

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

June 2010-January 2011

John R. Kasich, Governor
Orman Hall, Director



Regional Epidemiologist:

Randi Love, PhD

OSAM Staff:

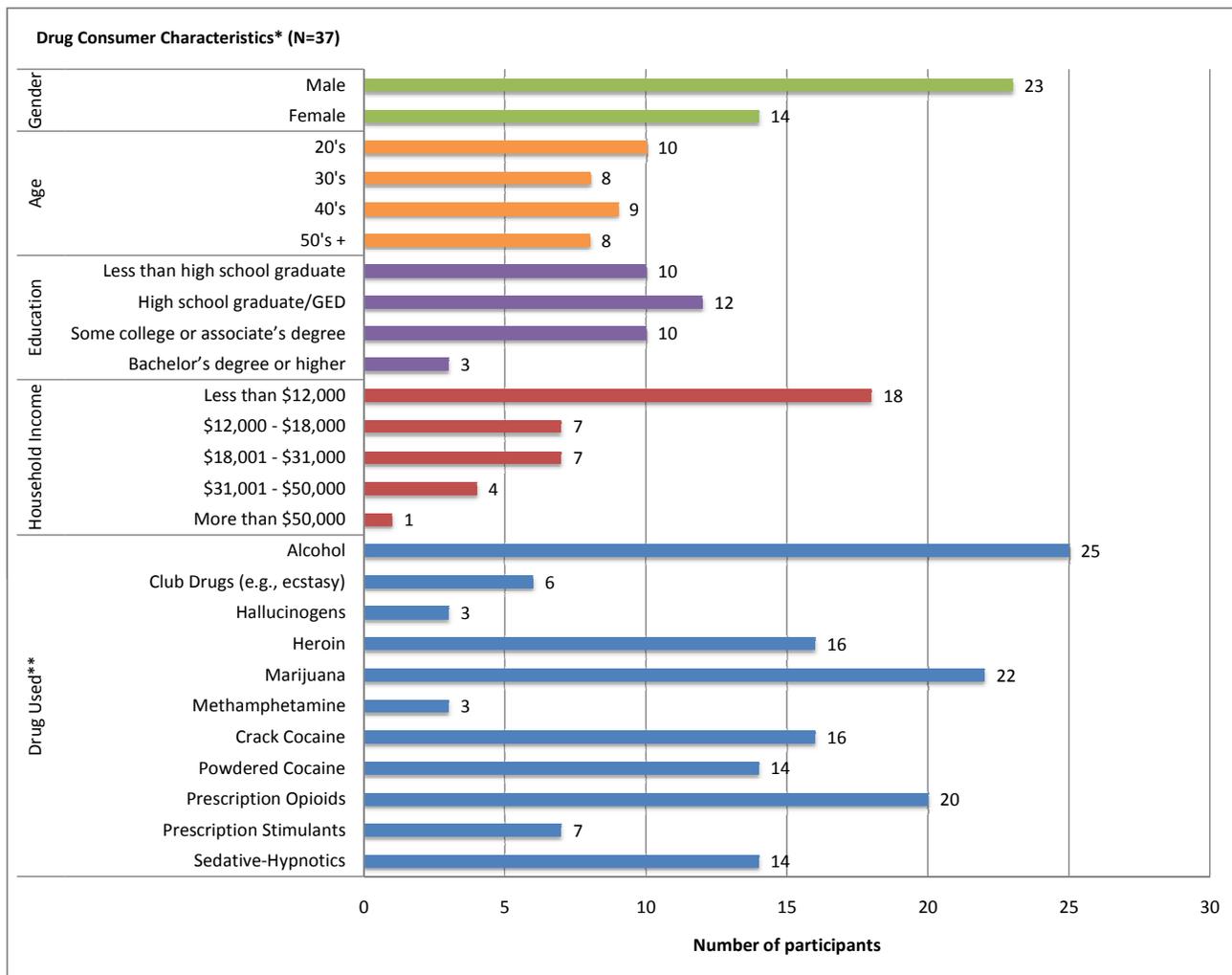
R. Thomas Sherba, PhD, MPH, LPCC
Principal Investigator

Rick Massatti, MSW
Research Administrator

Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,514,603	2,095,033	37
Gender (Female), 2009	51.2%	50.1%	37.8%
Whites, 2009	82.2%	79.6%	54.1%
African Americans, 2009	11.9%	12.9%	55.6%
Hispanic or Latino Origin, 2009	2.8%	3.1%	2.7%
High school graduates, 2008	84.6%	87.6%	71.4%
Median household income, 2009	\$45,467	\$47,553	Less than \$12,000 ²
Persons below poverty, 2009	15.1%	13.0%	43.8% ³

Ohio and Columbus statistics are derived from the U.S. Census Bureau¹. Respondents reported income by selecting a category that best represented their household's approximate income for 2009². Poverty status was unable to be determined for five respondents due to missing or insufficient income data³.



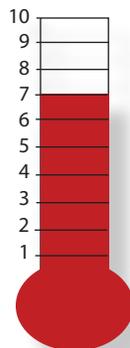
*Some respondents reported multiple drugs of use over the past six months.

