



### Drug Abuse Trends in the Columbus Region



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**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 professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Columbus and Lancaster (Fairfield County) from throughout the region, the

Franklin County Coroner’s office, Knox County Juvenile Court and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from July through December 2012. In addition to the data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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.

## Regional Profile

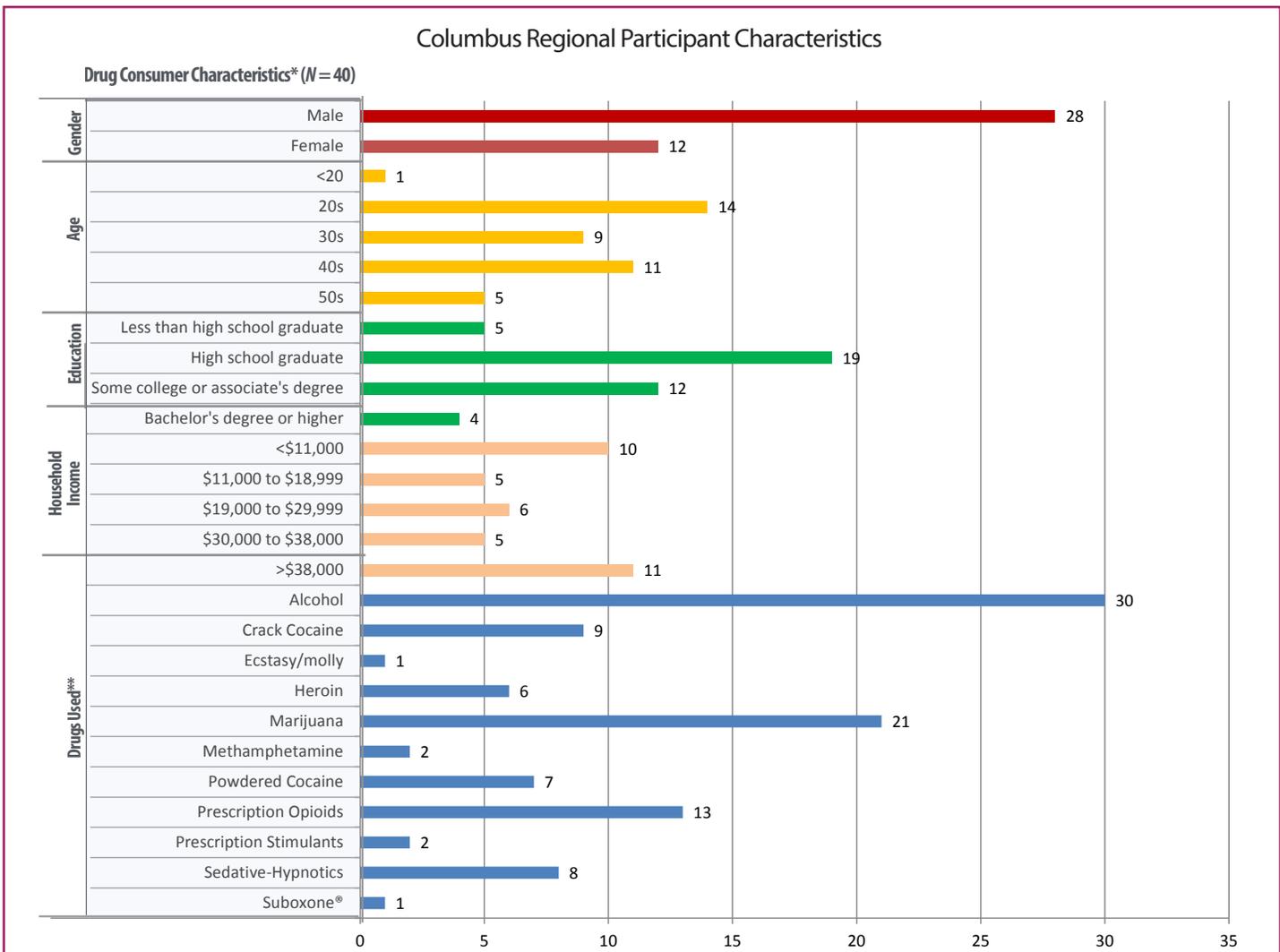
Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	40
Gender (female), 2010	51.2%	50.7%	30.0%
Whites, 2010	81.1%	78.0%	75.0%
African Americans, 2010	12.0%	13.4%	10.0%
Hispanic or Latino origin, 2010	3.1%	3.3%	5.3%
High School Graduation rate, 2010	84.3%	77.0%	87.5% <sup>2</sup>
Median Household Income, 2011	\$45,803	\$53,213	\$26,000 to \$29,999 <sup>3</sup>
Persons Below Poverty Level, 2011	16.3%	13.6%	35.0% <sup>4</sup>

<sup>1</sup>Ohio and Columbus statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2013.

<sup>2</sup>Graduation status was unable to be determined for one participant due to missing data.

<sup>3</sup>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 one participant due to missing data.

<sup>4</sup>Poverty status was unable to be determined for one participant due to missing data.



\*Not all participants filled out forms; numbers may not equal 40.

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

## Historical Summary

In the previous reporting period (July–December 2012), bath salts, crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remained highly available in the Columbus region. Changes in availability during the reporting period included likely increased availability for heroin, Suboxone® and methamphetamine.

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

Participants described typical users of heroin as younger (as young as age 12), white, working in service industries or unemployed, and "opiate addicts." Community professionals expressed growing concern about the use of heroin by younger people, and they continued to share observations of users switching from prescription opioids to heroin. An officer reported that law enforcement encountered more people that predominantly used crack cocaine but switched to heroin use because of heroin's wide availability and low cost. A treatment provider reported that some new users were starting their drug use with heroin, as the stigma regarding heroin use had diminished and heroin was extremely available.

Participants and community professionals most often reported the street availability of Suboxone® as '10'. Treatment providers reported knowledge of users who got high off Suboxone® and those who self-medicated with it. Participants and community professionals reported that the availability of Suboxone® had increased during the reporting period. Participants reported that users were switching from methadone to Suboxone®, and also reported an increase in Suboxone® use at treatment centers.

Methamphetamine's availability remained variable in the region. Participants in Licking County most often reported availability as '10', while participants in other areas of the region most often reported availability as '3'. Eight of 10 participants interviewed in Licking County reported personal use of methamphetamine during the reporting

period, with all 10 reporting having seen the drug. Participants felt that the availability of methamphetamine had increased during the reporting period, specifically availability of "shake-and-bake" methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period. Law enforcement reported that most methamphetamine users they had been in contact with were between 30–35 years of age. Treatment providers described typical methamphetamine users as white, of lower income and often unemployed.

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

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to 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 commented on the easy availability and type of powdered cocaine: *"I can get coke [powdered cocaine] pretty easily ... There's white, and then there's the 'hint of blush' cocaine ... it's pinkish."* Community professionals most often reported current availability of powdered cocaine as '5'; the previous most common score was '8'. A treatment provider commented, *"The more you travel outside the outer belt (I-270), it's about equal [availability of crack and powdered cocaine]."*

Collaborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.8 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine). In addition, the Franklin County Coroner's office reported that 23.9 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by cocaine or by combined effects of cocaine with another substance(s).

