

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

June 2011-January 2012

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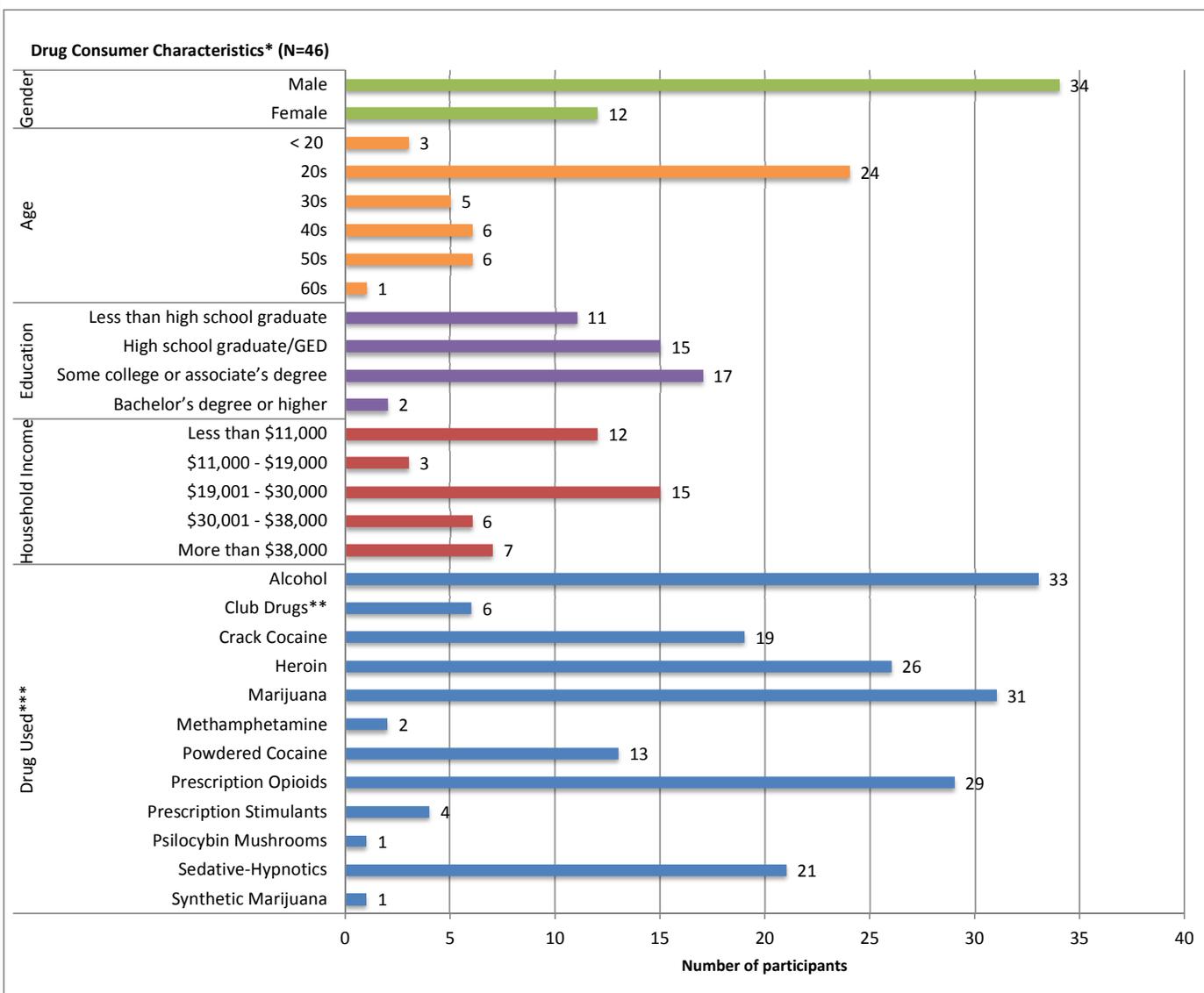
Columbus Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	46
Gender (Female), 2010	51.2%	50.7%	26.1%
Whites, 2010	81.1%	78.0%	69.6%
African Americans, 2010	12.0%	13.4%	23.9%
Hispanic or Latino Origin, 2010	3.1%	3.3%	2.2%
High school graduates, 2009-2010	84.3%	77.0%	75.6%
Median household income, 2010	\$45,151	\$51,501	\$19,000 - \$30,000 ²
Persons below poverty, 2010	15.8%	15.3%	39.5% ³

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

Respondents reported income by selecting a category that best represented their household's approximate income for 2011. Income status was unable to be determined for three respondents due to missing data.²

Poverty status was unable to be determined for three respondents due to missing or insufficient income data.³



*Not all participants filled out forms; therefore numbers may no add to 46.

**Club drugs refers to Ecstasy and LSD.

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

Data Sources

This regional report was based upon qualitative data collected via individual and focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Franklin County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and probation officers) in Fairfield and Franklin counties via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London Office, which serves central and southern Ohio, and Fairfield County Municipal Drug Court. BCI data are summary data of cases processed from January through June 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, all BCI data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2011.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While participants described powdered cocaine as available, they reported that the drug did not have high street visibility, meaning one would have to make connections to buy it. Community professionals most often reported the drug's availability as '7'. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had increased during the previous six months. Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine had decreased during the previous six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in most powdered cocaine cases. Participants reported that a gram of powdered cocaine sold for between \$50-75, depending on quality; 1/8 ounce, or "eight ball," sold for \$100; an ounce sold for \$1,200. Participants reported that the most common way to use powdered cocaine remained snorting, although intravenous injection was also frequently mentioned. A profile of a typical powdered cocaine user did not emerge from the data. A participant noted, "All kinds of [powdered cocaine] users. Rich people get better quality and in larger quantities." Heroin and powdered cocaine continued to be injected together by some users in a "speedball."