Data Sources

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Franklin County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (i.e., treatment providers and law enforcement) via individual report or focus group interviews, as well as to data surveyed from the Columbus Police Crime Lab and the Bureau of Criminal Identification and Investigation (BCI&I) London Office, which serves Central and Southern Ohio. The aforementioned secondary data sources reported summary data for January to June 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the last six months (i.e., from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants. In addition to the aforementioned data sources, the following media outlets were queried for information regarding regional drug abuse for June 2010 through January 2011: *Mansfield News Journal*, *ThisWeek Community Newspapers* (online home to 22 newspapers serving Central Ohio) and *WBNS-10TV*, Central Ohio News.

Powdered Cocaine Current Trends

Powdered cocaine is readily available in the region. Participants most often reported the drug's current availability as '7' and professionals as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Clinicians in a residential recovery center reported not seeing many clients in recovery for powdered cocaine. There was little consensus as to whether the availability of powdered cocaine has increased, decreased or remained the same over the past six months. Some current users felt the demand has increased: *"So many people are just getting on to it [using cocaine] and it's just catching on; In the Hudson Avenue area, you could pretty much just walk down the street and cop [obtain powdered cocaine] from someone."* Those who noted that availability has decreased attributed this to police crackdown and/or that other drugs are now more available and desirable: *"My experience is that all the people that do cocaine do Percocet® now because the effects*



last longer; You gotta know somebody. It's [powdered cocaine] a little trickier [to obtain] than crack [cocaine]; It's [powdered cocaine] not a corner drug like crack – mostly in bars or the college scene." Overwhelmingly, crack cocaine is considered the most obtainable form of cocaine. The Columbus Police Crime Lab reported a decrease in the number of powdered cocaine cases it processes.

Participants most often reported the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A grade of cocaine identified as "fish scales," which is pearlescent in appearance, is considered high quality and was mentioned by several users. All users agreed that the quality of powdered cocaine is dependent upon the dealer. A participant stated, *"It's available [good quality powdered cocaine] if you know the right people. I have to search, search, search. I'm sure I could get it, but it wouldn't be that easy."* Powdered cocaine is often "cut" (i.e., diluted) with other substances to maximize profitability. A participant noted, *"They [drug dealers] trying to make a million dollars out of a quarter ounce."* Participants reported many substances used to cut powdered cocaine to include: B12, baby laxative, baking soda, coffee creamer, creatine, NoDoz® and Similac®. According to the Columbus Police Crime Lab, creatine and the local anesthetics of benzocaine and procaine are used as cutting agents for powdered cocaine.

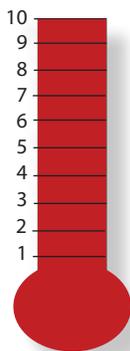
Current street jargon includes many names for powdered cocaine. The most commonly cited names were "girl" and "soft." Participants listed the following as other common street names: "blow," "christine," "coke," "fish scales," "girlfriend," "going skiing," "ivory snow," "lady fluff," "nose candy," "pow," "snow," "white bitch," "yo" and "yola." Participants reported a gram of powdered cocaine currently sells for \$50 – \$100; 1/8 ounce, or "eight ball," costs \$120 – \$125. Smaller amounts of powdered cocaine are available for \$10 – \$20. A participant reported, *"When you get down and dirty, for the shooters [intravenous drug users], it's \$10 bags and \$20 bags for powdered cocaine."* While there were a few reported ways of consuming powdered cocaine, the most common route of administration for this form of cocaine is intranasal inhalation (i.e., snorting). Many users reported a progression of methods, starting with snorting and then progressing on to smoking and intravenous injection. Those who are already injection drug users go straight to shooting (i.e., injecting). Participants explained, *"Most people just don't shoot coke [inject cocaine] but if they shoot heroin, they'll shoot coke; If you're already shooting something, you usually start off [a new drug] shooting. You're going to shoot whatever you get your*

hands on; Those of us in the [methadone] clinic, most of us are, you know, bangers [injectors], so we would shoot."

Use was perceived to differ according to class, race and age. Participants noted a trend toward younger users, age 20, and sometimes younger; "rich kids" typically snort the drug. Participants reported, "They're [new users] younger middle class. They got money in their pocket. To them it's like a party thing [cocaine use]. It's not an everyday occurrence." Differences in race were also noted: "Cocaine is a rich drug. White people do it. Black people sell it; Higher quantities are typically sold by White people – like kilos; On the lower end of the scale with the lower grade cocaine, you have Black dealers. On the higher end with the better cocaine because of accessibility, you have White dealers or Mexicans." Powdered cocaine is often injected concurrently with heroin (a.k.a., "speedball"). A participant stated, "A lot of opiate users speedball. They snort or shoot it. They put it [heroin and cocaine] in a syringe with water and shoot it up their nose. They don't think the habit will be as bad." Alcohol, benzodiazepines (i.e., Valium® and Xanax®) and marijuana are typically used after a "cocaine high" to soften the "crash." A user mentioned that cocaine is occasionally mixed with PCP (phencyclidine) and injected (a.k.a., "space base").