Participants reported that the availability of powdered cocaine has increased during the past six months. A participant commented on perceived social acceptability of powdered cocaine: *"Powder [cocaine] is more of a social – in the bar [drug activity]. People think, 'it's OK to snort coke.'" Treatment providers reported that availability of powdered cocaine has remained the same during the past six months. A treatment provider said, "To me, it [availability of powdered cocaine] hasn't changed."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-4'. Participants reported that powdered cocaine in the region is cut (adulterated) with baby formula, baby powder, baking soda, bath salts, beach oil, flour, laxatives, lidocaine (local anesthetic), Orajel® and vitamin B-12. A participant explained, *"People get 'grade-A' [premium powdered cocaine] and want to make more money, so [dealers] they're cuttin' it."* A participant commented, *"[The quality of powdered cocaine] depends on who you're dealing with and how it's cut ... yeah, who's stepped on it."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "white" and "white girl." Participants listed the following as other common street names: "bitch," "criti" (as in "critical stuff") and "glow." Current street prices for powdered cocaine were consistent among participants with experience buying the drug: 1/10 gram (aka "point") sells for \$10; a gram sells for \$60, depending on quality; 1/8 ounce (aka "eight ball") sells for \$80-120; an ounce sells for \$1,400. A participant commented, *"[When] the price [of powdered cocaine] goes up, you get less [for your money]."* According to a police detective, *"Powder cocaine [is] more expensive ... powder costs money. Crack [cocaine] is quite a bit cheaper."*

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants agreed that there is typically a progression that leads a user from

snorting powdered cocaine to injecting it. One participant stated, *"Once you start on the needle, it's hard to go any other route."* Another participant described smoking as the most common route of administration for powdered cocaine among his using network: *"Eight out of 10 people [in his group is] smoking it [powdered cocaine], nobody shooting it unless you hang out with people doing the heroin stuff."* A method called "parachuting" was explained by another participant: *"Parachuting is [when] you take a piece of toilet paper, and you put the amount [of powdered cocaine] that you want in there, and you take it down [swallow it] ... and once it hits [the stomach], the toilet paper dissolves."* Reportedly, the absorption of the cocaine is quicker this way, and the user also avoids the taste of the drug.

Participants described typical users of powdered cocaine as between 20-40 years of age. Participants also described powdered cocaine as most often used in social scenes such as bars, and viewed the drug as used occasionally/on weekends rather than every day. In addition, participants pointed out that populations often viewed as associated with people using powdered cocaine include construction workers, drug dealers, prostitutes and truck drivers. A participant commented, *"So-called dope boys [drug dealers] – they used to be doin' 'X' [ecstasy], but then they went from 'X' and now they [are] snortin' [powdered] cocaine."*

Regarding typical use of powdered cocaine, community professionals reported similar observations as participants. However, they also observed that typical users are more often white with a higher socio-economic status. A police detective shared, *"You'll find Hispanics [who deal drugs] will have a stash of powder cocaine for personal use. That seems to be very common ... They'll do coke and sell the heroin."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin and marijuana. Participants reported an increase in "speedballing" (concurrent or sequential use of cocaine with heroin), indicating that 50 percent of users who inject powdered cocaine would also speedball with heroin.

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments on current availability included: *"Crack [cocaine] is*

more available than powder; it's quicker and easier to get; You can always get it [crack cocaine] anytime of the day or the night; You go down to [the] gas station, and people try to sell you that stuff [crack cocaine]." Community professionals most often reported current availability as '7-8;' the previous most common score was '6.'

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Multiple Marion-area (Marion County) law enforcement participated in a crime sweep called "Operation Summer Heat" and arrested two people for possession of crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), June 18, 2013).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported an increase. A law enforcement officer reported, "I think [crack cocaine availability] it's gone up ... I mean, you can get it, especially in Columbus. You can get it a lot of places. We're seeing more people with traffic stops who have crack pipes, you know – small amounts, residue, stuff like that – people who admit to using it. That seems to be increasing more than powder cocaine." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that crack cocaine in the region is cut with Alka-Seltzer®, baby formula, baking soda, Ex-lax®, Orajel® and vitamin B-12. A participant commented, "The best way to get your stuff [crack cocaine] is to buy your powder and cook it yourself." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "crack," "food," "hard" and "rock." Participants listed other common street names: "boulders," "drop," "sizzle" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug: one to two "points" (1/10-2/10 gram) sells for \$10; a gram of crack cocaine sells for \$50; 1/8 ounce (aka "eight ball") sells for \$100-150, depending on quality. A theme emerged during participant discussion that pricing is not standard for crack

cocaine. One participant said: "I would say the crack cocaine game is so shady as far as the person who is going to sell it to you ... I mean, there's really not even a set price. It's just like, 'here's a little rock ... this is how much it costs.'"

While there were a few reported ways of administering crack cocaine, generally the most common methods are smoking and intravenous injection (aka "shooting"). A participant said, "Eighty percent of the time it [crack cocaine] is smoked ... put that shit in a pipe and smoke it." Other routes of administration that were mentioned included snorting and "chasing the dragon" (heating the crack cocaine on foil, and as it moves around, the user follows the smoke with a straw inhaling it).

Participants described typical users of crack cocaine as unemployed, living in the inner-city and including a wide range in age, from 15 to 60. Community professionals agreed and added that typical users are often African-American, have life-long addictions and are of lower socioeconomic status. Both respondent groups noted that typical users are often involved in prostitution. Participants also discussed that theft is associated with crack cocaine use. A participant shared, "A lot of people thieve on crack. Well, a lot of people thieve on heroin, too, but your 'crack heads' going to steal a lot more because your crack habit's a lot ... you can go out and smoke a hundred dollars of crack an hour. You might be able to shoot up a hundred dollars of heroin in an hour, but you'd be lucky you don't OD [overdose] or pass out ... you'll be good for eight to 10 hours ... But with crack ... you're ready for your next hit." Law enforcement agreed, with one officer commenting, "In a lot of cases they [crack users] steal, and you see them stealing clearly not out of any kind of need for what they're taking, but more for resale value [to raise money to purchase crack cocaine]."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant suggested, "I'm sure if you smoke a bunch of crack, you shot heroin to come on down off the crack." Another participant revealed, "Just 'cuz how it affects your brain – I mean they better have a bunch of benzos [benzodiazepines]. Like the times I've tried crack cocaine, I felt like I was going insane. I couldn't wait for it to end, and I couldn't imagine doing it without some type of downer."

## Heroin



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); the previous most common score was also '10' for both groups of respondents. A participant disclosed, "I know [heroin availability] it's really bad [high] ... a lot of my friends are dying [overdosing on heroin]. What is it ... like 700 percent increase in [heroin] usage?" Another participant reported, "[Heroin] it's easier to get than marijuana ... easier to get than weed."

Treatment provider comments on the ease of availability of heroin included: "Everyone talks about how easy it is to get [heroin]; Seems easy for people to get [heroin]. People are willing to drive to Franklin County [from Morrow County] to get it if they need to. I know a lot of it seems to be up in this area [Delaware, Marion and Morrow counties]. Marion seems to be the big county around here [for heroin sales] ... a lot of the clients that I see seem to say they need to stay away from Marion because that is where they go and get it [heroin]." Law enforcement agreed, with one officer comparing efforts to combat the high availability to "holding back an ocean with a whisk broom ... it literally consumes law enforcement ...." Treatment providers also discussed the high percentage of clients who are entering treatment addicted to heroin. A treatment provider estimated, "Seventy to 75 percent of clients are heroin addicts."

Collaborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.9 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. In addition, the Franklin County Coroner's office reported that 29.9 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by heroin or by combined effects of heroin with another substance(s).

