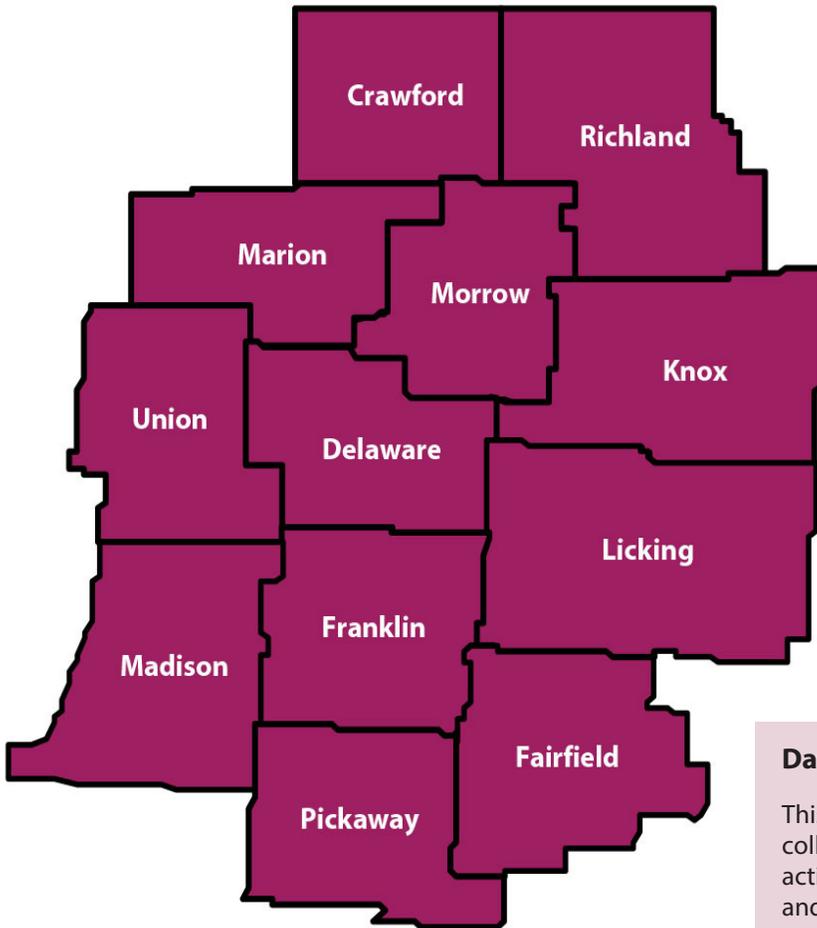




Drug Abuse Trends in the Columbus Region



Regional Epidemiologists:

Jennifer Olejownik, PhD

Alina Sharafutdinova, BS

OSAM Staff:

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

Sarah Balsler, MPH, MSW, LSW, CHES
OSAM Coordinator

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

Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin and Richland counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,302,790	49
Gender (female), 2017	51.0%	50.6%	51.0%
White, 2017	82.2%	77.8%	61.2%
African American, 2017	12.9%	15.2%	36.7%
Hispanic or Latino Origin, 2017	3.8%	4.0%	0.0% ²
High School Graduation Rate, 2013-17	89.8%	90.7%	77.6%
Median Household Income, 2013-17	\$52,407	\$59,694	\$21,000-\$24,999 ³
Persons Below Poverty Level, 2017	14.0%	13.2%	59.2% ⁴

¹Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January through June 2019.

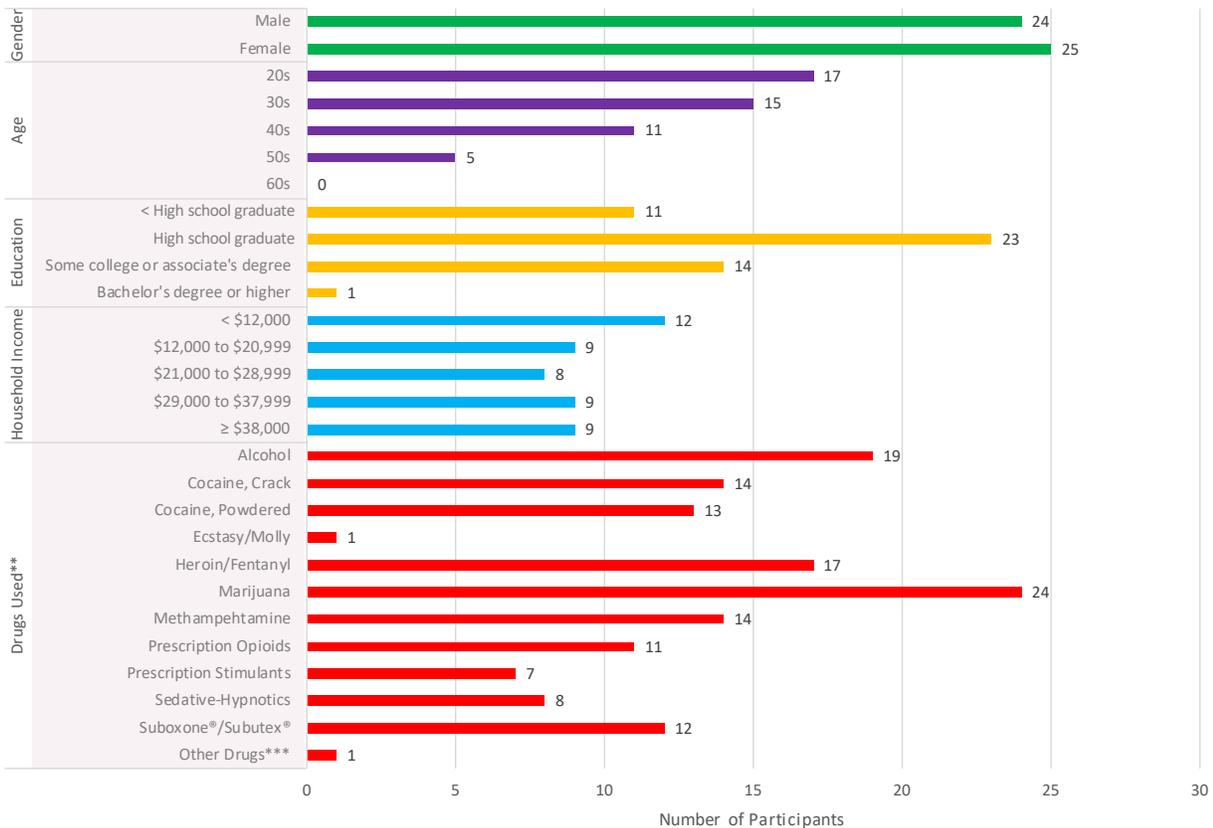
²Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.

Columbus Regional Participant Characteristics

Consumer Characteristics N=49*



*Not all participants filled out forms completely; therefore, numbers may not equal 49.