Crack Cocaine Current Trends

Crack cocaine is highly available in the region. Participants and treatment providers reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to a '10' (high availability, extremely easy to get). Participants described crack cocaine as extremely easy to get. A participant said, "It's an epidemic, just go down the street. My whole neighborhood smoked crack [cocaine]." Another participant succinctly said, "As far as availability goes, I've never seen a 'crackhead' who said, 'damn, I wish I could find some crack.'" Comments from treatment professionals echoed the same sentiment, "Every time I hear people say 'the war on drugs' I have to laugh. People can get it [crack cocaine] any time of day they want it." Participants and treatment professionals could not agree on whether the availability of crack cocaine has changed over last six months. The Columbus Police Crime Lab reported that the number of crack cocaine cases it processes has decreased. Some participants felt the bad economy was influencing



an increase in availability of crack cocaine. As a participant explained, "The economy is bad ... and they want to get high because they're in pain and suffering." A group of treatment professionals noted that close to 100 percent of their clients had a history of crack cocaine use.

Participants most frequently rated the quality of crack cocaine as '4' on scale of '0' (poor quality, "garbage") to '10' (high quality). As with powdered cocaine, quality of crack cocaine is reportedly dependent on the user's relationship with the dealer. A participant stated, "There is a high level of variability [in quality of crack cocaine]." Many participants complained about the current quality of crack cocaine: "For the majority of people I've run into lately – it's all bad dope. You need to re-cook it [crack cocaine] to smoke it." Participants reported that crack cocaine is most often "cut" (i.e., diluted) with other substances to "blow it up" (i.e., to give crack cocaine more volume and mass).

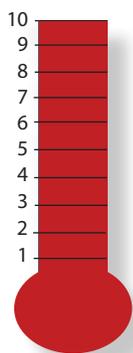
Participants reported many substances are used to cut powdered cocaine to include: ammonia, B12, baby laxative, Similac® and soap. A participant reported, "Some dealers out here they do got that quality [crack cocaine], but some of these young boys, they done stepped on [cut] it so many damn times, all you gonna smoke is Similac®." A participant mentioned a cutting agent called "Comeback" (a chemical agent sold at "head shops" that acts as an anesthetic). The same user explained, "It [Comeback] gives you energy and a numbing feeling too." According to the Columbus Police Crime Lab, levasimole (dewormer for livestock) is the cutting agent in 90 percent of crack cocaine cases it processes.

Current street jargon includes many names for crack cocaine, the most common of which are "hard" and "rock." Other common street names are "bump," "boulders," "butter," "champagne bubbly," "crumbs," "fire," "food," "ready rock," "yellow," "whip" and "work." Participants reported 1/8 ounce, or "eight ball," sells for \$110 – \$120; however, users consistently said, "You can buy any size you want," even in amounts as low as a few dollars. Reportedly, the prices for crack cocaine has remained stable over the last six months. While there were a few reported ways of consuming crack cocaine, the most common route of administration by far is smoking. Other methods described were intranasal inhalation (i.e., snorting) and intravenous injection. In order to inject it, participants reported that crack cocaine must be broken down by mixing it with an acidic substance like lemon juice or vinegar. Many participants reported that heroin is often mixed with crack cocaine during this process.

A profile of a typical user of crack cocaine did not emerge in the data. Participants noted that crack cocaine is used by all races and socioeconomic groups, as well as, by all ages (i.e., early teens to the elderly). Participants believed crack cocaine use is ubiquitous, commenting, "It [crack cocaine] doesn't discriminate; I know a 60-year-old grandmother using rock [crack cocaine]." Treatment professionals agreed with participants about the far-reaching popularity of crack cocaine. A professional explained that there was, "No typical user [of crack cocaine]. When it first came about there was, but now I've had crack cocaine users who are 60 years old, 22 year olds with all the money in the world, all races, all genders."

In addition to alcohol, participants also reported that crack cocaine is used in combination with heroin, marijuana in "blunts" (i.e., marijuana cigars) and sedative-hypnotics (i.e., Klonopin® and Vicoden®). Participants often drink to come down from an intense high. A participant said, "Some people 'get stuck' so the drink helps to even out the buzz [high]."

Heroin Current Trends



Heroin is highly available in the region. Participants and clinicians most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A treatment provider reported that nearly 65 percent of clients currently present for treatment with a history of heroin use. In December, *WBNS-10TV* reported in an online article entitled, "Police, Treatment Facility Dealing With Heroin Boom," that an estimated 80 percent of people seeking help at a

large Central Ohio treatment facility are addicted to either heroin or prescription drugs (www.10tv.com, Dec. 9, 2010). In November, 10TV reported that heroin was becoming a problem of "epidemic proportions" in Delaware County (www.10tv.com, Nov. 12, 2010). In this article, the Delaware County Sheriff reported that law enforcement seizures of heroin had increased 3,000 percent in one year's time. Also in November, *WBNS-10TV* reported that Columbus police had arrested 145 people and seized more than 68,000 doses of heroin since September 2009 (www.10tv.com, Nov. 10, 2010).