Current Trends

Powdered cocaine is moderately to highly available in the region. Younger participants, those 25 years of age and younger, most often reported the drug's current availability as '6,' and those older than 25 years most often reported current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. While younger participants described powdered cocaine as available, they reported that one would have to make connections to buy it: "It's harder [to obtain powdered cocaine] anymore because they [dealers] sell crack [cocaine]; People are doing harder drugs ... crack cocaine or heroin." Older participants commented that they could obtain the drug fairly easily: "If I was so inclined to buy it [powdered cocaine], I know three people ... I could go to their house and get it in a minute ... one call and the drive time to the house. It's never a problem for me to get; Very available. It all depends on where you live. Me ... I know so many people that sell powder [cocaine]. I could get some right now if I wanted to." Treatment providers most often reported the drug's current availability as '7'; the previous most common score was '10'. Media outlets in the region reported on significant arrests during this reporting period involving powdered cocaine trafficking. In August, police raided an apartment on Columbus' west side, netting bricks of cocaine, valued at about \$70,000, being readied for distribution in central Ohio. Police also seized heroin, weapons and cash; the drugs were said to have been supplied by Mexican cartels (www.10tv.com, Aug. 4, 2011). In December, state troopers seized nearly a pound of powdered cocaine, valued at \$36,000, during a traffic stop in Granville (Licking County) (www.nbc4i.com, Dec. 2, 2011). Also in December, Central Ohio Drug Enforcement Task Force detectives arrested a Newark (Licking County) man after he was found with large amounts of crack and powdered cocaine (www.newarkadvocate.com, Dec. 9, 2011). Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants stated, "The powder [cocaine] is garbage nowadays, and the crack is much better. [Quality of powdered cocaine] it's way down from what it used to be; The quality [of powdered cocaine] depends on the dealer. If I go to a bar with mostly Mexicans, I know that I am going to get the best quality [powdered cocaine]. I know that." Participants reported that powdered cocaine in the region is cut with baking soda, coffee creamer, creatine, ether, flour, Orajel® and plant food. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent

in virtually every sample of powdered cocaine it processes, while also citing the following substances as occasionally used to cut powdered cocaine: caffeine, inositol (B vitamin), lactose (disaccharide sugar), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic). Participants reported that the quality of powdered cocaine has remained the same during the past six months: *"It [quality of powdered cocaine] sucks. It has sucked for a long time."*

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl" and "soft." Participants listed the following as other common street names: "blow," "pack" and "white." Current street prices were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between \$50-60, depending on the quality; 1/8 ounce sells for \$120; an ounce sells for between \$900-1,000. Participants reported that the most common way to use powdered cocaine remains snorting; however, intravenous injection and smoking are also common methods. Participants continued to state that new users are most likely to snort or smoke, but eventually progress to injection of powdered cocaine: *"I enjoyed snorting it [powdered cocaine] at first. Then I tried the needle, so of course I injected it; Seems like people who inject heroin also inject cocaine; Kids usually smoke it [powdered cocaine]. Older people usually inject it."*

A profile of a typical powdered cocaine user did not emerge from participant data. Most participants agreed with the comment of one participant: *"I've seen all kinds of people [use powdered cocaine]."* However, some participants noted that users appear to be getting younger: *"Seeing younger people shoot [inject powdered cocaine], I started when I was 15 [years old]."* Treatment providers characterized the typical user as, *"White, middle-class if you're looking at powdered cocaine ... at least the clients we see. We are seeing more of those non-traditional folks starting to use powdered cocaine for whatever reason, but the main group is White, middle-class."* Reportedly, powdered cocaine is used in combination with alcohol, used to mitigate the crash experienced from using cocaine; heroin (speedball); prescription opioids and sedative-hypnotics, both used to *"just to come down off of it [powdered cocaine]."* Combining powdered cocaine with other substances is common: *"People do that [combine other substances with powdered cocaine]. Almost everybody who shoots coke [cocaine] does heroin."*

Crack Cocaine **Historical Summary**

In the previous reporting period, crack cocaine was highly available in the region. Participants most often reported

the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants also noted that crack cocaine paraphernalia was readily available in convenience stores and drive-thru beverage stores. Community professionals most often reported the drug's availability also as '10'. The BCI London Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months. Most participants rated the quality of crack cocaine as '4' or '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine. Street prices for crack cocaine were consistent among participants with experience buying crack cocaine, with prices remaining fairly constant from the previous reporting period. Participants reported that a 1/10 gram of crack cocaine sold for \$10; 1/8 ounce sold for between \$75-125. The most common route of administration for crack cocaine remained smoking. A profile of a typical user of crack cocaine did not emerge from the data. Participants agreed that user characteristics were diverse: *"Crack doesn't discriminate."*

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant reported, *"It would take me five minutes to get some [crack cocaine]."* Treatment providers most often reported the drug's current availability as '9'. However, drug court probation officers reported not seeing crack cocaine use in their clients. A probation officer reported, *"I've not seen it [crack cocaine use] hardly at all. It's not as popular as it was. The opiate demand is so great now that it's easier and cheaper to obtain [opiates]. Unless somebody can't get the opiate, then they revert back to crack."* Participants and treatment providers disagreed about the change in crack cocaine availability during the past six months. Participants reported that the availability of crack cocaine has remained the same: *"[Crack cocaine] it's always there."* On the other hand, treatment providers reported that availability of crack cocaine has increased during the past six months. A treatment provider stated, *"I would say [crack cocaine is] a little more available because looking at the nursing assessments that come through, their [clients'] drug of choice might still be alcohol or even marijuana, but a lot of times they're coming in positive for cocaine. It's the crack [cocaine] ... [they are] smoking primos [combination of crack and marijuana]."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with baking soda and vitamin B12. Oftentimes, participants said crack cocaine was cut with these substances to add volume to the product in order to fool the user into thinking that he or she is receiving a good amount of crack cocaine: *"It [cutting agents] blows it [crack cocaine] up."* Reportedly, Sprite® is used to remove impurities in crack cocaine before re-cooking it. Participants commented on the change in quality over time: *"I think it [quality of crack cocaine] depends on how long you've been doing it too. If you just started, it might be fine for you. But, if you [have] been doing it for years, it might be bulls***; If it [crack cocaine] tastes like butter, it's bad."* Participants reported that the quality of crack cocaine has remained the same over the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed "work" as another common street name. Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for \$50, depending on the quality; 1/8 ounce sells for \$150. A participant explained, *"The price [of crack cocaine] is the same as powder [cocaine]."* It is common to buy powdered cocaine and then rock it up to create better quality crack cocaine: *"You cut down all the impurities before you rock it [crack cocaine] up. You can separate all the bulls*** that's in it [powdered cocaine], like baking soda, or whatever."* While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. According to participants, *"Most crack users are smokers."* There were only a few reports of intravenous (IV) injection, and participants reported that IV crack cocaine users are more likely to also be heroin users: *"Whoever does heroin, does crack. Mix [the compound of crack cocaine and heroin] with vinegar. [This process] breaks it [crack cocaine and heroin] down to liquid form [for injection]."* A participant spoke about the difficulty of using crack cocaine via other routes once someone has tried the IV method: *"Once a shooter, always a shooter."*

