

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

January-June 2012

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Columbus Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	51
Gender (Female), 2010	51.2%	50.7%	29.4%
Whites, 2010	81.1%	78.0%	56.3% ²
African Americans, 2010	12.0%	13.4%	35.4%
Hispanic or Latino Origin, 2010	3.1%	3.3%	0.0%
High school graduates, 2009-2010	84.3%	77.0%	75.5% ³
Median household income, 2010	\$45,151	\$51,501	Less than \$11,000 ⁴
Persons below poverty, 2010	15.8%	15.3%	63.3% ⁵

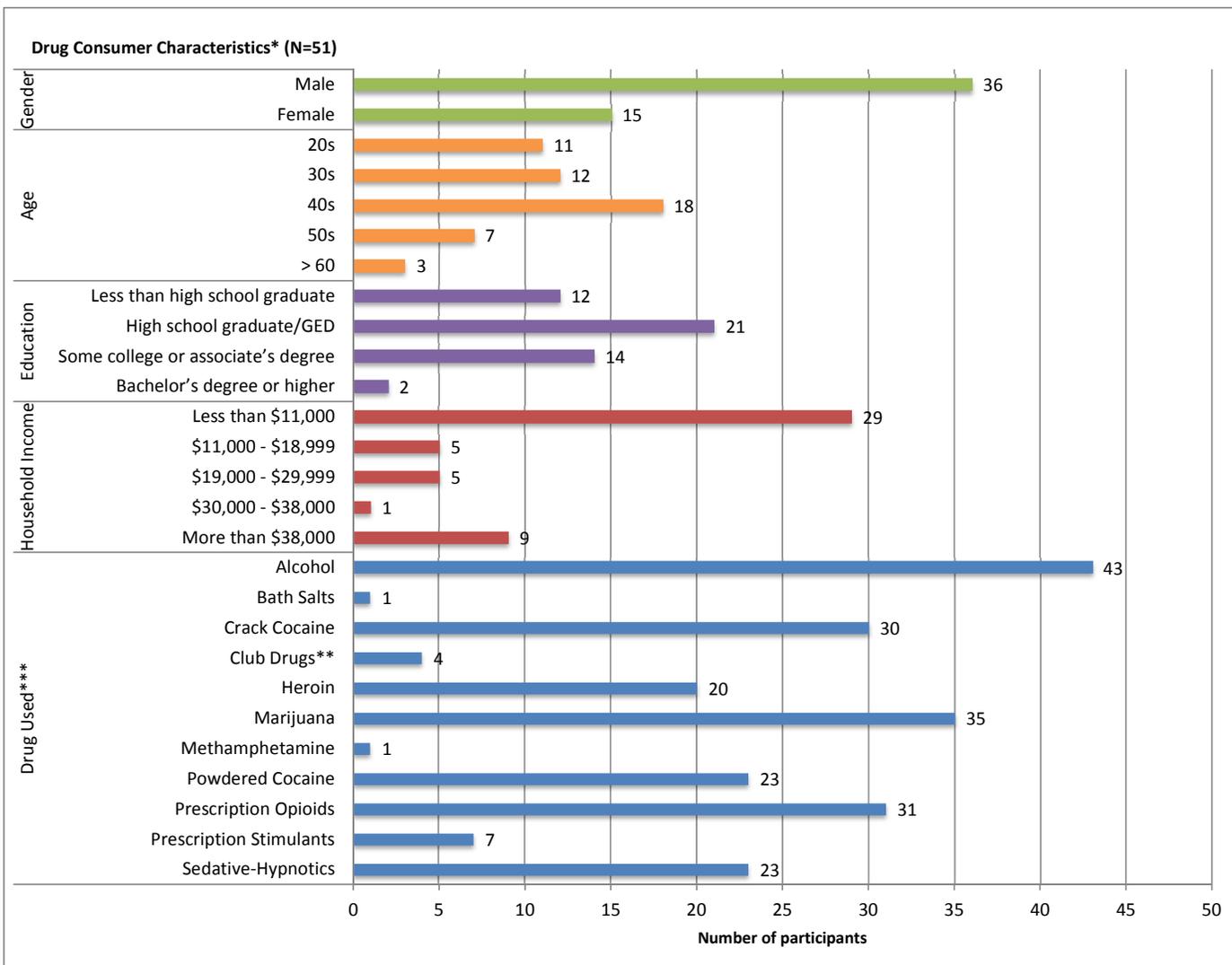
Ohio and Columbus statistics are derived from the U.S. Census Bureau.¹

Race was unable to be determined for three respondents due to missing data.²

Graduation status was unable to be determined for two respondents due to missing data.³

Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for two respondents due to missing data.⁴

Poverty status was unable to be determined for two respondents due to missing or insufficient data.⁵



*Not all participants filled out forms; therefore, numbers may not equal 51.

**Club drugs refer to Ecstasy.

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

Data Sources

This regional report was based upon qualitative data collected via individual and focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Franklin County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals in Fairfield, Franklin and Madison counties (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Columbus Police Crime Lab, the Fairfield County Municipal Drug Court, the Franklin County Coroner's Office, the Franklin County Family Drug Court and the Bureau of Criminal Investigation (BCI) London Office, which serves Central and Southern Ohio. All secondary data are summary data of cases processed from July to December 2011. 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, all secondary data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2012.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was moderately to highly available in the region. Participants most often reported the drug's availability as '6' and '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '7'. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had decreased during the previous six months. Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine had remained the same during the previous six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in most powdered cocaine cases. Participants reported that a gram of powdered cocaine sold for between \$50-60, depending on quality; 1/8 ounce, or "eight ball," sold for \$120; an ounce sold for between \$900-1,000. Participants reported that the most common route of administration for powdered cocaine remained snorting; intravenous injection and smoking were also commonly reported. A profile of a typical powdered cocaine user did not emerge from the data. However, some participants noted that users appeared to be getting younger.

Current Trends

Powdered cocaine is 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 scores were '6' and '8'. While participants described powdered cocaine as available, many reported that it really "depends on the neighborhood" as well as "who you know." Treatment providers most often reported the drug's current availability as '8'; the previous most common score was '7'. A treatment provider stated, "[Drug consumers] use it [powdered cocaine] to speedball [concurrent use with heroin]." Law enforcement also felt that powdered cocaine is highly available in the region. However, a law enforcement officer stated, "It [powdered cocaine] does not appear to be users' primary drug of choice." Collaborating data also indicated that cocaine is readily available in the region. The Franklin County Coroner's Office reported that 8.2 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death). Furthermore, the Coroner reported cocaine as present in 27.7 percent of all drug-related deaths. (Note: coroner's data is aggregate data of powdered cocaine and crack cocaine and does not differentiate between these two forms of cocaine).

Participants most often reported that the availability of powdered cocaine has decreased during the past six months. Many participants reported dealers turning powdered cocaine into crack cocaine. A participant commented, "Everyone's rockin' it up [re-cooking powdered cocaine to produce crack cocaine]." Participants also noted a decrease in availability during the past six months due to the increasing popularity of other drugs. A participant reported, "Even heroin is easier to get now, more than [powdered] cocaine." Another participant reported, "Now that everybody's on pain killers [prescription opioids], coke [powdered cocaine] took a back seat. It's easy to find, but people pass it up." Law enforcement reported that availability of powdered cocaine has remained the same during the past six months, while treatment providers felt that availability has slightly increased. The Columbus Police Crime Lab reported that the number of powdered cocaine case it processes has increased during the past six months.