Participants described heroin's current availability as follows: "It's the new crack [cocaine]; The dope dealers that was dealing crack is now dabbling into heroin; Sometimes it [heroin] just falls into your lap; I think it's the most available drug on the market today – more sought after. I can say this, when I went to purchase my crack [cocaine], they [dealers] wanted to know if I wanted heroin." A user reported that he switched from prescription opioids to heroin, explaining that it was much easier for him to buy heroin off the street than to go through the trouble of going to a drug store and dealing with the more stringent rules for prescription purchase. Also, cited as a reason for a switch to heroin was the change in formulation of OxyContin®, which now makes the drug difficult to abuse. A participant stated, "You can't abuse OxyContin®. They're going straight to dope [heroin]. It's cheaper [than OxyContin®] and you can get a buzz [high] off it." Another participant noted, "They used to sell it [heroin] till eight at night [at which time it was no longer available]. They just shut out everybody. But nowadays, it's 24/7, and they'll sell it all night [now heroin is sold 24 hours a day, seven days a week]."

In the Columbus region, black tar heroin is the most common form of heroin, and it is typically purchased from Mexican dealers. In October, *ThisWeek Community Newspapers* reported in an online article that a Northside Columbus community has become a hub for heroin sales, warning area residents of a Mexican cartel that is operating a black tar heroin delivery service in their neighborhoods. An officer was quoted as saying, "The buyers [of black tar heroin] are likely from out of the area. Arrests have been made of people from over 23 Ohio counties" (www.thisweeknews.com, Oct. 6, 2010). Participants also commented on the high prevalence of black tar heroin in the region; one stated, "It's [black tar heroin] one less process away from being powder [heroin] so, you know, it's quicker to make, easy to distribute and cheap." A professional reported that currently it's, "heroin, heroin, heroin," and typically black tar heroin in Central Ohio. This professional stated, "Tar [black tar heroin] is cheap cuz there's just so much of it, and like I said, the guy who was in this morning [for intake services], talking to me who's still struggling ... his words were the 'market's flooded.' There's so much [black tar] heroin out there." However, the brown and white powdered forms of heroin are reportedly more available in certain parts of Columbus. Brown powdered heroin is more available in the near Eastside of Columbus. Participants indicated that availability has increased or remained constant over the past six months. A participant stated, "You went through the crack [cocaine] stage and a lot of people was saying

this crack make you crazy, so they would do the crack and take the heroin to come down you know. There's a lot of people that just boot [inject] it [heroin]."

Quality was most commonly assessed as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reportedly, the quality of heroin depends on the dealer. Some participants reported that quality has increased over the past six months: *"I think heroin's making a comeback cuz it's just so damn good; I'm scared of it [heroin]. I mean I used to sell it, but just to see how people are without it [referring to withdrawal sickness] ..."* Substances used to "cut" (i.e., dilute) heroin include fentanyl and coffee for black tar heroin. Fentanyl and heroin are perceived as very dangerous in combination. Participants stated, *"They [dealers] cut it [heroin] with fentanyl and it's a deadly combination; They [heroin users] have been dropping like flies [overdosing]."* Heroin currently available in the region is very pure according to the BCI&I London crime lab, but benzocaine (local anesthetic) and metamizole (analgesic and antipyretic) are occasionally used as a cutting agents.

Current street jargon includes many names for heroin. The most commonly cited names were "boy" and "dog food." Participants listed the following as other common street names: "balloons," "dog," "dope," "H," "johnny," "red dragon" and "smack." Participants reported a gram of heroin currently sells for \$80 – \$100, depending on quality, with an ounce selling for \$2,000; many participants reported buying "baggies/stamps," or 1/10 gram (i.e., "balloon") for \$10. In October, *ThisWeek Community Newspapers* reported in an online article that according to a Columbus Police Officer, *"A balloon of black tar heroin sells for \$10 in Columbus. It would cost \$50 on the streets of, say, Marysville"* (www.thisweeknews.com, Oct. 6, 2010). Participants reported that all types of heroin (black tar, brown and white powder) are about the same price. While there were a few reported ways of using heroin, the most common route of administration is intravenous injection, followed by intranasal inhalation (i.e., snorting). Almost universally, participants noted a general use progression with users starting with snorting, and some smoking or rather "chasing the dragon," ending with injection use. Reportedly, younger people are said to smoke the drug.

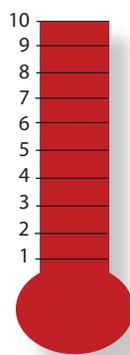
Typical new users of heroin were described as White and "younger," ranging in age from 14 – 29 years. Participants stated, *"It's gotten bad with the young kids nowadays cuz most kids start out doing opiates, and the next thing they're doing vikes [Vicodin®] or perc's [Percocet®], and the next thing they're doing heroin; Just from going to meetings and seeing how many*

young people are out there that are heroin addicts. It's amazing." Clinicians reported seeing very young people coming into treatment for heroin addiction, particularly young, White males who started using in high school and often come from suburban areas. A clinician stated, *"A lot of times they'll [high school students] start taking pills and then that leads pretty quickly to IV [intravenous] use. There doesn't seem to be the same fear of needles that there used to be. Now, it's no big deal. Now, it's a high school rite of passage."* In October, *ThisWeek Community Newspapers* quoted a Columbus Police Officer in an online article as saying, *"Because the drug [heroin] is so cheap, it's starting to make its way into high schools"* (www.thisweeknews.com, Oct. 6, 2010).