A profile of a typical crack cocaine user did not emerge from the data. Most participants said crack cocaine is popular with, *"Anybody and everybody."* Participants also noted that there are many young dealers: *"People are 12, 13 [years old] ... as long as they got a gun on 'em, they're selling it [crack cocaine]. If you're smart ... I mean if you're stupid, you're not going to carry one [a gun]."* Treatment providers characterized the typical crack cocaine user as, *"African-American; Equally male and female."*

Reportedly, crack cocaine is often used in combination with alcohol, marijuana, prescription opioids and sedative-hypnotics. Participants used other substances to mitigate the withdrawal from crack cocaine use. Participants explained, *"Xanax® keeps me level. Bring ya down a little bit; Weed [marijuana is used] to come down, [and] Xanax® [is used] to come down."*

Heroin

Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"[Heroin] it's everywhere."* While many types of heroin were available in the region, participants continued to report the availability of black tar heroin as most available. Participants and community professionals reported that heroin availability and use had remained high during the previous six months. Participants continued to attribute the increase in heroin's presence in the region to the reformulation of OxyContin® and to the lower cost of heroin. The BCI London Crime Lab reported that the number of heroin cases it processes had remained the same during the previous six months. Most participants generally rated the quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that black tar heroin was cut with crushed aspirin. The BCI London Crime Lab continued to report that heroin was extremely pure in the region. Gas chromatography-mass spectrometry analysis typically showed that heroin was 80 percent pure; however, occasionally caffeine was used as a cutting agent. Participants reported that black tar heroin sold for \$10 a bag and \$90 a bundle (10-12 bags). Participants and community professionals reported that the most common way to use heroin remained intravenous injection; however, reportedly, snorting was also quite common. Many participants continued to report that users typically start with snorting heroin before eventually progressing to injection. Participants described typical heroin users as, *"younger people; all races; teens and young adults; a lot of college students."* Treatment providers also noted that heroin use had grown to include more young and suburban users.

Current Trends

Heroin remains highly available in the region. Participants and treatment providers most often reported the overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score

was also '10'. A participant reported, "[Obtaining heroin is] like going out and getting a bag of weed [marijuana] nowadays. I can't walk down the street without someone trying to shove that s*** down my throat." A treatment provider stated, "[Heroin] it's just highly available all the time." While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. Participants most often reported the availability of black tar heroin as '10'. A participant reported, "Most common [heroin] is tar [black tar heroin]. All I can find is tar; 80 percent tar, 20 percent powder [heroin]." Participants most often reported the availability of brown and white powdered heroin as '7'. Participants stated, "Powder [heroin]? Sometimes [available]; See powder every now and then; You have to know who to get it [powdered heroin] from." Probation officers most often reported the current availability of powdered heroin as '10'. Media outlets in the region reported on significant heroin seizures and arrests during this reporting period. In August, *Ohio News Network* reported on a heroin bust that took down a "major distributor" of heroin; three individuals were arrested in Shelby (Richland County) and charged with felony possession of heroin. Police seized 123 balloons of heroin, valued at \$3,000 (www.onntv.com, Aug. 18, 2011). In November, Ohio State Highway Patrol seized 1,283 small bags of heroin and 50 Ecstasy tablets, valued at \$12,000, during a traffic stop in Marion County (www.vindy.com, Nov. 3, 2011).

Participants reported that the availability of heroin has increased during the past six months: "Availability [of heroin] is up because more people are switching from pain pills [prescription opioids] to heroin, and you can make a lot of money off of it. Pills are just way too expensive; More available ... more Mexican drug dealers; More available ... 'cuz [heroin use] it's getting widespread. [Heroin] it's cheaper than pills, way cheaper ... [and] a quicker high [than OxyContin®]; When they [law enforcement] started busting a** [cracking down on pill mills] in Florida, which was all pill market, then everybody switched to heroin because it was so hard to get the pills." Participants reported that the availability of black tar heroin has increased during the past six months, while treatment providers reported that availability of black tar heroin has remained the same. Participants reported that the availability of brown and white powdered heroin has remained the same during the past six months, while treatment providers were unable to comment on the change in availability of powdered heroin. The BCI London Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months, while noting that the type of powdered heroin most processed is usually beige in color. A crime lab staff member commented on the availability of the different types of heroin in the region: "As best as I can tell, Columbus has an abundant supply of black tar heroin. I-75

[Interstate-75] has powdered heroin coming from Detroit. By and large, which supply route is closer to the offense is predictive of which type of heroin will be seen."

Most participants generally rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported that brown powdered heroin is cut with coffee and brown sugar. Black tar heroin was judged to be of better quality: "Brown and white [powdered heroin]? It's usually garbage. The reason I think [black tar heroin] it's better is because people have a harder time cutting tar up. People take that powder and use anything that's powder to cut it with." According to The BCI London Crime Lab, heroin is, "typically pretty pure." However, when heroin is cut, the lab reported the following substances as cutting agents occasionally used: caffeine, diphenhydramine (antihistamine) and local anesthetics (lidocaine and procaine). Participants reported that the quality of heroin has varied during the past six months: "[Heroin] quality goes up and down ... all depends on the package that just got into town. If [heroin] it's from out of town, it [quality] depends on how much they [drug distributors] stomped on [adulterated] it before they sent it."