Most participants rated the 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 reported that powdered cocaine in the is cut (adulterated) with aspirin, baking soda, creatine, dry wall, laxatives, lidocaine (local anesthetic) and vitamin B-12. Many participants reported that powdered cocaine is cut with, as one participant stated, "whatever you can imagine,

whatever comes to mind." The Columbus Police Crime Lab cited the following substances as used to cut powdered cocaine: caffeine, levamisole (livestock dewormer) and local anesthetics (benzocaine and lidocaine). Participants reported that the quality of crack cocaine has remained the same during the past six months. A participant reported, *"I think that here people been steppin' on it [adulterating powdered cocaine] more than usual. You know, to make more so they can get their money back. They cut it and rock it up."* Another participant reported, *"I can get it [powdered cocaine] real easy, but the quality is crap."*

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: "blow," "Christina Aguilera," "snow" and "white girl." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between \$40-60, depending on the quality; 1/8 ounce, or "eight ball," sells for between \$100-150; and an ounce sells for between \$1,100-1,500. Treatment providers felt that more drug consumers prefer crack cocaine, as one stated, *"because of the high cost [of powdered cocaine]."* Participants reported that the most common way to use powdered cocaine remains snorting; however, participants reported that intravenous injection and smoking are also common methods. Many participants continued to report that new users are more likely to snort powdered cocaine, but eventually progress to either smoking or intravenously injecting it. A participant noted, *"A lot of people shoot it [powdered cocaine]."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants continued to describe typical users of powdered cocaine as "everyone." Most participants agreed with the comment of one participant: *"No discrimination there [no typical powdered cocaine user], [powdered cocaine users] it's everybody."* Other participants reported that while there are no differences in typical use based on user race and age, those who use are typically, *"middle-class, suburbians; Rich people use the powder [powdered cocaine] more."* Law enforcement reported a change in the typical user of cocaine during the past six months. A law enforcement official stated, *"We used to see 30s [years of age] using cocaine, now we're seeing more of the 18 to 25 year olds using it in conjunction with heroin."* Treatment providers also commented on powdered cocaine becoming increasingly more popular with the younger age groups. One treatment provider stated, *"We're seeing more kids doing it [powdered cocaine]. It's really popular in the high schools."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and prescription opioids. Participants said that alcohol is used in conjunction to, as one participant stated, *"come down [from the stimulant high of cocaine], to take off the edge."* Many participants echoed the response of one participant who reported, *"Heroin's good after that [powdered cocaine use] too, to help bring you down 'cause it [cocaine] keeps you up ... it's a speedball, you put 'em both in the same rig [injection equipment]."* Some treatment providers noted an increasing trend in the amount of drug consumers who report using powdered cocaine to speedball with heroin. A treatment provider stated, *"[Powdered cocaine] it's popular because of the speedballs. I've had three clients die in the past three months from overdosing [while using powdered cocaine to speedball]."* Another participant commented on a growing popularity of the younger users of powdered cocaine: *"The younger generation is mixing blow [powdered cocaine] with perc's [Percocet®]."*

Crack Cocaine **Historical Summary**

In the previous reporting period, crack cocaine 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' (highly available, extremely easy to get); treatment providers most often reported current availability as '9'. The BCI London Crime Lab reported that the number of crack cocaine cases it processes had decreased during the previous six months. Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine. Participants reported that a gram of crack cocaine sold for \$50; 1/8 ounce sold for \$150. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remained smoking. Most participants said crack cocaine was popular with men and women of nearly all age groups and races.

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'. Many participants agreed with one participant who reported on crack cocaine always being available. The participant stated, *"Every street corner you can find a piece of crack [crack cocaine] pretty much ... in the urban neighborhoods."* Another participant added, *"Yeah, just walk out your front door; everybody got that [crack cocaine]."*

Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '9.' A treatment provider reported, "It [crack cocaine] will find you," while discussing the current availability of crack cocaine in the region. Participants and treatment providers reported that the availability of crack cocaine has remained stable during the past six months. A treatment provider stated, "[Availability of crack cocaine] it's the same. It's always been here ... all up and down the street here." The Columbus Police Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Most participants rated the 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.' According to one participant, the current quality of crack cocaine is "horrible" and it leaves a user, "always chasing a high they can't get." Participants reported that crack cocaine in the region is cut with baby formula, baking soda, ether and vitamin B-12. Many participants agreed with one who reported: "Everyone out there cuttin' it [adulterating crack cocaine]. Just cuttin' it and cuttin' it down. You never know what you're gonna get ... just like a box of chocolates." Many other participants said that quality depended on the dealer. A participant explained, "If it's your close friend [dealing], they're not going to cut it [crack cocaine] as much. But, if it's someone they don't know, [the dealer] they're going to cut the shit out of it." Another participant added, "You never know, but when you get something good [good quality crack cocaine] you stay with that person [dealer] until they have something as bad as the last." Participants reported that the quality of crack cocaine has decreased during the past six months. A participant said that the quality of crack cocaine is so bad, that it seems like dealers are "selling dry wall for crack now." The Columbus Police Crime Lab cited levamisole (livestock dewormer) as the most common cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard," "rock" and "work." Participants listed the following as other common street names: "butter," "flav," "food" and "water." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a crumb of crack cocaine sells for between \$5-10; a gram sells for between \$50-65; 1/16 ounce, or "teener," sells for \$60; 1/8 ounce, or "eight ball," sells for between \$80-100. Many participants agreed that the price of crack cocaine varies depending on how well users know the dealer. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remained smoking followed by intravenous injection. Out of 100 crack cocaine consumers, participants reported that approximately 80 would smoke and 20 would intravenously

inject or "shoot it." Many participants commented on the increased popularity of intravenously injecting crack cocaine. A participant reported on the reason for intravenously injecting crack cocaine instead of smoking it: "The high's way different. If you shoot it [crack cocaine], you don't geek [experience paranoia] like you do if you smoke it. Like if you smoke it, you get real paranoid and you go crazy. But, when you shoot it [crack cocaine], it hits you completely different." Despite the growing popularity of intravenous injection, many participants reported that there will always be users who prefer to smoke it. A participant stated, "A lot of people smoke it [crack cocaine] 'cause it's faster. You get high quicker." Another participant added, "Most people don't want to take the time to break it [crack cocaine] down, they just wanna hurry up and get something out of it."

A profile of a typical user of crack cocaine did not emerge from the data. Participants described typical users of crack cocaine as "everyone." According to treatment providers, many crack users during the past six months have been, as one treatment provider stated, "females in their 20s to 30s ... even mothers." Treatment providers also commented on the popularity of crack with heroin users. A treatment provider reported, "They [heroin users] use it [crack cocaine] to function."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Participants agreed that the majority of the time crack cocaine is used in combination with other drugs rather than used by itself. A participant explained, "People don't just use crack, everyone at least drinks [alcohol] on it." Many participants reported using crack cocaine in combination with other drugs to maintain balance or to, as one participant stated, "keep you level."

Heroin Historical Summary



In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin were available in the region, participants continued to report black tar heroin as the most available. Participants reported that heroin availability had increased during the past six months, while treatment providers reported that availability had remained the same. A representative from the BCI London Crime Lab reported that the number of heroin cases it processes had remained

the same during the previous six months. Most participants generally rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). According to BCI London Crime Lab heroin was "typically pretty pure." Participants reported that black tar heroin sold for between \$10-15 a bag; a gram sold for \$100. Participants reported that the most common route of administration for heroin remained intravenous injection. A profile of a typical user of heroin did not emerge from the data; however, participants noted that users appeared to be getting younger. Treatment providers commented on the progression from prescription opioids to heroin.

Current Trends

Heroin remains highly available in the region. Participants most often reported heroin's overall 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 agreed with one who said, "Nowadays [heroin] it's everywhere." While many types of heroin are currently available in the region, participants continued to report the availability of black tar heroin as most available. Many participants reported that both powdered and black tar heroin are highly available. A participant reported never knowing which kind of heroin was available, even in the same area: "I went to a dealer the one day and got brown powder [heroin]. I went to the same dealer the next day and got tar [black tar heroin]. It just depends." Participants rated black tar heroin's availability as '10'; the previous most common score was also '10'. A participant reported black tar heroin as highly available at all times: "I can go right out to the street and have tar [black tar heroin] in ten seconds." Participants also rated the availability of brown and white powdered heroin as '10'; the previous most common score was '7'. Many participants agreed that currently powdered heroin is more available than in the past. A participant reported seeing a lot of powdered heroin during the past six months, "I see a lot of powder [heroin], especially white. It looks just like cocaine." Law enforcement and treatment providers most often reported the current availability of heroin as '10', noting that black tar heroin is slightly more available; the previous most common score was also '10'. According to a law enforcement official in Fairfield County, "[heroin] availability is off the charts. It's above a 10 ... if you sit in the parking lot at [a local convenience store] you'll see five to six drug [heroin] deals." Treatment providers agreed, with one rating the availability, "20 out of 10. [Heroin] it's anywhere ... it's everywhere." A treatment provider also reported, "White powder [heroin] is coming out of Dayton." When asked if heroin has been the cause of any drug overdoses, staff from the Fairfield County Coroner's Office reported three deaths were the result of a heroin overdose. The staff member explained why the death rate seemed

low: "That's pretty low compared to what they are seeing in the emergency room and what they are seeing on the fire department. That's tremendously low. Now heroin is one of those things that I think ... they do in groups, and when they pass out, somebody calls for help real quick and a lot of time they are resuscitated. Narcan® ... lets heroin people go on and on and on. I rode the squad for 29 years. I would see the same people over and over and over again ..."