Heroin is often used in combination with cocaine (a.k.a., "speedball"). A participant noted, *"There's not a lot of drugs you use with heroin [concurrently] like there are a lot of drugs you do before heroin. After you do heroin, it's over."* Other drugs reportedly used in combination with heroin include: alcohol, benzodiazepines, crack cocaine and marijuana.

Prescription Opioids

Current Trends



Prescription opioids are highly available in the region. Participants and clinicians most often reported the street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). When asked what drugs clinicians currently see in client drug histories, one answered, *"Opiates, opiates and opiates. I see oxycodone a lot."* According to an officer with the Franklin County Sheriff's Office, prescription opioid use is at epidemic levels in Central Ohio, and prescription opioids are the most frequently purchased street drug of the special investigative unit, and they have been for several months. This officer reported that in January the unit *"did a search warrant and seized 17,000 prescription pills."* Participants described some prescription opioids as more readily available than others. For example, OxyContin® OC is less available as it has been replaced in pharmacies by the less desirable OxyContin® OP. The formulation of OxyContin® OP now renders this drug difficult to abuse. A participant explained, *"It [OxyContin® OP] gels up, so you can't snort or inject it."* Franklin County Sheriff's Office reported that the most popular prescription opioids in Central Ohio are OxyContin®, Percocet® and Vicodin®.

Some participants felt that opioids are generally more available than they were six months ago. A participant stated, *"You go to the hospital and say you got a toothache and they'll give it [opioids] to you."* Some participants reported that dealers are paying users to go out of state (i.e., to Florida) to purchase opioids and bring them back to Columbus. They stated, *"You get 240 perc 30's [Percocet® 30 mg] and some perc 15's [Percocet® 15 mg] ... and anybody will pay for you to go. They'll [dealers] sponsor you to go and they'll put you on a plane and pay for everything; When you go down to Florida, all you see is Ohio license plates. I've known people who go down monthly and they take two to three people with them to say there's something wrong with their backs. They come back with a script [prescription]."* Franklin County Sheriff's Office reported that almost all of the prescription opioids available on the street are coming from *"the pain management clinics in Florida."* An officer said, *"There is not a day that goes by that our unit receives complaints of neighbors, friends or relatives going to Florida to obtain pills [prescription opioids] to bring back to Columbus for sale."*

Participants who reported availability as having decreased over the past six months cited several reasons for the perceived decrease. A participant stated, *"Before they [Purdue Pharma] did that oxy [OxyContin®] switch [reformulation], it was always pills, pills, pills, and then once they started switching up the oxy's and made them harder to get, you couldn't get the old OC's [OxyContin® OC] anymore."* Former OxyContin® OC users are switching to heroin. In addition to the reformulation of OxyContin®, pharmacies are instituting tracking systems that make abusing opioids more difficult. It has also become more difficult to get opioids prescribed by doctors. Participants reported, *"Harder to get [OxyContin®] from doctors but if someone is getting them, you better believe they're selling them; If you go into a doctor's office and they're prescribing you pills, they're dropping urines on people. You come up positive for anything else, they're cutting you off. You come up clean, then they're cutting you off because you should have pills in your body."* Opioids are reportedly more available at the end of the month. A participant said, *"... available at certain times of the month. Like you can get Percocet® right now. This is the end of the month. Everybody gets their refills about now."*

Participants reported the following prescription opioids as available to the street-level users (Note: When reported, current street names and prices are indicated in

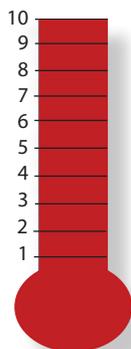
parentheses): Darvocet®, Darvon®, Demerol®, Dilaudid®, fentanyl, methadone (liquid and tablets), Opana®, OxyContin® (a.k.a., "footballs," "green turtles," "highway," "peaches," "OC's," "old cars," "Orange County" and "oxy's;" sell for approximately \$1 per milligram), Percocet® (a.k.a., "blueberries," "blues," "fat boys," "perc's" and "school buses"), Percocet® 5 mg (\$2 – \$3; however, this price reportedly varies by neighborhood and quantity purchased), Percocet® 10 mg (a.k.a., "yellows"), Percocet® 30 mg (\$20), Roxicet® (a.k.a., "rockies" and "roxi's"), Subutex®, Tylenol 3/4®, Ultram® and Vicodin® (a.k.a., "vikes;" \$1 – \$2). Participants reported that drug street names are often particular to a user and his/her dealer. A participant stated, *"... [users] develop a relationship with your dealer and develop nicknames for drugs."*

The most common way to obtain opioids is on the street followed by pain clinics, family members and friends. People who are more well off financially order online. A clinician commented, *"Who gets a prescription? There is so much [prescription opioids] on the streets."* 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 route of administration is oral consumption (i.e., swallowing) followed by intranasal inhalation (i.e., snorting, which reportedly carries some stigma) and intravenous injection. A participant reported that Percocet® 10 mg is snorted: *"Some people chop 'em [Percocet® 10 mg] down and snort."* The prescription opioids that are reportedly injected include Percocet® and OxyContin® OC.