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants listed the following as other common street names: "berries" and "H." Participants reported that black tar heroin is available in different quantities: a "baggie" (1/10 gram) sells for between \$10-15; a gram sells for \$100. Participants also reported that brown and white powdered heroin is available in different quantities and is priced the same as black tar heroin: "You usually pay the same price for tar as for powder." Participants reported that the most common way to use heroin remains injection. A participant stated, "It's a waste of time if you don't do that [inject heroin]." Several participants continued to mention that people often start out smoking or snorting heroin before progressing to injection: "If they [users] don't shoot it [heroin], they're smoking it first; You don't see that many Black people shooting it [heroin] up. They mostly snort it, but eventually, they will switch over when snorting doesn't do the job."

According to participants, there is not much concern about needle use. Needles are readily available at area pharmacies: "You can go to the pharmacy. As long as you know what you want and don't look like a junkie, they'll sell you a pack of 10 [needles]; Small-business pharmacies are the easiest. That's because they don't ask you for a prescription. You go in and tell them what size or gauge you need. If you know how to ask for them, 'I need a 30 gauge, 100 cc insulin syringe,' [the pharmacy will dispense needles]." Reportedly, needles sell for between \$2-3 on the street. Some participants reported sharing needles: "Worried [about sharing needles]? Not when you're high. I've shared. I think you think about it after, you know. But when you're sick ... I'll tell you ... it's not about who uses it

[needle], it's about how I'm getting it [high]; If you don't have a needle and you need one, and someone has it, and they're willing to let you use it, you will [share a needle]. I didn't care; I shared needles a couple of times and a few weeks later I was worried about it." Some injectors clean their needles when sharing: *"Some people [clean their needles] ... depends on the person. Some people don't care."* Treatment providers commented on needle use: *"They [users] don't start off with the needle [injection]. They'll try powder [heroin], snorting and smoking, and then it's eventually to the needle."* Regarding safer needle use, a treatment provider stated, *"I hear people say that [they don't share needles], and my perception is they want us to hear that. But, we have a lot of people [clients] who are Hep [Hepatitis] C positive, so [needle sharing] it's got to be happening. I think people are aware of it [the health risks of sharing needles], but in the midst of using, it's not a priority."*

A profile of a typical user of heroin did not emerge from the data; however, participants did note that users appear to be getting younger: *"There's a lot of young people using it [heroin], and it's probably because it kills everybody eventually. I've never met a 70, 80-year-old dope fiend. I've had too many people die who use that s*** to expect to make it very long; I started using when I was 18 [years old]. Kids in high school ... 15 or 16 [years old] shoot up heroin. A lot of young White girls are on it."* Treatment providers noted, *"Age [of heroin users] is going down. Tend to be Caucasian. We see a lot of people in their 20s ... early 20s to late 20s. It doesn't usually last very long. Either they find a way to get well, or they end up overdosing. I think it's because heroin is very powerful and can be laced with other things; We're hearing about it [heroin use] from the adolescent programs and having young people in need of detox at 16, 17 [years of age]."*

Treatment providers commented on the progression from prescription opioids to heroin. A provider reported, *"They [prescription opioid users] can't afford pharmaceuticals for very long. It tends to be the thing that hooks them into opiate use. You know, they'll have an injury or surgery or something and they start using that. Then, they'll start buying them off the street, and then they seem to learn about heroin ... and then it's cheaper ... and this is how you do it. That's most of the time the progression I see."*

Reportedly, heroin is used in combination with cocaine in a speedball and with marijuana. Participants explained, *"If you're doing cocaine, you're going to want to come down; I do a shot of heroin in the morning. Then if I have stuff to do, I want some crack so I can be up throughout the day. And then, when I'm ready to come back down, that's when I do another shot of heroin. It's a vicious cycle."* However, many participants reported not using other substances with heroin: *"I personally just use heroin because I like to spend all my money*

on heroin ... because in the future I know I'm gonna be sick ... and I've done it before. I've bought heroin, and then bought weed, and realized I wish I hadn't bought the weed. I could have spent that money on heroin, and now, I'm sick."

Prescription Opioids **Historical Summary**

In the previous reporting period, prescription opioids were highly available in the region. Participants and community professionals most often reported street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Percocet[®] and Vicodin[®] as the most popular prescription opioids in terms of widespread use. Participants and community professionals reported that the availability of prescription opioids had increased during the previous six months. Both participants and treatment providers again spoke of drug dealers sending people to Florida to purchase opioids to bring back to central Ohio. The BCI London Crime Lab reported that the number of prescription opioid cases it processes had remained the same during the previous six months; however, noted increases in the number of lab processed cases existed for Dilaudid[®], Opana[®] and Percocet[®]. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained swallowing and snorting. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from doctors and emergency rooms. Participants described typical users of prescription opioids as young and White. Narcotics officers identified the typical user as White and middle-class. Treatment providers reported that opioid-using clients were typically 18-24 years of age.

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current 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 continued to identify Percocet[®] and Vicodin[®] as the most popular prescription opioids in terms of widespread use; treatment providers identified OxyContin[®], Percocet[®] and Vicodin[®] as the most popular. A treatment provider



stated, *"These drugs [prescription opioids] are very prevalent."* Media outlets in the region reported on arrests involving prescription opioids during this reporting period. In July, a Franklin County grand jury indicted two men in connection with a multi-state drug trafficking operation; according to prosecutors, the men sent "patients" to Jacksonville, Florida to visit a pain clinic and bring 1,000-3,000 prescription opioids, mostly oxycodone and Xanax®, back to Ohio each trip for sale in Columbus (www.10tv.com, July 14, 2011). In September, Westerville (Franklin County) police arrested two men in connection with a series of Kroger pharmacy robberies (www.nbc4i.com, Sept. 19, 2011). In November, Baltimore (Fairfield County) police arrested a husband and wife and charged them with drug trafficking and possession of prescription opioids (www.nbc4i.com, Nov. 4, 2011).