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

***Synthetic marijuana.

Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, heroin, marijuana and Suboxone® remained highly available in the Columbus region; also, highly available in the region were fentanyl and methamphetamine. Changes in availability during the reporting period included: increased availability for fentanyl and methamphetamine; likely increased availability for marijuana (“dabs”); decreased availability for prescription stimulants; and likely decreased availability for prescription opioids and sedative-hypnotics.

While heroin remained highly available in the region, respondents acknowledged that a lot of heroin contained fentanyl or was fentanyl substituted for heroin. In fact, participants reported that the availability of heroin had decreased during the reporting period. Participants discussed difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. They also continued to report that the top cutting agent (adulterant) for heroin was fentanyl.

Respondents indicated that fentanyl was higher in availability than heroin, and its availability had increased during the reporting period. They attributed increased availability of fentanyl to increased user demand for more potent opiates. Law enforcement discussed: *“There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl]; They’re even going so far as to have Narcan® on hand.”*

Corroborating data indicated that heroin/fentanyl was highly available in the Columbus region. Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 individuals in the city of Columbus during the reporting period.

Participants observed high availability of crystal methamphetamine, with many participants noting methamphetamine as the most available drug in the region. Participants attributed the increase in availability of crystal methamphetamine to the drug’s low price compared to other drugs, as one participant expressed methamphetamine was, *“cheap, dirt cheap.”* Participants also discussed that users receiving MAT (medication-

assisted treatment) for opioid use disorder had switched to methamphetamine to continue drug use.

BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period. Participants discussed adulterants (aka “cuts”) that affected the quality of the drug and reported the following as cutting agents for methamphetamine: Adderall®, Drano® (drain cleaner), fentanyl and salt. A participant commented, *“They’re putting fentanyl in everything.”* Respondents described typical methamphetamine users as white people, although they discussed the drug as being used by a wide range of people.

Lastly, participants reported increased availability of marijuana extracts and concentrates, oil and wax forms of marijuana (aka “dabs”). They discussed that the popularity for these alternative, and more potent, forms of marijuana were increasing due to heightened user demand for potent marijuana and because extract and concentrate use was easily concealed through the use of vape pens or e-cigarettes. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they processed from this region had increased during the reporting period.

Current Trends

Powdered Cocaine

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 score was ‘6.’ Participants remarked: *“I can get powdered cocaine easily; That’s just what I relapsed on; All you got to do is walk into somebody’s bar, club, somebody got it.”*

Treatment providers most often reported the current availability of powdered cocaine as ‘8,’ while law enforcement most often reported it as ‘9-10’; the previous most common scores were ‘8’ and ‘6,’ respectively. Treatment providers commented: *“It’s accessible, if you have the money; It’s so common ... it’s almost like asking a*

visitor of yours if they'd like a beer (people offer cocaine to others at bars)." Law enforcement added: "It's everywhere; I think what's happening is they're trying to utilize a drug that helps them not be sick (experience withdrawal symptoms) because they're addicted to opiates ... they'll take anything that helps them not be sick.... They're switching to cocaine, but it's not straight cocaine, it's got fentanyl in it ... that's why it works (alleviates opiate withdrawal symptoms)."

Corroborating data indicated that powdered cocaine is available in the Columbus region. Ohio Department of Public Safety (ODPS) reported seizing 79.5 kilograms (175.2 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Whitehall Police (Franklin County) executed a search warrant while investigating cocaine trafficking and seized 2,500 grams of cocaine valued at more than \$200,000, 15 grams of heroin/fentanyl, two loaded guns and \$8,281; officers arrested one person for trafficking in cocaine, possession of cocaine and a weapons violation (www.nbc4i.com, April 26, 2019). Whitehall Narcotics Unit executed four search warrants and seized 91 grams of cocaine, 207 grams of methamphetamine, 50 grams of heroin, 18 grams of heroin/fentanyl, a bulletproof vest, five guns and \$1,840; officers arrested an individual for possession of drugs and another individual for trafficking in cocaine and possession of drugs (www.myfox28columbus.com, May 9, 2019). Columbus Police (Franklin County) narcotics detectives executed a search warrant and seized seven pounds of cocaine and \$40,000; detectives arrested four men for drug trafficking (www.dispatch.com, May 30, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement noted: "Most of the dealers in our area sell cocaine and have continued to sell cocaine ... a lot of them sometimes get afraid of the fentanyl-heroin mixtures ... just because they know we're targeting fentanyl dealers; I think it's steady, most of the dealers we come across sell both (cocaine and heroin) because the users want both, an upper and a downer...."

BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4-5' Participants shared: "Overall, the quality of powder out here is crap ... there's so much baking soda in it; Depends on where you get it from; If you're a good buyer (regular customer), you're going to get good stuff. If you're a part-time buyer (once in a while customer), you're going to get the shitty stuff."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxatives and laxatives. Other adulterants mentioned included: baking soda, creatine, dietary supplements and fentanyl. Participants discussed: "A lot of people are starting to mix it with fentanyl; Creatine or baking soda, anything that's white really, that will mix in with it." A law enforcement commented on fentanyl-cut cocaine: "Overdoses are coming back with cocaine and fentanyl [mixtures]...."

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants confirmed: "You'll get like 10 percent of cocaine ... mixed with a whole bunch of other stuff; It's gone from good quality to like people spazzing out because it's cut with different stuff now ... you never know what you're getting; The quality has changed drastically, you can tell it's not the same ... I [recently] sat in my room like literally flipping out, like it was bad, and I've never in my life done that, and I've done cocaine a lot over the years."

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

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants discussed: *"It really depends on who you have a connection with, someone you don't know is going to give you a steeper (higher) price; [Price varies] ... depending on who you're getting it from and the quality of it."* Overall, participants reported that the price of powdered cocaine has increased during the past six months. A participant commented, *"It's pretty expensive."*

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10-20
	A gram	\$40-80
	1/8 ounce (aka "eight ball")	\$180-375

Reportedly, the most common route of administration for powdered cocaine remains snorting. Participants described typical powdered cocaine users as white, upper-class professionals and people who work in the restaurant business. Participants discussed: *"Business professionals; It's a lot of money to obtain it, so if you're going to do it ... you got a big paycheck; I see it a lot in the restaurant ... high-paced [environment] ... you're expected to be very over productive ... so you need your energy and focus."* Treatment providers described typical powdered cocaine users as weekend partiers. Treatment providers explained: *"20s and 30s; It's more of the weekend user, party; Weekend, I'm gonna hang out, drink and have a good time."* Law enforcement noted use of powdered cocaine among heroin users who "speedball" (concurrent or consecutive stimulant and sedative highs). In addition, one officer indicated powdered cocaine use among African-American people, stating, *"We are seeing a tremendous rise specifically in the African-American community because of cocaine overdoses ... individuals have been using cocaine for years, the problem is [that] it's not cocaine anymore, it's either pure fentanyl and they can't tell or it's [powdered cocaine] laced with fentanyl."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible

to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"It's pretty much everywhere ... it's on every street corner, in every alley; I know that I can make a call and get it right now if I wanted to ... it's very available."* Treatment providers most often reported the current availability of crack cocaine as '9,' while law enforcement most often reported it as '6,' the previous most common scores were '6' for treatment providers and law enforcement. A treatment provider said, *"I truly feel you could go within a block of here and get it."* A law enforcement officer remarked, *"We are seeing ... both crack and powdered [cocaine], but a lot of powdered."*

