less desirable OxyContin® OP, a new formulation of OxyContin® which rendered the drug difficult to abuse. Law enforcement reported that the most popular prescription opioids in Central Ohio were OxyContin® OC, Percocet® and Vicodin®. Several participants reported that dealers were paying users to go out of state (Florida) to purchase prescription opioids to bring back to Columbus for street sale. Reportedly, the most common way to obtain prescription opioids was on the street followed by pain clinics, family members and friends. Participants reported that the most common route of administration for prescription opioids was oral consumption (swallowing) followed by intranasal inhalation (snorting, which reportedly carried some stigma) and intravenous injection. Participants and clinicians noted that illicit users of prescription opioids were alarmingly becoming "younger and younger."

Current Trends



Prescription opioids remain highly available in the region. Participants and community professionals most often reported street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get); the previous most common score was also '10'. Participants identified Percocet® and Vicodin® as the two most popular prescription opioids in terms of widespread use. A participant noted, *"You can go through the beer drive-throughs and get those [Percocet® and Vicodin®]."* A treatment provider said,

"With our women, it's multigenerational [prescription opioid] use. No big deal. Completely normal. Sometimes it takes a little longer to come [to treatment] because it's been normalized." Participants reported that the availability of prescription opioids has increased over the past six months: *"A lot of the veterans [abuse prescription opioids], it's gotten so bad. Doctors actually send that stuff [prescription opioids] in the mail. A lot of veterans with back pain, they'll get 90 perc's [Percocet®], 60 oxy's [OxyContin®]. That's one of the biggest things – chronic pain people. I have a back issue and they're [doctors] like, here, here's a script [prescription] for 90 Vicodin®. They'll give it out like a drop of a hat."* Community professionals also reported that the availability of prescription opioids has increased over the past six months: *"People see it's big money. They get it [prescription for an opioid], sell 240 pills, and they're raking in money hand over fist."* Both participants and treatment providers again spoke of dealers sending people to Florida to purchase opioids to bring back to Central Ohio. A participant reported, *"I went to Florida. I came back with 250 oxy's [OxyContin®]. Brought 'em right back here to Columbus, and they sold for like ... I made triple!"* A narcotics officer affirmed that this practice continues but noted, *"Now [pain clinics] moving to north of Atlanta because Florida is starting to crack down on it. Toward the fall of last year, some of the people we were investigating had moved to the suburbs of Atlanta."* Regional media outlets reported on several illicit prescription opioid operations that were busted by law enforcement over this current reporting period. WBNS-10TV Columbus reported that a Central Ohio couple in their 60's was arrested for allegedly selling pharmaceuticals out of their Delaware home (www.10tv.com, April 14, 2011). More recently, the news station reported that two UPS (United Parcel Service) employees were recently arrested for allegedly using their jobs to obtain prescription opioids sent through the courier (www.10tv.com, June 24, 2011). BCI

London crime lab reported that the number of prescription opioid cases it processes has remained stable over the past six months; however, noted increases in the number of lab processed cases existed for Dilaudid®, Opana® and Percocet®.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users. (Note: When reported, current street names and prices are indicated in parentheses): oxycodone 30 mg (a.k.a., "perc 30;" sell for \$20), OxyContin® (a.k.a., "oxy's"), OxyContin® OC (old formulation, a.k.a., "OC's," "old cars," "old chickens" and "Orange County;" sell for \$1 per milligram), OxyContin® OP 40 mg (new formulation, a.k.a., "little boys" and "oranges;" sell for \$25–\$30), OxyContin® OP 80 mg (a.k.a., "80's," "beans," "big boys," "bigs" and "green apples;" sell for \$80), Percocet® (a.k.a., "perc's;" sell for \$1 per milligram), Vicodin® (a.k.a., "vikes;" sell for \$1 per milligram). While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remain swallowing and intranasal inhalation (snorting). Swallowing continues to be the most common route of administration by far.