Participants reported that the availability of prescription opioids has decreased during the past six months. A participant stated, *"Availability [of prescription opioids] is way less because of the crackdown on pharmacies."* Another participant mentioned the higher cost of these drugs as prohibitive: *"But look at the cost of 30s [oxycodone 30 mg]! How much has that gone up? When I first started doing pills [prescription opioids], I could find 30s for \$17. Now you can't find them for any less than \$25. And you gotta twist arms and break legs for them."* Treatment providers reported that availability has slightly decreased during the past six months: *"Slightly gone down ... heroin has increased and pills have decreased. The effects of law enforcement are showing up."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (patches sell for \$20), Lortab® 5 mg (sells for between \$2-3), Opana® 10 mg (sells for \$3), Oxycodone 30 mg (aka "perc 30;" sells for \$25), OxyContin® 80 mg (aka "80s;" old formulation sells for \$170), Vicodin® 5 mg (aka "vics;" sells for \$2). While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration are snorting and intravenous injection. Participants commented, *"Snort [prescription opioids] ... can't really shoot if it's got Tylenol® in it. You can't shoot it, so it's got to be a higher milligram. Like, you can't shoot up Vicodin® or perc 5s [Percocet® 5 mg]; To get the full effect, you got to shoot 'em [prescription opioids]."* There was one mention of smoking: *"Some smoking [prescription opioids] in a blunt, or put on foil and smoke."*

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting them from pain clinics: *"Get them [prescription opioids] on the street from people who get them in the clinics; People are going down to Florida [to obtain prescription opioids]. Every pain clinic they shut down in Florida, another one opens up right after."* A profile of a typical user of prescription opioids did not emerge from the participant data. Participant comments on typical prescription opioid use included: *"Doesn't discriminate; No typical user; The thing about pills [prescription opioids] in general is ... I know so many different types of people that use them. I literally buy pills from housewives ... from housewives to dealers in the street in the middle of Columbus ... it [prescription opioid use] has such a wide range."* Treatment providers described the typical user of prescription opioids as male and White. However, they also reported seeing, *"More females in the [prescription opioid user] group than in the heroin [user] group ... they [prescription opioid users] tend to be a little older than the heroin users. They don't think of themselves as real drug addicts."*

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, crack cocaine and marijuana. Participants agreed that it is very common to mix prescription opioids with all of these substances. A participant noted, *"I think people coming out of high school [combine use of prescription opioids with marijuana] 'cause they've been smoking weed, and weed is a gateway drug, and then they go to pain pills."*

Suboxone® **Historical Summary**

In the previous reporting period, Suboxone® was highly available in the region. Participants and treatment providers most often reported the availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant reported, *"Anyone who comes in [to treatment] that they think has an opiate problem, they write out a script [prescription for Suboxone®]. Everybody's on 'em."* A narcotics officer commented, *"When they prescribe it [Suboxone®], they prescribe a lot of it, and people don't use the whole prescription. They [users] would then sell it on the street."* Participants reported that the availability of Suboxone® had remained the same during the previous six months. The BCI London Crime Lab reported a decrease in the number of Suboxone® cases it processed during the previous six months. Participants reported that Suboxone® 8 mg sold for between \$15-20; Suboxone® in the strip/film form sold for between \$10-20. Reportedly, Suboxone was typically dissolved under the tongue; however, intravenous injection was also reported. In addition to obtaining Suboxone® on the street from drug

dealers, participants also reported getting the drug from people selling their prescriptions. Participants described typical abusers of Suboxone® as 35- to 45-year-old Whites.

Current Trends

Suboxone® is moderately to highly available in the region. Younger participants, those 25 years of age and younger, most often reported the drug's current availability as '4,' and those older than 25 years most often reported the current street availability of Suboxone® 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 reported, *"It [Suboxone®] wasn't there when I wanted it; It wasn't available enough."* Treatment providers most often reported the drug's current availability as '7'. Participants reported that the availability of Suboxone® has remained the same during the past six months. Treatment providers reported that the availability of Suboxone® has increased during the past six months. A treatment provider reported, *"I think people are getting a little more educated about what Suboxone® can do for them. There are certainly many physicians who will prescribe it. You just need to find somebody and a way to pay for it."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same over the past six months.

There were no street names reported for Suboxone®. Participants reported that Suboxone® 8 mg sells for \$10. A participant reported, *"[Suboxone®] strips are cheaper because people don't like the strips as much as the pills. They taste disgusting ... in my opinion the pills work right off the bat. You let it dissolve and 20 minutes later you feel good. The strips, I feel like you got to take 'em a day or two before it builds up in your system."* Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue): *"Usually dissolve [Suboxone®] under your tongue ... tablets and strips ... now mostly strips ... you know, like Listerine® strips that you would put under your tongue."* There were a few reports of injection: *"Some people say they've shot the [Suboxone®] strips before. Just dissolves in water. I've actually shot the pills before; People shoot the strips. I've heard it's weird ... messes you up."*

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug from clinics for their own use or to resell on the street. A participant noted that dealers don't often sell Suboxone®: *"Sometimes they'll [dealers] sell it [Suboxone®], but they catch on that they shouldn't be selling it because they'll sell you some Suboxone®, and then you won't come back and buy good dope ... you don't get repeat buyers selling that stuff."* A profile of a typical Suboxone® user did not emerge from the participant data. However, treatment providers characterized the typical user as, *"an adult male in his 20s, Caucasian."* Reportedly,

Suboxone® is not used in combination with other drugs: *"If you're taking it [Suboxone®], that's 'cuz you're sick."*