Corroborating data indicated that crack cocaine is available in the Columbus region. ODPS reported seizing 588.3 grams (1.3 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dublin Police (Franklin County) with the assistance of Columbus Police executed a search warrant and seized more than two pounds of drugs, including crack cocaine, powdered cocaine, fentanyl, one military body armor and five guns, including three stolen guns; officers arrested one person for aggravated drug trafficking, a weapons violation and receiving stolen property (www.nbc4i.com, Jan. 24, 2019). The city of Columbus shut down two suspected drug houses after reports of years of activity associated with drugs and violence; Columbus detectives most recently made covert purchases of crack cocaine and subsequently executed a search warrant recovering cash, weapons, ammunition and drugs (www.10tv.com, April 4, 2019).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported that the availability has increased. Treatment providers added: *"We're shifting back toward stimulant use because there's been such a crackdown on opiates ... heroin and fentanyl; Unfortunately, it's become a 'safe drug' because unlike opiates, where you literally die overdosing, you don't hear about patients who have overdosed on crack cocaine; I've just seen a lot more use of it, so I'm assuming the availability is higher since the demand is more."*

BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months. The labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5.' However, participants discussed that quality is variable. They said: *"It depends on how it was cooked; Some people have better stuff because they get better [powdered] cocaine ... there's other ones that have decent cocaine but they mix way too much baking soda in; It depends on how many hands it goes through because everyone's wanting to make money on it [adding adulterants]; When you know who you're going to ... your own special person (regular dealer) ... you're gonna get better because they know you're gonna keep going back."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda and fentanyl. One participant remarked, *"Fentanyl's in everything."* Other cuts mentioned included: creatine, methamphetamine and Orajel®. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant observed, *"Compared to what it used to be, it's decreased."*

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

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. A participant confirmed, *"On the streets ... if you're buying it on the corner, they'll have their bags put together and it's '10s and 20s' (\$10 and \$20 amounts)."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$40-100

Reportedly, the most common route of administration for crack cocaine remains smoking. A profile of a typical crack cocaine user did not emerge from the data. Participants and community professionals described typical use among a wide range of people. They commented: *"Younger to middle-aged white heroin addicts; There's a lot of younger people messing around with it; I've seen all ages. I literally seen a girl who is 13-years old buy [crack cocaine] from the same dealer at the same time [as myself]; Crack doesn't have a color or age; On the south end [of Columbus] I see more young black African-American males and young women on it, but when I go out west [of Columbus], I see all white people and they're 35 [years of age] and up so."* Treatment providers declared: *"Addiction does not discriminate; I've seen it all across the board; Probably an increase in middle-class use I would think because opiate users are using it more often."* A law enforcement officer commented, *"Age-wise with crack cocaine, it's across the spectrum, but usually in the black community...."*

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: *"You can definitely find it; Almost as easy as getting 'weed' (marijuana) nowadays, if not easier."* Treatment providers most often reported the current availability of heroin as '9-10,' while law enforcement most often reported it as '10;' the previous most common scores were '10' and '7,' respectively. Treatment providers remarked: *"Easily available; It's very common; We see at our facility ... primarily opiates ... heroin with the assumption that it's at least partially cut (adulterated) with fentanyl."* Law enforcement stated: *"It's available but ... it's fentanyl ... they believe they're buying heroin, it's the same price as heroin; It's hard to find [unadulterated] heroin...."*

Corroborating data indicated that heroin is available in the Columbus region. ODPS reported seizing 51.1 kilograms (112.6 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Franklin County Drug Task Force executed a search warrant and seized more than an ounce of heroin, one-half ounce of cocaine, nearly half a pound of marijuana, a loaded gun, ammunition and \$7,000; officers arrested an individual for drug possession and other charges (www.nbc4i.com, March 29, 2019). Columbus Police executed a search warrant at a suspected drug house and seized heroin and arrested two people for outstanding warrants; officers discovered no utilities at the home, raw sewage, dangerous living conditions and alerted Columbus Code Enforcement, who ordered the home to be vacated and boarded up (www.myfox28columbus.com, May 15, 2019). Franklin County Sheriff's Office detectives executed a search warrant near an elementary school and seized six grams of heroin, 15 grams of methamphetamine and 51 grams of cocaine; officers arrested an individual for possession of cocaine and trafficking in heroin (www.myfox28columbus.com, May 25, 2019). Columbus Division of Police Narcotics Unit executed a search warrant and seized 420 grams of heroin, 624 grams of cocaine, 75 grams of fentanyl, 75 grams of methamphetamine, \$10,500 and six guns; officers arrested two people for trafficking in drugs and weapons violations (www.abc6onyourside.com, June 1, 2019).

While many types of heroin are currently available in the region, participants and community professionals reported white powdered heroin as most available. However, participants and community professionals agreed that powdered heroin is often heroin-fentanyl mixtures or fentanyl substituted for heroin often unbeknownst to the user. Participants discussed: *"Powder is what's out now; it might be 'china' (aka 'china white,' white powdered heroin) and fentanyl; I would say it's not even china, it's fentanyl.... Some of these dealers they don't even know they're selling fentanyl. They're calling it china, and calling it heroin, but it's not."* Treatment providers concluded: *"I don't hear about it [black tar or brown powdered heroin] as much as I hear about china; They want the white."* Law enforcement observed: *"We're seeing the black tar and we're seeing the china white; Most of it's powder...."*

Participants reported that the availability of heroin has increased during the past six months, while community professionals reported that availability has remained the same. However, a treatment provider noted, *"Pure heroin,*

that's probably decreased." BCI crime labs reported that the incidence of heroin cases they process from this region has slightly decreased during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3-4.' Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. Additional cuts mentioned included: baby aspirin, brown sugar, carfentanil, coffee, fiber, gelatin powder, prescription opioids (Dilaudid® and Percocet®) and sleep aids. A participant stated, *"Anything from GNC or the health food store."* Another participant stated, *"You never know what it's cut with."* Overall, participants reported that the general quality of heroin has increased during the past six months. Participants determined: *"It's gotten better; Fentanyl makes it better."*

Cutting Agents Reported by Crime Labs	
Heroin	 acetaminophen
	 caffeine
	 cocaine
	 diphenhydramine (antihistamine)
	 fentanyl
	 inositol (dietary supplement)
	 lidocaine (local anesthetic)
	 mannitol (diuretic)
	 methamphetamine
	 quinine (antimalarial)
	 sorbitol (artificial sweeteners)
	 tramadol
 xylazine (animal sedative)	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Participants commented: *"If it's good china, \$75 [for half a gram]; If it's fentanyl, \$20 for a tenth; In Columbus ... \$80 a gram; I usually see a gram for about a \$100 ... a \$100 is usual; \$10 a point which is 1/10 a gram, half grams are \$35-40, a gram is about \$70."* Reportedly, the most common quantity of purchase is a gram.