A profile of the typical illicit user did not emerge although participants and clinicians noted that users are becoming younger and younger. A user noted, *"elementary school on up."* In November, WBNS-10TV reported in an online article entitled, *"Prescription Drug Abuse Increasing Among Teens,"* that according to the Ohio Attorney General, *"Prescription medication is becoming the drug of choice for teens"* (www.10tv.com, Nov. 16, 2010). This article quoted the Attorney General as stating the following: *"At least one in four Ohio high school students report using prescription drugs."* Reportedly, other substances used in combination with prescription opioids include: alcohol, benzodiazepines, cocaine (powdered and crack), heroin and marijuana.

Suboxone®

Current Trends



Suboxone® is highly available in the region. Participants most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Availability is perceived to be increasing. Participants reported, *"Addicts is getting hip to them [Suboxone®]. Starting it with the idea that they're going to get off the drug they're using, and they're just getting hooked ... so, becoming more available."* Users often procure Suboxone® while participating in drug treatment, from a clinic or on the street. Participants reported, *"Get from people on Suboxone® maintenance. They sell Suboxone® to get their original drug of choice; People who used to do methadone clinics are now doing Suboxone® clinics."*

No slang terms for Suboxone® were reported. The price for Suboxone® 8 mg was consistently reported as \$10. Although there is no "typical" Suboxone® user, a clinician commented that there are two types of abusers: *"An opiate addict that is either serious about recovery ... or a person tricking themselves that they're going to do this [recovery] on their own. People found out they can get high on it [Suboxone®]. People hear that – they go back out [and use] and turn around and have that easy de-tox [detoxification] again."*

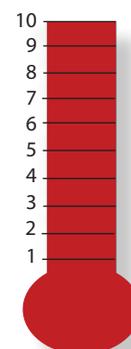
Most often participants reported taking Suboxone® orally, letting it dissolve under the tongue. Some intravenous injection use was also reported. Using other drugs with Suboxone® is considered wasteful and dangerous as Suboxone® blocks the effects of many other drugs. Participants reported, *"Can't take it [Suboxone®] with methadone. It will kick us into the hardest de-tox [withdraw sickness] we've ever been in. You've gotta be careful; If you use another opiate, it will make you sick; If you're using other drugs, you're just wasting it."* Reportedly, alcohol, marijuana and Xanax® are sometimes used with Suboxone®.

Sedative-Hypnotics

Current Trends

Sedative-hypnotics (i.e., benzodiazepines, barbiturates and muscle relaxants) are highly available in the region.

Participants reported the overall availability of sedative-hypnotics as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants described some sedative-hypnotics as more readily available than others. Overall, participants most often reported the availability of Klonopin®, Soma®, Valium® and Xanax® as '10'. Reportedly, drugs like Ativan®, Nembutol® and Restoril® are much less available, and sleep aides like Ambien® and Lunesta® are available but seldom abused. Participants judged availability in the past six months as staying steady or increasing. A participant explained, *"Soma's® are making a comeback. Soma's® become more available when the Florida trips come through. That's an extra bonus."* BCI&I London crime lab reported that the number of sedative-hypnotics cases it processes has remained stable.



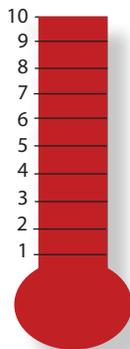
Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ambien®, Ativan®, Klonopin®, Lunesta®, Nembutal®, Restoril®, Soma® (a.k.a., "stumble biscuits;" \$2 per milligram), Valium® (\$2 per milligram), Xanax® (a.k.a., peach or purple "footballs," "french fries," "ladders," "planks," "yellow school buses" and "xanibars;" \$2 per milligram). In addition to obtaining sedative-hypnotics on the street from dealers, participants reported visiting family members and area doctors in order to obtain these drugs. While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration are oral consumption and intranasal inhalation (i.e., snorting). A user commented, *"I used to crush up the Xanax® and the Vicodin® and snort them both at the same time."* A few users also mentioned "parachuting" sedative-hypnotics (i.e., crushing the drug, putting it in a piece of tissue paper, and then swallowing it). A participant talked about the effect of parachuting: *"In about ten minutes, you don't know what the hell happened."*

A profile of a typical illicit user of sedative-hypnotics did not emerge in the data. Participants stated that illicit use of these drugs in their communities is a far-reaching problem that affects all age groups. A few participants felt that

users in general are getting younger and younger. Alcohol, marijuana, heroin and cocaine are commonly used with sedative-hypnotics. A clinician remarked that sedative-hypnotics are very popular with methadone users.

Marijuana
Current Trends

Marijuana is highly available in the region. Respondents, both participants and clinicians most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Marijuana is considered the most available illegal drug in the area, "the old standby" as some participants called it. Media reports confirmed the widespread availability of marijuana over the past six months. In November, *WBNS-10TV* reported that federal agents found thousands of pounds of marijuana with an estimated street value of \$5 million in a Columbus home (www.10tv.com, Aug. 29, 2010). In January, *WBNS-10TV* reported that local police arrested several men during a traffic stop and discovered they had 1,000 pounds of marijuana in the car. Further investigation yielded 1,000 more pounds of marijuana at their Columbus residence and over \$1 million in cash (www.10tv.com, Jan. 27, 2011). In the past six months, participants either said the availability of marijuana has stayed the same or increased somewhat. A user noted, "More [marijuana] being grown out there. It's a buyer's market."