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants and community professionals most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals identified Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months; however, a noted exception was an increase in the number of Xanax® cases. In addition to obtaining sedative-hypnotics on the street from drug dealers, participants also reported getting the drugs from family doctors or emergency rooms. The most common route of administration for sedative-hypnotics was oral ingestion. However, snorting and intravenous injection also continued to be common routes of administration. Xanax®, in particular, was reportedly frequently snorted. Participants described typical users of sedative-hypnotics as young and White. Narcotics officers reported seeing an increase in young Black sedative-hypnotic users.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants continued to identify Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers most often reported the current availability of sedative-hypnotics as '7'. Community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participants reported that the availability of sedative-hypnotics has increased during the past six months: *"More available. It's gotten a little easier for me to get 'em [sedative-hypnotics]; Xanax® has gone up in availability."* Treatment providers reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same over the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Participants only reported the street price for one drug: Valium® 5 mg sells for \$2. While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration are snorting and injecting. Participants mentioned snorting often: *"Snort [sedative-hypnotics] with other drugs, would never swallow it; If I'm swallowing it [sedative-hypnotics], I would chew it at least. I would never just swallow it."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting the drugs from pain clinics. A participant explained, *"People buy them [sedative-hypnotics] in pain clinics and sell on the street."* A profile of a typical user of sedative-hypnotics did not emerge from the participant data. Participants had a difficult time pinning down a typical user and most often said there was, *"no specific [sedative-hypnotics] user."* Treatment providers, however, characterized the typical user as female and White. A treatment provider reported, *"[Sedative-hypnotics users] tend to be a little older ... maybe late 20s, early 30s, Caucasian. Treatment is catching it [sedative-hypnotic dependence] now more often. People are able to sustain on these types of medications ... so they don't really realize that it [dependence] happens for several years. They don't really think they need to do anything about it."* Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Participants said they commonly use these other substances, *"before, during and after [taking sedative-hypnotics] ... enhances the effect."* A participant stated, *"I use pills [sedative-hypnotics] with everything!"*

Marijuana

Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months. Participants continued to report that marijuana quality as high for all grades of the drug, most frequently reporting the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The price of marijuana continued to depend on the quality desired. Participants reported that for commercial-grade marijuana, a blunt (single cigar) or two joints (cigarettes) sold for \$5; an ounce sold for between \$60-120. Higher-quality marijuana

("hydro") sold for significantly more: a blunt or two joints sold for \$10; an ounce sold for between \$200-400. The most common route of administration for marijuana was smoking. Participants and treatment providers continued to report that marijuana use was popular among all groups of people.

Current Trends

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants said marijuana use is very prevalent: *"It's like smoking a cigarette [smoking marijuana is as common as smoking tobacco]."* Treatment providers also most often reported the current availability of marijuana as '10', and also likened the widespread use of the drug to that of cigarettes: *"[Smoking marijuana] it's like smoking a cigarette. I'd rate it a 35 [extremely easy to get]!"* In addition to easily obtaining marijuana on the region's streets, a participant mentioned obtaining marijuana from Michigan's prescription marijuana program: *"[I get marijuana from] the weed clinics. You can always find some great stuff."* Media outlets in the region reported on seizures and arrests involving marijuana during this reporting period. According to 10TV News, law enforcement arrested a Bloom Township (Fairfield County) resident after they found, *"a million dollar growing operation"* inside his home; law enforcement found hundreds of plants along with sophisticated hydroponics equipment after receiving an anonymous tip (www.10tv.com, Aug. 4, 2011). In another incident, 10TV News reported that Knox County law enforcement found 40 marijuana plants after an aerial search; no one was arrested in connection with this growing operation (www.10tv.com, Aug. 24, 2011). Participants and treatment providers reported that the availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana varied from '4' to '10' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana), high-grade or hydroponically grown marijuana. Some participants discussed high-grade marijuana: *"Once you get into the good weed ... there's different kinds of it ... the best stuff is seedless, like it don't have no seeds. It's got red hairs."* Other participants warned that dealers try to pass off low-quality product as high-grade marijuana: *"Sometimes [high-grade marijuana] it's fake. It's fake stuff. Sometimes they [dealers] spray stuff on it to make it smell. It's weed, but it's not. Weed is a tricky thing"*

because you can do stuff like that. The real stuff's good, and the swag [low-grade marijuana] is just trash." Participants also thought quality varied throughout the year: *"Quality [of marijuana] depends on the time of the year. This summer everything was [expletive]. I couldn't find dro [hydroponically grown marijuana] to save my life."*

Current street jargon includes countless names for marijuana. The most commonly cited name remains "weed." Participants listed the following as other common street names: "mid" and "regular" for commercial-grade marijuana; "kush" and "purple haze" for high-grade marijuana; and "dro" and "hydro" for hydroponically grown marijuana. The price of marijuana depends on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a gram sells for \$5; an ounce sells for between \$90-120; 1/4 pound sells for \$120. Participants talked about the profit made off of low-grade marijuana: *"You make money off the [expletive] weed. It's called 'money maker.'"* For higher quality marijuana, a gram sells for \$20 and an ounce sells for \$350. Participants thought the price of high-grade marijuana to be relatively stable: *"Kush or whatever, the price is always steady because people are growing it inside."* The most common route of administration for marijuana remains smoking, with no other use methods mentioned.

A profile of a typical marijuana user did not emerge from the data. Participants and treatment providers agreed that there is no specific age or other demographic category associated with marijuana use. According to Fairfield County Municipal Drug Court, a low percentage of men and women involved in their court test positive for drugs. Among those testing positive during the past six months, 14.3 percent of the positive urine drug screens were related to cannabis. Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, and prescription opioids, particularly Percocet®. Participants said marijuana blunts are dipped in embalming fluid (aka "sherm"). A participant reported using codeine syrup in concert with marijuana: *"You can put codeine syrup on the blunt skin and roll it up."* Marijuana also is used to "come down from" a crack cocaine high. Other participants believed marijuana to be the perfect drug to use with others: *"Weed goes with everything; Marijuana's the partner in crime to everything!"*

Methamphetamine Historical Summary

In the previous reporting period, methamphetamine was moderately available in the region. While most participants had difficulty rating availability of methamphetamine, Fairfield County participants noted that methamphetamine availability had not suffered despite a number of

drug seizures. The only participant who had used methamphetamine reported the drug was available in crystal (aka "ice") and powdered forms. Narcotics officers reported that there were many "one-pot" users who make methamphetamine at home to feed their own habit (one-pot referred to the method of manufacturing methamphetamine whereby users, or "cooks," produce the drug in approximately 30 minutes at nearly any location by mixing common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine in a single container, such as a two-liter plastic soda bottle). The BCI London Crime Lab reported that the number of methamphetamine cases it processes had remained the same during the previous six months. Reportedly, most of the cases the crime lab processed were for white to yellow powdered methamphetamine; however, crystal methamphetamine cases were said to be increasing. The only participant who used methamphetamine rated the quality of crystal methamphetamine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reportedly, the most common route of administration of methamphetamine was intravenous injection. Participants described typical users of methamphetamine as White, middle-class and often middle-aged. Narcotics officers agreed with participants and added that they had seen methamphetamine in homosexual clubs.