Heroin	Current Prices for Heroin	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$35-75
	A gram	\$60-150

Participants reported that the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would inject and one would snort or smoke the drug. Participants declared: *"Inject, smoke, snort ... I injected it ... I've never done any other way; I injected it in my neck; There's a few smokers and snorters around."*

A profile of a typical heroin user did not emerge from the data. Participants and community professionals described typical users as anyone. Participants discussed: *"Between 20s to 40s in age, usually Caucasian; Male to female, soccer mom, a homeless girl ... it don't discriminate; I've seen [an array of people purchasing heroin] at my dealer's house ... from a 60-year-old woman with her grandchild to a 20-year-old white guy; People in their 50s or 60s are doing heroin; I see a lot of working-class men ... at lunch time come and getting their fix then going back to work; You can't really describe a heroin user like you used to, it could be your neighbor; It's a huge variety of people."* A treatment provider remarked, *"The only thing I see differentiating is, I see it more prevalent in Caucasians."* Law enforcement stated: *"Heroin typically is a white problem ... the African-American community ... they're starting to get into it because the cocaine that they use is laced with fentanyl and now they have to have an opiate; I'm seeing a lot of overdoses from people in their 50s ... it's all over (heroin use spans the spectrum of people in the community)."*

Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants noted: *"Fentanyl is in every heroin you would get in Richland County and surrounding counties ... people just don't realize that you're doing more fentanyl than heroin; I know people that sell solely fentanyl, I mean they'll tell you, this isn't heroin ... and you can tell when you taste it because heroin has a real bitter nasty taste, with fentanyl it's almost sweet; I know somebody that can get it all day long if that's what you want; It's pretty available ... you get heroin and fentanyl everywhere...."*

Community professionals most often reported the current availability of fentanyl as '10'; the previous most common scores were also '10.' Treatment providers observed: *"That's a big one, people are being very specific and almost elitist about it to be honest, it's like, 'I'm not going to use heroin, I'm only gonna use fentanyl;' I can pretty much say without a shadow of a doubt everything's made with fentanyl ... we're looking at [fake] Tylenol® ... it has fentanyl in it; Many people, their high (tolerance) has gone way past heroin at this point, they don't get high off it anymore and that's the reason they've moved on to fentanyl...."* Law enforcement concluded: *"I'd say it's off the charts; Most of our lab results [for heroin] from the last six months have mainly been different types of fentanyl."*

Corroborating data indicated that fentanyl is highly available in the Columbus region. ODPS reported seizing 59.9 kilograms (132.1 lbs.) of fentanyl from the region during the past six months; ODPS reported seizing 725.2 grams (1.6 lbs.) of fentanyl from the region during the previous reporting period. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police executed a search warrant and seized 763 grams of fentanyl (enough to kill 400,000 people) with a street value of \$76,200, 694 grams of heroin, 43 grams of cocaine, 16 grams marijuana and three guns; police arrested an individual for possession of fentanyl and heroin (www.abc22now.com, March 14, 2019). Central Ohio Drug Enforcement Task Force conducted an investigation

in Licking County with a confidential informant to have four ounces of fentanyl delivered to a local motel to a drug dealer; the dealer fled in his car, resulting in a police chase where the dealer threw the suspected fentanyl out the car's window; officers caught the suspected dealer and charged him with one count of aggravated trafficking in drugs (www.newarkadvocate.com, April 25, 2019). Franklin County Sheriff's Office executed a search warrant and seized large amounts of various drugs, a gun, 21 dogs and dog fighting paraphernalia; police arrested an individual for possession and trafficking in a fentanyl-related compound, cocaine and heroin, a weapons violation, dogfighting and cruelty to animals (www.nbc4i.com, May 3, 2019).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants confirmed: "More drug dealers are willing to deal in it because a kilo can produce something like ... 10 times the profit of what one kilo of heroin will, so ... they're opting to do that more, plus it packs a punch, the drug addicts like it because it's strong; Once you start doing fentanyl, there's no going back, you know heroin don't work no more, pills don't work no more, so I think the demand for it has gotten greater." Treatment providers determined: "Everybody wants the newest thing that's on the street, so it's a seller; I would say pure heroin has gone down and at the same time fentanyl has gone up; It's increased availability ... whether you want [fentanyl] or not, you're getting it." Law enforcement declared: "It's money ... the amount it takes to cut the profit margin are I'm assuming outrageous compared to heroin; I've heard that [users] are going for the heroin with fentanyl because heroin is just not giving them the high that they would [get] with the fentanyl." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil (synthetic opioid more potent than fentanyl) cases has decreased and remains low.

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

Participants most often rated the current overall quality of fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed: "I don't think you can just buy straight fentanyl unless you know a dealer, it's mainly used to cut heroin and [other drugs]; I'd say it's really strong ... it's killed like five of my friends; I would say probably most of the time if you get the real [fentanyl] ... it's usually pretty good unless they're cutting the crap out of it."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for fentanyl remains heroin. Additional cuts mentioned included: other drugs, powdered sugar and gelatin powder. One participant shared, "I had an experience where I was using 'fetty' (fentanyl) and I had to take a urine test (drug screen) ... and [fentanyl] was the only thing I thought I was using, but I tested positive for fentanyl, heroin, MDMA (ecstasy/molly) and oxycodone ... so it's being cut with other drugs for sure." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is "a point" (1/10 gram). A participant remarked, "Same [price] as heroin, \$10 a point."

Fentanyl	Current Prices for Fentanyl	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40
	A gram	\$75-150

Reportedly, the most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants and community professionals described typical fentanyl users as heroin users. Participants discussed: "A lot of young people are doing it ... kids in high school and just out of high school; It's getting younger; Fentanyl is getting to where that's the developed (experienced) user; The full blown addict; You had to have been doing opiates for years to even start using fentanyl; You have to have a tolerance to it or ... it would probably either put them in the hospital or kill them; Same with heroin it doesn't discriminate, it can be anybody, from a homeless person to a soccer mom, teachers ... it doesn't care who you are, if it wants you, it's going to get you."

Treatment providers noted: *“Caucasian males, 25 to 35 [years of age]; My clients mostly just identify as heroin [users].”*

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘4-5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’

Participants discussed: *“I don’t know where to find them; With the opiate crisis and epidemic, they definitely cracked down on doctors, pharmacies, so opiates, painkillers are very hard to get now; You got to know somebody really good before you can get them; You can find them if you look ... but they’re not easy [to find].”*

Treatment providers did not report on the current street availability of prescription opioids. A treatment provider explained, *“They’re too expensive right now [to be a problem anymore].”* Law enforcement most often reported the current street availability of prescription opioids as ‘5;’ the previous most common score was not reported. Law enforcement confirmed: *“We actually just arrested a whole crew [of people] that were selling 250 to 300 [Roxicodone® 30 mg pills]; If someone’s asking for it, their dealer will be able to find it, but we stopped large supply lines coming into this town.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Marion Metro Drug Enforcement Unit with the assistance of Marion Police and Marion County Sheriff’s Office executed two search warrants and seized \$18,500 worth of drugs, including 39 oxycodone pills, 150 grams of crack cocaine, 20 grams of heroin, 60 grams of marijuana and \$2,000; police arrested three suspects on drug-related charges, including trafficking in cocaine and heroin (www.nbc4i.com, March 22, 2019). Whitehall Police (Franklin County) executed a search warrant and seized 349 OxyContin® pills, 1,790 grams marijuana, 18 grams of fentanyl, vaping devices, 14 guns, body armor and \$2,922; officers arrested an individual for possession of drugs (www.nbc4i.com, May 31, 2019).