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from doctors and emergency rooms: *"If you go into the emergency room, I can guarantee you, you are going to get a script [prescription] for Vicodin®; Some doctors really don't care. They're getting their money."* In addition to "doctor shopping," participants described other avenues for obtaining prescription opioids, including people using false prescriptions: *"People steal prescription pads. A prescription pad can go as high as \$6,000 on the street. They get people who know how to write scripts [prescriptions]."*

A profile of a typical user of prescription opioids emerged from the data. Participants described typical users of prescription opioids as young and White: *"White people buy pills [prescription opioids] like they candy canes! College white kids [use prescription opioids] because they [prescription opioids] relaxes you. That's what people is looking for!"* Narcotics officers also identified the typical user as White and middle-class. Treatment providers in Fairfield County reported that opioid using clients are typically 18–24 years old. Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, benzodiazepines (Xanax®) and marijuana: all used to *"intensify the high."*

Suboxone®

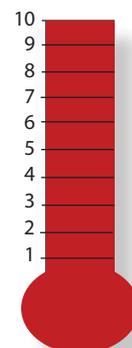
Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants most often reported street availability of Suboxone® as "10" on a scale of "0" (not available, impossible to get) to "10" (high availability, extremely easy to get). Users reported procuring Suboxone® while participating in drug treatment, from a clinic or on the street. The street price for Suboxone® 8 mg was consistently reported as \$10. Although no typical Suboxone® user was identified, treatment providers noted two types of Suboxone® abusers: Opioid addicts who used the drug for at-home detoxification or to fight off symptoms of withdrawal between highs, and users who believed Suboxone® could produce a high. Most often participants reported taking Suboxone® orally, letting it dissolve under the tongue. Some intravenous injection use was also reported.

Current Trends

Suboxone® remains highly available in the region. However, while participants in Fairfield County reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), none of the participants in Columbus reported using the drug, thus there is no current availability rating from city participants to report; the previous most common score for Columbus was '10'. A participant in Columbus reported, *"Anytime you go to court, and you test positive for opiates, they refer you to ... [treatment]."*

Anyone who comes in that they think has an opiate problem, they write out a script [prescription for Suboxone®]. Everybody's on 'em." Columbus-based professionals were also unable to comment on street availability of Suboxone®, although a narcotics officer commented, *"When they prescribe it [Suboxone®], they prescribe a lot of it, and people don't use the whole prescription. They [users] would then sell it on the street."* Treatment providers in Fairfield County, like participants there, reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"Dude, they're [Suboxone®] everywhere!"* A treatment provider reported, *"They [users] all want to be on it [Suboxone®]. The dealers will give them [users] a free Suboxone® with their heroin. Customer satisfaction."* There was no consensus in the data as to whether the street availability has increased, decreased or remained the same over the last six months. Participants



reported that the availability of Suboxone® has remained stable over the past six months; community professionals reported that availability has increased over the last six months; BCI London crime lab reported a decrease in the number of Suboxone® cases it processes over the last six months.

No slang terms or common street names were reported for Suboxone®. Participants reported current street pricing for Suboxone® 8 mg to range from \$15-\$20, an increase from \$10 from the previous reporting period; Suboxone® in the strip/film form sells for \$10-\$20. A provider reported, *"The [Suboxone®] strips are harder to abuse."* Suboxone is typically dissolved under the tongue; however, injecting does occur: *"They'll [opiate addicts] even get the [Suboxone®] strips, wax 'em down and shoot 'em up."*

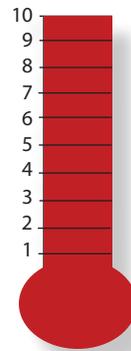
In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people selling their Suboxone® prescriptions on the street. A treatment provider reported, *"They [opiate addicts] use it [Suboxone®] like Tylenol 3®, to use till they can get a fix. [Suboxone® is] a drug of convenience."*

A profile for a typical Suboxone® user emerged from the data. Participants described typical abusers of Suboxone® as 35-45-year-old Whites. A participant reported, *"A heroin addict will sometimes buy it [Suboxone®] just for the fact of getting well."* A treatment provider said, *"Hard to be titrated off [Suboxone®] when in treatment. They [clients] don't present it as a drug of choice."* As for combining Suboxone with other drugs, participants frequently responded, *"You couldn't use it [Suboxone®] with anything else."*

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants listed the most common sedative-hypnotics in terms of widespread use as Klonopin®, Soma®, Valium® and Xanax®. In addition to obtaining sedative-hypnotics from dealers and family members, participants reported visiting area doctors in order to obtain prescriptions for these drugs. The most common routes of administration were oral consumption and intranasal inhalation (snorting). Participants reported that illicit use of these drugs in their communities was a far-reaching problem that affected all age groups.

