



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 and Franklin counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and 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 Columbus Police Crime Lab, the Franklin County Coroner’s Office 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 January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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

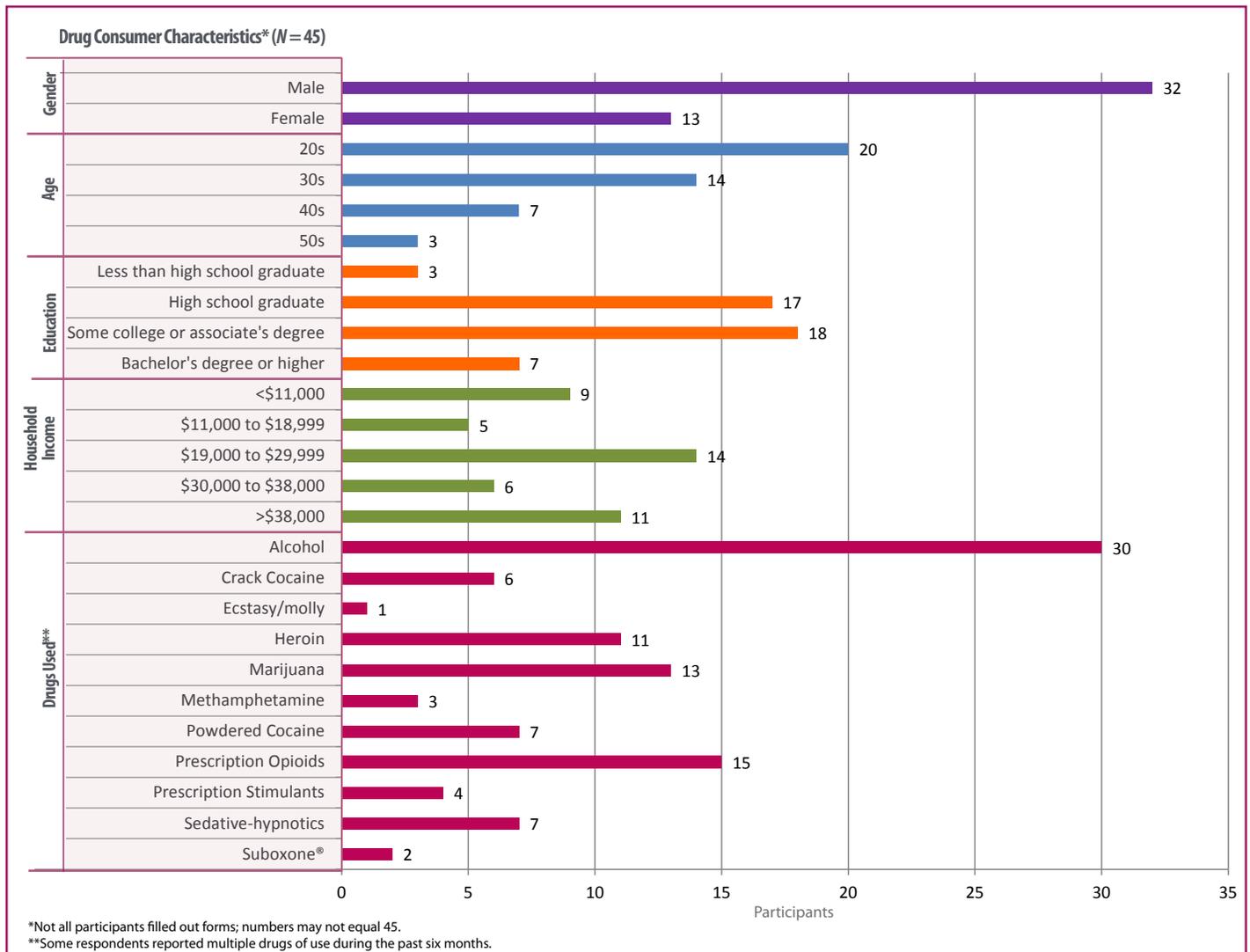
Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	45
Gender (female), 2010	51.2%	50.7%	28.8%
Whites, 2010	81.1%	78.0%	73.3%
African Americans, 2010	12.0%	13.4%	20.0%
Hispanic or Latino Origin, 2010	3.1%	3.3%	0.0%
High School Graduation Rate, 2010	84.3%	77.0%	93.3%
Median Household Income, 2012	\$45,873	\$53,422	\$26,000 to \$29,999 ²
Persons Below Poverty Level, 2012	16.2%	13.9%	25.0% ³

