Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Columbus Region

June 2012 - January 2013

Ohio MHAS
Promoting wellness and recovery

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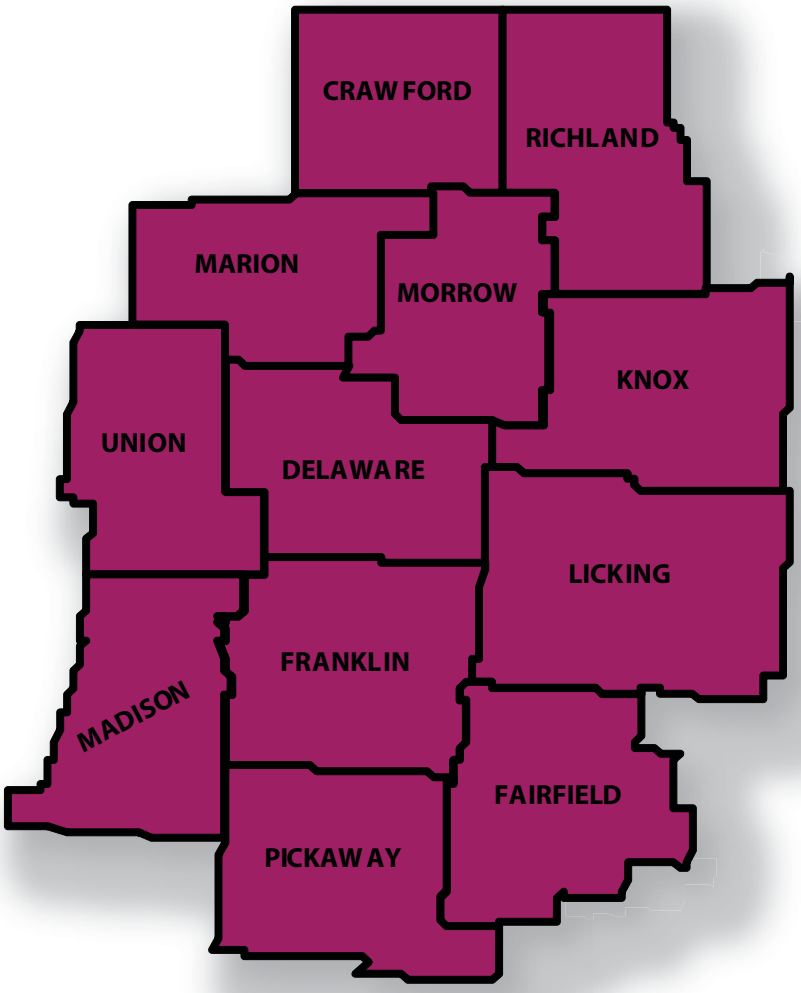

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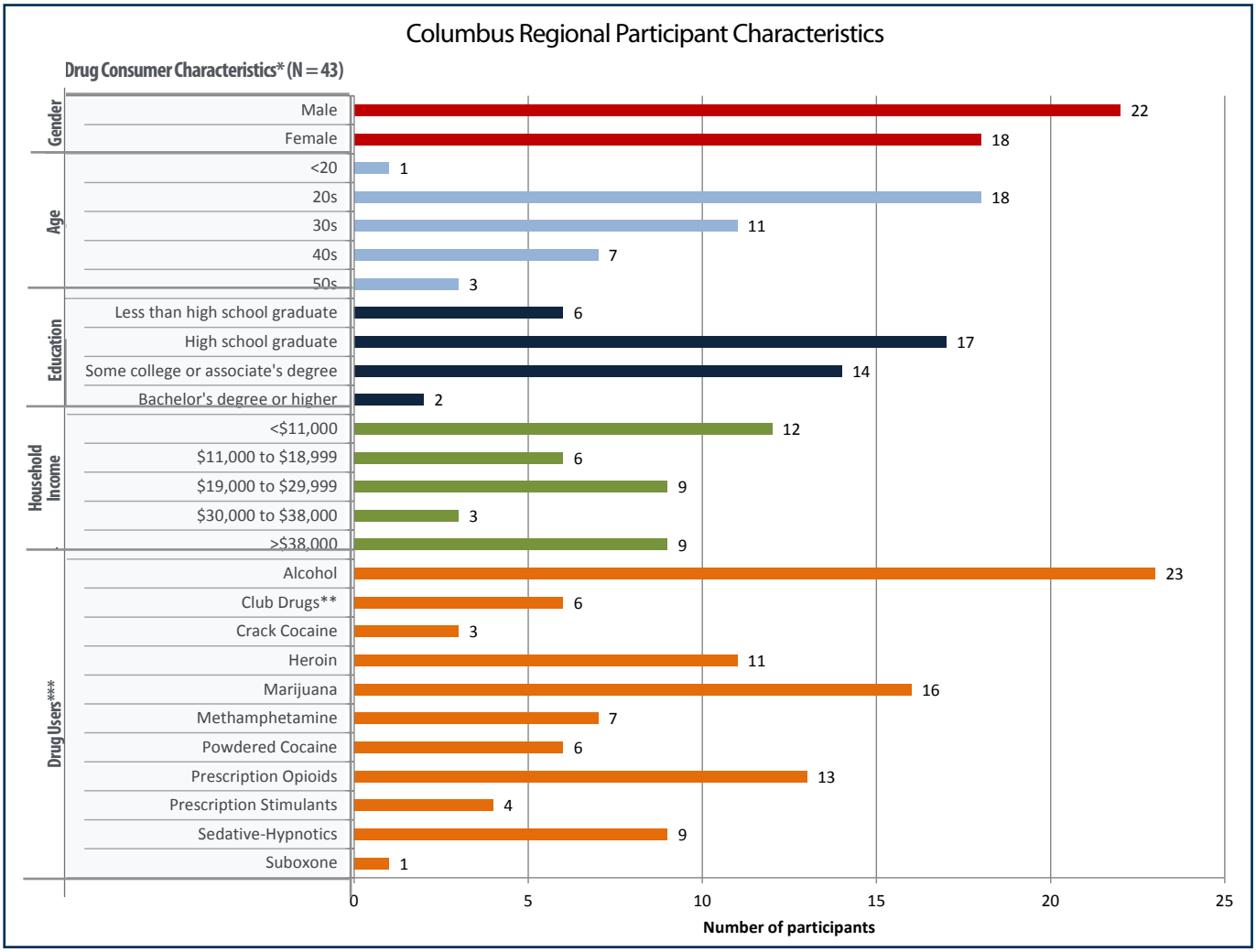
Indicator[1]	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	40
Gender (female), 2010	51.2%	50.7%	45.0%
Whites, 2010	81.1%	78.0%	87.5%
African Americans, 2010	12.0%	13.4%	7.5%
Hispanic or Latino origin, 2010	3.1%	3.3%	7.7%
High School Graduation rate, 2010	84.3%	77.0%	84.6%[2]
Median Household Income, 2011	$45,803	$53,213	$19,000-$21,999[3]
Persons Below Poverty Level, 2011	16.3%	13.6%	37.5%[4]

[1]Ohio and Columbus statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Graduation status was unable to be determined for 1 participant due to missing data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.
[4]Poverty status was unable to be determined for 1 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin and Licking counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as to data surveyed from law enforcement agencies in Crawford, Morrow and Richland counties and the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

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

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers and law enforcement most often reported availability as '8.' Participants most often reported that the availability of powdered cocaine had decreased during the previous six months; treatment providers reported that availability had increased, while law enforcement officers felt that availability had remained the same. Columbus Police 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 '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Columbus Police Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, levamisole (livestock dewormer) and local anesthetics (lidocaine and procaine). Participants reported that a gram of powdered cocaine sold for between $40-60; 1/8 ounce, or "eight ball," sold for between $100-150; an ounce sold for between $1,100-1,500. The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection and smoking.