Current Trends



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are extremely available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Additionally, community professionals as well most often reported current availability of these drugs as '10'. Participants and community professionals continued to identify Valium® and Xanax® as two of the most popular sedative-hypnotics in terms of widespread use. A treatment professional reported that drug users do not see the use of sedative-hypnotics as dangerous; they explained drug abusers, *"use to keep from getting sick. They don't think of it [sedative-hypnotics] as drugs."* Participants reported that the availability of sedative-hypnotics has increased over the past six months: *"Doctors are prescribing them [sedative-hypnotics] more."* Community professionals also reported that availability of sedative-hypnotics has increased over the past six months because doctors are using the drugs *"to treat mental health."* A narcotics officer noted that Xanax® was very available while Valium® was not as available because it was less desirable: *"There's not as much Valium® or Ativan®."* BCI London crime lab reported that the number of sedative-hypnotic cases it processes has generally remained stable over the past six months; however, a noted exception was an increase in the number of Xanax® cases.

Reportedly, many different types of sedative-hypnotics (a.k.a., "benzo's" and "downers") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to the street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan®, Klonopin®, Soma®, Valium®, and Xanax® (.5 mg, a.k.a., "footballs," sell for \$2; 2mg, a.k.a., "xanibars;" Xanax® XR 3 mg sell for \$5). In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from a family doctor or an emergency room. As one participant said, *"You say you have pain and they'll [doctors] give them [sedative-hypnotics] to you."*

There were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics. The most common route of administration remains oral ingestion. Many participants agreed when a participant said, *"People just eat*

them [sedative-hypnotics]." Intranasal inhalation (snorting) and intravenous injection also continue to be common routes of administration. Xanax®, in particular, is reportedly frequently snorted. One participant talked about her reason for injecting sedative-hypnotics, "I inject [sedative-hypnotics] because I inject everything."

A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants described typical users of sedative-hypnotics as young and White: "College White kids because they [sedative-hypnotics] relaxes, and that's what people is looking for." Narcotics officers reported seeing an increase in young Black sedative-hypnotic users. An officer also talked about seeing more middle-aged White women using them. Reportedly, sedative-hypnotics are most often used in combination with alcohol or marijuana in order to heighten the effect of the sedative-hypnotic. A participant explained, "Alcohol intensifies any pill [sedative-hypnotic] you take."

Marijuana Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants named marijuana the most available illegal drug in the region. Participants reported that the quality of marijuana varied with the most common quality score being '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); overall, participants believed the quality of marijuana had increased over the previous six months. Participants reported that for commercial-grade marijuana, a blunt (single cigar) was \$5 and an ounce ranged in price from \$50–\$75; for high-grade marijuana, a blunt (single cigar) was \$25 and an ounce ranged in price from \$100–\$200. The most common route of administration for marijuana was smoking. Marijuana use was believed to transcend age, race and socioeconomic status.

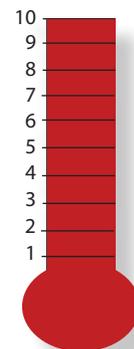
Current Trends

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants described marijuana as, "always available." Community professionals most often reported the drug's current availability as '10'. A treatment provider noted, "I don't hear anybody jumped off the roof 'cuz they couldn't find no weed [marijuana]!" Another

treatment provider quipped, "It's [marijuana availability] like catsup. Always on the table. Like a condiment." WCMH NBC 4 Columbus reported on several marijuana arrests during this reporting period. Police officers in Mansfield pulled over a California man for speeding and found four pounds of hydroponically-grown marijuana valued at an estimated \$18,000 (www.nbc4i.com, April 14, 2011). During another routine traffic stop, Delaware police found 33 pounds of marijuana valued at an estimated \$33,000 (www.nbc4i.com, April 18, 2011). Most recently, Bucyrus police seized 91 marijuana plants after a tip was called into area police (www.nbc4i.com, June 22, 2011). There was no consensus in the data as to whether the availability of marijuana had increased, decreased or remained the same over the past six months. Participants reported that the availability of marijuana has remained stable while community professionals reported that availability has increased over the past six months. A narcotics officer reported, "It's easier to get [marijuana]. Mexican and home grown. Every week we're [finding] home grows." BCI London crime lab reported that the number of marijuana cases it processes has decreased over the past six months.