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants determined: *“‘Percs’ (Percocet®) are probably the most common; Percocet® is definitely most common and Vicodin® is second.”* Law enforcement identified Percocet® and oxycodone as most popular. In addition, law enforcement discussed the increasing prevalence of counterfeit prescription opioids in the region. They observed: *“We’ve had a few different groups selling counterfeit pills that are fentanyl. ... We’ve seen [pill] presses with dyes labeling [counterfeits] as Percocet®, but they’re fentanyl and they test for fentanyl; [Counterfeit] pills are a problem. ... We did a seizure of 9,000 fentanyl tablets that were scored OxyContin®, so the pills that we are getting, they’re not what you think they are. If we do pill seizures today ... nine of [10 pills] would be straight fentanyl and the other one may be a legit pill; [Doctors] don’t prescribe them anymore, there’s too many [opioid prescribing] regulations now.”*

Participants and law enforcement reported that the street availability of prescription opioids has decreased during the past six months. Participants responded: *“On the streets is harder [to obtain prescription opioids]; The doctors are not giving them out like they used to; A lot of people are losing [their prescriptions due to doctors not prescribing], so they are not making its way to the streets as much; It’s more expensive than the heroin and fentanyl [which are] cheaper and last longer.”* A law enforcement representative declared, *“In the past six months ... we arrested about 40 people [selling prescription opioids] ... so, there’s a decrease because of the arrests.”* BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases they process has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®) and oxymorphone (Opana®).

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	No comment

Current street prices for prescription opioids were reported by participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-1.50 per milligram. Participants confirmed: *“Perk 30s’ (Roxicodone® 30 mg) ... are usually \$30 a pop (each); Whatever milligram it says on it, that’s the dollar amount you will pay for it (\$1 per milligram).”* Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants shared: *“They are so expensive now; When I first started doing them, I was getting them for maybe \$0.30 a milligram, now, you’re talking [up to] \$1.50 a milligram.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$7 for 5 mg \$15-20 for 10 mg
	Roxicodone®	\$30-45 for 30 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, emergency room visits, friends with prescriptions and through travel to other states. Participants reported that the most common routes of administration for illicit use of prescription opioids are snorting and oral consumption. Participants remarked: *“Some people snort them, some people pop (swallow) them; I know people who chew them up; Some people break them down (crush) and put them in ‘blunts’ (marijuana-filled cigars) ... Percocet® in the blunts.”*

Participants described typical illicit prescription opioid users as young people, people of middle to high socio-economic status and people who work in blue-collar jobs, such as construction and in restaurants/bars. Participants discussed: *“It could be anybody, but I’ve seen ... an increase in the 18 to 25 [years of age]; [Illicit users are] getting younger and younger; High-class people; The soccer moms ... better dressed and more well-to-do people are hooked on pills (prescribed opioids).... In their heads, they’re playing this game of ‘I don’t do street dope (heroin), I’m only on pills;’ Factory workers; Construction; Bartenders.”* Law enforcement also described typical illicit prescription opioid users as people of middle to high socio-economic status. A law enforcement representative stated, *“You have to be able to afford it because they’re selling them for \$35-40 per pill.”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8-9.’ Participants noted: *“There’s a lot of it [and] there’s a lot of people that buy them off the street just to sub in (substitute for heroin), so they’re not sick (experiencing withdrawal); There’s a lot of people who buy them off the street that just don’t have the money to come to treatment ... they’re really trying to get clean; If you can find heroin, most of the time a heroin dealer actually has Suboxone® so his clients don’t get sick in between [highs]”*

Treatment providers most often reported the current street availability of Suboxone® as ‘8,’ while law enforcement most often reported it as ‘6’; the previous most common scores were ‘10’ and ‘6,’ respectively. A law enforcement representative observed, *“A lot of dealers have access to it to sell to people who want to get clean, people who are on the Suboxone® program will pick it up and sell it to their dealers or trade it for drugs, so it’s trafficked along with the other drugs ... it’s available to people who want it....”*

While participants did not report on the change in availability, community professionals reported that the availability of Suboxone® for illicit use has remained the same during the past six months. A treatment provider concluded, *“No, still the same, pretty available.”* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through doctors and through MAT (Medication-Assisted Treatment) programs. Participants confirmed: *"Usually off the street; I would buy it off the streets and use one 'strip' (filmstrip) for three days, now, I'm prescribed one strip a day; Anybody who has a medical card in the state of Ohio and has an opiate use disorder can get Suboxone® for free."*

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-20
Pill	\$10-20	

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is oral consumption (sublingual); the most common route of administration for illicit use of Suboxone® pills is snorting. Participants declared: *"Simply place it under your tongue; If you're abusing them, snorting them; I have seen people snort it."*

Participants and community professionals described typical illicit Suboxone® users as young, heroin users who are trying not to experience withdrawal symptoms. Treatment providers responded: *"Probably 30 [years of age] and younger; They're using it when they're in a situation where they can't get what they really want or they're afraid of going into withdraw ... it's not a drug of choice."* Law enforcement said: *"White people, around I'd say average of 30 years old; They use it to stop (alleviate) [withdrawal symptoms]."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants determined: *"The crackdown [on illicit prescription opioid availability]*

hasn't included 'benzos' (benzodiazepines); It's an opiate crisis not a benzo crisis, and I've noticed too that Suboxone® doctors are prescribing it, Xanax®, I see that a lot." While treatment providers did not rate the current street availability of sedative-hypnotics on the aforementioned availability scale, one treatment provider stated, *"High [availability], you just go to a doctor and get it. I've seen abuse of it among [treatment clients]."* Law enforcement most often reported current street availability as '4'; the previous most common scores were not reported for law enforcement and treatment providers. Law enforcement discussed: *"We see benzos a lot; If you go to any bar, you can buy them ... benzos."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Whitehall and Columbus Police (Franklin County) executed a search warrant and seized 90 Xanax® pills, five pounds of methamphetamine worth more than \$250,000, 250 grams of marijuana, three guns, body armor and \$15,000; police issued arrest warrants for two suspects on drug trafficking charges (www.myfox28columbus.com, May 23, 2019).