A profile for a typical powdered cocaine user did not emerge from the data. Participants generally stated that powdered cocaine use did not vary by race or age; however, participants commented that the typical user of powdered cocaine was from the upper-middle class. Treatment providers and law enforcement officers both reported an increase in powdered cocaine use among younger, college-aged individuals.

Current Trends

Powdered 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). Participants agreed that powdered cocaine is close at hand, "*probably one phone call away*." Law enforcement most often reported current availability of powdered cocaine as '8,' while treatment providers, hospital staff and children's services staff most often reported lower availability. A Franklin County detective reported, "*You can go into just about any bar, and there'll be someone in there that can get you powder [powdered cocaine]*."

Media outlets in the region reported on cocaine seizures and arrests this reporting period. In November, the Franklin County Sheriff's Office issued 42 arrest warrants for individuals involved in direct hand-to-hand drug buys; these individuals were wanted for possession and/or trafficking in bath salts, cocaine, heroin, marijuana and/or prescription opioids (www.10tv.com, Nov. 1, 2012).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants shared their views on decreased availability of powdered cocaine in the region: "*I don't hear about it as much anymore; I think it's a little harder to get coke [powdered cocaine]*." Law enforcement as well as treatment providers suggested that 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 remained the same during the past six months.

Although there were a variety of responses as to the current quality of powdered cocaine in the region, the majority of participants suggested low quality, rating current quality as between '2' and '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with aspirin, baby laxative, baking soda, bath salts, coffee creamer, cold medicine (Coricidin® D), ether, flour, local anesthetics (lidocaine and procaine), mannitol (diuretic), Similac®, vitamins (often B-12) and cutting agents found at head shops ("Miami Ice," "Mother of Pearl"). The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars. Participants reported that the quality of powdered cocaine has decreased during the past six months.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "soft" and "white." Participants listed the following as other common street names: "Becky," "blow," "booger sugar," "coke," "Connie," "girl," "let's go skiing," "nose," "nose candy," "powder," "pow-wow," "snow," "undone," "white girl" and "ya-yo." Participants explained some of these names: "'*Undone's for coke [powdered cocaine]. 'Done' is for crack [cocaine]. 'Undone' means it hasn't been cooked up. It's 'not done' … like when you cook [powdered cocaine into crack cocaine], it's done; We called it [powdered cocaine] 'Becky,' because when we were in bars and clubs, we would say, 'is Becky around?' … meaning coke, so that way it wasn't obvious we were talking about drugs.*"

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for between $40-50, depending on the quality; 1/16 ounce, or "teener," sells for between $60-80; 1/8 ounce, or "eight ball," sells for between $120-200; a kilo sells for $30,000.

Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately 7-9 would snort, 1-3 would intravenously inject or "shoot," and a small minority would smoke the drug (aka "*chasin' the dragon*," "*freebasing*"). Additionally, other participants mentioned oral consumption: putting powdered cocaine in toilet paper and swallowing ("parachuting") and rubbing powdered cocaine on one's gums.

Participants described typical users of powdered cocaine as being of higher socio-economic status, often professionals or young wealthier individuals, and often White. Also, participants noted that powdered cocaine use is popular among drug dealers. Law enforcement and treatment providers identified typical users of powdered cocaine as often employed with higher socio-economic status, around 30 years of age, White, as well as incarcerated individuals and drug dealers. Treatment providers reported hearing more about powdered cocaine use in clients' using histories rather than current, regular use of the drug.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, LSD (lysergic acid diethylamide), marijuana, methamphetamine, prescription opioids, prescription stimulants and sedative-hypnotics (Xanax®). Participants reported that powdered cocaine combined with alcohol use allows a user to keep going, stay up longer to use more drugs. Marijuana and sedative-hypnotics help users to come down from the stimulant high of cocaine. A participant stated, "*I would smoke [marijuana] to come down [from the cocaine high], and I'd eat some Xanax® to go to sleep.*" Additionally, participants reported intravenous injection of powdered cocaine with heroin and other prescription opiates (OxyContin®) as, "*speedballing,*" experience of highs followed by lows.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained 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). Participants and treatment providers most often reported that the availability of crack cocaine had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of crack cocaine cases it processes had increased during the previous six months.

Most participants rated the quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Columbus Police Crime Lab cited levamisole (livestock dewormer) as most commonly used to cut crack cocaine. Participants reported that a "crumb" (small piece) of crack cocaine sold for between $5-10; a gram sold for between $50-65; 1/16 ounce, or "teener," sold for $60; 1/8 ounce, or "eight ball," sold for between $80-100. The most common route of administration for crack cocaine remained smoking,

followed by intravenous injection. A profile for a typical crack cocaine user did not emerge from the data. Participants generally described users as, "everyone". Treatment providers and law enforcement officers alike reported an increase in crack cocaine use among females in their 20's and 30's.

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). Participants commented, "*[Availability of crack cocaine is] off the charts; You can go anywhere … corner stores, you know, like anywhere … running down the street, like, 'hey! You good' [need crack cocaine]? [Dealers] they're like, 'come on over.'*" A participant reported delivery of crack cocaine to her home: "*For crack [cocaine], all I gotta do is make a phone call, and [dealers] they'll bring it to my house.*" Law enforcement and treatment providers most often reported the current availability of crack cocaine as '6' and '9' respectively. A law enforcement officer stated, "*More often than not, when we buy crack, we're going into the City of Columbus or somebody from the City of Columbus is bringing it to us … [crack cocaine] it's a phone call away.*"

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '7' 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, cutting agents from head shops ("Miami Ice") as well as vitamins. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock". Participants listed the following as other common street names: "butter," "cookies," "done," "hard stuff," "softball," "stuff" and "work." Participants also explained that they do not necessarily use a street name when asking for crack cocaine; they use questions like, "Yo! You got any? Got some pebble? You got any gravel? Is the cook around?" A participant explained, "*We used to say, 'is the cook around?' 'cuz you had to cook it [crack cocaine].*"

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram sells for $10; a gram of crack cocaine sells for $75-100; 1/8 ounce, or "eight ball," sells for $100-125; 1/4 ounce sells for $200; an ounce sells for $500.

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking, followed by intravenous injection. Out of 10 crack cocaine users, participants reported that approximately 7-9 would smoke, and 1-3 would intravenously inject the drug.

Participants described typical users as of lower socio-economic status, African American, often homeless and often involved in prostitution. Community professionals described typical users of crack cocaine as of mid- to lower socio-economic level, often unemployed, residing in an urban or inner city location and often involved in prostitution.

Reportedly, crack cocaine is used in combination with alcohol, heroin ("speedball"), prescription opioids and sedative-hypnotics (Xanax®). A participant explained the use combinations with prescription opioids and sedative-hypnotics as follows, "*… a lot of people I know usually either smoke crack or snort coke all night long until their money's gone … make sure that they have some downers to come down on … like benzo's [benzodiazepines], Xanax® or even Percocet®.*"

Heroin

Historical Summary

In the previous reporting period, heroin remained 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). Participants reported that the availability of heroin had increased during the previous six months. In contrast, community professionals reported that availability had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of heroin cases it processes had increased slightly during the previous six months.