Collaborating data also indicated that heroin is readily available in the region. The Franklin County Coroner's Office reported heroin as present in 20.8 percent of all drug-related deaths. According to the Fairfield County Municipal Drug Court, a low percentage of men and women involved in their court test positive for drugs. However, among those testing positive during the past six months, 39 percent of positive urine drug screens were related to opiates. (Note: Opiates refers to heroin and a class of prescription medication.) According to the Franklin County Family Drug Court, a moderate percentage of men and women involved in their court tested positive for drugs. Among those testing positive during the past six months, 36 percent of positive urine drug screens were related to opiates. In addition, media outlets in the region reported on heroin seizures and arrests during this reporting period. In February, Marion police (Marion County) arrested a woman for trafficking in heroin after months of investigation (www.nbci4.com, Feb. 2, 2012). In March, also in Marion, police arrested four men from Detroit on drug-trafficking charges; police seized 733 pills, heroin and crack cocaine with a combined street value of \$9,500 during the raid (www.marionstar.com, March 9, 2012). In May, police held a forum to address concerns about black tar heroin in the Grandview Heights neighborhood in Columbus (Franklin County), as well as other affluent communities in central Ohio; at the forum a father from Grandview Heights talked about losing his 21-year-old son to a heroin overdose (www.10tv.com, May 29, 2012).

Participants reported that the current availability of black tar heroin has increased during the past six months. Some participants reported preferring black tar heroin to powdered heroin. A participant stated, "I would rather have tar than powder." Many participants reported the availability of black tar heroin increasing because, as one stated, "the users just keep multiplying." A participant reported, "There's more people shootin' [using] heroin than there is doin' crack [crack cocaine]." Another participant agreed with this comment and added, "True, or they go from taking pills to using heroin." Law enforcement reported that availability of black tar heroin has remained stable during the past six months. An officer stated, "I don't think the availability [of black tar heroin] has increased, it's just that the past two years it's been off the charts." Participants also reported that the availability of white powdered heroin has increased during the past six

months. Community professionals did not observe a change in availability of white powdered heroin during the past six months. The Columbus Police Crime Lab reported that the number of heroin cases that it processes has slightly increased overall during the past six months. (Note: the crime lab does not distinguish between black tar and powdered heroin cases).

Most participants generally rated the quality of heroin as '6' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Participants reported that heroin in the region is cut with coffee and dark-colored soft drinks. Reportedly, dealers will, as one participant stated, "boil the syrup [from the soft drink] out and cut it [heroin] that way." Another participant echoed this comment, "I've seen it [heroin] cut with coffee ... all kinds of shit." Many participants reported that the quality of heroin depends on who you get it from: "Quality goes from '0' to '10' because there's so many people using it. If you get some bad shit, you just go to someone else." Another participant added, "If you go to a Black or White guy [dealer], it's always cut ... so unless you go to a Mexican [dealer], [quality of heroin] it's crappy." Participants reported that the quality of heroin has varied during the past six months. While many participants report there being, as one stated, "a lot of junk out there," most agreed that the quality goes up and down, and largely depends on users' connections. According to the testing results from the BCI London Crime Lab, heroin remains "reasonably pure." However, when heroin is cut, the lab reported that diphenhydramine (antihistamine) occasionally is used.

Current street jargon includes many names for heroin. The most commonly cited names were "berries," "boy" and "dog food." Participants reported that heroin is available in different quantities: a bag sells for between \$10-15; 15 balloons (1/10 gram per balloon) sells for \$100; 1/8 ounce, or "eight ball," sells for \$300; an ounce sells for between \$1,000-1,200. Participants reported that price does not vary between black tar and powdered heroin. Overall, participants reported that heroin pricing has remained the same during the past six months. Participants reported that the most common way to use heroin remains intravenous injection. Out of 100 heroin consumers, participants reported that approximately 80 would intravenously inject or "shoot," 10 would smoke and another 10 would snort. Participants commented on the overwhelming popularity of intravenous injection among heroin users. A participant stated, "Shooting ... definitely shootin' [injecting heroin is most popular]. If you do it one time, you do it again." Participants also continued to report on the progression of heroin users from smoking the drug to intravenously injecting it. One

participant stated, "Most of the younger crowd is smoking it [heroin] off the foil, and once they know, 'hey this is the best buzz,' they're injecting it. When you first start it [heroin use], you don't want to shoot it [heroin] ... you'll be like, 'Oh, I'll never shoot.' But, after a little while you're like, 'Oh, this [smoking] doesn't do it for me ...' then you try it [intravenous injection] ..." Another participant agreed while adding, "Young people start out smoking [heroin], then they 'graduate.'" Law enforcement discussed the route to heroin use. One law enforcement official stated, "The kids are saying that they start off with the scripts ... prescription drugs. Then they switch to heroin because it's stronger, faster, cheaper."

Reportedly "needles are easy to get" from both drug dealers and pharmacies. Many participants expressed concern with the amount of people sharing needles when using heroin. A participant reported that users do not always clean them when sharing. Law enforcement echoed this concern, with one law enforcement official stating, "A lot of people share needles. Most of our people that come into our programs are Hep C [Hepatitis C] positive because they're all sharing needles." Treatment providers also expressed concern with the amount of people sharing needles. A treatment provider reported, "Hep C [Hepatitis C] is out of control, I'd say 98 percent of our clients have it." Another treatment provider added, "[Hepatitis C] it's becoming socially acceptable, a way of life."

A profile of a typical user of heroin did not emerge from the data. Participants described typical users of heroin as "anybody." Many participants agreed with one user who reported, "After being in this place [treatment program], no! [No common user]. It can be anybody and everybody." Participants reported an increase in the number of people switching from prescription opioids to heroin during the past six months, with one stating, "Since no one wants OxyContin® anymore 'cause they changed, they're [dealers] just pushing more people to heroin." According to a law enforcement official, "[Typical heroin users] it's the 18 to 25-year-old kids. And, we were seeing more males than females, but that has shifted ... we're seeing more females now." Treatment providers noted an increase in younger heroin users. A treatment provider explained, "A lot of the [heroin] dealers are recruiting the younger kids to deal it [heroin], and they're going straight to the schools." Another treatment provider echoed this statement, "The generation [using heroin] is getting younger and younger."

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, prescription opioids and sedative-hypnotics. According to many participants, heroin is used with, as one stated, "whatever keeps you awake, 'cause

heroin's gonna make you sleepy." Another participant reported on the popularity of using crack cocaine with heroin: *"Crack and H [heroin] ... all my dealers sell both."* Another participant added to this comment, *"Yep, H [heroin] always has a buddy."* Treatment providers also reported on drugs commonly used with heroin. A treatment provider commented, *"Speedballs. Crack and heroin, hand in hand. I've had three clients die in the last three months from overdosing."* Other treatment providers added that many heroin users, *"use other drugs to function. They just can't get up and get stuff done, so they're using [crack] to get their stuff done."* A treatment provider mentioned a growing trend of drug consumers using crack cocaine to avoid withdraw symptoms from heroin: *"For some reason right, now [heroin users] they're saying they don't go through the heroin withdraws if they're on crack."*