Participants most frequently reported the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (i.e., low to mid-grade marijuana) or hydroponically grown (i.e., high-grade marijuana). Participants reported not often bothering with low-grade marijuana as high grade is readily available. Participants in one group said the quality of marijuana was, "Off the charts. You wouldn't believe how good it is. The THC is very high." Participants in other groups echoed the same sentiment: "There is no shitty weed [marijuana] no more. The stuff they [dealers] get now, you look at it, and you get high."

Current street jargon includes countless names for marijuana. The most commonly cited names remain "weed" for low-grade marijuana and "chronic" for high-grade marijuana. Participants listed the following as other common street names: "bonk," "dust," "regular," "sticky-icky" and "swag" for commercial grade (low-grade) marijuana; "AK47," "blueberry," "blue cheese," "critical" and "kush" for high-grade marijuana; and "dro" for hydroponically-grown marijuana. The price of marijuana continues to depend on the quality desired. Participants reported commercial grade marijuana as the cheapest form: a blunt (single cigar) or two joints (cigarettes) sell for \$5; an ounce ranges in price from \$60–\$120; 1/4



pound sells for \$80. Higher quality marijuana (“hydro”) sells for significantly more: a blunt (single cigar) or two joints (i.e., cigarettes) sell for \$10; an ounce sells for \$200–\$400; and a pound sells for \$2,000–\$5,000. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking in joints, blunts or from bongs. Sometimes marijuana is cooked in food, like brownies or spaghetti sauce, but this is uncommon.

A profile for a typical marijuana user did not emerge from the data. When answering the question about a typical user, participants, clinicians and narcotics officers all indicated, “It’s everybody!” However, a treatment provider added, “We’re seeing more women in treatment with marijuana as the only drug [of abuse in their histories].”

Reportedly, marijuana is used in combination with alcohol and crack cocaine (a.k.a., “primo” when marijuana is laced with crack cocaine) as these drugs are said to, “bring down the crack [cocaine] paranoia.” Also, joints/blunts are often dipped in embalming fluid (a.k.a., “sherms”) to intensify the marijuana high.

Methamphetamine **Historical Summary**

In the previous reporting period, methamphetamine was relatively rare in the region. Most participants knew little about the drug. Participants reported that the drug’s availability ranged from ‘2’ to ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants with knowledge of methamphetamine reported that methamphetamine availability had increased over the past six months. Columbus Police Crime Lab corroborated reports of increased availability, as the lab reported an increase in the number of powdered methamphetamine cases it processed over the previous six months. Participants reported that they could buy a gram of methamphetamine for \$80–\$120, with crystal methamphetamine at the top of that price range. The most common route of administration for this drug was smoking with a glass pipe. Treatment professionals described typical methamphetamine users as White males.

Current Trends

Methamphetamine is moderately available in the region. Again participants had difficulty in rating the current availability of methamphetamine on the availability scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). However, participants in Fairfield