Current Trends



Methamphetamine is seldom found in the region. Participants most often reported the current availability of methamphetamine as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), previously, participants did not assign a score to methamphetamine availability. Participants reported that methamphetamine is available in powder and crystal forms. Participants stated that methamphetamine is difficult to acquire: *"Even in the boondocks, [methamphetamine] it's more available than in the city; [Methamphetamine] it's just not very available; I'd have to work at it [locating methamphetamine]."* Treatment providers were unable to report on the drug's current availability. A treatment provider explained, *"It [methamphetamine availability] seems high based on what I hear from the community, but I don't know. Based on work experience, I don't see a lot of these types of patients [methamphetamine users] in treatment."* Media outlets reported on several methamphetamine arrests and seizures in the region during this reporting period. In every report, law enforcement found methamphetamine laboratories, both mobile laboratories and home-based laboratories. In one report, Columbus law enforcement stopped a

woman after a routine traffic violation and discovered crystal methamphetamine, along with the ingredients and means to manufacture the drug (www.nbc4i.com, Nov. 2, 2011). ABC6 News reported that 10 people were indicted in Madison County after equipment to manufacture methamphetamine and numerous weapons were found in a Mount Sterling home (www.abc6onyourside.com, Sept. 20, 2011). In December, Franklin County Sheriff's officers searched a home on Columbus' west side and found two people cooking methamphetamine (www.nbc4i.com, Dec. 29, 2011). Participants reported that the availability of methamphetamine has decreased during the past six months. According to one participant, *"All the people I know [who manufacture methamphetamine] are in prison."* The BCI London Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

Most participants were unable to rate the quality of crystal and powdered methamphetamine. A participant explained, *"The purity [of methamphetamine] depends on who you get it from."* The BCI London Crime Lab reported that white powdered methamphetamine from personal labs is the most common form, and that methamphetamine trafficked on the street is usually crystal methamphetamine. Current street jargon includes a few names for methamphetamine. The most commonly cited names remain "crystal" and "ice." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for \$20. Reportedly, the most common route of administration of methamphetamine remains intravenous injection; participants cited smoking and snorting as less common routes of administration. A participant explained, *"Mostly inject [methamphetamine] but start out smoking."* A profile of a typical methamphetamine user did not emerge from the data. However, a participant reported that the drug is primarily found in homosexual clubs. Reportedly, methamphetamine is used in combination with marijuana. According to a participant, users prefer, *"weed because you can keep smoking weed and not even get high off the weed and still zoom on meth. It evens you out a little bit, but you're still really high."*

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants were moderately available in the region. However, participants were unable to rate the availability of prescription stimulants because none had actively abused the drug during the previous six months. Community professionals were also unable to comment on the drug's availability. The BCI London

Crime Lab reported that the number of prescription stimulant cases it processes had remained the same during the previous six months. In addition to obtaining prescription stimulants on the street from drug dealers, participants continued to report that these drugs were often prescribed by area doctors. Participants also continued to describe typical users of prescription stimulants as young, usually college students.

Current Trends

Prescription stimulants remain moderately available in the region. However, participants only mentioned Adderall® and were unable to rate its availability, although they said that the drug is readily available on college campuses and remains popular among young people. Participants reported that Adderall® 10 mg sells for \$3; 30 mg sells for \$7. Reportedly, the most common routes of administration of prescription stimulants are oral ingestion and snorting. A participant provided a description of how he would typically abuse prescription stimulants: *"Smash the balls [microcapsules] and sniff the powder."* The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months with one exception; the number of Adderall® cases has decreased.

Bath Salts

Historical Summary

In the previous reporting period, participants had heard of, but were not experienced with, bath salts (synthetic compounds containing methylone, mephedrone or MDPV); however, Fairfield County emergency room and police reports showed an increase in the use of the substance. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Current Trends

A few participants reported using bath salts (synthetic compounds containing methylone, mephedrone or MDPV), which were thought to be moderately available in the region, although participants were unable to rate availability. According to participants, bath salts can be purchased at gas stations and convenience stores: *"You get a little container [of bath salts]. It's like a gram to three grams, and depending on what [type of] quality you want, \$20-60 for that little container; [Bath salts] comes like in a little lip gloss thing. It's called 'Wild Horse' now, and it's used a lot. It comes out as methamphetamine in a drug test."* Other participants talked about the physiological effects of bath salts: *"I ended up in the emergency room [after using bath salts]. I thought I was gonna die. It felt like a big panic attack. I sat in the corner for two hours; if you keep doing it [bath salts], you'll lose your*

mind; [With bath salts use] you can hallucinate so bad. You get suicidal. [Bath salts] it's killing people." Treatment providers also discussed negative health consequences of bath salts: *"We are very concerned about what that [bath salts] does to people. We see them [bath salts users] most often from the methadone program. It seems to be a social thing for people to do, and it makes them paranoid. It makes them very hyper, and in some cases has made them psychotic ... and they have to be hospitalized. It seems to be such a hard cycle to break. We're constantly looking for guidance and direction on how to treat that."* Treatment providers believed that White males in their 20s and 30s are most likely to abuse bath salts.