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 '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participants and community professionals reported that the availability of prescription opioids had decreased during the previous six months. The BCI London Crime Lab reported that the number of prescription opioid cases it processes had remained the same during the previous six months. 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 for abuse were snorting and intravenous injection. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from pain clinics. Treatment providers described the typical user of prescription opioids as male and White.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '8' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants identified Opana®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Many participants reported on the ease of coming across prescription opioids during the past six months. A participant stated, *"Let's go with 11-plus [extremely easy to get on the availability scale] 'cause you can go stand outside any [grocery*

store] right now, and someone gonna sell you their script [prescription]." Community professionals most often reported current availability as '8' or '9'. A treatment provider reported that drug consumers *"stand outside of pharmacies to buy other people's prescriptions off them."* Community professionals most often identified Percocet®, Vicodin® and OxyContin® as the three most popular prescription opioids in terms of widespread use. According to a law enforcement officer the problem of prescription opioid abuse is currently *"huge ... it's still huge."* An official from the Fairfield Drug Court reported that availability of prescription opioids *"remains high, even after a few problem docs have been shut down and are no longer practicing."* Treatment providers reported that prescription opioids are *"like Tylenol"* in the region. Many treatment providers even expressed concern with a growing popularity in *"pill parties,"* as one stated. A treatment provider explained that these parties are *"popular with the junior high kids. They steal pain killers out of their parents' medicine cabinets, and then go throw them in a bowl at the party, and they grab what they want."*

Collaborating data also indicated that prescription opioids are readily available in the region. The Franklin County Coroner's Office reported prescription opioids as present in 55.4 percent of all drug-related deaths during the past six months. In addition, media outlets in the region reported on prescription opioid seizures and arrests during this reporting period. In February, after a 10-month investigation, law enforcement in Circleville (Pickaway County) executed "Operation Rollin' Stone" during which 25 felony arrest warrants were issued to those involved in drug sales in the city; law enforcement seized more than 1,500 pills, cash and weapons during the raid (www.nbc4.com, Feb. 3, 2012). In March, police in Newark (Licking County) reported that a man robbed a pharmacy of prescription medications (www.nbc4.com, March 5, 2012). Also in March, police in Marysville (Union County) charged a man with drug trafficking and corrupting another with drugs after a woman he supplied with oxymorphone died of an overdose (www.dispatch.com, March 13, 2012). In April, officials from the Drug Enforcement Administration reported that 15 vials of hospital-grade drugs were stolen from a commercial pharmacy in Worthington (Franklin County) (www.10tv.com, April 3, 2012). In June, Columbus police reported that pharmacy in the city was robbed of oxycodone (www.nbc4.com, June 10, 2012).

Participants reported that the availability of prescription opioids has remained stable during the past six months. Many participants noted that although OxyContin® OC is now less available, there is no overall shortage of prescription opioids. A participant stated, *"There's a lot of [Roxicodone® 30 mg] and perc 15s [Percocet® 15 mg]. They [dealers] go down*

to Florida and get 'em [prescription opioids], then bring 'em back here 'cause the doctors up here ain't handin' 'em out like they used to." Law enforcement reported that availability of prescription opioids has slightly decreased during the past six months. Treatment providers reported that despite the closing of some local "pill mills," availability of prescription opioids has remained stable. A treatment provider explained, "The availability's there ... they [users] just have to work harder to get them [prescription opioids]." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with the following exceptions: an increase in cases of Opana® and a decrease in cases of OxyContin®.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to the street-level users (Note: When reported, current street names and prices are indicated in parentheses): Percocet® (10 mg, aka "percs" and "10s," sells for between \$10-12), Roxicodone® (30 mg, aka "perc 30's" and "30s," sells for between \$25-30 or, on average, \$1 per milligram) and Vicodin® (5 mg, aka "V's" and "vics," sells for between \$2-4). 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 are snorting and intravenous injection. A law enforcement official noted a high percentage of users snorting: "Almost always they're snorting them [prescription opioids] ... We find straws with residue in them all the time."

In addition to obtaining prescription opioids on the street from dealers, participants also reported obtaining them from doctors and from buying other people's prescriptions. A participant even reported that contracts are made with people in Florida who will sell their prescriptions: "My friends' dad lives in Florida and we know about three or four people down there. Every three months ... we'll wait 'til they build up they'll have about 800 or 900 30s [Roxicodone® 30 mg] saved up and we'll make a trip down there, buy 'em and bring 'em back. We've made contracts, so that when they get enough for us to make a trip, we'll leave tonight and be back tomorrow night." Other participants reported obtaining prescription opioids from doctors and from standing outside pharmacies. Law enforcement also noted users easily obtaining prescriptions from dentists. An officer explained, "One of the problems is, a lot of drug users don't have good teeth and they'll go to the dentist and get a three-to-six month supply of opiates [prescription opioids]."

A profile of a typical user of prescription opioids did not emerge from the data. A participant described typical

users of prescription opioids as "anybody ... the pills don't discriminate. They start from 15 [years of age] on up." Another participant echoed this comment and added, "It could be grandma ... anyone." Law enforcement officials felt that prescription opioids are particularly popular with the younger crowd, with one stating, "We're seeing a lot of the younger crowd on prescription opioids, especially the high schoolers." Treatment providers echoed this statement, "I think [high school] that's where a lot of the kids start." A treatment provider mentioned kids as young as sixth grade using prescription opioids: "Now you've got sixth graders getting busted snorting pills in the bathroom." A law enforcement official also noted that similar to heroin, "Females are becoming more prevalent than the males now [in terms of prescription opioid use]."

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, heroin, marijuana, other prescription opioids and sedative-hypnotics. A participant reported using prescription opioids with "pretty much anything." Many other participants agreed, reporting use of prescription opioids with substances that intensify the high. A participant reflected on why people mix other substances with prescription opioids: "Everything's [all drugs] always mixed [combined]. You can never get high enough ... Never as good as the first time. You can never get it back." When asked if prescription opioids have been the cause of any drug overdoses, a staff member from the Fairfield County Coroner's Office commented on an increase in a mixture of prescription drug deaths: "Yeah, a lot of prescription stuff ... diazepam, stralopram, hydrocodone ... there's morphine itself Xanax®, methadone ... methadone ... methadone. Yea, a tremendous amount. I'm seeing more mixture of prescription opioids." The staff member went on to further express a concern with the growing number of drug-related deaths: "We have a conference every year where all the coroners get together and a big topic this year was all the increases in drug [related] deaths. We didn't even go half a year, and already beat last year [total number of drug-related deaths]."

Suboxone® **Historical Summary**

In the previous reporting period, Suboxone® was moderately to highly available in the region. Participants most often reported the availability of Suboxone® as '4' and '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported availability as '7'. Participants reported that the availability of Suboxone® had remained the same during the previous six months, while treatment providers reported

that availability had increased. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had remained the same during the previous six months. Participants reported that Suboxone® 8 mg sold for \$10. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue); there were also a few reports of intravenous injection. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug from clinics for their own use or to resell on the street. A participant noted that dealers didn't often sell Suboxone®. A profile of a typical Suboxone® user did not emerge from the participant data. However, treatment providers characterized the typical user as "an adult male in his 20s, Caucasian."

Current Trends



Suboxone® is moderately available in the region. Participants reported the availability of Suboxone® as '6' or '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 '4' for those 25 years of age and younger and '8' for those older than 25 years of age. While some participants reported that Suboxone® is difficult to obtain, others reported being able to, as one participant stated, "get it [Suboxone®] like that [with ease]," when going to a clinic. Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '7'. According to law enforcement officials, Suboxone® is prevalent in the area. An officer said there is "tons of Suboxone® in the area."

Participants reported that the availability of Suboxone® has decreased during the past six months. A participant reported, "A lot of the clinics now are making them [those prescribed Suboxone®] bring back the wrappers. Other clinics, to get a script [prescription] filled, they'll have to take a piss test or whatever, and Suboxone® has to be in their system." Other participants reported that although Suboxone® is fairly easy to obtain from clinics, it is not always affordable. A participant explained, "[Suboxone®] it's expensive. It's \$6 a pill to fill at the pharmacy. I was paying \$8 for the strips [Suboxone® film], and the doctor's visit was \$600." Treatment providers reported that availability of Suboxone® has increased during the past six months, reporting that Suboxone® clinics are "all over." The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has increased during the past six months.

There were no street names reported for Suboxone®. Participants reported that Suboxone® 8 mg sells for between

\$10-15 per pill. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from clinics and pharmacies. A participant reported on the ease of getting Suboxone® prescribed at clinics: "If you can get to a clinic, they're just like, 'Oh, you're an addict? Here's a script.' But, it [Suboxone®] does help. So, if you're trying to quit [opiates], it really does work." Participants agreed that buying Suboxone® on the street is expensive. A participant said, "I was really trying to buy it [Suboxone®] on the street to get clean ... it's expensive." Most often participants continued to report taking Suboxone® sublingually (dissolving it under the tongue). According to a participant, "People take it [Suboxone®] the way they are supposed to." Many participants agreed with one participant who reported that people take Suboxone® "right under their tongue because you don't get the right effect if you snort it or inject it."