Participants identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use. A participant determined, *"Xanax® is probably more popular."* Treatment providers identified Klonopin® as the most available, while law enforcement identified Xanax® as most available. Treatment providers noted: *"They're abusing [Klonopin®], they're crushing it [to snort] ... selling it to each other ... we're having a real problem with that at our agency; Basically ... every time they go to the doctor, they have some new reason to get a new Klonopin® [prescription]."* Law enforcement remarked: *"Mainly just Xanax®; We see Xanax® all the time."* In addition, similar to prescription opioids, law enforcement discussed the increasing prevalence of counterfeit sedative-hypnotics (pressed fentanyl pills) in the region. An officer noted, *"Pressed with fentanyl, [counterfeit] Xanax® ... very available."*

Participants reported that the street availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement representative observed, *"Slightly decreasing, the same group [of recently arrested drug traffickers] that was bringing a lot of Percocet® in, was bringing [Xanax®] in as well."* BCI crime labs reported that the incidence of alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®)

cases they process from this region has decreased or remained the same during the past six months.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	Decrease
	 Treatment providers	No comment

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported obtaining sedative-hypnotics for illicit use through Internet purchase, from people with prescriptions and from drug dealers. Participants shared: *"I've gotten them online and through a dealer; You can buy them online pretty easily; I bought them off the streets."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Xanax®	\$2 for 0.5 mg \$5 for 1 mg \$10 for 2 mg

Participants continued to report that the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants described typical illicit sedative-hypnotics users as college-aged, young people. Treatment providers described typical illicit users as females, aged 25 to 30 years. A treatment provider remarked, *"Young females."* Law enforcement described typical illicit sedative-hypnotic users as white women, aged 30 to 40 years and opioid users. Law enforcement added: *"I'd say your Xanax® users are generally 30- to 40-year-old women, white, sometimes it's your younger black generation; Those that are on heroin still use the benzos to take the edge off, so they need the heroin not to be sick (experience withdrawal) ... until they can get their fix and to get themselves right, they need something to take that edge off...."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants confirmed: *"I pulled up to the gas station and had somebody ask me if I wanted to hit their bowl (marijuana pipe), that tells you how easy it is; High [availability] almost everywhere, especially with it being legalized [for medicinal use]; It's just a phone call away; All types of 'weed' (marijuana) are available in this town."* A treatment provider remarked, *"I can probably just go across the street and get it."* Law enforcement determined: *"One of the street patrol guys just got three-quarters of a pound out of a car stopped ... it seems like it's everywhere anymore; I can get weed about a block from here; I can buy weed in uniform, it's ridiculous; You can get weed in junior high easier than you can buy cigarettes.... A lot of kids start using weed in junior high."*

Corroborating data indicated that marijuana is available in the Columbus region. ODPS reported seizing 3,249.9 kilograms (7,164.8 lbs.) of marijuana from the region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dublin Police (Franklin County) were dispatched to a vehicle at a local ski resort after a call about a vehicle whose occupants showed signs of impairment as the vehicle was attempting to leave with the trunk open; deputies spoke to the occupants, observing an odor of marijuana and alcohol, and seized a marijuana and an open can of beer that belonged to two teenage passengers; officers issued summons for the two passengers for drug possession and open container in a motor vehicle (www.examiner.org, Jan. 15, 2019). Franklin County Sheriff's Office with the assistance of U.S. 23 Major Crimes Task Force and Ross County Sheriff's Office executed a search warrant and seized \$2.3 million worth of drugs, including 120 pounds of marijuana, 20,000 vapor cartridges containing 98% concentrated THC (tetrahydrocannabinol oils, aka "dabs"), 12 pounds of hashish (marijuana extract, cannabis resin, aka "hash"), five pounds of psilocybin mushrooms, LSD (lysergic acid diethylamide), cocaine and \$111,000; officers arrested two individuals for

possession of drugs, including marijuana and cocaine (www.nbc4i.com, March 12, 2019). Licking Heights Local School district (Licking County) took disciplinary action against a middle school student after two staff members found a vaping device and were exposed to a suspected potent form of THC resulting in a trip to the hospital; the district turned the vaping device over to Pataskala Police (www.nbc4i.com, March 20, 2019). Ohio State Highway Patrol (OSHP) conducted a traffic stop in Madison County for marked lanes violation where criminal indicators were observed and a probable cause search conducted, revealing 33 pounds of marijuana worth \$165,000; troopers charged the driver with possession of marijuana (www.statepatrol.ohio.gov, April 29, 2019). Columbus Police investigated after a local elementary school student was caught smoking marijuana in a school bathroom (www.nbc4i.com, May 2, 2019).

Participants and law enforcement also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants and law enforcement most often reported the current availability of marijuana extracts and concentrates as ‘10,’ the previous most common scores were ‘10’ for participants and not reported for law enforcement. Participants explained: *“I know so many people that make [dabs] ... but you don’t hear about it as much as you do marijuana; A lot of people are going to these [marijuana] dispensaries. We go to one up in Detroit [Michigan], and we got the ones down here (in Ohio); It’s easier to use in public, they don’t smell (emit an odor like smoking marijuana does); It’s getting popular; Everybody’s using them damn cartridges [containing THC concentrates] in vape pens now....”* A law enforcement officer responded, *“It is becoming a lot more readily available ... in the last six months, we’re seeing a lot of shipments of THC oils, THC pens. I know dealers now that are selling THC pens ... sources they have are in legal states (states where medicinal/recreational use of marijuana is permitted by law).”*

Participants and law enforcement reported that the availability of marijuana has remained the same during the past six months. Participants commented: *“It’s always been really easy to get; Maybe with the opening of the dispensaries, it might be a little easier honestly, but not much.”* A law enforcement representative summarized, *“I’d say steady.”* Participants and law enforcement reported that the availability of marijuana extracts and concentrates has increased during the past six months.

Participants stated: *“I haven’t met at least one person who hasn’t tried [dabs]; It’s easier to get because it’s getting ready to be legal [for recreational use].”* Law enforcement remarked: *“I would say we’ve gotten a big uptick in the vapes (vape cartridges) ... even in our schools; What we’re seeing now is the dabs ... smoking dabs in the vape pen, when they extract the THC out of marijuana, it’s like 95% straight THC. We’ve also seen an uptick on the CBD (cannabidiol) oils, a lot of usage for that ... in health food stores we’re seeing that being sold.”*

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

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

Participant most often rated the current overall quality of marijuana as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants observed: *“It’s really pure, it’s stronger ... [the high it produces is] gonna last longer [than regular marijuana]; As soon as other states started legalizing it ... quality has gone up because they bring it here; The quality is getting better.”*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce; while the most common quantity of purchase for marijuana extracts and concentrates is cartridges. Participants discussed: *“I knew someone who’s selling [an ounce] for around \$210-250 and that’s kind of low, honestly really depends on the grade; I have a dab pen so I buy the cartridges that have the oil in it already, I pay \$30 for it; If you’re getting a gram in a pen, you’re usually looking between \$50 and \$60....”* Overall, participants reported that the price of marijuana has decreased during the past

six months. A participant observed, "I would say \$25 for 1/8 [ounce] right now for good quality, it used to be \$50, but now there's so much available ... everybody's in competition"

Marijuana	Current Prices for Marijuana	
	A blunt (cigar) or a gram	\$10-15
	1/8 ounce	\$25
	1/4 ounce	\$80-100
	An ounce	\$150-250
	Extracts and concentrates:	
A gram or a cartridge	\$30-60	

Participants continued to report that the most common route of administration for marijuana remains smoking/vaping, followed by oral consumption. Participants explained: "Mostly smoking or using vapor pens; You got some people who make it with food ... brownies and cookies; Edibles are more potent, it'll take about an hour to hit you, but when it does, find a good movie to watch because you ain't getting off the couch."