County noted that current methamphetamine availability does not seem to have suffered despite a number of recent busts: “I seen the amount of houses working it [manufacturing methamphetamine] that are busted going through the roof, but it hasn’t affected availability.” A treatment provider commented, “Even when the meth [methamphetamine] lab busts happen here, we don’t get a lot [of methamphetamine addicts] in treatment. They’re all in jail, or they’re too paranoid to get engaged.” The only participant who had used the drug reported that methamphetamine is available in crystal (a.k.a., ice) and powdered forms: “I would do ice [crystal methamphetamine] and my house would be spotless. [If I used] Powdered, I would be stuck.” While narcotics officers most reported investigating methamphetamine use in gay clubs, they also reported that there are many ‘one pot’ users who make methamphetamine at home to feed their own habit. Reportedly, users on the street are not using methamphetamine; however, narcotics officers anticipate an increase in the street availability of this drug in the future: “What we’re anticipating, from what we’ve seen from surrounding states – meth [methamphetamine] is on our borders. In the last couple of years, for example, Indiana and [other] states just west of us have seen [methamphetamine lab] increases of 3,000 percent. It’s right there. I think you’re going to get a spike.” Statewide media outlets reported on several methamphetamine seizures. WCMH NBC 4 Columbus recently reported that over 40 people were indicted in the largest-ever methamphetamine seizure in Central Ohio. The drug seizure was part of a year-long investigation by the High Intensity Drug Trafficking Area (HIDTA) task force in cooperation with other Central Ohio law enforcement, and it netted over five pounds of crystal methamphetamine worth an estimated \$250,000 (www.nbc4i.com, June 22, 2011). WCMH NBC 4 also reported that Central Ohio drug enforcement agents made five arrests connected to a methamphetamine lab in Newark; it was alleged that two of those arrested purchased over nine grams of pseudoephedrine, which led to the investigation of a Newark home where the methamphetamine lab was found (www.nbc4i.com, May 6, 2011). Participants were unable to report on the current change in availability of methamphetamine; however, community professionals reported that availability of methamphetamine has remained stable over the past six months. BCI London crime lab reported that the number of methamphetamine cases it processes has also remained stable over the past six months. Reportedly, most of the cases the crime lab processes are for white to yellow powdered methamphetamine; however, crystal methamphetamine cases were said to be increasing.

The one participant who used methamphetamine rated the quality of crystal methamphetamine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). He explained, "Out here, it [quality of methamphetamine] sucks. If you want good stuff, go along the coastline." Participants reported the belief that the quality of methamphetamine has remained stable over the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names remain "ice" and "crystal." Reportedly, the most common route of administration of methamphetamine is intravenous administration. Other routes of administration that were cited as common include smoking and intranasal inhalation (snorting). There is generally a progression as to method of administration. A participant reported, "You start off smoking or snorting, then shooting [methamphetamine]. They're [new users] afraid of the needle so they snort and in a few weeks, they're shooting."

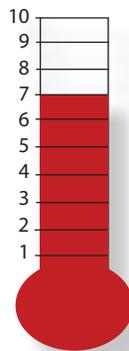
A profile for a typical methamphetamine user emerged from the data. Participants described typical users of methamphetamine as White, middle-class and often middle-aged. A treatment provider noted, "With my clients, their older family members use meth [methamphetamine]. They're not in treatment." Narcotics officers reported primarily conducting investigations at gay clubs: "We're looking primarily in the homosexual community. We've had some investigations going in that direction." Reportedly, methamphetamine is used in combination with alcohol, marijuana and Xanax® to mitigate the effects and come down from the high of the methamphetamine. A participant stated, "I use weed [to come down]. It's awful when you're coming off it [methamphetamine]."

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy [methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Ecstasy was primarily considered a "party drug" and used at night clubs. Participants perceived that both quality and availability had increased over the past six months. Participants reported a capsule cost \$20, and the quality of Ecstasy was high. The only reported method of administration was oral consumption, with many users reporting "parachuting" the drug (wrapping powdered Ecstasy in tissue paper and swallowing).

Current Trends



Ecstasy [methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] is moderately available in the region. Participants most often reported the drug's current 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.' Participants described Ecstasy as a, "young, dope boy drug," and reported that they were "seein' Ecstasy in the crack [cocaine] houses." Community professionals were unable to report on the drug's current availability.

Participants reported that the availability of Ecstasy has remained stable over the past six months. A narcotics officer had a different opinion, "It's [Ecstasy use] kind of dropping off." BCI London crime lab reported that the number of Ecstasy cases it processes has remained stable over the past six months. The crime lab also reported that Ecstasy pills usually contain multiple active substances, including 5-MeO-DiPT (foxy methoxy), BZP, MDM, MDMA, P-FPP, TFMPP, caffeine, ketamine, and methamphetamine.

Current street jargon includes several different names for Ecstasy. The most commonly cited name remains "X." Participants listed the following as other common street names: "lucky charms," "smurfs" and "zooms." Participants reported that the price of a pill depends on the strength, with reported prices generally a little lower than previously reported: a "single stack" (low dose) Ecstasy tablet sells for \$10–\$15 and a "double stack" or "triple stack" (high dose) sells for \$15–\$16.