Participants most frequently rated the quality of marijuana as '8' on scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also reported that the quality of marijuana is increasing, and consistently stated that the current quality of marijuana is higher than in the past. A user stated, "It seems as if there is no low grade [marijuana]. It's all mid's and high's [grades]. The distinction is outdoor or indoor. Indoor is better." Another participant echoed this thought and said, "[Marijuana quality] not below a '7' anymore. It seems like the better stuff is easier to get. The new scale could actually be 7 – 10 instead of 0 – 10 [in reference to the above quality scale]."

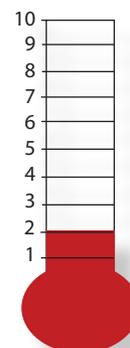
Current street jargon includes countless names for marijuana. The most commonly cited name was "weed." Participants listed the following as other common street names: "dirt"

and "swag" for low to mid-grade marijuana; "blueberry," "bubblegum kush," "chronic," "flame," "fire," "kush," "purple haze," "skunk" and "spongebob killer" for high-grade marijuana. Hydroponically grown marijuana is called "dro," "hydro" and "skunkweed," and it is seen as the most desirable form of marijuana. The price of marijuana depends on the quality desired. Participants reported they could buy low-grade marijuana in many different quantities: a "blunt" (i.e., marijuana cigar) sells for \$5; 1/8 ounce sells for \$20; and an ounce ranges in price from \$50 – \$75. Participants also reported they could buy high-grade marijuana in many different quantities: a "blunt" (i.e., marijuana cigar) sells for \$25; 1/8 ounce sells for \$50; an ounce ranges in price from \$100 – \$200; and a pound sells for \$5,500. The most common route of administration for marijuana is smoking, but there were a few mentions of putting marijuana in a tea called "Serenity," and occasionally in food.

A profile of a typical user of marijuana did not emerge in the data. Marijuana use is believed to transcend age, race and socioeconomic status. Participants also stated that marijuana could be used with any other drug, but that it is most frequently used with alcohol and crack cocaine (a.k.a., "woolie" or "primo" when laced into a "blunt"). Many agreed when a participant said, "It [marijuana] goes with everything." Users also reported dipping marijuana blunts in embalming fluid (a.k.a., "wet") or PCP (phencyclidine; a.k.a., "sherm").

Methamphetamine
Current Trends

Methamphetamine is relatively rare in the region. Most participants knew little about the drug, and there were only a few former users of methamphetamine among focus group attendees. Reportedly, availability varies across the region, ranging from '2' to '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A user summed up methamphetamine availability: "I have to drive an hour and a half just to get anything [methamphetamine] worth buying. People don't know what they're doing. It sucks." Media outlets across the region (i.e., *WBNS-10TV*) have reported on methamphetamine lab arrests over this current reporting period in Franklin and Fairfield Counties. In January, the



Mansfield News Journal reported that a man was charged with possession and manufacture in Richland County (www.mansfieldnewsjournal.com, Jan. 20, 2011). Participants with knowledge of methamphetamine reported that availability of the drug has increased over the past six months. The Columbus Police Crime Lab corroborated comments from these participants, as the lab reported an increase in the number of off-white powdered methamphetamine cases it processes.

Only one participant was able to assign a quality rating to methamphetamine, and he said it was '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current street jargon includes several names for methamphetamine. Commonly cited names for crystal methamphetamine include: "crystal," "glass," "tina" and "tweek." The street jargon "ice" was mentioned when speaking about the highest grade of methamphetamine. Participants reported they could buy a gram of the drug for \$80 – \$120, with "ice" at the top of the range. The most common route of administration for this drug is smoking with a glass pipe, although intravenous injection and intranasal inhalation (i.e., snorting) were also mentioned. Participants also said some users prefer to "parachute" methamphetamine. In this process, methamphetamine is wrapped in tissue or toilet paper and swallowed. A user explained, "When you snort it [methamphetamine], it burns like fire. When you're smoking it, you're just getting the smoke and all that. When you parachute it, it's going directly into your body."

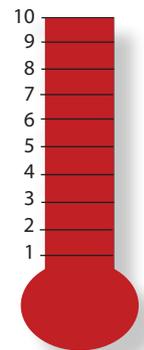
Participants described typical users of methamphetamine as White males. Many participants considered this drug a club drug. In addition, several users said, "It [methamphetamine] is huge in the gay community." Methamphetamine is occasionally used with other drugs including alcohol, cocaine, Soma® and Valium®. A combination of GHB (gamma-hydroxybutyrate) and methamphetamine, which is said to work like a "speedball" (similar to the combination of heroin and cocaine), is reportedly also popular among gay men.

Ecstasy

Current Trends

Ecstasy [methylenedioxymethamphetamine (MDMA)] is highly available in the region. Participants ranked availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, easy to get). Ecstasy is primarily considered a "party drug" and used among disc jockeys at night clubs.