Participants and community professionals described typical marijuana users as anyone; however, the discussed use of marijuana extracts and concentrates as typical among young people. Participants discussed: "You can't really categorize it; It doesn't discriminate; It's all over the place; Elderly people, they do it for pain so there's really no age or category; With a lot of younger people in their late teens, early 20s, they're always talking about their dab pens; Some of my peers' children, they don't like smoking weed, they go straight for the oil." One treatment provider highlighted an increase in marijuana use among opioid users, stating, "We've seen a lot more marijuana usage among our opiate users as they're trying to get off the opiates ... that's their means of helping themselves to withdraw." Law enforcement concluded: "We're seeing [dabs use] more in the junior high level ... usually around seventh and eighth grades; In the high school they dab because of the vape pens...."

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants confirmed: "It's very easy to find, very easy; Big time; It's easier to get than 'weed' (marijuana)." Treatment providers most often reported the current availability of methamphetamine as '9,' while law enforcement most often reported it as '7' and '10'; the previous most common scores were '10' and '6,' respectively. A law enforcement officer stated, "It's everywhere [and] it's cheap. You got powder and crystal [methamphetamine] ... it's everywhere, they're giving it away."

Corroborating data indicated that methamphetamine is available in the Columbus region. ODPS reported seizing 22.3 kilograms (49.1 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop in Licking County for a marked lanes violation and arrested the driver for OVI (operating a vehicle impaired); troopers searched the vehicle and seized more than a pound of methamphetamine worth \$10,000, drug paraphernalia and a gun resulting in the suspect being charged with possession of drugs and weapons violations (www.abc6onyourside.com, April 17, 2019). Central Ohio Drug Enforcement Task Force worked with a confidential informant to purchase a half pound of methamphetamine for \$1,900; officers arrested the suspect for aggravated trafficking in drugs (www.newarkadvocate.com, May 2, 2019). A drug task force in Marion County investigated a report of a methamphetamine lab and seized a few grams of methamphetamine and found evidence of the manufacturing of methamphetamine, including gas generators and chemicals; officers arrested three suspects for the manufacture of methamphetamine and possession of drugs (www.marionstar.com, May 3, 2019). Due to an investigation by Columbus Police, Franklin County Sheriff's Office and the Department of Justice, a man was indicted and later convicted on one count of distributing heroin, two counts of distributing cocaine, two counts of distributing 50 grams or more of methamphetamine (www.nbc4i.com, May 24, 2019).

Participants and community professionals reported that methamphetamine is available in crystal and powdered forms in the region; however, they noted crystal methamphetamine as most prevalent. A law enforcement officer observed, *"In the last three years, we have had two meth labs that we've had to break down and call the special meth lab unit for, we don't see a lot of manufacturing in our particular community ... it's all [crystal methamphetamine] being shipped in from somewhere else."* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants stated: *"Everybody has it and it's an easy money maker for [drug dealers]. It's cheap [and] it's literally everywhere; It's in demand, you know where there's demand, there's going to be people (drug dealers) that want to take advantage of that."* Treatment providers remarked: *"Each month it feels like it steadily goes up, the number of people that are using it; The market demand, there's more of it here; It's definitely gone up in the past year, like a lot."* Law enforcement summarized: *"The [users] we've talked to said, they'd rather do meth [than heroin] because they don't want to take a chance with overdosing like they would with the fentanyl, and they said that the withdrawals of heroin are so bad. And with meth, they said, there isn't [withdrawal]; It's just so inexpensive now ... meth is what we're seeing way more now; We've seen a tremendous rise in the use of meth."* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has remained the same during the past six months.

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

Participants most often rated the current overall quality of crystal methamphetamine as '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' One participant noted, *"[Quality] depends on who you get it from..."* Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: acetone, battery acid, fentanyl, lithium, rock salt and salt. Participants commented: *"It's being laced with fentanyl; People are putting fentanyl in it."* Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram.

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

Participants reported that the most common routes of administration for methamphetamine are smoking and snorting. However, participants also discussed oral consumption, adding: *"They can 'parachute' (wrap in tissue and swallow) that too because it burns so bad if you try to do it any other way ... and it lasts in your system all day long; Some people say if you eat it, if you swallow it ... you get a better [high]."*

Participants and community professionals described typical methamphetamine users as white people and heroin users. Participants also indicated that methamphetamine is prevalent in the gay community. A participant stated, *"In the gay community, it's really big."* Treatment providers described typical methamphetamine users as heroin users, including heroin users receiving MAT (medication-assisted treatment; e.g. Vivitrol®). Treatment providers discussed: *"[Users] who are on Vivitrol®; I see equal male and female [users]."* Law enforcement confirmed: *"I'd say almost just like heroin [users]; White people, low-income; You see the younger ones, but generally it's 30 [years of age] and older, generally male, but we have a lot of female heroin users that are abusing meth."*

Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' However, a participant determined, *"I would say it's pretty hit or miss ... really depends on who you know."* Community professionals did not report on prescription stimulants; the previous most common availability score was '6.' A law enforcement representative noted, *"It's not very popular around here...."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop for speeding and marked lanes violation that resulted in troopers citing the driver for OVI and drug possession after Adderall® was found (www.nbc4i.com, April 2, 2019). Participants continued to identify Adderall® as the most available prescription stimulant in terms of widespread illicit use. Participants declared: *"I only have experience with Adderall®; Adderall®, I see that quite a bit."*

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

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

Reports of current street prices for prescription stimulants were variable among participants with experience buying the drugs. Reportedly, Adderall® 30 mg typically sells for \$5-15. Participants explained: *"Depends on who you know; They're not very expensive. You can get the '30s' (Adderall® 30 mg) ... if you get 'em from right person, for under \$10."* Participants reported obtaining prescription stimulants for illicit use from friends or relatives who are prescribed the drugs. A participant responded, *"It's usually not a dealer, it's just somebody you know with a prescription."* Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting.