A profile for a typical Suboxone® user did not emerge from the data. Reportedly, Suboxone® is rarely used in combination with any other drugs. The only drug mentioned by participants as being used in combination with Suboxone® is, as one stated, "Xanax® to get high." However, according to most participants agreed with one who stated, "People aren't getting high off it [Suboxone®]. They're taking it to get unsick." A participant reported on personal experience with the drug: "I'm doing it [Suboxone®] to stay clean."

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 drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to identify Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers most often reported the availability of sedative-hypnotics as '7'. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months. The most common routes of administration were intravenous injection and snorting. In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining the drugs from pain clinics. Participants had a difficult time describing a typical user, while treatment providers characterized the typical user as female and White.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the 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'. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Although sedative-hypnotics remain highly available in the region, participants agreed with one participant who reported that *"availability depends on the neighborhood."* Community professionals did not rate current availability; however, law enforcement and treatment providers agreed that sedative-hypnotics are highly available; the previous most common score was '7'. Community professionals identified Xanax® as most popular, closely followed by Klonopin®. Collaborating data also indicated that sedative-hypnotics are readily available in the region. The Franklin County Coroner's Office reported sedative-hypnotics as present in 32.3 percent of all drug-related deaths.

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. Many participants reported the decrease in availability is due to the *"crack down [closing] of doctor's offices,"* as one participant stated. Law enforcement noted a slight decrease in availability in sedative-hypnotics, while treatment providers reported that availability of sedative-hypnotics has remained stable during the past six months. A treatment provider stated, *"We've seen an increase [in sedative-hypnotics use] with the heroin users. A lot of girls using them [sedative-hypnotics] when coming off heroin."* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ambien®, Ativan®, Klonopin® (aka "pins" and "klonies") and Xanax® (0.25 mg and 0.5 mg, aka "footballs" and "panty droppers;" 1 mg, aka "blues" and "xani's," sells for \$2 per pill; 2 mg, aka "diving boards" and "xanibars," sells for between \$3-5 per pill). While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remain intravenous injection and snorting. Many participants agreed with one who said, *"Most [users] snort [sedative-hypnotics], some shoot [intravenously inject]."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported obtaining them from doctors, emergency rooms, pharmacies and from clinics in Florida. A participant reported being able to obtain

sedative-hypnotics by standing outside a pharmacy and purchasing drugs from customers. Another participant discussed sedative-hypnotics purchased in Florida: *"All the benzo's [benzodiazepines] come from Florida. The dealers take 10 to 15 people, drive 'em down there and sit right in the parking lot while they go in and get scripts [prescriptions]. They give 'em \$1,000 bucks or something."* While many participants described obtaining sedative-hypnotics with ease, others commented on the increasing difficulties with the new laws. A participant noted his dealer was arrested and charged, and another participant added, *"I know that personally, last year my husband and I got hit by the DEA. Before that I personally was selling \$10,000 [in pills] a month from a pharmacist in central Ohio."*

A profile of a typical user of sedative-hypnotics did not emerge from the data. However, some participants described typical users of sedative-hypnotics as mothers with children or *"White women."* Other participants reported that typical users *"have anxiety problems,"* or are likely to be *"anyone who's stressin' and feelin' like they got some problems."* Treatment providers frequently noted seeing a lot of young mothers using sedative-hypnotics. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin and marijuana. Participants reported a growing popularity of injecting Xanax® with heroin to intensify the high. A participant explained, *"A lot of people like the xani's [Xanax®] when they shoot their dope [heroin] because it intensifies your high. I've had five of my friends die from shootin' dope and Xanax®."* That participant was not the only one to have multiple friends die while using heroin and sedative-hypnotics together. Another participant said, *"Yeah, it intensifies it bad, it slows your respiratory [system]. It's like almost ... you can barely see someone breathing once they're out. A lot of people die from doing that [combining heroin with sedative-hypnotics], two of my friends did."*

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' (highly available, extremely easy to get). Treatment providers also most often reported the availability of marijuana as '10'; and they likened the widespread use of the drug to that of cigarettes. In addition to easily obtaining marijuana on the region's streets, some participants mentioned obtaining marijuana from Michigan's prescription marijuana program. Participant quality scores of marijuana varied from '4' to '10' with the most common

score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants continued to explain that the quality of marijuana depended on whether the user bought "commercial weed" (low- to mid-grade marijuana), high-grade or hydroponically grown marijuana. Participants reported commercial-grade marijuana as the cheapest form: a gram sold for \$5; an ounce sold for between \$90-120. For higher quality marijuana, a gram sold for \$20; an ounce sold for \$350. The most common route of administration for marijuana remained smoking. Participants and treatment providers agreed that there was no specific age or other demographic category associated with marijuana use.

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'. Many participants echoed the sentiment of one who said, "[*Marijuana is*] always there ... 24 hours [a day] as long as you got someone to bring it to you." Treatment providers noted that marijuana is available on "any street." Law enforcement and treatment providers also most often reported the drug's current availability as '10'; the previous most common score was also '10'. Law enforcement from Fairfield County reported marijuana as highly available, but not as popular as other drugs. A law enforcement officer said drug consumers are, "*bored with it.*" Media outlets throughout the region reported on several marijuana seizures during this reporting period. In March, the Ohio State Highway Patrol discovered that marijuana packages were welded into farm equipment carried by a semi in Columbus (www.nbc4i.com; March 29, 2012). In April, Madison Township law enforcement executed a search warrant after a shooting at a Groveport (Franklin County) residence where they found 223 marijuana plants and seven pounds of marijuana (www.10tv.com; April 30, 2012).

Participants reported that the availability of marijuana has increased during the past six months. A participant reported, "*Marijuana seems to have flooded in the area here.*" Another participant agreed, "[*Marijuana*] it's there all the time ... whenever you want it." Treatment providers, as well as law enforcement reported that availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana ranged from '4' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Several participants explained that the

quality depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). A participant reported, "*They [dealers] got everything ... all [marijuana] grades ... Depends on what you want to spend.*" Many participants agreed that during the past six months quality has increased. A participant explained, "*It [marijuana] gets better all the time. More people grow it in the house and that's when it's really good. Grow it outside and it loses its potency.*" Other participants thought that competition among dealers for market share is the cause of the increasing quality. A user explained the quality of marijuana as "*better 'cause they [marijuana dealers] have to keep up with everything else.*"

Current street jargon includes countless names for marijuana. The most commonly cited name remains "weed." Participants listed the following as other common street names: "dirt," "mid," "reg" and "regular" for commercial-grade marijuana; "kush," "blueberry yum yum" and "purple haze" for high-grade marijuana; "dro" and "hydro" for hydroponically grown marijuana. The price of marijuana depends on the quality desired. Participants reported that commercial-grade marijuana is the cheapest form: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/10 ounce, or a "dime bag," sells for \$25; 1/2 ounce sells for \$85; an ounce sells for between \$150-200. Higher quality marijuana sells for significantly more: 1/8 ounce sells for \$50; 1/4 ounce sells for \$100; an ounce sells for between \$500-700; a pound sells for between \$3,000-5,000. A participant reported, "*An ounce of 'dro proolly [probably] brings you \$300 to \$400, but if it's that good, good green ... you might get about \$600 to \$700 for it.*" A law enforcement officer commented on both an increase in quality of marijuana as well as an increase in price: "*The stuff coming across the border that they're [dealers] are smuggling like crazy probably has a two to four percent THC [tetrahydrocannabinol] level content. And we've seen 19.5 percent levels that came out of Meigs County [in southeastern Ohio] ... and not only high quality, but very expensive. We've seen \$3,000 to \$4,000 a pound.*" While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 100 marijuana consumers, participants reported that approximately 95 would smoke and 5 would use marijuana in baked goods. A participant commented, "*Some people eat it [marijuana in] ... cookies, Rice Krispies® treats, brownies ...*" Most users agreed with the sentiment of one participant: "*Some people do [bake marijuana into food], but more or less everyone smokes.*"

A profile for a typical marijuana user did not emerge from the data. Participants agreed that "marijuana doesn't discriminate," reporting that there are no specific ages or demographics associated with the use of marijuana.