Most participants rated the quality of heroin as '6' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high

quality). The BCI London Crime Lab cited diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that a "bag" of heroin sold for between $10-15; 15 balloons (1/10 gram per balloon) sold for $100; 1/8 ounce, or "eight ball," sold for $300; an ounce sold for between $1,000-1,200.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. However, treatment providers reported an increase in heroin use among "younger" individuals.

Current Trends

Heroin remains highly available in the region. Participants and community professionals 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). While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. A participant stated, "*You got white china [white powdered heroin], and you got black tar [heroin] and you got brown Afghan [heroin] … but [black] tar … of course, you can get it anywhere.*" Participants explained that heroin is easily obtained by calling a dealer and arranging to meet in a parking lot. A participant described, "*This guy I know who deals it [heroin], he meets his people in parking lots [and] sometimes in a random neighborhood. He meets them, that way they're not coming to his house – he tries to change it up a little bit …*" Community professionals reported heroin as the most prevalent drug they encounter; they also shared about clients traveling within the region to obtain heroin, usually to Columbus.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, a West Jefferson (Madison County) man was indicted on four counts of selling black tar heroin and oxycodone (www.abc6onyourside.com, Nov. 18, 2012). In December, a Worthington (Franklin County) woman was charged with bringing heroin into a Franklin County jail (www.10tv.com, Dec. 5, 2012); also in December, Crawford County Sheriff's officers arrested a couple in a Bucyrus hotel after they were found with heroin (www.nbc4i.com, Dec. 7, 2012). Collaborating data also indicated that heroin is readily available in the region. Law enforcement in Crawford, Morrow and Richland counties reported heroin as present in 28.9 percent of reported drug possession offenses.

Participants reported that the overall availability of heroin has increased during the past six months. Specifically, participants reported an increase in black tar heroin availability, while availability of brown powdered and white powdered (aka "china white") heroin remained the same. Community professionals reported that availability of brown powdered and black tar heroin has increased during the past six months. The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Most participants generally rated the overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants believed heroin to be cut often with fentanyl. In addition, participants agreed that different types of heroin are cut with different things. However, many participants did not know what heroin may be cut with. A participant stated, "*[I have] no idea [what heroin is cut with], yeah [heroin is cut], but I don't know exactly what they're cutting it with.*" Another participant stated, "*I'm glad I don't know [what is cut into heroin]. I probably don't want to know.*" Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other names include: "fish scale" and "pretty boy" for white powdered heroin; "dope," "H" and "haron" for all types of heroin. Participants also refer to heroin in other ways. For example, they might refer to heroin by the way it is packaged or by the amount of money a user is willing to pay: "bags," "balloons," "berries" or "I got twenty" (meaning $20). There were also many ways of asking for heroin in a more general fashion without using any street name for it, rather using questions informally to request heroin, often using the term 'good': "*Anything good?*" "*Are you good?*" "*What's good?*"

Participants reported that heroin is available in different quantities: "bags" (1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie) or "balloons" (1/10 gram) sells for between $5-25 depending on type of heroin; "point 2" (2/10 gram) sells for $20; "point

3" (3/10 gram) sells for between $30-50; participants also reported buying heroin in "bundles" (10-15 small "bags") sells for $100; 1/2 gram sells for between $60-70; a gram of brown powdered or black tar heroin sells for between $100-120 and a gram of white powdered heroin sells for $130; an ounce of brown powdered heroin sells for between $900-1,200, an ounce of black tar heroin sells for $2,800 and an ounce of white powdered heroin sells for $3,300.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. Participants and community professionals continued to note a progression of routes of administration with heroin. A participant explained, "*Typically you will start out snorting it [heroin], just like you snorted your pills [prescription opioids], and very quickly thereafter, you start shooting [injecting].*"

Participants described typical users of heroin as "younger" (as young as 12 years of age), White, working in service industries or unemployed and "opiate addicts." Community professionals expressed growing concern over the use of heroin by "younger" people, and they continued to share observations of users switching from prescription opioids to heroin. Community professionals described typical users of heroin as between 18-30 years of age and as young as 13 years, lower educational achievement, lower income, rural and former crack cocaine and prescription opiate users.

Community professionals also commonly explained that heroin users often start with another drug and switch over to heroin because they can't get the other drug or because heroin is less expensive. A law enforcement officer reported that law enforcement is, "*seeing more people that predominantly used to use crack [cocaine] now using heroin. That's a current trend that we're seeing, and I think it's again because of the [wide] availability and [heroin] it's cheap.*" There was also a treatment provider report of users beginning with heroin from the start: "*I'm seeing people who are just starting with the heroin right now because it seems like the stigma has gone down and it's so available. Maybe they're snorting it first – they're not going right to shooting it, but it doesn't seem that they necessarily have to progress through pills first.*"

Reportedly, heroin is used in combination most often with crack cocaine, marijuana and sedative-hypnotics (Xanax®). In addition to the aforementioned substances, heroin is also used with alcohol, bath salts, Ecstasy, methamphetamine, powdered cocaine and prescription opioids. Reportedly, heroin addicts use other drugs to help balance or intensify the effects of the heroin high they wish to experience.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8' or '9.' Franklin County Coroner's Office reported prescription opioids as present in 55.4 percent of all drug-related deaths during the previous six months. Participants identified Opana®, Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use; community professionals most often identified Percocet®, Vicodin® and OxyContin® as most popular.

Participants and treatment providers reported that the availability of prescription opioids had remained the same during the previous six months; law enforcement officials reported a slight decrease in availability. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months.

Reportedly, many different types of prescription opioids were sold on the region's 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 routes of administration were snorting and intravenous injection.

A profile for a typical illicit prescription opioids user did not emerge from the data. Participants described the typical illicit prescription opioids user as, "anybody." Community professionals suggested that prescription opioids abuse was becoming more popular among "young" people.

Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals 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). Participants and community

professionals identified Opana®, OxyContin® OP, Percocet®/Roxicet® and Vicodin® as the most popular prescription opioids in terms of illicit use. Reportedly, availability seems highest at the beginning of the month; a participant explained, "*[Prescriptions for opioids] it's something you have to get from a doctor or from an individual, and people get 'em once a month [usually at a month's beginning]; I could leave right now and go to 10 people [to obtain prescription opioids].*" Community professionals were in agreement that prescription opioids are, "everywhere."