A profile for a typical Ecstasy user did emerge from the data. Participants and narcotics officers continued to describe typical users of Ecstasy as young club goers or street drug dealers. Participants were not able to identify other drugs typically used in combination with Ecstasy.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants (Adderall® and Ritalin®) were available in the region. Participants reported that these drugs were available on the streets, but were most often obtained through physicians, who often prescribe the drugs as treatment for ADHD (attention deficit hyperactivity disorder). Participants reported users taking their child to the doctor in order to

obtain a prescription for a stimulant when their child had no real need. Participants reported that prescription stimulants were popular among younger males and females (< 18 years of age).

Current Trends

Prescription stimulants (Adderall®) are moderately available in the region. However, participants were unable to rate the availability of prescription stimulants because none of the participants reported actually using a prescription stimulant. A participant explained, *"They [prescription stimulants] are not a common 'look for' drug."* Community professionals were also unable to comment on the drug's current availability, although a narcotics officer noted, *"The perfect scenario is to go to your psychologist and get you some Ads [Adderall®]. You go to your permanent care physician, so you get double doses easily. You can get three prescriptions in a month because they [doctors] don't communicate."* In June, *The Lantern*, the campus newspaper of The Ohio State University, reported that students are using Adderall® in conjunction with alcohol because it gives them a *"euphoric sensation"* and the ability to party longer. As one of the students interviewed said, *"If you drink [alcohol], it tends to bring you down and slow you down, but if you take a stimulant, you can get drunk and stay energized."* Doctors with The Ohio State University's Younkin Success Center reported that the trend to abuse prescription stimulants has been rising over the past five years, which is troubling because prescription stimulant abuse can cause a number of long-term health complications (www.thelantern.com, June 21, 2011). BCI London crime lab reported that the number of prescription stimulant cases it processes has remained stable over the past six months.

No slang terms or common street names were reported for prescription stimulants, and participants were unable to comment on price. In addition to obtaining prescription stimulants on the street from dealers, participants also continued to report that these drugs are often prescribed by area doctors.

A profile for a typical prescription stimulants user emerged from the data. Participants continued to describe typical users of prescription stimulants as young, usually college students. The perception among participants was that Adderall® use is very high on college campuses and used as a study drug. A participant reported, *"I did it [Adderall®] all through high school to help me study."* Participants stated that they believed these medications were not typically used in combination with any other drugs.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [i.e., lysergic acid diethylamide (LSD)] and synthetic marijuana ("K2" and "Spice"). LSD was known to be present in the region, and participants typically rated availability as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, easy to get). Treatment providers reported not seeing current use of LSD in those seeking treatment; however, they reported that sometimes LSD use was noted in drug use histories during the intake of younger participants (< 18 years of age). Columbus Police Crime Lab reported that the number of LSD cases it processes had remained stable over the previous six months. Participants had heard of synthetic marijuana ("K2" and "Spice"), but none of the participants reported use. Finally, stories about bath salts abuse appeared in the region's newspapers several times, but no participant or treatment provider in this region spoke of bath salts use.

Current Trends

Participants and 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. BCI London crime lab reported that the number of lysergic acid diethylamide (LSD) and psilocybin mushroom cases it processes has remained stable over the past six months. Participants and treatment providers mentioned K2, a synthetic marijuana-like substance that can be purchased from head shops and gas stations. Both participants and treatment providers in Fairfield County described K2 as increasing in availability; however, only a few participants reported that they had actually tried K2. A participant stated, *"It's [K2] expensive. You might as well just buy weed [marijuana]."* According to participants, the primary benefit of smoking synthetic marijuana is that it is not currently screened with most standard drug screens. A participant said, *"People on probation don't really stay clean, and everyone is on probation around here. It [K2] doesn't show up on a piss test [urine drug screen]."* Another participant agreed, *"It [K2] looks like weed [marijuana]. Gets you high like weed, but you can't detect it [with most drug screens]."* A narcotics officer expressed his frustration with synthetic marijuana: *"The crime lab does not have the equipment to test, and it's not cost-effective [to test through an outside lab]. Without legislation, there is no guidance for the police."*