Law enforcement and treatment providers echoed this statement, agreeing that marijuana users could be anyone. Reportedly, marijuana is used in combination with alcohol, crack cocaine and PCP (phencyclidine). Many participants reported using marijuana in combination with a number of various drugs to “come back down” from an intense high.

Methamphetamine **Historical Summary**

In the previous reporting period, methamphetamine was relatively rare in the region. Participants most often reported the drug’s availability as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants stated that methamphetamine was difficult to obtain and more available in rural areas. Participants reported that methamphetamine was available in powder and crystal forms. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had decreased during the past six months. The crime lab also reported that white powdered methamphetamine from personal labs was the most common form, and that methamphetamine trafficked on the street was usually crystal methamphetamine. Participants reported that a gram of crystal methamphetamine sold for \$20. Reportedly, the most common route of administration of methamphetamine remained intravenous injection. A profile of a typical methamphetamine user did not emerge from the data.

Current Trends



Methamphetamine is rarely available in the region. Participants most often reported the drug’s current availability as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘2’. Participants continued to report that methamphetamine is available in powdered and crystal forms. While community professionals could not rate the current availability of methamphetamine in the region, both treatment providers and law enforcement agreed that the drug

is becoming more popular. A BCI law enforcement officer reported, “Meth [methamphetamine] is not only big, but it’s getting bigger... Our peak for seizing meth labs, we did about 500 labs in 2005. This is July, and we are already at 472.” Participants agreed that the drug is most available to those who become part of the tight-knit network of dealers and users. A participant said, “Everybody who uses it [methamphetamine] has their own connections and they don’t let nobody in. They keep it for themselves.” Another

participant added, “You find meth labs on TV, but I can’t find ‘em, or I’d do it [methamphetamine] everyday.” Media outlets in the region reported on several methamphetamine seizures and arrests during this reporting period. In March, four people were arrested in Newark (Licking County) after a one-pot methamphetamine cook caused a house fire (www.newarkadvocate.com; March 17, 2012); a tip about a marijuana growing operation in Franklin County also yielded a home-based methamphetamine lab (www.nbc4i.com, March 30, 2012).

Participants could not come to consensus about the change in availability for methamphetamine; some thought availability has increased while others thought that it has decreased. Treatment providers and law enforcement reported that the availability of methamphetamine has increased during the past six months. A law enforcement official in Fairfield County noted, “While [methamphetamine availability] it’s never been a 10 on the OSAM [availability] rating scale. We know it’s widely available. It’s hard to go out and find meth users, unless you know, they’re sitting in jail or the hospital. So, it depends on where you’re at, some areas have zero meth labs ... others are off the charts.” The Columbus Police Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

While no participants were able to rate the quality of powdered methamphetamine, one participant was able to rate the quality of crystal methamphetamine in the region, assigning it an ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Most participants did not have personal experience with the drug, and those who did agreed that quality depends on the dealer and how knowledgeable the cook is. Another participant felt that other drugs are more preferred because of the low quality of methamphetamine; he explained, “The bath salts they [dealers and head shops] are selling, puts crystal meth to shame” The Columbus Police Crime Lab noted that most of the cases they processed during the past six months were crystal methamphetamine.

Current street jargon includes a few names for methamphetamine. The most commonly cited names remain “crystal,” “ice” and “meth.” Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that 1/2 gram of crystal methamphetamine sells for \$50; a gram sells for \$100; 1/8 ounce, or an “eight ball,” sells for \$200. While there were several reported ways of using methamphetamine, the most common route of administration is smoking, followed by snorting. Out of 100 methamphetamine users, participants reported

that approximately 90 would either smoke or snort it and 10 would intravenously inject it. Participants reported that users commonly, as one participant stated, “smoke it [methamphetamine] out of a bowl, foil or out of a light bulb.” Most participants felt intravenous injection is not preferred. A user stated, “There’s not much injection [of methamphetamine] ... it just hurts too bad.”

Participants described typical users of methamphetamine as rural Whites. Many agreed with one participant who referred to methamphetamine as “the drug for country folk.” The few participants that disagreed reported that methamphetamine is more of a club drug, which they said is popular in the gay clubs. While treatment providers reported that methamphetamine is, as one stated, “not gender specific,” law enforcement felt that a typical user is, as one law enforcement official stated, “Male, White ... [and] 18 to 40 [years old].” Reportedly, methamphetamine is used in combination with marijuana and other “downers.” As explained by one participant, marijuana is used in combination “to mellow you out” after using methamphetamine.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone or MDPV) were moderately available in the region, although participants were unable to assign a specific score to that availability. According to participants, bath salts could still be purchased at gas stations and convenience stores. Both participants and treatment providers reported on the negative health consequences associated with the use of bath salts, including symptoms of paranoia and psychosis (hallucinations). Reportedly, bath salts sold for between \$20-60 for a small container of one to three grams. The BCI London Crime Lab noted that since the ban on the sale of bath salts went into effect in October 2011, the formally scheduled substances MDPV and methylone were almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs took their place. Treatment providers believed that White males in their 20s and 30s were most likely to abuse bath salts.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) are highly available in the region. While participants did not rate the availability of bath salts, many stressed that the drugs were highly available and could be easily obtained throughout the region; previously,



participants thought the drugs were moderately available. Many participants commented on being able to obtain the drugs at all the same stores that previously sold them before they were banned in October 2011. Participants continued to report on the negative health consequences associated with bath salts use. A participant said, “That stuff [bath salts] is crazy ... like crystal meth [methamphetamine] times 100.” Another participant added, “Last year it [bath salts] put me in ICU [intensive care unit] three times ... they had to jump-start me.” Treatment

providers and law enforcement also reported that bath salts are highly available. Both law enforcement and treatment providers most commonly rated the current availability of bath salts as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A BCI law enforcement officer expressed concern that the legislative ban has not decreased the availability of bath salts: “With the legislation we passed, there are some things to work with out there. But these guys [bath salts manufacturers] are just waiting to introduce a new compound that’s not covered on the statute ... they’re just moving around all the regulations and laws and making it work for them, while keeping the products out there.” Treatment providers also agreed that manufacturers were finding ways to skirt around the law. A treatment provider said, “Users are continually reformulating bath salts so that lab tests won’t pick them up.” Treatment providers agreed with participants that bath salts are available at all, as one participant called them, “little mom-and-pop stores.” Collaborating data also indicated that bath salts are readily available in the region. The Franklin County Coroner’s Office reported bath salts as present in 2.3 percent of all drug-related deaths. Regional media outlets also reported on bath salts. During a drug sweep, the Franklin County Drug Task Force, along with the Columbus Division of Police executed 17 search warrants, which yielded 6,000 packages of bath salts and synthetic marijuana-like products worth an estimated \$250,000 (www.nbc4i.com; May 3, 2012). In another incident, SWAT officers shot and killed a man who was high on bath salts after he threatened harm to his girlfriend and law enforcement (www.10tv.com; May 23, 2012).

Participants noted no change in the availability of bath salts during the past six months despite the ban. Law enforcement reported that availability has increased during the past six months. A Fairfield County officer stated, “Bath salts are exploding. They’re huge. They can be found at any [beverage] drive-through, head shop or gas station. They

are bigger now than they were before the ban.” Treatment providers also noted an increase in the availability of bath salts. A treatment provider lamented, “It’s a huge problem ... bath salts are a huge problem.” The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. The crime lab reported that as soon as one drug is banned (MDPV) another chemical analogue is likely to take its place (alpha-PVP).

While no participants rated the current quality of bath salts on a scale, those with experience taking the drug felt that the quality was high. A participant explained, “[Bath salts quality] it’s like 50 times, no 500 times stronger than coke [cocaine]. Twenty-dollar can of it [bath salts] is like doing \$500 worth of cocaine.” Only one participant commented on a decrease in the quality of bath salts since the ban came into effect, “And now that they’ve outlawed it in Columbus, they have a generic type ... eight-balls and this and that [names of the generic product], but it’s junk compared to the old stuff.”