¹Ohio and Columbus region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²Respondents reported income by selecting a category that best represented their household's approximate income for 2013.

³Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.

Columbus Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Columbus region. Changes in availability included 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 highly available. Many participants perceived heroin to be easier to obtain than marijuana. Treatment providers also discussed the high percentage of heroin-dependent clients who were entering treatment. A treatment provider estimated that between 70-75 percent of the clients seen at the provider's agency were heroin addicts. While many types of heroin were available in the region, participants reported black tar heroin as most available. In addition, the BCI London Crime Lab reported processing mostly black tar heroin for Columbus and its vicinity. Participants and community professionals were unanimous in reporting that the general availability of heroin had increased. Several participants and community professionals continued to note the use progression from prescription opioids to heroin and attributed the increase in heroin availability and use to the increased restriction placed on prescription opioids and the substantially lower cost of heroin. Participants described typical users of heroin as prescription opioid dependent, often female and in the teens to 30s age range. Community professionals reported that heroin dealers were typically Hispanic, while users were typically white. In addition, participants noted that the practice of "speedballing" (heroin use coupled with cocaine use) increased in the region.

Participants and community professionals reported that the availability of marijuana had generally remained the same; however, participants indicated an increase in high-grade marijuana (medical and hydroponic). The BCI London Crime Lab reported an increase in number of marijuana cases it processed. Participants attributed the wider availability and the increased quality of high-grade marijuana to an increase in number of people who were growing marijuana indoors throughout the region.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug was still available in the region. Participants reported knowledge of certain convenience stores and "head shops" that continued to sell bath salts, but

explained that a user would have to be known to the retailer to purchase the drug. Community professionals reported an increase in availability of bath salts. The BCI London Crime Lab reported an increase in number of bath salts cases it processed. Participants described typical users of bath salts as opiate users, white and young. A participant reported the use of bath salts in place of heroin when heroin was unavailable. Participants explained that those on probation/parole used bath salts along with synthetic marijuana because both types of drugs were still widely believed not to be tested through standard drug screens.

Finally, while participants and community professionals reported that the availability of ecstasy had remained the same or had possibly even decreased, they reported increased availability of powdered ecstasy ("pure" MDMA, aka "molly"). Participants described typical users of molly as college-aged, drug dealers and those who frequent bars, clubs and raves (dance parties).

Current Trends

Powdered Cocaine

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); the previous most common score was also '10'. A participant within inner-city Columbus stated, "I think it depends on where you're at. If you're in the right area, you can get it [powdered cocaine] real quick." Another participant interviewed in Delaware County stated, "All you gotta do is call somebody [to obtain powdered cocaine]."

Community professionals most often reported the drug's current availability as '7'; the previous most common score was '8'. A detective in Franklin County stated, "I think ... our proximity to Columbus ... makes it [powdered cocaine] readily available ... the cost might be a little more if they [dealers] come up to the suburbs to sell..." Another detective in Franklin County agreed, stating, "Anybody that has the money can get coke [powdered cocaine] ... it's Columbus, Ohio. I mean it's like a hub for pretty much anything you want."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services