Media outlets in the region reported on heroin seizures and arrests during this reporting period. The Ohio State Highway Patrol arrested a motorist during a traffic stop when a search revealed 225 balloons of heroin, approximately 40 grams, worth nearly \$6,000 (<http://statepatrol.ohio.gov/media.stm>, Jan. 6, 2013).

The Athens County Sheriff's office apprehended a man who was wanted in Clark County on three indictments charging trafficking in heroin and four indictments charging trafficking in LSD ([www.athensohiotoday.com](http://www.athensohiotoday.com), April 1, 2013). Sixteen people were arrested after a year-long federal investigation of heroin trafficking in central Ohio; law enforcement seized more than 11 kilograms of heroin, three firearms and more than \$115,000 in cash ([www.justice.gov/usao/ohs](http://www.justice.gov/usao/ohs), June 19, 2013).

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available, rating its current availability as '10'. A participant stated, "All of the [black] tar is coming from Mexico." Participants rated the current availability of brown powdered heroin as '8'. A participant described, "Powder [heroin], it's like brown-sugar-looking stuff." Participants did not rate the current availability of white powdered heroin (aka "China white" or "Asian white"), but a few participants did mention limited availability. A participant reported, "Well, there is a type of heroin called 'China white' ... it's not comin' from Mexico, it's comin' down ... from Detroit ... may be even better than some tar." Law enforcement rated the current availability of white powdered heroin in the region as '1-2'. An officer mentioned that white powdered heroin is not as available as other types of heroin: "Asian white ... a lot of it is just supply and demand. That stuff is potent, and it's very expensive." The BCI London Crime Lab reported processing all types of heroin during the past six months; however, the lab noted processing mostly black tar heroin for Columbus and its vicinity.

Participants and community professionals reported that the general availability of heroin has increased during the past six months. A participant commented, "Oh yeah, it [heroin] just keeps getting easier and easier to get, to find." A treatment provider said, "It's brown powder heroin I guess that's real prevalent now on the street. It's easier to get ... a lot easier to get – there's a proliferation. It just seems to be everywhere; it's not just inner-city." Another treatment provider stated, "Heroin, to me, has increased due to the restrictions [on prescription opioids] and [heroin] is easier to get." The BCI London Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months.

Participants most often rated the overall current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was

also '10'. Participants reported that heroin in the region is cut with brown sugar, cinnamon, Coca-Cola®, instant coffee, Nesquick® and sleeping pills. A participant reasoned, *"All the people who's selling it [heroin] is getting all strung out on it ... they're all cutting their [heroin] down."* Overall, participants reported that the quality of heroin has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for heroin: diphenhydramine (antihistamine), boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food," "dope" and "H." Participants reported the following as other common street names: "beans," "chiva" (a Spanish slang term for heroin), "junk," "puppy chow," "smack" and "vitamin H." Participants reported that pricing for black tar and brown powdered heroin is very similar: 1/10 gram (aka "balloon" or "berry") sells for \$20; a gram sells for \$80-140; an ounce sells for \$1,400-\$1,500. Overall, participants reported heroin pricing has remained the same during the past six months. Participants discussed the variability of pricing based on quantity purchased: *"The more you buy, the cheaper it [heroin] gets; I was going out to Columbus and hookin' up with some Mexicans that I believe are connected out of the country, and the more you spend, the more [heroin] you get."* A law enforcement officer added, *"Mexican [black] tar [heroin] is dirt cheap. The market is flooded. It's incredibly cheap and incredibly available."*

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants mentioned other less popular methods include snorting and smoking. Several participants talked about snorting heroin with water (aka "mud slide," "mud water" or "monkey water"). A participant explained, *"Mix it [brown powdered heroin] with water and shoot it up the nose. Sometimes they [users] get an oral syringe [for medicine] or those little caps, like a pop cap ... you mix it in a spoon and just [sniff] or ... just shoot it in your nose."*

Participants reported obtaining injection needles (aka "jeringa" - Spanish word for syringe, "points," "rigs," "shooters," "spikes," "stems" and "sticks") primarily from diabetics and pharmacies, but also from pet shops, nurses and drug dealers on the street. Prices for needles have increased on the street, reportedly selling for \$5 each. Participants

reported that purchasing needles from a pharmacy or grocery store is far less expensive. A participant stated, *"I was buying like a hundred [needles] at a time for like \$13 [from an area retailer]."* In addition, participants also cited obtaining needles at pet stores. A participant stated, *"I've even heard of people saying, 'My cat or my dog is diabetic and I need needles' ... and it works."*

Participants described typical users of heroin as prescription opioid addicts, "younger" (teens to 30s), and often female. Several participants and community professionals continued to note the use progression from prescription opioids to heroin. A participant reported, *"[Typical heroin users are] anybody who was hooked on pain pills ... same crowd, they just can't afford the pain pills, and someone introduced them to heroin ... like the only reason I ever got into heroin was 'cuz I was addicted to pain pills."* Another participant explained that many heroin addicts are closet users. The participant said, *"I had a girlfriend die of that [heroin]. [I] never knew she was even messin' with that."*

Community professionals reported that heroin dealers are typically Hispanic, while users are typically white. A police detective said, *"I'm probably being lenient and leaving some percentage out, but I would say 95 percent of the people that we arrest that are dealing heroin are Hispanic males ... [heroin] it's all cartel controlled. It literally consumes law enforcement where we're working a Hispanic drug trafficking organization ... as soon as we take them off, it's not two weeks before another crew's back up and operating, selling to the exact same addicts ... it's a never-ending cycle."* A treatment provider summed up her observations of heroin users: *"Young, mid-20s to mid-30s, both male and female. We've seen a lot more females than males ... no employment ... some court involvement."*

Reportedly, heroin is most often used in combination with powdered cocaine. Participants also reported that heroin is often used in combination with alcohol, crack cocaine, marijuana, methamphetamine and sedative-hypnotics. Participants noted that the practice of "speedball" (heroin use coupled with cocaine use) as increasing in the region. A participant shared, *"Some people use a little crack cocaine and some of 'em use powder cocaine just to mellow them out so they're not so dope [heroin] sick."* Another participant shared that heroin is used with benzodiazepines such as Xanax®.

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Lortab®, OxyContin® OP, Percocet®, Roxicet® and Vicodin® as the most available prescription opioids in terms of widespread use. Participants explained that availability primarily depends on how often the pills are prescribed and whether or not a user knows someone with a prescription. A participant reported, "*Vicodin®, Lortab® and Percocet® are pretty easy [to obtain] because they are lower milligram and prescribed more often ... the lowest milligram [opioids] are usually prescribed the most, so they're usually what's out there. I can get Dilaudid® pretty easy just because I know people that get scripts [prescriptions] of 'em.*"

Community professionals most often reported current availability of prescription opioids as '10'; the previous most common score was also '10'. Community professionals identified fentanyl, Opana®, OxyContin® OP, Percocet®, Roxicet® and Vicodin® as most popular. A law enforcement officer commented on the availability of prescription opioids in general: "*I feel like [availability of prescription opioids] it's high in the first place. I feel like it's hard to go up from that ... anyone who wants them [prescription opioids] can get them.*"

Collaborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 14.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone. In addition, the Franklin County Coroner's office reported that 58.1 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by one or more prescription opioids or by combined effects of prescription opioids with another substance(s).

In addition, media outlets in the region reported on seizures and arrests involving prescription opioids during this reporting period. A man and woman in Marion were charged with drug trafficking in connection with selling prescription opioids ([www.10tv.com](http://www.10tv.com), April 12, 2013). Ohio BCI agents searched a Columbus clinic and two Columbus pharmacies as part of a prescription drug abuse investigation ([www.tv10.com](http://www.tv10.com), May 21, 2013).