Current street jargon includes a few names for bath salts. The most commonly cited names were “glass cleaner,” “scratch cleaner,” “hookah cleaner” and “energy powder.” Participants agreed that you have to know how to ask for bath salts or the store owners will not sell it. A participant said, “If you go in there and ask for bath salts, they’re [store owners] like, ‘No. No. We don’t want that here.’ They think you’re a cop. But if you go in and be like, ‘Hey man, do you sell any energy powder?’ they have it.” Reportedly, a “lid” or one hit of bath salts sells for \$10; a jar of bath salts sells for \$20. Participants reported that the most common route of administration is intravenous injection, followed by smoking and snorting. A participant discussed his personal experience injecting the drug: “I would inject it [bath salts] and ... it did not make me geek. And that’s what attracted me to it, I could go to the gas station and get it and it didn’t make me do the stuff that crack did or cocaine did.” Law enforcement from Fairfield County also believed the most common route of administration is intravenous injection. An officer said, “I’ve seen IV [intravenous injection of bath salts] the most, but smoking and snorting are both common as well.”

A profile for a typical user of bath salts did not emerge from the data. Generally, participants felt that the drugs are more popular with young adults. According to a participant, “A lot of those high school kids are doing those bath salts now, and that shit is freaky!” Law enforcement agreed with participants, reporting that a typical user tends to be young adults. An officer commented, “The 18 to 25 year olds and the younger side of that [most commonly use bath salts]. It’s become this, ‘you aren’t gonna catch me’ kind of game while they’re enjoying the high.” Another law enforcement participant echoed this sentiment when asked if there is a

typical user of bath salts, “Oh yeah! Young kids ... Just young kids. I’d say high school and maybe even younger. [Bath salts] it’s marketed and catered to the kids.” In contrast, treatment providers reported seeing bath salts use amongst those with experience in other drugs: “[Bath salts users] it’s a lot of people who just have a high tolerance for other drugs, and the bath salts give them a different high ... It’s such an intense high and that’s what they love.”

Reportedly bath salts have become a popular group activity among drug users. A participant reported, “Heroin seems more like doing it alone, but with bath salts, it’s more of a party. Let’s do it in groups, make it a party.” A law enforcement official noted interviewing a drug consumer who reportedly “was doing them [bath salts] with 12 other people, up for two days just smoking them.” This concept of bath salts being a group activity was echoed by another law enforcement official: “[Bath salts use] it’s more of this 18- to 25-year-old kids doing it for the social aspect. It’s like the new rave party.” Although it begins as a social event for many users, both law enforcement and treatment providers expressed concern with the quick progression of bath salts users becoming addicted. A participant from the Fairfield county drug court reported, “It’s almost like what heroin does to these people in two to three years, bath salts does in two to three weeks. The effects are so quick ...” Another law enforcement official agreed with this: “It’s just a crazy, quick psychosis and the brain damage that it does to these people so quickly ... just boggles my mind. I talked to a kid at the jail a few weeks ago and he would just tune out every once in a while, then snap back in and continue the sentence right where he left off.” Other members of law enforcement noted an increase in deaths related to bath salts, with one stating, “[Bath salts] it’s a really, really nasty high. It affects users differently. There’s been some people who OD [over dose] on it.” Staff from the Fairfield County Coroner’s Office reported, “I have one [drug-related death case] that’s brewing at the lab right now to see whether bath salts were involved.” Participants did not report on whether or not bath salts were used in combination with any other drugs.

Synthetic Marijuana Historical Summary

In the previous reporting period, synthetic marijuana (“K2” and “Spice”) was available in the region, although participants were unable to assign a specific score to that availability. Before the drug was banned in October 2011, participants said this substance was most often sold at gas stations and convenience stores. Many participants said they smoked synthetic marijuana because they thought it would allow them to test negative on urine drug screens. The BCI London Crime Lab reported the number of synthetic marijuana cases it processes had increased during the

previous six months. Data from the crime lab also indicated that the five formally scheduled substances were almost never seen anymore; rather dozens of non-controlled structural analogs had taken their place.

Current Trends



Synthetic marijuana is still available in the region. While participants did not rate the current availability of the drug, many expressed the ease to which the drug can be purchased. A participant said, *"All the head shops by campus still sell it [synthetic marijuana]."* A treatment provider echoed this comment reporting, *"They've got stores over there [campus area] that have it [synthetic marijuana] under the counter ... you just have to ask for it."* According to BCI law enforcement, synthetic marijuana is still highly available despite efforts in legislation to ban the product. The officer explained, *"They're [manufacturers] constantly taking that plant or whatever it's called and just dousing it with different chemicals."* Participants also reported that synthetic marijuana manufacturers are continually altering the product. A participant commented, *"They [manufacturers] just bring another kind [of synthetic marijuana product] out. Then when that's illegal, they bring another kind out."* Media outlets in the region reported on seizures related to synthetic marijuana during this reporting period. Following a tip, law enforcement officials in Marion discovered that a local food market was selling synthetic marijuana; officers seized more than 600 packages of the drug worth an estimated \$9,000, along with other drug paraphernalia and cash (www.nbc4i.com; Jan. 19, 2012). That same week, Marion law enforcement also raided another convenience store and confiscated 50 packs of synthetic marijuana (www.nbc4i.com; Jan. 27, 2012). The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. The crime lab reported that as soon as one drug is banned (JWH-018) another chemical analogue is likely to take its place (AM2201).

The couple of participants with experience using synthetic marijuana said the current quality is *"garbage"* and a *"waste of money."* Reportedly, most drug users will only resort to synthetic marijuana when on probation because they continue to believe it does not appear in urine drug screens. A participant noted, *"I smoked it [synthetic marijuana] everyday 'cause I had to take drug tests and stuff, and I like to get high. And a pill and everything else takes two to three days [to leave one's system]. You can even take Suboxone®, and it would show up [on a drug screen]."*

Current street jargon includes a few names for synthetic marijuana. The most commonly cited names were *"K2," "Spice," "incense" and "Posh."* Many participants stated that synthetic marijuana is still available for purchase at head shops and gas stations. A participant explained, *"You can go to the smoke shop and buy it [synthetic marijuana], or the [local] gas station."* Reportedly, the most common way to buy synthetic marijuana is by the gram. Participants noted that synthetic marijuana typically sells for \$9.99 per gram; 1.5 grams sells for between \$12-14. Reportedly, the most common route of administration of synthetic marijuana is smoking. A participant reported on the powerful effects associated with smoking synthetic marijuana, *"I rolled a pen joint of K2, and I was high for like four hours, and I only hit it two times."* Other participants expressed concern of the health risks brought on by the use of synthetic marijuana. A participant said, *"One of my friends from high school, he smoked K2 a lot ... like out of bong and stuff, and he actually overdosed on the stuff and ended up in the hospital with brain damage."* A BCI law enforcement official echoed participants' statements on health concerns: *"[Manufacturers] they're packaging it [synthetic marijuana] and marketing it harmless, 'This is not a drug ... it's incense.' You know, nobody really knows what stuff [chemicals] is in it or any long-term effects on the stuff."*

Participants and treatment providers reported that a typical user of synthetic marijuana is an individual on probation who wants to use a drug that is undetectable on urine drug screens. A participant explained, *"It's the men and women on probation [who are using synthetic marijuana] 'cause it doesn't show on the drug tests."* A treatment provider reported a recent change in testing procedures, stating that some parole officers now test for the synthetic marijuana: *"Now the POs [parole officers] ... the juvenile POs have a test for it [synthetic marijuana]."* Law enforcement also felt that some drug consumers use synthetic marijuana to escape failing a drug test, and added that the typical user is going to be of the younger generation. An officer said, *"[Synthetic marijuana] it's marketed towards the kids ... that's who the clients are."*

Participants did not comment on synthetic marijuana being used in combination with any other drugs. Reportedly, although associated with marijuana, synthetic marijuana provides users with a more hallucinogenic high. A participant commented, *"It [synthetic marijuana] gives you a high, but a hallucination high ... not like weed [marijuana]."*

Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants were moderately available in the region, although

participants were unable to assign a specific score to that availability. The only prescription stimulant mentioned was Adderall®, and participants said that the drug was readily available on college campuses and remained popular among young people. Participants reported that Adderall® 10 mg sold for \$3; 30 mg sold for \$7. Reportedly, the most common routes of administration for prescription stimulants were oral ingestion and snorting. The BCI London Crime Lab reported the number of prescription stimulant cases it processes had remained the same during the previous six months, with one exception: the number of Adderall® cases had decreased.