reported that 8.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine). The Franklin County Coroner's office reported that 25.4 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of cocaine or by combined effects of cocaine with another substance(s). In addition, the Columbus Police Crime Lab reported processing 703 cocaine cases during the past six months.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Two men were arrested in Madison County after an Ohio State Highway Patrol (OHSP) drug detection dog found more than 50 pounds of cocaine behind a false wall at the front end of their trailer (<http://statepatrol.ohio.gov>, Sept. 30, 2013; www.vindy.com and www.nbc4i.com, Oct. 1, 2013). Two men were arrested after an investigation led the Franklin County Drug Task Force and the DEA (Drug Enforcement Administration) to a home in Columbus where they discovered 6.5 kilograms of cocaine and almost two hundred pounds of marijuana (www.toledoblade.com, Dec. 5, 2013). Twenty-one people were indicted after a year-long investigation called "Operation Get Shorty," a drug trafficking operation in Columbus consisting of many gang members of the Short North Posse who were caught distributing powdered cocaine, crack cocaine, prescription opioid pills and marijuana (www.10tv.com, Dec. 11, 2013).

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

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

Participants most often reported the current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was between '2' and '4'. Some participants interviewed in Delaware County reported that powdered cocaine in their area is

generally low quality, but that powdered cocaine from inner-city Columbus is high quality. A participant stated, "Around here in Delaware [the quality of powdered cocaine] it's crap ... if you could just go like to Columbus ... you could probably get a '9' or so [high quality powdered cocaine]."

Participants reported that powdered cocaine in the region is cut (adulterated) with Ajax®, baby formula, baby laxatives, baby powder, baking soda, bath salts, creatine, ether, fentanyl, flour, mannitol (sugar substitute), energy pills, molly, NoDoz®, Similac®, Tylenol®, vitamin B-12, as well as substances sold at "head shops" and online as "carpet and room deodorizers." Participants commented more specifically on the common cutting agents used within powdered cocaine: "Vitamin B is the most popular [cutting agent]; You cut it with somethin' called 'Com Back' ... You can get it at [a 'head shop'] ... it looks like fish scales and it makes your cocaine look like it's a really good quality when it's not." Overall, participants most often reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● diuretics (mannitol, sorbitol) ● levamisole (livestock dewormer) ● lidocaine and other local anesthetics 	

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Generally, respondents stated that prices are higher in the City of Columbus, while prices are lower in the surrounding areas.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$50-100
	1/16 ounce (aka "teener")	\$75
	1/8 ounce (aka "eight ball")	\$85-250
	1/4 ounce	\$200
	1/2 ounce	\$400
	an ounce	\$850-900

Participants reported that the most common way to use powdered cocaine remains snorting, followed by intravenous injection (aka "shooting"). A participant stated, "I

mostly know 'em [powdered cocaine users] to shoot it [powdered cocaine] or just snort it, 'cause to smoke it you have to make it crack [cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. Overall, most participants described typical users of powdered cocaine as anyone; however, participants generally specified typical users as those with average to higher than average income. A participant stated, "Anybody who's got the money." Community professionals described typical users of powdered cocaine as predominantly male, although reportedly, a large number of women also use the drug. Community professionals also described most powdered cocaine users as ranging in age from mid-20s to 40s, with a few users in their 50s. In addition, community professionals reported that typical users are most often white.

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'. A participant commented, "Crack [cocaine] is like, definitely a '10' [highly available] because you don't even have to know anybody ... you can pull up to a corner store, and if you look for even a second lost [you are solicited]. 'What do you need, baby, what do you need?' ... ya know? So yeah, you don't even have to know anybody ... you can get it on the street."

Community professionals most often reported the drug's current availability as '8'; the previous most common scores were '6' and '9'. Several treatment providers readily agreed with a treatment provider who stated, "It seems like in Delaware, I'm not seeing it [crack cocaine] so much ... I'm seeing it on [state route] 161, right there. That's where everybody's getting it."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Thirty-two individuals were arrested in Marion (Marion County) as a result of a six-month investigation of drug trafficking crack cocaine, heroin and prescription pills (www.nbc4i.com, Aug. 27, 2013). Media covered a drug raid in Circleville (Pickaway County) in which 39 individuals were arrested and face drug charges for trafficking crack cocaine and heroin (www.10tv.com, Dec. 20, 2013).