Media outlets reported on several bath salts arrests and seizures in the region during this reporting period. *WBNS-10TV* reported that two men broke into a Reynoldsburg (Franklin County) gas station and stole bath salts a few months before the ban on bath salts went into effect. Neither man was apprehended (www.10tv.com, Aug. 7, 2011). In another incident, *ABC6 News* reported that police seized hundreds of bath salts and synthetic marijuana packets during an undercover investigation. Despite being warned about changes in the legislation, employees at a Reynoldsburg gas station still sold the drugs even after the ban went into effect (www.abc6onyourside.com, Dec. 12, 2011). The BCI London Crime Lab reported the number of bath salts cases it processes has increased during the past six months. In addition, the crime lab noted that since the ban on the sale of bath salts went into effect in October 2011, the formally scheduled substances of MDPV and methylone are almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs have taken their place.

Other Drugs

Historical Summary

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: Ecstasy, hallucinogens [LSD (lysergic acid diethylamide) and psilocybin mushrooms], khat and synthetic marijuana ("K2" and "Spice"). In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was moderately available in the region. Participants most often reported the drug's availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months. The crime lab also reported that Ecstasy tablets usually contained multiple active substances, including 5-MeO-DiPT (foxy methoxy), BZP, MDM, MDMA, P-FPP, TFMPP, caffeine, ketamine and

methamphetamine. Participants reported that the price of an Ecstasy tablet depended on the strength: a "single stack" (low dose) tablet sold for between \$10-15; a "double stack" or "triple stack" (high dose) tablet sold for between \$15-16. Participants and narcotics officers continued to describe typical users of Ecstasy as young club goers or drug dealers. The BCI London Crime Lab reported that the number of hallucinogen (both LSD and psilocybin mushroom) cases it processed had remained the same during the previous six months. Participants and treatment providers mentioned that synthetic marijuana could be purchased from head shops and gas stations. Both participants and treatment providers in Fairfield County described synthetic marijuana as increasing in availability; however, only a few participants reported that they had actually tried the drug. According to participants, the primary benefit of smoking synthetic marijuana was that the drug was not detected in standardized drug screens. There were several media reports of law enforcement seizures of khat over the reporting period. Khat, a drug unique to the Columbus region that is typically used by the Somali community, is a flowering plant native to the Arabian Peninsula and Northeast Africa that contains cathinone, an amphetamine-like stimulant. While no participants actively used the drug, the BCI London Crime Lab reported that khat was processed in its lab during the previous six months.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: Ecstasy and synthetic marijuana. Ecstasy appears to be highly available in the region. The only participant who knew about Ecstasy reported the drug's availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). According to the participant, "Molly," the powdered form of the drug is available: *"I can get Molly. It's pretty good ... I can get it with one phone call."* Reportedly, a triple stack of Ecstasy sells for \$50. The BCI London Crime Lab reported the number of Ecstasy cases it processes has remained the same during the past six months; however, the lab noted an appreciable increase in cases containing the designer drug 5-MeO-DiPT (foxy methoxy).

Synthetic marijuana is also available in the region. Before the change in the drug's legal status in October 2011, participants said this substance was most often sold at gas stations and convenience stores. Many participants said they smoked synthetic marijuana because they thought it would allow them to test negative on drug screens: *"I wanted to still smoke [something like] weed and pass the drug test. Now they test for it [synthetic marijuana]; The only reason dudes smoke*

that [synthetic marijuana] is that they was real big potheads and needed [to pass] a drug test or something." The BCI London Crime Lab reported the number of synthetic marijuana cases it processes has increased during the past six months. More recent data from the crime lab indicated that the five formally scheduled substances are almost never seen anymore; rather dozens of non-controlled structural analogs are taking their place. While LSD was not reported by any participants or treatment providers this reporting period, a media outlet in the region mentioned the drug. According to *NBC4* reporters, a man was indicted on two felony counts for possessing LSD and then dropping it into a woman's drink at a concert in Columbus (www.nbc4i.com, Dec. 5, 2011). The BCI London Crime Lab reported the number of LSD cases it processes has increased and the number of psilocybin cases it processes has decreased during the past six months.

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Columbus region; decreases in availability during the past six months exist for methamphetamine and prescription opioids. Participants reported that methamphetamine is difficult to acquire and attributed the drug's decreased availability to law enforcement's efforts in cracking down on producers of methamphetamine. Media outlets reported on several methamphetamine arrests and seizures in the region during the reporting period. The BCI London Crime Lab reported that white powdered methamphetamine from personal labs is the most common form and that methamphetamine trafficked on the street is usually crystal methamphetamine. The lab also reported that the number of methamphetamine cases it processes has decreased during the past six months. While still highly available in the region, prescription opioids have decreased in availability according to participants and treatment providers. Both groups attributed the decline to closings of physicians' offices that would liberally prescribe these medication, and increased regulation at pharmacies. A treatment provider observed that the availability of prescription opioids has, *"slightly gone down ... heroin has increased and pills have decreased. The effects of law enforcement are showing up."* While many types of heroin are currently available in the region, black tar heroin continues to be most available. Respondents continued to attribute the continual high availability of heroin to the cost-effectiveness of the drug relative to prescription opioids: *"[Heroin] it's cheaper than pills, way cheaper ... [and] a quicker high."* According to the BCI London Crime Lab, heroin is, *"typically pretty pure."* Despite the recent change in legislation, bath salts and synthetic marijuana remain available in the region. Bath salts in particular remained of serious concern to most

respondents due to the negative health consequences produced by their use. Participants reported having panic attacks and suicidal feelings while high on bath salts and treatment providers spoke about the extreme paranoia and symptoms of psychosis that accompany bath salts use. Many participants said they smoked synthetic marijuana because they thought it would allow them to test negative on drug screens. The BCI London Crime Lab reported that the number of synthetic marijuana cases and the number of bath salts cases it processes have increased during the past six months. In addition, the crime lab noted that since the ban on the sale of these synthetic substances went into effect in October 2011, the formally scheduled substances are almost never seen any more in samples, rather dozens of non-controlled structural analogs are appearing.