Participants described typical illicit prescription stimulant users as young people and college students. Participants summarized: *"It's a younger thing; Like 18 to 25 [years of age]; I personally know a lot of like 14- to 18-year olds who have it and don't want to use it, so they make pocket change off of selling it; It's just mainly your younger people, like college students; Someone who is trying to lose weight uses them."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '5;' the previous most common scores were '10' for ecstasy and "molly" (powdered MDMA). A participant highlighted, *"It's hard to get real ecstasy now, and most of the molly is meth."* Community professionals reported limited knowledge of ecstasy and molly and did not rate current availability; the previous most common availability scores were '6' and '1,' respectively. Law enforcement noted: *"No, not very available; We don't see much designer drugs ... MDMA, molly, stuff like that."*

Participants reported the availability of ecstasy and molly has decreased during the past six months. A participant remarked, *“Everyone’s on heroin now ... and meth outweighs ecstasy [in terms supply and demand].”* BCI crime Labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has increased during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the current quality as ‘6-7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were not reported. Reportedly, ecstasy/molly is often cut with methamphetamine. Participants noted: *“The quality’s not that great; It’s the same as anything else, they like [to] mix it with a lot of other stuff.”* Overall, participants reported that the quality of ecstasy/molly has decreased during the past six months. A participant commented, *“There’s so much fake ecstasy going around.”*

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka “single stack”)	\$10
	Medium dose (aka “double stack”)	\$20
	Molly:	
A gram	\$50	

Participants indicated that ecstasy and molly are obtained through networking. Participants concluded: *“You have to know somebody who knows somebody; It is more of a club thing. If you’re in a club, you ask somebody if they know*

somebody that is giving it out....” Participants reported that the most common route of administration of ecstasy is oral consumption, while the most common route of administration for molly is snorting. On ecstasy usage, a participant added, *“It’s a pill, you can parachute it, you can take it orally ... you can use it anally (insert it in the rectum). I don’t think you can shoot (intravenously inject) it or smoke it....”*

Participants described typical ecstasy users as partiers, club goers and college students. Participants added: *“It’s in the party scene ... kids at the nightclub; It’s a party drug; College, white kids; It is an after hour, pop a pill, club drug.”* Community professionals described typical ecstasy users also as partiers. A treatment provider shared, *“If you go to the bars, it’s there, it definitely is.”* A law enforcement representative confirmed, *“Party crowd.”*

Other Drugs in the Columbus Region

Participants and community professionals reported current availability of synthetic marijuana (synthetic cannabinoids), while law enforcement also discussed illicit Neurontin® (gabapentin) use in the region during the past six months. However, these drugs were not mentioned by the majority of people interviewed. In addition, BCI crime labs reported on other substances that were not discussed by participants or community professionals. BCI crime labs reported that the incidence of LSD (lysergic acid diethylamide) cases they process from this region has increased during the past six months, while the incidence of psilocybin mushroom cases has remained the same. In addition, BCI crime labs reported that the incidence of substituted cathinones (“bath salts”) cases they process from this region has slightly decreased during the past six months, while the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is available for illicit use in the region. Law enforcement most often reported the drug’s current street availability as ‘6’ on a scale of ‘0’ (not available,

impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Law enforcement discussed: *"One drug that's highly abused but not a controlled substance is gabapentin (Neurontin®), it sells for a decent price, you'll make money on it... It's supposed to help with [opiate] withdrawals and [act] as a pain reliever that is not an opiate ... it is highly abused; It's still up and coming.... There's a lot more of it out there than we think, and the problem is that it was marketed that it is not addictive."* Law enforcement described typical illicit Neurontin® users as white people and heroin users.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. A participant declared, *"You can buy that in the corner store."* Treatment providers most often reported the overall current availability of synthetic marijuana as '10,' while law enforcement most often reported it as '5-6;' the previous most common scores were not reported. A treatment provider responded, *"I would say '10,' easy."* A law enforcement representative summarized, *"'Posh' (brand of synthetic marijuana) is pretty available."*

Participants reported that the availability of synthetic marijuana has increased during the past six months. A participant explained, *"Everybody's on probation and they're trying to still get high ... it doesn't show up on drug tests, usually."* While treatment providers did not report on availability change, law enforcement reported that the availability of synthetic marijuana has decreased during the past six months. A law enforcement representative determined, *"There has been a downward slope in the last year and a half, but it's still available for the people who want it."* BCI crime labs reported that the incidence of synthetic cannabinoid cases they process from this region has decreased during the past six months.

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

Participants most often rated the current overall quality of synthetic marijuana as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. A participant highlighted, *"I would say it ranges. I'd probably say about an '8' ... I know some people who make it, and they can make it strong...."*

Current prices for synthetic marijuana were reported by participants with experience buying the drug. Participants reported purchasing two to three grams for \$10. While participants did not describe a typical synthetic marijuana user, community professionals described typical users as young and male. Treatment providers discussed: *"Younger and male; Not in college, but college-age."* A law enforcement representative stated, *"Juveniles, white and male."*

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine and Suboxone® remain highly available in the Columbus region; also, highly available are fentanyl and powdered cocaine. Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; and decreased availability for prescription opioids.

While participants and community professionals continued to report high current availability of heroin, there was agreement among respondents that fentanyl is more available and preferred than heroin. Participants noted some dealers selling only fentanyl and many users seeking only fentanyl. Treatment providers discussed increased tolerance to heroin as a reason for heroin users switching to fentanyl use. Corroborating data indicated

that fentanyl is highly available in the Columbus region. Ohio Department of Public Safety (ODPS) reported seizing 59.9 kilograms (132.1 lbs.) of fentanyl from this region during the past six months; ODPS reported seizing 725.2 grams (1.6 lbs.) of fentanyl from this region during the previous reporting period.

Participants and community professionals attributed the increased availability of fentanyl during the past six months to money as selling fentanyl opposed to heroin is considerably more profitable. Respondents also discussed increased demand for fentanyl due to user tolerance to heroin and user preference for a more potent drug. However, respondents noted that fentanyl has replaced “pure” heroin, so oftentimes, there is no choice but to buy fentanyl. A treatment provider stated, *“It’s increased availability ... whether you want [fentanyl] or not, you’re getting it.”* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months.

Participants and law enforcement reported high and increasing availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (“dabs”). Participants explained that more dealers/users are producing dabs and that dabs are becoming increasingly popular due to the ease in which a user can obtain a high in public as THC concentrates in cartridges administered through vaping dose not emit an odor. Law enforcement reported interdicting shipments

of THC oils and vape cartridges coming into the region from “legal states” where medicinal/recreational use of marijuana is permitted by law. BCI crime labs reported that the incidence of concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

Crystal methamphetamine remains highly available in the region. Respondents identified a number of reasons for increased availability of the drug during the past six months: high profitability for drug dealers as the drug is inexpensive; heroin users fearful of fentanyl overdose switching to crystal methamphetamine because it is widely available and “cheap;” heroin withdrawal is “so bad” that many users are switching to methamphetamine or using methamphetamine to alleviate withdrawal symptoms; and heroin users receiving MAT (medication-assisted treatment) are using methamphetamine to continue their drug use. While participants discussed methamphetamine as a “safer drug” than fentanyl, many reported fentanyl as an adulterant for methamphetamine.

Lastly, participants and treatment providers indicated current high availability for synthetic marijuana (synthetic cannabinoids). Participants reasoned that persons on probation are using the drug because standard urine drug screens often do not detect synthetic cannabinoid use. Community professionals described typical synthetic marijuana users as young and male.