Participants reported that the availability of prescription opioids has generally remained the same; however, participants noted a slight increase in the availability of Percocet® and Roxicet®, while also noting a possible decrease for Vicodin®. Community professionals reported that prescription opioid availability has decreased during the past six months. A treatment provider stated, "*Well, I say [prescription opioids] they're harder to get, and [users] they're going to heroin ... that's the trend.*" Community professionals specifically reported a decrease in availability for Demerol®, Dilaudid®, methadone, Norco®, Opana® and OxyContin® OP. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with a couple of exceptions: a decrease in Vicodin® cases and an increase in Kadian® cases.

Reportedly, many different types of prescription opioids (aka "candy" and "chewies") are currently sold on the region's streets. Current street prices for prescription opioids were fairly consistent among participants with experience buying the 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): Lortab® (sells for 50 cents per milligram), methadone (aka "doanies" and "doans;" 5 mg sells for \$3-5; 40 mg wafers sell for \$20-25), Opana® (old formulation, which can be crushed and snorted/injected, 40 mg sells for \$40-50; new formulation, which is abuse-resistant, 40 mg sells for \$25-40), OxyContin® (aka "oxys;" old formulation, aka "OCs;" 80 mg sells for \$80-120; new formulation, aka "OPs," sells for 50 cents-\$1), Percocet® (aka "Ps" and "percs;" 5 mg sells for \$3-5; 10 mg sells for \$8-10), Roxicodone® (aka "30s," "blues" and "perc 30s;" 30 mg sells for \$25-35) and Vicodin® (aka "vikes;" 10 mg sells for \$6-10).

In addition, participants reported that there are currently some fake prescription opioids selling in the region. A participant shared, "*They [dealers] fake them [prescription opioids] a lot ... Yeah, people are pressin' them now, man. Yeah, dude ... I bought 30s one time, and they were fake ... and they were legit lookin' I mean ... You can buy the presses. You used to be able to buy 'em at ['head shops'].*" When asked what dealers are using to make fake prescription opioids, a participant replied, "*Comet®. Green Comet®.*"

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them through doctor shopping, the dentist, family and friends. Most often prescription opioids are obtained from people who

have prescriptions. A participant remarked, *"Someone's going to have a prescription [for opioids], and they're going to sell 'em."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration for abuse are snorting and oral consumption (swallowing or chewing). According to participant reports, there are only a few prescription opioids that can still be intravenously injected. A participant explained, *"Basically, it comes down to if [the opioid] it's not jellified, you can shoot it up ... but if it's a high-milligram pill and you're able to crush it up and what not, then yeah, that's when you're gonna shoot it up. That's really what will spike the high levels of abuse and opiate dependence."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants noted that illicit use of these drugs appears higher in certain populations (construction/warehouse work, prostitution and exotic dancing). Reportedly, when used in combination with other drugs, prescription opioids are most often used combined with alcohol, crack and powdered cocaine, heroin and marijuana.

### Suboxone®

Suboxone® remains highly available in the region. Participants and community professionals most often reported the current street availability of Suboxone® 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 shared, *"I've had people offer it [Suboxone®] to me back when I was buyin' pills [prescription opioids] all the time."* Another participant commented, *"I can get Subutex® just as easy as Suboxone®."* A treatment provider said, *"Suboxone® would be up at the top [of the availability rating scale] because I always hear of Suboxone®. I think [users] they're misusing it."*

Collaborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 11.6 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

Participants reported that the availability of Suboxone® has remained the same during the past six months, while

community professionals reported that availability has increased. A treatment provider stated, *"Suboxone® is definitely up there recently."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®. The most commonly cited names were "subs" and "boxes". A participant said people just ask, *"You got any boxes?"* Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 2 mg pill sells for \$4; 8 mg pill sells for \$15-20; 8 mg strip sells for \$10-25. A participant mentioned Subutex® is higher in price and explained, *"Subutex® doesn't have the blocker [naloxone] in it ... which goes for way more [money]. That's what my step-mom was on ... was hooked on it for a while."*

In addition to obtaining Suboxone® on the street from dealers, participants most often reported getting the drug directly from those with prescriptions. On the street, the dealers who have Suboxone® are typically those who sell heroin and/or prescription opioids. A participant commented, *"Pill guy, or you know, the guy that sells heroin or pills [prescription opioids] ... any form of opiates. You know, they're sellin' Suboxone®. They're like, if they've got no pills and everyone's buggin' them ... you know, they'll buy some Suboxone® to get people off their back."*

According to participants, many Suboxone® clinic patients are selling their prescriptions. A participant reported: *"People with prescriptions [for Suboxone®] are selling them to support other [drug] habits ... whether it's pills or heroin. They're getting so much for them. They're making a killing."* Treatment providers agreed: *"A lot of times they get their prescription [and] sell it [Suboxone®] to get what they really want; I think, 'if I can take one [Suboxone®] and divert one to pay for the one I need,' a client may do that. If they end up relapsing, then they're going to sell their Suboxone® to get their dope [heroin]."*

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration is oral consumption. Out of 10 Suboxone® users, participants reported that approximately eight would orally ingest; and two would intravenously inject the drug. Participant comments suggested that injection of Suboxone® might be increasing. A participant shared, *"I know a lot of people using it [Suboxone®] to get high. I know a lot of people who are shooting them up now."*

Participants described typical illicit users of Suboxone® as opiate addicts or self-medicating/recovering addicts aged 25-35 years. A participant commented, *"Most people ... they're just trying to ... not be sick."* Community professionals agreed that Suboxone® users are typically self-medicating or using Suboxone® between highs. A treatment provider said, *"There are some [users] trying to get clean on their own because we hear people coming in say, 'I've been trying to do this on my own on the street, but I just can't keep up enough of a supply [of Suboxone®] to meet my need ... and that's where I keep resorting to my heroin use again."*

Reportedly, when used in combination with other substances, Suboxone® is used with crack and powdered cocaine, heroin, marijuana and sedative-hypnotics. A participant reported, *"A lot of people smoke crack [cocaine] with them [Suboxone®]."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants 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 identified Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread use. A participant remarked, *"Xanax® are available – I mean, not regularly [available] like pain pills [prescription opioids], because you don't get as many ... you'll only get 30 Xanax® ... But, you can get Valium® too. Soma® used to be around ... they're cheap ... everything's regular [availability], but like I don't know ... when you're an addict, and someone's gonna call you and say they got Xanax®, you're wantin' to buy everything they got."*

Community professionals most often reported current availability as '10'; the previous most common score was '8' and '10'. Community professionals identified Ambien®, Ativan®, Lunesta®, Soma® and Xanax® as the most available and popular sedative-hypnotics in terms of widespread use. A treatment provider said, *"[Users] they're going in [to see doctors] saying, 'I haven't been able to sleep. It's anxiety,' and the doctors are writing them prescriptions [for sedative-hypnotics]."* A police detective explained, *"[Law enforcement] we'll generally see some type of schedule IV drug [benzodiazepine] also being passed with the schedule II drug [narcotics], and most commonly it's Klonopin®, Valium®, Xanax® that will go hand in hand with the oxycodone ...*

*at least that's a trend that we definitely see here [Franklin County]."*

Collaborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 6.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for sedative-hypnotics. In addition, the Franklin County Coroner's office reported that 24.8 percent of all drug-related deaths it processed during the past six months were caused by combined effects of sedative-hypnotics with another substance(s).