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In July, a Mansfield (Richland County) doctor was arrested and charged with writing fraudulent prescriptions for OxyContin® (www.10tv.com, July 2, 2012). In August, law enforcement agents arrested 32 individuals in one of the largest prescription drug trafficking operations in Columbus; the operation involved suspects travelling to pain clinics in Florida to obtain prescription drugs (mainly oxycodone) to sell in Columbus (www.nbc4i.com, Aug. 14, 2012). In November, four individuals were arrested in Columbus for arranging to transport oxycodone from Florida to Ohio (www.10tv.com, Nov. 19, 2012); also in November, a central Ohio grand jury indicted 14 people from Union County for involvement in a drug-trafficking ring that brought oxycodone from Florida "pill mills" for sale in central Ohio (www.10tv.com, Nov. 26, 2012).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "*Ohio's really crackin' down on writing prescriptions out, so the pills [prescription opioids] are becoming more expensive and more scarce; I think it's easier to get heroin ...*" Law enforcement reported that availability has remained the same during the past six months, while treatment providers reported that availability has increased slightly. Treatment providers who work with DUI clients stated, "*They're coming in impaired with no alcohol consumption at all. You know … the new DUI is prescription medication [opioids and benzodiazepines]; A lot of people that are flipping their cars are on prescription drugs.*" Treatment providers particularly noted an increase in Opana® availability in the region. The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids (aka "pain killers," "pain pills" and "skittles") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Demerol® (15 mg sells for between $5-7), Dilaudid® (aka "triangles;" 4 mg sells for between $7-8; 8 mg sells for between $6-12), fentanyl (50 mg sells for $15; 100 mg sells for $45), Lortab® (aka "tabs;" sells for $1 per milligram), methadone (aka "dones;" 10 mg sells for between $6-12), Norco® (aka "busses," "narco" and "school bus" sells for between $1-1.50 per milligram), Opana® (aka "green stop signs," "OP's" and "panda bears;" sells for between $1-2 per milligram), OxyContin® (old formulation, aka "OC," 80 mg sells for $200; new formulation, aka "OP," sells for between $.50-1.50 per milligram), Percocet®/Roxicet® (aka "15's," "30's," "blueberries," "blocks," "P's," "perc's," "roxi's" and "them thangs;" sells for between $1-3 per milligram), Percodan® (sells for $1 per milligram), Tylenol® 3 (aka "3's") and Tylenol® 4 (aka "4's") are free or up to $2 per pill; Ultram® (aka "trams," "tramadogs" and "trammies;" 50 mg sells for between $.50-1) and Vicodin® (aka "candy," "V's" and "vikes;" 5 mg sells for between $2-3; 7.5 mg sells for between $4-6; 10 mg sells for between $6-8).

A participant described general pricing as follows, "*[Price of prescription opioids on the street is] a dollar a milligram, or it's $5 plus a dollar a milligram, so if it's an OP 40 [OxyContin® 40 mg], you might pay $45 dollars for that [others agreed].*" Many participants suggested prices of opiates are increasing. A participant reported, "*That's why I started doin' heroin because I'd be sick, and it was too expensive to go buy more pain pills. It was cheaper to just go buy heroin.*"

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting the drugs from family members with prescriptions, travel to pain clinics in Florida, personal physicians and through drug trading. A participant shared about obtaining prescriptions from doctors, "*As far as prescriptions went, I went to my doctor. He was my 'drug dealer.'*"

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. Oral administration is referred to by participants as "eat," "chew," "pop" and "swallow." Reportedly, there is some variety in routes of administration when it comes to specific drugs. For example, OxyContin® OC and Opana® are typically

snorted, while Dilaudid® is typically injected and fentanyl is either eaten out of the patch or placed on the skin.

Participants described typical illicit users of prescription opioids as heroin and "pill addicts," people in pain and those who like the "energy" opiates provide. Community professionals described typical illicit users of prescription opioids as low income or unemployed, often females, and encompassing a wide range of ages between 16-60 years. Treatment professionals also described an increase in juvenile abuse of prescription opioids. Community professionals generally pointed out that prescription opioids are becoming a 'gateway' drug. A treatment provider reported, "*When I do the bio-socials [assessments], the intakes with the people in prison, a lot of times now I'm beginning to see that they started out on pills [prescription opioids] rather than starting out on the marijuana.*"

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana, methamphetamine, sedative-hypnotics (Xanax®) and other prescription opioids. Specifically it was reported that Vicodin® and Klonopin® are used together. Many participants reported combination with other prescription pills. A participant stated, "*I know people who say it's a cocktail and they have 10 different pills in their hand and eat 'em. So, if you use one, you use them all.*"

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained moderately to highly available in the region. Participants most often reported the drug's availability as '6' or '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '10.'

Participants reported that the availability of Suboxone® had decreased during the previous six months, while treatment providers reported that availability had increased. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® sold for $10-15 per pill. Participants most commonly reported taking Suboxone® sublingually (under the tongue). A profile for a typical illicit Suboxone® user did not emerge from the data.

Current Trends

Suboxone® is highly available in the region. Participants and community professionals most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on demand included: "*There's a whole bunch of people that will give an arm and a leg every morning to get that stuff [Suboxone®] … just 'cuz they don't want to do heroin.*" Treatment providers reported knowledge of users who get high off Suboxone® and those who self-medicate with it. A treatment provider reported, "*I've had some clients tell me if they use enough of it, they can get high on Suboxone®, but mostly [typical use] it's 'just to keep me from getting sick until I can get what I want.'*"

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants reported that users are switching from methadone to Suboxone®, and participants reported an increase in Suboxone® use at treatment centers. A participant reported, "*[Treatment providers] they're even trying Suboxone® on people that smoke crack [cocaine] now … They got a study goin' on now that you can get on Suboxone® to see if that will help with relapse.*" Treatment providers reported, "*I think [Suboxone®] it's more readily available, beginning to hear a lot about Suboxone®; I'm seeing more street Suboxone®, you know, 'if I can't get my opiates, I'll score some Suboxone® to get me through.'*" The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®: "oranges," "strips" and "subs." Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg typically sells for between $10-15 but can sell as low as $8 and as high as $20 depending buyer's need; Suboxone® strips sell for between $12-20, and reportedly, can sell for as high as $100 in prison. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from doctors and clinics. Participants reported obtaining Suboxone® from the street mostly to self-medicate.

Participants reported many routes of administration for Suboxone® abuse, including intravenous injection, oral

consumption and snorting. Participants who had knowledge of improper/illicit use of Suboxone® cited heroin addicts as those who would typically use Suboxone® when they couldn't get what they wanted; and reportedly, they dissolve Suboxone® strips and inject them in place of heroin.

Participants described typical users of Suboxone® as between 25-35 years of age and dependent on opiates (heroin and/or prescription opioids). Treatment providers described typical users of Suboxone® as middle to higher socio-economic status. A treatment provider stated, "*It's interesting to me that middle, upper middle to higher economic status [are typical Suboxone® users]. It seems they have more availability to the doctors that are on the approved Suboxone® prescription list. There are companies now that are making it more easy for lower income people, but its primary access is middle, upper-middle to upper income.*" Reportedly, Suboxone® is used in combination with marijuana, methamphetamine and sedative-hypnotics (benzodiazepines).

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals did not rate availability of sedative-hypnotics; however, law enforcement and treatment providers agreed the drugs were highly available. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; community professionals identified Xanax® as most popular, closely followed by Klonopin®.

Participants and law enforcement both reported that the availability of sedative-hypnotics had decreased during the previous six months, while treatment providers reported that availability had remained the same. The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months. Reportedly, many different types of sedative-hypnotics were sold on the region's streets.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report obtaining them from doctors, emergency rooms, pharmacies and from clinics in Florida. A participant reported being able to obtain sedative-hypnotics by standing outside a pharmacy and purchasing these drugs from customers.

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 remained intravenous injection and snorting. A profile for a typical illicit sedative-hypnotics user did not emerge from the data, though some participants commented that sedative-hypnotics abuse was most common among White women and people with high-stress jobs.