A frequent user noted, "Dance parties, any world renown DJ [disc jockey] – that's where you can molly [use ecstasy] on the patio." The quality was viewed as a '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants perceived that both quality and availability have increased over the past six months.



Current street jargon includes several different names for ecstasy. Street names include "molly" and "X." Participants reported a capsule costs \$20, and the most common type sold is silver or bluish-gray in color. MDMA tablets are occasionally pressed into "candy flips" (i.e., ecstasy pills pressed with LSD (lysergic acid diethylamide), methamphetamine or mescaline). A participant talked about his preference for candy flips: "Those [candy flips] are amazing. You're tripping and rolling at the same time." However, the drug in this form is hard to find. A participant said, "Really good pressed ecstasy is rare." The only reported method of administration is oral consumption. A participant explained that users place a crushed pill in a tissue and "parachute" the drug (i.e., swallow the tissue and its contents). As the participant explained, users usually parachute the purest form of the drug: "Pure molly [ecstasy] is kind of like shards [crystal methamphetamine]. The shards I was getting were double capsualized. It was a capsule within another capsule. I was swallowing them, but you can get the pure shards and just parachute them. Or you can get a bag and just dip your finger in." In addition to alcohol, reportedly, ecstasy is also used with marijuana.

Prescription Stimulants

Current Trends

Adderall® and Ritalin® are available in the region. Participants said these drugs are available on the streets, but are also often prescribed by physicians for the treatment of ADHD (attention deficit hyperactivity disorder). Participants reported users taking their child to the doctor in order to obtain a prescription for a stimulant when their child has no real problem. A participant commented, "Everybody's taking their kid to the doctor [for a prescription for a stimulant drug]. The kid ain't the problem, it's the parent." Another participant described how easy it is to obtain the medication: "Once you know the diagnostic criteria, they have certain criteria for ADHD, and once you know it you can go to any doctor and tell him, 'I have trouble concentrating. I'm hyperactive,' or you know, 'I'm

impulsive, things like that. They'll first give you Strattera® and after they give you that and you say it's not working, then they'll give you Concerta®, which is like Ritalin®, and the third time, they'll finally give you Adderall®, but they do that reluctantly."

Participants reported that prescription stimulants are popular among younger (< 18) males and females.

Other Drugs

Participants and professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed. Participants often knew of these drugs, but were not active users. Lysergic acid diethylamide (LSD) is known to be present in the region, and participants typically rated availability as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, easy to get). A participant commented about the popularity of the drug, *"It's [LSD] become a club drug just like ketamine, ecstasy/molly and GHB [gamma-hydroxybutyrate]."* Clinicians reported not seeing current use of LSD in those seeking treatment; however, sometimes it is noted in drug use histories during the intake for younger (< 18) participants. The Columbus Police Crime Lab reported that the number of LSD cases it processes has remained stable. Participants had heard of synthetic marijuana (i.e., "K2" and "Spice"), but none of the participants had used it. While no participants or treatment providers in this region mentioned "bath salts" (i.e., methylenedioxypyrovalerone: MDPV), the *Mansfield News Journal* reported law enforcement arrested several people under the influence of the substance in Richland County, and reported that bath salts, commonly sold under names like Blue Silk, Posh Aromatherapy and White Lightening, are typically smoked or snorted and create symptoms of paranoia (www.mansfieldnewsjournal.com, Jan. 30, 2011). An officer with the Franklin County Sheriff's Office named synthetic marijuana, salvia divinorum, kratom and MDPV as, *"some of the hottest things right now."* The officer explained that synthetic marijuana is sold in markets, carryouts and "head shops" as incense or potpourri, and when smoked, these products reportedly produce a high that is five times more powerful than traditional marijuana. He explained that salvia divinorum is a plant that is smoked and produces a high that causes laughter, delusions and paranoia; and very similar to salvia divinorum is kratom, which users buy in powder form also at "head shops" to mix with liquid in order to drink for a high. In terms of MDPV, the officer reported, *"MDPV is very new, but very dangerous ... Users say it is 10 times*

more powerful than cocaine, and there have been horror stories all over the U.S. about users committing suicide while on the drug."

Conclusion

Crack cocaine, heroin (i.e., black tar), prescription opioids, Suboxone®, sedative-hypnotics, marijuana, ecstasy and prescription stimulants are the most available drugs throughout the Columbus region. Noted increases in availability over the previous six months exist for heroin, prescription opioids, Suboxone® and ecstasy. Heroin, referred to as "the new crack cocaine" because of its widespread street availability, has become a problem of epidemic proportions in the region. Young people (14 – 29 years) are coming into treatment for heroin addiction, particularly White males who typically start heroin use in high school and often come from suburban communities. Alarming, the most common route of heroin administration is intravenous injection. Prescription opioid use is also of epidemic proportions. However, users are switching from prescription opioid use to heroin use because heroin is cheaper and easier to obtain. The change in formulation of OxyContin®, which now makes the drug difficult to abuse, has also propelled those who preferred OxyContin® toward heroin use. The most popular prescription opioids in Central Ohio are OxyContin®, Percocet® and Vicodin®. Suboxone® continues to be used when heroin is unavailable for self-medication of withdrawal symptoms.