Participants reported that the availability of sedative-hypnotics has generally remained the same during the past six months. However, several participants mentioned a perceived decrease in the availability for Xanax®. Participants stated: *"It's hard to get Xanax®; Nobody wants to get rid of their Xanax®."* Law enforcement also reported that availability of sedative-hypnotics has remained the same during the past six months, while treatment providers suggested a slight overall availability increase. Treatment providers indicated an increase specifically for Ambien®. A treatment provider said, *"Lunesta® and Ambien® ... we're getting a lot of people stopped for OVI!"* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (sells for \$2 per milligram), Klonopin® (aka "forgot-a-pins," "K-pins" and "klonie;" 2 mg sells for \$3), Soma® (aka "shuffle" and "soma shuffle;" no prices provided), Valium® (aka "grandma" and "Vs;" 10 mg sells for \$2-3; 20 mg sells for \$6; 50 mg sells for \$10) and Xanax® (aka "bars," "footballs," "ladders" and "xanies;" sells for approximately \$2 per milligram).

In addition to obtaining sedative-hypnotics on the street from dealers, participants and community professionals reported continued availability through friends and family members who have prescriptions. A participant commented, *"[Sedative-hypnotics] they're just given to me by family and friends ... it was kind of like they would get 'em, and 'Here, do you want to do this?' ... or 'I'm going to crush*

*this up and snort it, do you want one?"* Another participant agreed, *"Basically, it'd be your friend that's got a prescription for it [sedative-hypnotics]."* A police detective shared that people are bringing sedative-hypnotics into the region from other states (Florida, Georgia, Massachusetts and Wisconsin).

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 for illicit use are oral consumption and snorting. Participants specifically reported snorting Xanax® and Klonopin®. A participant explained, *"Anything you can break into powder, you can sniff – not that you'd want to. Like Soma® and Vicodin®, you know, the point five (0.5 mg), you break 'em down ... you're ending up doin' a freakin' line like that, you know. It's gonna take you five minutes to huff it down when it's just as easy for you to [eat them]."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as from a wide age range (20-60 years and older). A participant, a former construction worker shared, *"I would never take Xanax® on the job ... hell no ... you'd fall asleep and hurt yourself ... Xanax®, yeah, [I would take after work] because I fall asleep as soon as I do Xanax®!"* Community professionals were a bit more specific and described typical illicit users as college aged through 30s, and often white. A police detective said, *"I would say most [sedative-hypnotics] users that we've seen ... primarily Caucasian. I think that's across the board with prescription pills. It doesn't matter what it is, at least here [Franklin County] ... Maybe one out of ten may be African-American or other [race] I would say."*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack and powdered cocaine, heroin and marijuana. In addition, methamphetamine and prescription opioids were also mentioned albeit not as frequently. A participant clarified, *"Xanax® and alcohol, especially if you're trying to have a rough night, that's the combination you're looking for."* When asked why one would take sedative-hypnotics with heroin or prescription opioids, a participant mentioned a *"synergistic effect"* that intensifies one's high.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 stated, *"Let's just say [marijuana] it's plentiful all the time ... any kind ... all year round."* A police detective said, *"That's an easy '10' [on the availability scale]. It seems like weed's [marijuana's] everywhere."* Another detective commented, *"Without exaggerating, we can stop – each of us – four to five cars a night and maybe minus one or two cars, find either marijuana or evidence of marijuana usage. I mean it [marijuana use] is so prevalent and so prolific ... and the other thing is, every drug we have gone over so far, you'll find weed with it."* Treatment providers said: *"[Marijuana is] very easy to get; There's no stigma, no restrictions [to marijuana use] ..."* A treatment provider in Morrow County remarked, *"Everybody smokes it [marijuana], and we're rural, so people are growing it."*

Collaborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 23.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, media outlets in the region reported on marijuana seizures and arrests during this reporting period. Union County Sheriff's officers found 453 grams of marijuana growing in a basement and arrested the home owner, charging him with illegal cultivation of marijuana ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2013).

Participants reported that the availability of marijuana has remained the same or has possibly increased during the past six months. Many participants indicated that high-grade marijuana (medical and hydroponic) is increasing. Community professionals 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 increased during the past six months.

Participant current quality scores of marijuana ranged from '5-7' in general on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common

scores were '8-10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or high-grade marijuana. Participants rated low-grade marijuana as '5' and high-grade marijuana as '10.' A participant replied, *"The lower-grade stuff has gotten worse [in quality], but some of the higher-quality stuff has really gone up."* Another participant explained the growing of better quality marijuana: *"The [indoor-grown marijuana] ... people can tend to it every day and manicure it and baby it ... when you're outdoor, people usually let it go unless you plant it on your land ... most people plant it out where no one goes ... plant in April or May and then go back in October and hope [it's still there] ... and most people grow [indoor] from clones. They won't grow from seed, so you know you're guaranteed [better marijuana]."*

Current street jargon includes countless names for marijuana. The most commonly cited names for marijuana in general were "mary jane" and "weed." Other common names mentioned for marijuana included "dope," "green," "nuggets," "pot," "reefer" and "trees." Participants listed the following as common names for commercial, low-grade marijuana specifically: "dirt weed," "fifty," "mids," "reggie" and "regular;" participants listed the following as common names for higher, hydroponically grown marijuana: "churro," "dro/hydro," "fire," "haze," "kush" and "loud." A police officer reported the following names as terms law enforcement often encounter: "ditch weed" for low-grade marijuana and "Jamaican fire" and "purple haze" for high-grade marijuana.

The price of marijuana depends on the quality desired. Current street prices for marijuana were variable among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a gram sells for \$5; an ounce sells for \$100-150. Higher-quality marijuana sells for significantly more: a gram sells for \$20; 1/8 ounce sells for \$50; an ounce sells for \$250-300. A participant commented about the expense of higher-grade marijuana, *"I've heard people paying 50, 60 bucks for an eighth [of the higher grade marijuana], and I think that's outrageous. I'm from the country, man. That stuff grows in the dirt, so I can go on a hiking trip and find weed."*

While there were several reported ways of consuming marijuana, the most common routes of administration are smoking, vaporizing and eating the drug in edibles. Participants mentioned an increase in edibles containing marijuana, including: bread, brownies, butter, cake,

oil, Rice Krispies® treats and tea. A participant revealed, *"Now I've seen a lot of candies from it [marijuana] lately, like people will get it from ... like California ... like there will be hard candies and little chocolate drops."* When asked why users would choose to eat marijuana over smoking it, a participant reported that eating produces a different kind of buzz than smoking: *"Intense body buzz. [With smoking] you get so much more of a ... head buzz. [With eating, the high produced] it's a body buzz, and it's healthier for you than smoking."* Another participant explained, *"[Edibles are] increasing probably ... especially because [eating marijuana] it's become more of a medical thing now ... if doctors prescribe people marijuana, that's what they tell them to do ... not here in Ohio, but in the states that it [marijuana use] is legal ... they [doctors] suggest you buy the edibles from the dispensaries instead of just buyin' weed and smokin' it."*

A profile of a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, "anybody," aged 14 to 60 years and older and employed in any and all occupations. Participants commented: *"[Marijuana is] kind of like heroin ... [users] could be anybody. I used to sell weed to a middle school teacher; Anyone, all different shapes and sizes [of people] smoke weed."* Community professionals agreed and described marijuana initiation as occurring earlier in adolescence than previously. A treatment provider said, *"That [marijuana use] seems to be high school age, even middle school anymore."*

Reportedly, marijuana is most often used in combination with alcohol and powdered cocaine, but is also used with crack cocaine, formaldehyde or embalming fluid (aka "wet"), ecstasy, heroin and tobacco. Participants remarked: *"Everyone that I know that's into everything else smokes weed, too; I'd say about anything – alcohol, heroin, cocaine, ecstasy, anything."* Participants noted that marijuana in some form or another seems to be readily used with tobacco. A participant stated, *"I had a friend who used to lace her cigarette ... well, she used to take the tobacco, half of the tobacco out of the cigarette and mix it with the marijuana."*

## **Methamphetamine**

Methamphetamine is moderately to 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); in the previous reporting period, the most common score among Licking County participants was also '10,' while the most common score among participants throughout the

rest of the region was '3.' This reporting period, participants throughout the region agreed methamphetamine is highly available. Participants reported that methamphetamine is available in homemade form (aka "shake-and-bake") and in crystal form (clear to pink champagne in color).