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). A participant reported, "*You just have to make a phone call [to obtain sedative-hypnotics] … I could call someone right now and have them meet me here in the parking lot.*" Treatment providers and hospital staff most often reported current availability of sedative-hypnotics as '10,' while law enforcement reported current availability as '8.' Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use, while also identifying Ambien®, Ativan® and Soma® as popular.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months; treatment providers reported that availability has increased, while law enforcement reported stable availability. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months. Treatment providers offered specific comments on availability changes: "*[There] used to be a big Soma® problem and that seems to have reduced significantly … and the Ambien®, disguised as a sleep aid, has made a substantial increase in the last six months …; There's a little bit more availability to the Xanax® and those kinds of things, so I don't hear too much about Valium®; Ativan® I'm beginning to hear a lot about*". There was also great concern from a treatment provider in Franklin county concerning Ambien® increase: "*I mean we hear about Ambien® so much … even in a driver intervention program because a lot of doctors prescribe it … We had a guy a few weeks ago definitely told us he was*

hooked on Ambien® and had 7 to 8 pills with him and knew he had an addiction to it and had received a DUI from a blackout – getting up, driving to a bar, didn't even know that he drove."

Reportedly, many different types of sedative-hypnotics (aka "bennies," "benzo's" and "downers") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. 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® (aka "free from family members"), Ativan® (2 mg sells for $0.50), Klonopin® (aka "forgot-o-pins," "klonies" and "pins;" 0.5 mg sells for between $1-2.50; 1 mg sells for between $2-5), Soma® (aka "comas," "soma coma" and "soma shuffle;" sells for between $1-2 per pill), Valium® (aka "V-cuts," "V-stamps" and "volume" because Valium® reportedly, "turns your volume down;" 2 mg sells for $1; 5 mg sells for between $1.50-2; 10 mg sells for between $2-3) and Xanax® (aka "bars," "blues," "blue rounds," "busses," "footballs," "peaches," "whites" and "yellows;" 0.5mg (white) sells for between $0.50-1; 0.5 mg (peach/orange) sells for $2; 1 mg (yellow) sells for between $1-1.50; 2 mg (blue) sells for between $2-3; 2 mg (bar) sells for between $4-6). There were some comments on how prices have fluctuated matching demand for certain pills. A participant reported, "*[Klonopin®] price is raised a little I think because people are willing to spend $4 and $5 for it. It's probably doubled in price even over the last year*."

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from the Internet, doctors and people with prescriptions. 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 route of administration is oral consumption. Reportedly, oral consumption is swallowing or letting the drug break down in a beer or other alcohol drink. Participants also reported snorting and intravenous injection of some sedative-hypnotics.

Participants described typical illicit users of sedative-hypnotics as individuals with high anxiety, individuals addicted to alcohol and prescription pills in general, and depressed individuals who, "*want to forget what's going on*." Community professionals described typical users of sedative-hypnotics as generally as individuals ranging in age from late teens through adulthood, White and often female. A law enforcement officer reported, "*Unfortunately, it [sedative-hypnotics abuse] seems to be getting younger and younger across the board. Basically kids think because it is made professionally that obviously it's safe to take …*"

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids. Generally, participants reported using sedative-hypnotics to get to sleep after using other drugs. A participant reported, "*If I had been up for a couple days, I'd take a Xanax® and sleep, yeah – recuperate. I sleep great on Xanax®*." Additionally, participants reported that sedative-hypnotics use intensifies the effects of alcohol and heroin.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained 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). Participants most often reported that the availability of marijuana had increased during the previous six months, while community professionals reported that availability had remained the same. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participant ratings regarding the quality of marijuana ranged from '4' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that quality depended upon whether a user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for $5; 1/10 ounce, or "dime bag," sold for $25; an ounce sold for between $150-200. Higher quality marijuana sold for significantly more: an ounce sold for between $500-700.

The most common route of administration for marijuana remained smoking, followed by baking with and eating marijuana. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported use across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' for any type or quality of marijuana on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant described current availability as, "*The easiest way I can explain it is marijuana is easy to get anywhere in the city.* Community professionals were in agreement with participants in reporting that low-grade marijuana is available, "everywhere," while purchase of high-grade marijuana would require knowing whom to call and where to go to obtain it.

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In August, police found 74 marijuana plants along I-270 in Hilliard (Franklin County) (www.abc6onyourside.com, Aug. 23, 2012). Also in August, Columbus police busted a marijuana growing operation in an eastside Columbus home (www.abc6onyourside.com, Aug. 29, 2012). Collaborating data also indicated that marijuana is readily available in the region. Law enforcement in Crawford, Morrow and Richland counties reported marijuana as present in 36.1 percent of reported drug possession offenses.

Participants and community professionals reported that the general availability of marijuana has remained the same during the past six months. However, participants reported high-grade marijuana availability as having increased. Participants acknowledged certain seasons tend to have increased availability of high quality marijuana. A participant explained, "*I think it [availability of high-grade marijuana] has to do with what time of year it is because end of summer [and] early fall [current reporting period], they [dealers] start bringing it [high-grade marijuana] from Meigs County … and then you're getting the good stuff.*" The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participants overwhelmingly reported the current quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) and most often reported the current quality of low-grade marijuana as '5.' Reportedly, low-grade marijuana quality has decreased over the past six months, while the high grade marijuana quality has increased.

Current street jargon includes countless names for marijuana. The most commonly cited names were "green," "pot," "trees" and "weed." Participants listed the following as other common street names for marijuana in general: "dope," "ganja," "green beans," "herb," "Mary Jane," "Mary Jewana," "reefer" and "smoke." Common names for low-grade (commercial) marijuana include: "dirt," "dumpster," and "mids." Common names for high-grade (hydroponic) marijuana include names of specific strands or flavors: "blue dream," "bubblegum," "dank," "diesel," "drip," "dro," "fruity cheese," "hydro" and "lambs breath."

The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a gram sells for $5; 1/8 ounce sells for between $20-25; 1/4 ounce sells for $40; 1/2 ounce sells for $60; an ounce sells for $120; 1/4 pound sells for between $350-375; a pound sells for between $800-1,200. Higher quality marijuana sells for significantly more: a blunt or two joints sells for $10; a gram sells for between $10-20; 1/8 ounce sells for between $50-75; 1/4 ounce sells for $80; 1/2 ounce sells for $150; an ounce sells for between $275-400; a pound sells for between $3,500-4,200.

While there were several reported ways of consuming marijuana, the most common routes of administration remain smoking and eating the drug. Participants reported an increase in ingesting marijuana in food and drinks as well as chewing it in gum or chewing it like chewing tobacco. A participant reported, "*I know someone who chews it [marijuana] … puts it in his chewing tobacco when he's at work. I've done it one time, got high as hell.*" Another participant stated, "*I think the new trend is gonna be eatin' [marijuana]. I see a lot of people startin' to eat weed a lot more … bakin' it in brownies, in butter, with eggs. You can make oil out of it. I know people that would take trimmings from the plants and leaves and boil them down [to] make alcohol, tea, hot chocolate - whatever you fancy.*"

Participants described typical users of marijuana as anybody, including supervisors, doctors, lawyers, judges, bums and people who are sick and using the drug to self-medicate. Community professionals described typical users of marijuana as between 13-60 years of age, often self-medicating for bipolar disorder or ADHD; higher grade marijuana users are typically lifestyle smokers and employed. However, these professionals also agreed that marijuana use is far-reaching: "*everybody… all ages ... all kinds of walks of life, too.*" Reportedly, marijuana is used in combination with

all other substances. A participant stated, "*Weed goes with everything. It's a selling point … weed is an essential.*"

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine was somewhat available in the region. Participants most often reported the drug's availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While community professionals did not provide an availability rating, they thought methamphetamine to be highly available. Community professionals most often reported that the availability of methamphetamine had increased during the previous six months; participants could not come to a consensus regarding any change in availability for methamphetamine. Columbus Police Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Most participants rated the quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/2 gram of methamphetamine sold for $50; a gram sold for $100; 1/8 ounce, or "eight ball," sold for $200. The most common route of administration for methamphetamine was snorting or smoking. Participants described typical users of methamphetamine as White and from rural areas. In addition, some participants reported methamphetamine to be a club drug, particularly popular in gay clubs. Law enforcement described typical methamphetamine users as White males between the ages of 18-40 years.