Khat is a drug unique to the Columbus region that is typically used by the Somali community. A flowering plant native to the Arabian Peninsula and Northeast Africa, khat contains cathinone, which is an amphetamine-like stimulant. Ingestion of khat can increase energy and produce a euphoric state. While none of the participants reported any experience with khat, the *Columbus Dispatch* reported on a multi-state drug bust involving the drug. Drug traffickers in Ohio, Maryland, New York and Virginia were arrested for bringing more than 4.8 tons of khat into the country. According to law enforcement, “[Drug] couriers were paid about \$1,000 each time they brought khat into the United States in their luggage. Some had their children act as couriers” (www.dispatch.com, May 21, 2011). BCI London crime lab reported that khat was processed in their lab over the past six months.

Participants had heard of, but were not experienced with, bath salts; however, in Fairfield County recent emergency room and police reports show an increase in the use of the substance there. A treatment center director said, “We are working on an ordinance in communities to stop the sale of bath salts.” Bath salts have appeared in the news several times during this reporting period. The *Mansfield News Journal* reported on a disturbance with police involving bath salts. After a tip from a neighbor about gun fire, police arrived at a house where suspects were barricaded inside with an infant girl and 18-month-old boy. Law enforcement found suspects were exhibiting paranoia due to the influence of a bath salts called Posh Aromatherapy (www.mansfieldnewsjournal.com, April 25, 2011). The television station *WBNS-10TV* reported on an overdose involving White Horse bath salts. A Mansfield man ingested the bath salts, which “essentially shut down his organs.” Specialists who commented on this overdose from Nationwide Children’s Hospital Poison Control Center said that they receive “at least one bath salts call a day,” and that “there have [already] been 148 cases [of bath salts] reported so far this year” (www.10tv.com, June 21, 2011). BCI London crime lab reported that the number of bath salts cases it processes has increased over the past six months. The crime lab also reported that most forms of bath salts contain MDPV and methylone, which is a relative of a chemical often found in Ecstasy, MDMA.

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Columbus region. Noted increases in availability over the previous six months exist for prescription opioids, sedative-hypnotics (Xanax®) and synthetic marijuana.

Participants and community professionals agreed that the availability of prescription opioids has increased over the past six months. Participants now identify Vicodin® and Percocet® as the two most popular prescription opioids in terms of widespread use. BCI London crime lab reported that the number of Dilaudid®, Opana® and Percocet® cases that it processes has increased over the past six months. In terms of popular sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants), community professionals identified Valium® and Xanax® as the two most popular in regards to widespread use. BCI London crime lab reported that the number of Xanax® cases it processes has increased over the past six months. Crack cocaine remains extremely easy to obtain, so much so that participants continue to say things like, “Pull over to the side of the road, and it [crack cocaine] will come to you; I could go to Walmart® right now and get some.” Participants also noted that crack cocaine paraphernalia is readily available in convenience stores and beverage drive-throughs. Black tar heroin remains the most common form of heroin in the Columbus region, and it continues to be highly available. Participants continued to report that prescription opioid users are progressing to heroin use because heroin is cheaper and easier to obtain; participants also continued to cite the reformulation of OxyContin®, which made the drug difficult to abuse, as a primary reason for the progression to heroin. BCI London crime lab continues to report that heroin is extremely pure in the region; gas chromatography-mass spectrometry analysis found that heroin is 80% pure, with caffeine being the primary cutting agent in adulterated heroin samples. Marijuana remains highly available across Columbus, and its extreme availability was best captured in this comment from a treatment provider, “It’s like catsup. Always on the table. Like a condiment.” While methamphetamine is moderately available in the region, narcotics officers reported that they anticipate an increase in methamphetamine availability in the future due to the drug’s increased street presence in border states (Indiana). Synthetic marijuana (“K2”) was described as increasing in availability by both participants and clinicians in Fairfield County; however, reportedly, only a few participants had actually tried it. Participants had heard of, but were not experienced with, bath salts; however, in Fairfield County recent emergency room and police reports show an increase in the use of the substance there. BCI London crime lab reported that the number of bath salts cases it processes has increased over the past six months. The crime lab also reported that most forms of bath salts contain MDPV and methylone, which is a relative of a chemical often found in Ecstasy, MDMA.