Current Trends

Prescription stimulants are highly available in the region. Participants most often rated the availability of prescription stimulants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previously participants said the drugs were moderately available. A participant reported, "Go to a college town, [prescription stimulants] it's way overprescribed. It's everywhere ... like a 10 [availability score]." Law enforcement most often reported the current availability of these drugs as '6' or '7'. While participants did not report any change in the availability of prescription stimulants during the past six months, a BCI law enforcement official reported availability as increasing: "Adderall® seems to be going up." Another law enforcement official echoed that sentiment, "Adderall® [is] gaining popularity. We're seeing a lot of amphetamine salts [prescription stimulants] on OARRS [Ohio Automated RX Reporting System] reports." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. The following prescription stimulants are available to street-level users: Adderall® (15 mg sells for \$3; 20 mg sells for \$5). In addition to obtaining prescription stimulants on the street from dealers, participants also reported obtaining them from physicians and from people who are prescribed the drugs. A participant reported, "A lot of parents take them [Adderall®] from their kids and sell them." While there were several reported ways of using prescription stimulants, the most common routes of administration remain oral ingestion and snorting.

Participants described typical users of prescription stimulants as either, "high school and college kids" or females, particularly, "stay-at-home mothers." According to participants, students use prescription stimulants to study and to "stay on their toes," while stay-at-home mothers use it "to lose weight." Other participants also added that people will use prescription stimulants to get tasks accomplished

throughout the day. A participant explained, "I would take it [Adderall®] to keep me going, take my daughter to school." Reportedly, prescription stimulants are not often used in combination with other drugs; however, a participant reported users occasionally combine the drugs with alcohol "to party longer."

Other Drugs

Historical Summary

Participants and community professionals listed Ecstasy as being present in the region, but it was not mentioned by the majority of people interviewed. The only participant who knew about Ecstasy reported that it was highly available in the region; he listed the drug's availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). "Molly," the powdered form of the drug was commonly available. The only reported price was \$50 for a triple stack of Ecstasy pills. The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months; however, the lab noted an appreciable increase in cases containing the designer drug 5-MeO-DiPT (foxy methoxy).

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: Ecstasy, hallucinogens [LSD (lysergic acid diethylamide) and psilocybin mushrooms] and inhalants. Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants reported its availability as '7' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. A participant reported being able to, "get X [Ecstasy] any day of the week." Another participant added, "[Ecstasy] it's definitely out there right now." According to participants, the chemical components of Ecstasy are available online. A participant commented, "There's a lot of stuff online. You buy all the chemicals separately and mix it together and sell it as Molly [Ecstasy]." Community professionals did not report on Ecstasy use. The Columbus Police Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months. Current street jargon for Ecstasy was limited to "X" and "Molly." Participants reported a "single stack" (low dose) Ecstasy tablet sells for \$3; a gram sells for \$100. A participant reported that it is easy to make money off Ecstasy sales: "You can make it [Ecstasy] for like \$15 a gram, then sell it for like ... \$120 a gram." Participants described typical users of Ecstasy as young adults who like to attend clubs and outdoor music festivals. A participants said, "Young party people that

go to clubs [use Ecstasy].” Another participant agreed that “young people who like to party [use Ecstasy].”

Hallucinogens (LSD and psilocybin mushrooms) are moderately available in the region. Participants most often reported the current availability of these drugs as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). While some participants felt that hallucinogens are available, others reported not being able to obtain the drugs. A participant reported, *“There’s mushrooms [psilocybin mushrooms] out there ... and LSD’s out there a little bit,”* while another participant said, *“Shrooms [psilocybin mushrooms] ... love ‘em, but you can’t get ‘em.”* Many participants expressed that availability of hallucinogens is seasonal, and mentioned the drugs are most available in the spring and summer months. A participant commented, *“Every spring ... [is] harvest time.”* Community professionals did not mention any data on hallucinogens in the area. The BCI London Crime Lab reported that the number of LSD cases it processes has increased; the number of psilocybin mushroom cases it processes has remained the same during the past six months. While participants did not report on dimethyltryptamine (DMT), the BCI London Crime Lab reported that cases of powdered DMT have increased during the past six months.

While no participants reported data on inhalants, there were a few members of the law enforcement community that expressed a concern about inhalant use in the region. Reportedly, heroin users are turning to inhalants as an alternative to their primary drug of choice. A representative from the Fairfield County Drug Court reported on the growing popularity of inhalants among heroin users: *“We’ve got two [heroin users using inhalants]. Our problem becomes how to test these people. The only way to successfully test them is to test their blood, but these are primarily heroin users who are switching to inhalants. The last thing we want to do is put a needle in a heroin addict’s arm to test them for inhalants.”* A law enforcement officer noted, *“One kid I talked to said he really didn’t want to do heroin anymore. He was in therapy, but he still had that ‘no-stop’ mentality ... he wanted to get high, so he rationalized it [using inhalants as a replacement to the heroin].”* Staff from the Fairfield County Coroner’s Office recalled a recent overdose caused by inhalants: *“I had one [death due to] huffing [inhalant use] ... like the cans that you get to clean computer screens, you know ... that spray air. That kind of thing. Huffing the propellant off of that.”* Law enforcement also mentioned other substances (Kratom shots and Eliqweed) with which users are experimenting. Typically, these substances are downers, and they are available at head shops. A law enforcement officer explained, *“They [head shops] now [sell] Kratom relaxation substances that you spray in your mouth like the aero shots [caffeine sprays]. The clerk said*

users of other substances use the Kratom to help the side-effects of other drugs. They also sell a liquid called Eliqweed that you put into an e-cigarette (liquid type not cartridge type) that they said was better than the illegal weed [marijuana] ... They said they can’t keep it on the shelves.”

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids and sedative-hypnotics remain highly available in the Columbus region. Noted changes in availability during the past six months exist as follows: increased availability for bath salts; likely increased availability for heroin, methamphetamine, Suboxone® and synthetic marijuana. Participants stressed that bath salts and synthetic marijuana are highly available and can be easily obtained throughout the region. Many participants commented on being able to obtain these drugs at all the same stores that previously sold them before the legislative ban on their sale took effect in October 2011. Participants continued to report on the negative health consequences associated with bath salts and synthetic marijuana use. Reportedly, stores no longer sell the drugs under the name bath salts, but use other names like “glass cleaner,” “scratch cleaner,” “hookah cleaner” and “energy powder;” synthetic marijuana is usually marketed as “incense.” The BCI London Crime Lab reported that the number of bath salts cases and the number of synthetic marijuana cases it processes have increased during the past six months. The crime lab also reported that as soon as one drug is banned (MDPV; JWH-018) another chemical analogue is likely to take its place (alpha-PVP; AM2201). Participants and law enforcement reported that black tar heroin is the most common form of heroin in the region, but participants also reported brown and white powdered heroin as increasingly available. Participants noted an increase in all forms of heroin and attributed increases to users transitioning from prescription opioids to heroin along with a general increase in the popularity of heroin. The Columbus Police Crime Lab reported a slight increase in heroin availability during the past six months. Intravenous injection remains the most common way to use heroin. Both law enforcement and treatment providers expressed concern that many users are positive for Hepatitis C. Staff from the Fairfield County Coroner’s Office reported three deaths as the result of heroin overdose, and said the overdose death rate would have been much greater if paramedics had not been able to resuscitate users with Narcan®. While methamphetamine remains difficult to obtain in the region, the drug appears to be increasing in popularity, according to law enforcement and treatment providers. Law enforcement officials from the BCI reported that their organization is on track to seize significantly more methamphetamine labs than they had during previous years. Participants reported that

methamphetamine is still most popular in rural areas among White males, although some reported it is also popular as a club drug among gay men. Suboxone® is moderately available and appears to be increasing. While participants reported decreased availability of the pill form, they, as well as community providers, reported that the drug is easy to obtain (usually in film form). Treatment providers attributed the increase to new Suboxone® clinics in the region. Participants agreed that they could easily obtain Suboxone® from these clinics. While many participants reported taking Suboxone® as prescribed, some reported trading the drug for heroin or other drugs. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.