Current Trends

Methamphetamine's current availability remains variable in the region. Participants reported the drug's current availability as between '3' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Licking County most often reported current availability as '10,' while participants in other areas of the region most often reported current availability as '3.' Eight out of 10 participants interviewed in Licking County reported personal use of methamphetamine during the past six months, with all 10 reporting having seen the drug. A Licking County participant reported, "*Almost everybody I ever got meth [methamphetamine] from … the people I seen sellin' it a lot … sold heroin too [others agreed].*" Participants elsewhere in the region reported that in order to obtain methamphetamine a user would need to know whom to contact for the drug; participants described methamphetamine users as an exclusive group of users. Law enforcement most often reported the drug's current availability as '3;' treatment providers most commonly reported current availability as '7.'

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In October, Circleville (Pickaway County) police reported two methamphetamine lab busts in one week (www.abc6onyourside.com, Oct. 4, 2012). In January, Lancaster (Fairfield County) police reported investigating a possible mobile methamphetamine lab found during a traffic stop (www.nbci4.com, Jan. 10, 2013).

Participants reported that methamphetamine is available in anhydrous, crystal and powdered forms. Participants from across the region commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means production of methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location.

Law enforcement and treatment providers reported geographical differences in availability, use and popularity of the drug. A treatment provider stated, "*Here in Licking County, I just see a lot more of that [methamphetamine] here than when I worked in Franklin County.*" Participants reported that the availability of methamphetamine has increased during the past six months, specifically availability of "shake-and-bake" methamphetamine, while the crystal and anhydrous types have decreased. Community professionals reported that availability of methamphetamine has remained the same during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the quality of crystal methamphetamine as '10' and powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of

methamphetamine has decreased during the past six months; they reported methamphetamine to be cut with baby laxative, MSM (methylsulfonylmethane – a dietary supplement), a mixture of over-the-counter chemicals, as well as salt.

Current street jargon includes numerous names for methamphetamine. The most commonly cited names were "crank," "ice" and "meth." Participants listed the following as other common street names: "Annie," "bath tub," "crystal," "dope," "go fast," "glass," "jet fuel," "peanut butter," "pink," "rocket fuel," "shards," "speed" and "tweak."

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported 1/4 gram sells for between $20-30; a gram sells for between $100-120 (one gram of crystal sells for between $200-225); 1/4 ounce sells for $800; 1/2 ounce sells for $1600. A participant described the price of methamphetamine as follows: "*It was like double the price of coke [powdered cocaine], so like a gram of [crystal] meth is like 200 dollars. It's a lot more expensive than coke.*" While there were several reported ways of using methamphetamine, the most common route of administration is smoking.

Participants described typical users of methamphetamine as bikers, White, gay, of higher socio-economic status, people who attend raves and concerts, street people and truck drivers. Law enforcement reported that most methamphetamine users they have been in contact with are between 30-35 years of age. Treatment providers described typical users as White, lower income and often unemployed.

Reportedly, methamphetamine is used in combination most often with heroin and prescription opioids. A participant reported, "*I would mix the meth with heroin. So I would be down for a little bit and I would want to come back up, so I would do some meth and then later in the evening when I would want to come back down, I'd do some more heroin and then in the morning I'd do meth.*" Participants also shared that methamphetamine is used with alcohol, crack and powdered cocaine, prescription stimulants and sedative-hypnotics.

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '6' or '7.' While participants did not report a change in availability, law enforcement reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Participants reported that 15 mg Adderall® sold for $3; 20 mg sold for $5. The most common route of administration for prescription stimulants were oral consumption and snorting. Participants described prescription stimulants abuse as more common among females, stay-at-home mothers and college students.

Current Trends

Prescription stimulants remain highly available in the region. Participants and community professionals 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). A participant stated, "Oh, I could get me some Adderall® right now. Ritalin®? I got Ritalin® in my house." Reportedly, Adderall® is the most available prescription stimulant in the region, with Concerta®, Ritalin® and Vyvanse® also highly available.

Participants reported that the availability of prescription stimulants has remained the same during the past six months, with the exception of Ritalin® which has reportedly decreased in availability. Community professionals believed there has been a slight increase in availability of prescription stimulants in general during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

Current street jargon includes a few names for prescription stimulants. The most commonly cited names were "addies" for Adderall®, as well as "kiddie coke," "meth in a pill," "speed" and "uppers." Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. The following prescription stimulants are available to street-level users: Adderall® 30 mg sells for between $5-10; Concerta® 20 mg sells for between $3-4; Ritalin® 10 mg sells for between $2-3; Vyvanse® 40 mg sells for $5.

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them

from school. A participant reported, "*When I was at college, there was a whole bunch of kids that were using it [prescription stimulants] and selling it. They'd get prescriptions saying they couldn't do school work, and other kids would buy it from them. There was a lot of it going around.*" Community professionals reported knowledge of parents selling their children's prescribed stimulants. A hospital staff member reported, "*A lot of stimulants go out our door regularly prescribed, and I know a lot of it gets diverted. We get anonymous tips periodically, 'Mrs. Smith is selling Johnny's Ritalin®.'*"

While there were several reported ways of using prescription stimulants, route of administration varied with each stimulant. Reportedly, Adderall® is mostly snorted; Concerta® is taken orally; Ritalin® is either taken orally or by intravenous injection; Vyvanse® is typically snorted, but can also be taken orally. Treatment providers reported adolescents snorting prescription stimulants. A treatment provider stated, "*Even with kids, the parents aren't monitoring it [prescription stimulants use] … they're taking it to school and selling it, and they're snorting it.*"

Participants described typical illicit users of prescription stimulants as high school and college aged, young people who have a connection to someone who is prescribed the drug. Community professionals also described typical illicit users of prescription stimulants as between 18-25 years of age, enrolled in college who take the drugs during exam time. Reportedly, prescription stimulants are used in combination with alcohol, cocaine, marijuana, other stimulants and tobacco.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained highly available in the region. Participants did not provide an availability rating, but reported that bath salts were highly accessible in the region; community professionals most often reported availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants most often reported that the availability of bath salts had remained the same during the previous six months, while community professionals reported increased availability. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participants with experience using bath salts reported the general quality of the drug to be high. Participants reported that one "hit" (dose) of bath salts sold for $10; a jar of bath salts sold for $20. The most common route of administration for bath salts remained intravenous injection, followed by smoking and snorting. A profile for a typical bath salts user did not emerge from the data, though participants and law enforcement both reported an increase in bath salts use among younger, college-aged individuals.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain 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). A participant reported, "*You can go on High Street [in Columbus] and get 'em [bath salts] right now, but you're paying a little too much … you can buy it by bulk on the Internet still.*" Another participant explained, "*You really have to know somebody that either sells it [bath salts] under the radar or buys it bulk from manufacturers, cuts it and parts it out.*" Community professionals most often reported the current availability of bath salts as '7.'