Participants consistently reported on the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing 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 by mixing ingredients in easily found containers. A participant commented, *"I think the knowledge of how to make it [methamphetamine] just keeps spreading. More and more people are making it for themselves."*

Community professionals most often reported the drug's current availability as '6;' the previous most common score was '3.' A police detective reported on imported methamphetamine: *"[Methamphetamine] it's right there with the Hispanic heroin cells ... labs popping up in Mexico and being able to generate large quantities of it relatively inexpensive and trucking it up along with the heroin."*

Media outlets in the region reported on seizures and arrests involving methamphetamine during this reporting period. A woman entering the Knox County Jail to serve time on a drug conviction was again arrested on drug charges when methamphetamine and Xanax<sup>®</sup> were found on her person during a search at the time of her booking ([www.10tv.com](http://www.10tv.com), June 10, 2013).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported that availability has decreased. A treatment provider suggested that the popularity of methamphetamine is waning: *"My guess is [methamphetamine] it's still available ... I just don't think people are using it because as bad as heroin is [in terms of negative consequences] ... I think people see people on meth [methamphetamine], and they think, 'that's worse.'" The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.*

Participants most often rated the general quality of methamphetamine as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' for crystal methamphetamine and '7' for powdered methamphetamine. During the past six months, participants reported that the quality of methamphetamine has varied. A participant stated, *"I hear the smaller batches [of methamphetamine] ... you know, the ones you'd see in the news, like in the trunk of a van or something ... I heard the smaller operations are poor quality and the bigger, like on the farm, I hear that's better [quality]."*

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "chris," "ice," "juice," "meth" and "speed." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram sells for \$100; 1/8 ounce (aka "eight ball") sells for \$250-350. Reportedly, smaller quantities are also available. A participant reported, *"Twenty dollars for like a quarter of a gram [of methamphetamine] ... compared to like cocaine ... you do a lot less."*

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Participants also mentioned intravenous injection (aka "shooting"), snorting and freebasing (smoking methamphetamine off foil). A participant explained using a pipe: *"There's glass pipes you buy ... a glass pipe with a bubble on the end. You put it [methamphetamine] in there and light the bottom of the pipe ... and the flame never hits the crystal meth. It just heats it up into a liquid."*

Participants and treatment providers described typical users of methamphetamine as living in the country/rural communities. According to one participant, methamphetamine *"is in these rural towns ... small towns because they got these trailer parks, and they make the shit ... and they sell it to their friends. That's where it is mostly."* A treatment provider said, *"I'm personally not seeing a lot of it [methamphetamine] around in Columbus, [it is] more in rural areas."* Law enforcement described typical users as white and of low socio-economic status.

Reportedly, methamphetamine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A treatment provider shared, *"I do have one client. She would 'speedball.' She would use methamphetamine to stay up for days and then use heroin to come down ... and that was a regular pattern for her for a couple years."*

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of these drugs as '9-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, "You could get a prescription [for a stimulant] *pretty easily*." Community professionals most often reported current availability as '7-9'; the previous most common score was '10'. A treatment provider said, "[Users] *they're taking it* [prescription stimulants]. *They're getting it from their friends*." Participants identified Adderall®, Ritalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread use.

Participants reported that the availability of prescription stimulants has remained the same or has slightly increased during the past six months, while community professionals reported that availability has remained the same. A law enforcement officer commented, "[Prescription stimulants] *it's not right in your face like bath salts*." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Street jargon for prescription stimulants is limited. However, participants reported that Adderall® is called "addies." Current street prices for prescription stimulants were consistent among participants with experience buying the drug, although Adderall® is the only prescription stimulant for which participants reported prices: Adderall® 5 mg sells for \$2-4; 20 mg sells for \$2; 30 mg sells for \$5. While there were several reported ways of using prescription stimulants, the most common routes of administration remain snorting and oral consumption.

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them from doctors, friends and family members. Reportedly, prescription stimulants are often diverted from those who have them either personally or through a family member. A police detective said, "*It's usually one of the high school kids* [who sells/distributes prescription stimulants]. *I know it's happening in the middle school where one of the kids gets the script and then decides to share and sell it to buddies*." A participant disclosed, "*My mom used to have me prescribed it* [stimulants], *so she could just take it ... sell it* [and] *take it*."

Participants described typical illicit users of prescription

stimulants as high-school and college-aged students, or parents (typically mothers) of children with prescriptions. A participant commented, "*I know people who go in* [to see a doctor], *get their kids put on it* [prescription stimulants]. *You know what I mean? Just kind of manipulate the doctor*." Another participant said, "*Younger* [are typical users] ... *I'd say high school, maybe early college*. *I've heard of a couple people using it* [prescription stimulants] *in college to write term papers and stuff*." A law enforcement officer added, "*College kids get arrested commonly here while taking it* [prescription stimulants] *because, 'We have finals,' and they use it 'to study' or 'It helps me focus*."

Reportedly, prescription stimulants are used in combination with marijuana, sedative-hypnotics and tobacco. A participant shared that some users take benzodiazepines subsequent to doing prescription stimulants: "[Users take] *benzos at the far end of it* [after doing stimulants] ... *like after you're done, like you're ready to come off of it*." Another participant explained when someone might want to use prescription stimulants: "*Anyone who likes uppers*. *Right, like if you like coke* [powdered cocaine], *and you don't have coke in your system, take Adderall*®."

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '2' 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'. A participant shared, "[Bath salts] *that's hard to get now*." Nevertheless, community professionals reported that bath salts are highly available in the region. Law enforcement and treatment providers most often reported current availability as '9'; the previous most common score was '7'.

Participants reported that the availability of bath salts has decreased during the past six months. Participants offered a possible explanation for this perceived decrease in availability: the many reports of paranoia associated with using bath salts might be scaring people not to use the drug. Participants reported: "*That stuff* [bath salts] *makes you want to go hide; I don't even want to leave the room when I do bath salts*." Participants also attributed decreased availability to legal restrictions in purchasing the product.