Media outlets in the region reported on seizures and arrests involving bath salts this reporting period. In July, a north side Columbus business owner was arrested during a bath salts raid on his High Street businesses; law enforcement officials conducted the searches after a resident made a complaint (www.10tv.com, July 25, 2012). In September, a convenience store on Fifth Avenue in Columbus was court ordered to remain closed after several undercover detectives testified to having bought bath salts there numerous times (www.abc6onyourside.com, Sept. 27, 2012). In November, a Mansfield man was sentenced to at least three years in prison for the distribution of bath salts; during the investigation of the man's business, police seized 5,300 containers of bath salts with a street value of $212,000 (www.abc6onyourside.com, Nov. 1, 2012). Also in November, federal officials in Columbus arrested three men for possessing 9,000 packages of bath salts with the intent to sell (www.10tv.com, Nov. 21, 2012).

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Some participants reported having to drive further to obtain the drug. A participant in Licking County reported, "*It [bath salts] was being sold here at the little smoke shops and*

stuff, but within the past six months [availability has decreased]. You have to drive to Columbus to get it [bath salts], but people are still doing it, and they're still willing to do it because it's very addictive as well." Law enforcement reported, "*If you know what to say and what to ask for, you can pretty much go through any drive-thru [beverage store] in central Ohio and still find the stuff [bath salts].*" The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New street names for bath salts are emerging to help circumvent the laws; participants said bath salts may be referred to as "salt," "pixie dust" and "zombie salts." A treatment provider reported, "I just saw on the news, and I looked it up – it's a thing called 'smiles.' It's coming back, and it's another derivative of bath salts."

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for between $20-25 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from the Internet. While there were several reported ways of using bath salts, the most common routes of administration remained intravenous injection and snorting.

Participants described typical users of bath salts as college aged, heroin addicted and on probation. Community professionals described typical users of bath salts to be as young as 17 years and extending through adulthood, and often on probation. Reportedly, bath salts are used in combination with cocaine, heroin or, "*whatever you got.*"

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained available in the region. Participants did not provide a rating regarding availability, but many referred to easily accessing the drug. Participants and community professionals most often reported that the availability of synthetic marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months.

Participants reported that a gram of synthetic marijuana sold for $9.99; 1.5 grams sold for between $12-14. The most common route of administration for synthetic marijuana remained smoking. Reportedly, because many users continued to believe that it did not show up on urine drug screens, synthetic marijuana often attracted individuals on probation. Law enforcement added that users of synthetic marijuana tended to be "younger."

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains 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). A participant stated, "*[Synthetic marijuana is] pretty available … there's all kinds.*" Community professionals most often reported current availability as '6.' A law enforcement officer remarked, "*We just had somebody get picked up on that K2 spice [synthetic marijuana]. It was outlawed … it's not very prevalent … every once in a while you run across it.*"

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant reported, "*You know, [synthetic marijuana] it's getting' harder to get because they [retailers] took it off the front shelf and moved it behind the counter so when the cops come in … You gotta ask for it …*" Another participant related, "*I think [synthetic marijuana use] it's fading out ... It was real big just 'cuz you could smoke it, and it wouldn't pop positive [on a drug screen]. It was more for if you were on probation. If you're not on probation, you might as well just smoke a joint [marijuana].*" A treatment provider reported, "*I think the use of it [synthetic marijuana] went down a little bit when they [users] caught on that we could test for it.*" The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

New street names for synthetic marijuana have emerged to help circumvent the laws. Participants reported that the most common street names are "K2," "K3," "K4," "funky monkey," "polish" and "spice". Participants seem not to like synthetic marijuana, calling it, "crap weed." A participant reported experiencing paranoia with the drug: "*I tried it one time and didn't like it. I've never been a paranoid person that looks out the window, but that stuff had me looking out the window of my house, like I've never been that paranoid in my life like on any drug or anything.*"

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between $20-25 per gram. The most common route of administration remains smoking. Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from drive-thru beverage stores and small convenience stores. A treatment provider reported, "*[Adolescents] get [synthetic marijuana] off the Internet too. That's where it's coming from for the kids. And the parents aren't recognizing that they get this little package in the mail, not thinking, or the kids get to the mailbox before the parents do, and they've got it …*"

Participants continued to describe typical users of synthetic marijuana as people on parole and probation, as well as high school students, military personnel, prison guards and marijuana smokers. Community professionals described typical users as high school and college aged. Reportedly, synthetic marijuana is used in combination with alcohol and marijuana.

Ecstasy

Historical Summary

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was moderately to highly available in the region. Participants most often reported the drug's availability as '7' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of Ecstasy had remained the same during the previous six months. Columbus Police Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants reported that a "single stack", or low dose, of Ecstasy sold for $3; a gram sold for $100. The most common route of administration for Ecstasy was swallowing. Participants described typical users of Ecstasy as young adults who like to attend clubs and outdoor music festivals.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often rated the current availability of Ecstasy as between '3' and '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Very few community professionals had knowledge of the availability of Ecstasy. Participants reported that the availability of Ecstasy has decreased during the past six months. A participant stated, "*[Availability] decreased since opiates blew up … Ecstasy used to be the thing, but not anymore.*" The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Ecstasy. The most commonly cited names were "bing," "bowls," "double stacks," "X," "rolls," "Scooby snacks" and "skittles." Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported that Ecstasy sells for between $250-1,000 per "jar of rolls," or approximately 100 single or double stack tablets. A participant reported, "*Pricing of Ecstasy] depends on where you're getting it from … depends on if they're single, double, triple [dose amounts]. Yeah, I was getting a jar for $350.*"

While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption, followed by snorting. Reportedly, users can also shoot, smoke, plug (rectal insertion) and parachute (smash, wrap in tissue and swallow) the drug. Participants reported obtaining Ecstasy from dealers. They described typical users as high school and college aged. Reportedly, Ecstasy is used mostly in combination with alcohol and marijuana, but it is also used with cocaine, hallucinogens and heroin.

Other Drugs

Historical Summary

In the previous reporting period, 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: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and inhalants.

LSD and psilocybin mushrooms were moderately available in the region. Participants most often reported the availability of these drugs as '4.' Participants reported that the availability of psilocybin mushrooms at times increased as they became seasonally available. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months, while LSD cases had increased during the same period.

Lastly, law enforcement reported inhalants as available in the region. Drug court staff reported that the number of cases involving inhalants had increased during the previous six months. Participants and community professionals agreed that the typical inhalant user was often junior high and high school aged.

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: club drugs [gamma-hydroxybutyric acid (GHB) and ketamine (veterinary anesthetic)], hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, over-the-counter (OTC) medications and Seroquel® (psychotropic medication).

Participants most often reported the current availability of GHB as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) while noting that the availability of GHB has decreased during the past six months. Current street names for the drug include "date rape drug" and "roofies." Participants reported no knowledge of current price information for GHB. Reportedly, the drug is typically consumed orally in alcohol.

Participants reported the current availability of ketamine as between '1' and '6' on the availability scale. Participants thought that availability of this drug has either remained the same or has slightly decreased during the past six months. Street names for ketamine include "K-hole" and "special K." Participants reported that a ketamine pill sells for $10; 1/2 gram sells for $40; a gram sells for $80. Routes of administration for the drug include snorting, intravenous injection, oral consumption as well as parachuting and plugging. In addition to obtaining ketamine on the street from dealers, participants also reported obtaining it at festivals and concerts. Reportedly, the drug is also stolen from veterinarian offices. Participants described typical users as younger (15 of age to 20's). Reportedly, ketamine is used in combination with alcohol and marijuana.