However, participants reported knowledge of certain convenience stores and “head shops” that continue to sell bath salts, but they explained that a user would have to be known to the retailer to purchase the drug. A participant described, “You can buy it [bath salts] at the same places ... those quickie marts and gas stations ... You can make it illegal, but there’s so many chemicals in it, they just switch it. I bought bath salts that they put a sticker over it. Whatever they changed the name of it, they just put a sticker right over the name that they were selling it under.” Contrarily, community professionals reported that the availability of bath salts has increased during the past six months. A police detective said, “It [bath salts] comes in waves ... I think.” The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Although participants did not rate the quality of bath salts, they reported that different qualities existed. Street jargon for bath salts is limited. Participants reported “posh” as a new street name/label for the drug. Current street prices for bath salts were variable among participants with experience buying the drug. The variance in price was typically due to participants who purchased the drug earlier in the six-month time frame in comparison to those who more recently purchased the drug and reported higher pricing. Reportedly, bath salts sell for \$20-40 per gram.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug continues to be available through the street from dealers as well as from convenience stores, gas stations, “quickie” marts and over the Internet. While there were several reported ways of using bath salts, the most common routes of administration remain snorting and intravenous injection (aka “shooting”). A participant said, “Yeah, they [users] snort that [bath salts], man ... I know some people that were shootin’ it.”

Participants described typical users of bath salts as opiate users, white and “young.” A participant reported using bath salts in place of heroin when heroin was unavailable: “First time I used it [bath salts] ... we was sick [going through withdrawal], and the dude’s like, ‘We can’t get no heroin. We’ll just go get bath salt’ ... and he was right ... it helps with your sickness.” Community professionals shared that some regular users of bath salts are older than what they would expect. A treatment provider said, “I was gonna say the typical [user] is college kids or that age, but I get 40-45 [year olds] as well.” Another treatment provider stated, “[Bath salts users are] older, from what I’ve seen around here ... like the kids

*will say they’ve seen it [bath salts], but haven’t done anything with it ... but I hear like the older adults, like late ... well, really 30s and 40s [report bath salts use].” A police detective stated, “Of course we get them ‘old heads’ [older drug users] who get on bath salts pretty good.”*

Reportedly, bath salts are used in combination with heroin, prescription opioids and synthetic marijuana. Participants explained that heroin and/or prescription opioids are used to help come down from the stimulant high produced by bath salts. Participants explained that those on probation/parole use synthetic marijuana along with bath salts because both types of drugs are still widely believed not to be detected through standard drug screens.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remains available in the region. Respondent groups differed in their perception of current availability of the drug. 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.’ Community professionals most often reported current availability as ‘2;’ the previous most common score was ‘6.’ A participant disclosed, “You can go to gas stations and get it [synthetic marijuana] if you know people.” A treatment professional said, “I think [synthetic marijuana use] that’s kind of evened out or faded out. I think my experience with the drug screens had something to do with that because you might as well smoke regular pot [marijuana]. I’m not sure [synthetic marijuana] it’s as accessible as it used to be.”

Collaborating data also indicated the presence of synthetic marijuana in the region. The Knox County Juvenile Court reported an increase in the number of synthetic marijuana cases that has come through the court during the past six months; the court reports between 30-35 cases involving synthetic marijuana.

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant explained, “We used to walk into stores, and they had them [packages of synthetic marijuana] hanging on the shelves. Now, it’s under the counter. You know what I mean? That’s how you get it.” Another participant shared his opinion: “[Availability of synthetic marijuana] it went down. I don’t think they make it no more. I think people just got it in stock.” A treatment

provider reported, *"So, people were using that [synthetic marijuana] instead of marijuana because there wasn't a test for it, but now that they're going to get the same consequences as marijuana ... I think the actual K2 use, from what I'm seeing, is going down a little bit, and also, it's not as available. You used to just go into any head shop/corner shop and buy it."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Most participants discussed the current poor quality of synthetic marijuana, but did not assign a quality rating score. According to participants: *"You might as well get some dried leaves and smoke it [as opposed to smoking synthetic marijuana]; I tried it [synthetic marijuana], and it's just nasty; it [synthetic marijuana] smells like awful potpourri and it tastes like aerosol chemicals."* Many participants also complained about the hallucinatory effect of the synthetic marijuana. One participant remarked, *"I took one hit [of synthetic marijuana], and I didn't like it ... made me paranoid as hell."*

Current street jargon includes a few names for synthetic marijuana. Participants listed the following as common street names/labels: *"fake weed," "K2," "incense," "legal weed," "Scooby snacks" and "Spice."* Participants also reported that the drug is often advertised as potpourri. Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$25-80 for 2-5 gram bags. A participant explained, *"You can go one place and get a four-gram bag for \$25 or you can go to another place and get two five-gram bags for \$25."*

Despite legislation enacted in October 2011 banning the sale of synthetic marijuana, the drug continues to be available on the street from dealers as well as from convenience stores (aka "corner stores") and gas stations. While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking.

Participants and community professionals described typical users of synthetic marijuana as younger (teens to 20s) and people on probation/parole. A treatment provider commented, *"I think with teenagers [synthetic marijuana] it's more popular with them ... like in schools ... I'd say like late junior high and high school. You see that they're trying to experiment or what not."* A law enforcement officer

reported, *"In my experience, K2 users were white ... people who were trying to figure out a way around [the law] or had the money to try to navigate the, whatever, legal questions ... they might try K2."*

Reportedly, synthetic marijuana is used in combination with alcohol. A participant shared, *"If you're buying that kind of stuff [synthetic marijuana], you probably aren't bothering with anything else, really."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability for ecstasy as between '5' and '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 '4-5'. Participants most often reported the current availability of powdered ecstasy ("pure" MDMA, aka molly) as '8'. A participant clarified, *"Yes, [molly] is the same thing as MDMA – which basically it's like ecstasy, but it's like the main ingredient – it's like the powder of it. They don't have all the cut – it's just straight [MDMA]."* A participant shared, *"I've got a niece who was in the hospital twice overdosed [on molly] and almost died, and ... there were four or five places in the apartment complex that she could go and get it ... any time of the night or day."*

Community professionals most often reported the current availability of ecstasy as '2-7'. A treatment provider stated, *"I think it [ecstasy] is pretty readily available."* Treatment providers also rated current availability of molly as '3-4'; there was no community professional rating for ecstasy and/or molly in the previous report.

Participants reported that the availability of ecstasy has remained the same or has possibly decreased during the past six months, while the availability of "molly" has increased. A participant explained, *"I almost think that [dealers] they've replaced the pressed pills [ecstasy] with 'molly.'" Another participant reported, "Now [users] they're into molly ... I think it's been more available, and there's a lot more chemists that are makin' it."* Community professionals also reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. A treatment provider commented, *"It ['molly'] has increased ... that's what they are saying Justin Bieber's on where he's spitting on people and doin' all this*

*stuff in London.*" 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 several different names for ecstasy. The most commonly cited names were "E," "X," "rolls," "rollin'" and "zoomin.'" Participants also referred to "molly" as "mandy" or "mo." A participant explained, "*They [users] call 'em [ecstasy] by what the name of the pill is typically [the name of the picture that is imprinted on them] ... is what I hear 'em say ... like they're 'Homers' [depiction of animated character Homer Simpson], my God, there's like all kinds of 'em.*" Another participant explained the different ways molly is sold: "*[Molly] can come in a pill, but usually it's a powder ... it can be loaded into those little clear cylinder pills, like a capsule, or usually it just comes bulk powder ... or it's more chunky, kind of like salt, bath salt.*"

Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) ecstasy tablet sells for \$10-15; a "double stack" (mid dose) sells for \$30-40; a "triple stack" (high dose) sells for \$30-40; a jar (100 ecstasy pills) sells for \$500. Reportedly, ecstasy is most often obtained through "friends."