LSD and psilocybin mushrooms are highly available in the region. Participants most often reported the availability of these drugs as '10.' Participants most often rated the current availability of psilocybin mushrooms as between '5' and '10;' they rated the current availability of LSD as between '1' and '8.' Reportedly there are different varieties of LSD (aka "acid") available. A participant explained, "*You can either get blotter acid. It's on a piece of paper or you can get micro dot or barrels which are little itty bitty pills.*" Law enforcement most often reported the current availability of hallucinogens as '6.' Participants and community professionals continued to note that availability of hallucinogens varies with the seasons. A community professional reported, "*It seems definitely spring or early summer time is when 'shrooms [psilocybin mushrooms] and the LSD come into play [become available].*"

Participants and community professionals reported that the overall availability of hallucinogens has decreased during the past six months. The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens reported, the crime lab also indicated an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Current street jargon includes a few names for hallucinogens.

The most commonly cited names for psilocybin mushrooms were "blue caps," "caps," "gold caps," "magic," "mushies" and "shrooms;" the most commonly cited names for LSD were "acid," "blotter," "doses" and "trip." Current street prices for hallucinogens were consistent among participants with experience buying the drugs. Participants reported that LSD typically sells for between $7-10 per hit (dose) and for $200 per sheet (which is over 100 hits); psilocybin mushroom prices are as follows: 1/8 ounce sells for between $20-30; 1/4 ounce sells for between $50-55; an ounce sells for between $120-140; 1/4 pound sells for $420; a pound for between $1,000-1,600. Several participants compared the price of psilocybin mushrooms to that of marijuana as being similar.

While there were several reported ways of using hallucinogens, the most common route of administration is oral consumption. Specifically, LSD is taken on the tongue or under the tongue, while psilocybin mushrooms are most often eaten, but can also be smoked or drunk in a tea. A focus group in Franklin County shared about ingesting mushrooms: "*Put [psilocybin] mushrooms in a peanut butter and jelly sandwich … put 'em on pizza, steak and cheese subs … eat 'em like trail mix out of a bag.*" There was also talk of a new trend in making chocolate bars out of psilocybin mushrooms.

In addition to obtaining hallucinogens on the street from dealers, participants also reported getting them from

chemists, chemical engineers, professors, at festivals or in, "*hippie type environments*." Participants described typical users of hallucinogens as White, "hippie types with a beard," younger (teens through 20s) and marijuana users. Community professionals described typical users of hallucinogens as younger (between 18-25 years of age). Reportedly, hallucinogens are used in combination with alcohol, cocaine, Ecstasy and marijuana.

Participants did not report a current availability score for inhalants; however, participants reported that the availability of inhalants has remained the same during the past six months. A participant reported, "*Dusters the most common [inhalant] that I hear about. Nitrous, whippets [and] dusters*." Only one street name was provided: "dust buster." Inhalants are obtained from home improvement stores, from neighborhood garages and air conditioners. A participant explained, "*Freon ... the lines on the air conditioner … you can huff it right out of the lines of the air conditioner. [That] is what we used to do*." Inhalants are 'huffed' (breathed into the lungs). Participants described typical users as juveniles and new drug users. Reportedly, inhalants are used in combination with alcohol and LSD.

OTC medications are highly available in the region. Participants and community professionals most often reported current availability of these drugs as '10.' Treatment providers specifically mentioned Coricidin® D as a drug of particular concern to them. A treatment provider observed, "*I saw [Coricidin® D] coinciding with the bath salts about 6 months ago*." Another treatment provider reported, "*Most of them [OTC users] are describing using that [OTC medication] as an alternative when they can't get their drug of choice. What they want is the dextromethorphan [cough suppressant] which, obviously, if you use half to the whole [package/bottle], you'll get a hallucinogenic high. But it's a last ditch effort of when something runs out, they turn to this to help see them through. It's not an opiate high*."

Current street jargon includes a few names for OTC's: "robo-trippin'" for Robitussin®, "triple C's" for Coricidin® D and "white crosses" or "mini thins" for pseudoephedrine. Most often participants reported taking OTC's orally. A participant reported intravenous injection as also a route of administration: "*I've shot the stuff … I've shot cold medicine, sinus medication*." In addition to obtaining OTC's from stores, participants also reported obtaining the drugs from the medicine cabinets of family.

Participants described typical OTC users as middle and high school aged. Treatment providers described typical users as opiate addicts. Reportedly, OTC medications are used in combination with alcohol or in the absence of other drugs. A participant reported, "*I was using it [OTC's] in absence of [anything else] because I didn't have anything else to use. Most of the time I was desperate to get high, so I was just shootin' around stuff in the house. I shot peanut oil one night - don't believe it - it don't get you hig*h."

Lastly, participants reported Seroquel® as highly available in the region. However, participants noted that the drug is not currently very popular as a drug of abuse. Participants reported that availability has remained the same during the past six months. Street jargon includes a couple of names for Seroquel®: "quill" and "sero's." Participants reported that Seroquel® 300 mg sells for between $0.50-1. The most common route of administration for the drug is oral consumption. A participant stated, "*Eat the [Seroquel®] pill … you can snort or smoke it … mostly eat it*." Participants reported that the drug is typically obtained from someone with a prescription. Participants described typical users of the drug as someone who has problems sleeping. Reportedly, Seroquel® is not used in combination with other substances because, "*it knocks you out …*"

Conclusion

Bath salts, crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remain highly available in the Columbus region. Changes in availability during the past six months include: likely increased availability for heroin, Suboxone® and methamphetamine.

Participants and community professionals most often reported the overall current availability of heroin as '10' (highly available). While many types of heroin are currently available in the region, participants continued to report the availability of black tar heroin as most available. Participants explained that heroin is easily obtained by calling a dealer and arranging to meet in a parking lot. Community professionals reported heroin as the most prevalent drug they encounter.

Participants described typical users of heroin as "younger" (as young as 12 years of age), White, working in service industries or unemployed and "opiate addicts." Community professionals expressed growing concern over the use

of heroin by younger people, and they continued to share observations of users switching from prescription opioids to heroin. A law enforcement officer reported that law enforcement is encountering more people that predominantly used crack cocaine now using heroin because of heroin's wide current availability and low cost. A treatment provider reported that some new users are starting drug use with heroin, as the stigma regarding heroin use has diminished and heroin is extremely available.

Participants and community professionals most often reported the street availability of Suboxone® as '10.' Treatment providers reported knowledge of users who get high off Suboxone® and those who self-medicate with it. Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participants reported that users are switching from methadone to Suboxone®, and participants reported an increase in Suboxone® use at treatment centers.

Methamphetamine's current availability remains variable in the region. Participants in Licking County most often reported current availability as '10,' while participants in other areas of the region most often reported current availability as '3.' Eight out of 10 participants interviewed in Licking County reported personal use of methamphetamine during the past six months, with all 10 reporting having seen the drug. Participants reported that the availability of methamphetamine has increased during the past six months, specifically availability of "shake-and-bake" methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Law enforcement reported that most methamphetamine users they have been in contact with are between 30-35 years of age. Treatment providers described typical users as White, lower income and often unemployed.

Lastly, participants across the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops), although these outlets are more discrete about whom they sell to, not openly advertising the drug's continued availability.

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