While there were several reported ways of using ecstasy and/or molly, the most common route of administration remains oral consumption. Participants also mentioned snorting and "parachuting" ecstasy and/or molly, as well as anally inserting ecstasy tablets (aka "plugging"). A participant explained parachuting: "*So you don't have to taste it [ecstasy and/or molly] ... it's got a real bitter, nasty taste. You put it in a piece of toilet paper and twist it up and take it like a pill.*"

Participants described typical users of ecstasy as high-school and college-aged individuals who frequent clubs, bars and raves (dance parties). Participants also described typical users of molly as college aged, "dope boys" (drug dealers), and also those who frequent bars, clubs and raves. A participant explained, "*They usually drink it [molly with alcohol] in the clubs when you're drinking beer.*"

Reportedly, ecstasy is used in combination with alcohol and crack and powdered cocaine, while molly is used with alcohol, ecstasy and "lean" (promethazine with codeine syrup and soda). A participant noted using ecstasy and/or molly with powdered cocaine to "*keep the party goin'.*"

## Other Drugs

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], inhalants and Seroquel® (atypical antipsychotic).

Hallucinogens remain highly available in the region. Participants most often reported current availability of psilocybin mushrooms and LSD 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.' Although they did not rate hallucinogens on the availability scale, community professionals reported limited availability of hallucinogens. A treatment professional said, "*The [psilocybin] mushrooms and the acid [LSD] you hear about every now and again ... like a one-time use.*" A participant described the appearance of psilocybin mushrooms: "*[Psilocybin mushrooms] they're usually dried out. They don't look like regular mushrooms.*"

Participants reported that the availability of psilocybin mushrooms has increased during the past six months due to their summer growing season, while the availability of LSD has remained the same or has slightly decreased. Community professionals reported that the overall availability of hallucinogens has remained the same or has slightly decreased during the past six months. A treatment provider said, "*[Hallucinogenic availability] it's definitely gone down.*" The BCI London Crime Lab reported that the number of hallucinogenic cases it processes has remained the same during the past six months.

Current street jargon includes several different names for hallucinogens. The most commonly cited street names for psilocybin mushrooms include: "boomers," "caps" and "shrooms." The most commonly cited street names for LSD include: "acid," "cid," "L," "lucy," "trip" and "uncle cid." Current street prices for hallucinogens were consistent among participants with experience buying the drugs. Participants reported that the pricing for psilocybin mushrooms is similar to that of low-grade marijuana: 1/8 ounce sells for \$20-40; an ounce sells for \$120-200; a pound sells for \$400. Participants reported LSD pricing as follows: a "hit" (dose) on a tab of paper/blotter sells for \$4-10; a sheet of paper tabs sells for \$300-400; a hit of liquid LSD sells for \$12.

The most common route of administration for hallucinogens remains oral consumption (eating with food or drinking in teas). Participants shared: *"I always made 'em [psilocybin mushrooms] into powder. Yeah, just grind them up, threw it in my mouth and take a drink of something; I used to shove them [psilocybin mushrooms] inside a doughnut. They don't taste good."* Reportedly, psilocybin mushrooms are also ground up and smoked with marijuana. A participant said, *"I've heard of them [psilocybin mushrooms] being sprinkled on top of marijuana and smoked."* In terms of LSD consumption, a participant described: *"Normally [LSD] comes on little pieces of paper. You just eat it or stick it on your tongue for a while. I've heard of people putting it in orange juice. It's like a little tiny piece of white paper. Yeah, you just kind of eat a small piece of paper ... I've heard people putting it in drinks and stuff. Sticking it in there and letting it dilute to whatever."* In addition, participants reported that liquid LSD is often dropped in the user's eyes for quick absorption. A participant stated, *"You can get liquid [LSD]. I've seen people put it in their eyes, like Visine® drops ... fast-absorbing [and] it burns a little bit."*

Participants continued to describe the typical user of hallucinogens as younger, "hippies" and college aged. Reportedly, LSD is often found at raves (dance parties) and is used by adolescents starting to explore drug use. Participants reported that hallucinogens are obtained through marijuana and/or ecstasy dealers, as well as at festivals and concerts; these drugs are used in combination with alcohol ecstasy and/or molly and marijuana.

Inhalants are moderately to highly available in the region, particularly due to the legality of the substances and ease of purchasing them from stores. Participants noted the most common type of inhalants as "whippets" (nitrous oxide cartridges usually from whipped cream canisters). Participants most often reported the current availability of inhalants as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while law enforcement most often reported current availability as '10'. Participants reported "huffing" (inhalation) as the only route of administration for inhalants. Participants described typical users as teenagers, "hippies" and festival attendees.

Lastly, few participants had knowledge of illicit Seroquel® use; however, a couple of participants discussed Seroquel® abuse. A participant explained that the drug is often traded in jail among inmates. Another participant said, *"I've*

*seen 'em [users] roll it [Seroquel®] in cigarettes [and smoke] ... and it smells like they're smokin' a freakin' bread bag ... roll 'em up in cigarettes."*

## Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Columbus region. Changes in availability during the past six months include increased availability for heroin and likely increased availability for bath salts and marijuana.

Participants and community professionals most often reported the overall current availability of heroin as '10' (highly available). Many participants perceived heroin to be easier to obtain than marijuana. Treatment providers also discussed the high percentage of clients who are entering treatment dependent on heroin. A treatment provider estimated that between 70-75 percent of clients are now heroin addicted.

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. In addition, the BCI London Crime Lab reported processing all types of heroin during the past six months; however, the lab noted processing mostly black tar heroin for Columbus and its vicinity. Participants and community professionals were unanimous in reporting that the general availability of heroin has increased during the past six months. Several participants and community professionals continued to note the use progression from prescription opioids to heroin, attributing this current increase in heroin availability and use to the increased restrictions placed on prescription opioids and the substantially lower cost of heroin.

Participants described typical users of heroin as prescription opioid dependent, younger (teens to 30s), and often female. Community professionals reported that heroin dealers are typically Hispanic, while users are typically white. Additionally, participants noted that the practice of "speedball" (heroin use coupled with cocaine use) as increasing in the region.

Participants and community professionals reported that the availability of marijuana has generally remained the same during the past six months; however, participants indicated that high-grade marijuana (medical and hydro-

ponic) as increasing. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months. Participants attributed the wider availability and the increased quality of high-grade marijuana to an increase in the number of people regionally who are growing marijuana indoors.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug continues to be available in the region. Participants reported knowledge of certain convenience stores and “head shops” that continue to sell bath salts, but they explained that a user would have to be known to the retailer to purchase the drug. Community professionals reported that the availability of bath salts has increased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants described typical users of bath salts as opiate users, white and young. A participant reported using bath salts in place of heroin when heroin was unavailable. Participants explained that those on probation/parole use

bath salts along with synthetic marijuana because both types of drugs are still widely believed not to be detected through standard drug screens. Reportedly, bath salts are used in combination with heroin, prescription opioids and synthetic marijuana. Participants explained that heroin and/or prescription opioids are used to help come down from the stimulant high produced by bath salts.

Lastly, while participants and community professionals reported that the availability of ecstasy has remained the same or has possibly decreased during the past six months, they reported that the availability of powdered ecstasy (“pure” MDMA, aka molly) has increased. A participant stated, *“Now [users] they’re into molly . . . I think it’s been more available, and there’s a lot more chemists that are makin’ it.”* A participant shared that a family member has overdosed twice on molly. Participants described typical users of molly as college aged, “dope boys” (drug dealers), and also those who frequent bars, clubs and raves (dance parties). Reportedly, molly is used in combination with alcohol, ecstasy and “lean” (promethazine with codeine syrup and soda).