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 also reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Most participants rated the current quality of crack cocaine as '4' or '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality), depending on the seller; the previous most common score was '7'. Participants reported that crack cocaine in the region is most commonly cut with Ajax®, ammonia, baby powder and baking soda. Several participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine. A participant stated, "Whatever they [dealers] cut [powdered] cocaine with, that's what crack's cut with." Another participant commented, "You don't really know ... whatever they put in it."

In addition, participants noted many different colors of crack cocaine depending what the drug is cut with and depending on the dealer. The most commonly listed colors included yellow and white, followed by tan and brown. Participants noted that some cooks use food coloring to dye the drug and that color becomes the signature color of the dealer. Such colors listed by participants included green, pink, blue, purple, red and orange. A participant shared, "Well, the street name for it [colored crack cocaine] is 'crinack' ... there's a song out ... in the song it says how you can find it [crack cocaine] in all colors, and ... so dope boys think that's the thing to do." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

		Cutting Agents Reported by Crime Lab	
Crack Cocaine	 levamisole (livestock dewormer)		

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	\$10
	a gram	\$40 - 50
	1/16 Ounce (aka "teener")	\$80 - 150
	1/8 ounce (aka "eight ball")	\$100-150
	1/4 ounce	\$250
	an ounce	\$700

Participants reported that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka "shooting"). Participants noted mixing crack cocaine with lemon juice to be able to inject the drug intravenously. A participant stated, "[Crack cocaine] it's easy to shoot up, it's easy to smoke. Lotta' the people that used to shoot up cocaine won't shoot up coke anymore, they'll shoot up crack 'cause it's better quality."

A profile for a typical crack cocaine user did not emerge from the data. Participants most commonly described typical users as anyone. Some participants went into further detail when describing typical users. A participant stated, "A lot of people that are older that used to run in the eighties [1980s] are 'crack heads' ... a lot of young prostitutes." Another participant agreed stating, "A lot of young, white prostitutes [use crack cocaine]." Community professionals described typical users of crack cocaine as ranging anywhere from 20-50 years of age. Law enforcement professionals stated that most crack cocaine traffickers are African-American who sell to Caucasian users. Furthermore, law enforcement described crack cocaine users as people who are also heroin addicts.

Heroin



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

availability as '10'; the previous most common score was also '10'. A detective stated, "Absolutely available anywhere, give us five minutes [and] I can go get some [heroin]."

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. A participant from Franklin County noted, "Tar's more popular around here. I'm from Cleveland, and I never saw tar [black tar heroin] up there, ever ... but yeah, tar, it's probably a '10' [highly available] around here [Columbus]." In addition, although most treatment providers were unable to comment on the specific types of heroin available in the region, some treatment providers and law enforcement professionals agreed with the consensus of participants that black tar heroin is the most available heroin type in the region. A detective stated, "By far the largest trend is heroin, primarily black tar, probably 98 percent black tar heroin." The few participants who commented specifically on white powdered heroin rated its current availability as between '4' and '6'.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. The Franklin County Coroner's office reported that 38.5 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of heroin or by combined effects of heroin with another substance(s). In addition, the Columbus Police Crime Lab reported processing 356 heroin cases during the past six months.

Media outlets reported on heroin seizures and arrests, legislation efforts and personal stories in the region during this reporting period. FBI agents arrested a Columbus Police detective for trafficking heroin (www.fox19.com, July 22, 2013). Media addressed fears concerning availability of the drug Krokodil (a less expensive alternative drug similar to heroin, originating in Russia); authorities have no confirmed cases in the central Ohio area this reporting period (www.thisweeknews.com, Oct. 11, 2013 and www.10tv.com, Nov. 1, 2013). Media reported on legislation regarding the use and availability of Narcan® (a drug that can be used to stop heroin/opiate overdose) in an attempt to lower the number of lives that are lost to heroin overdose throughout the state; the bill passed the House and is now in the Ohio Senate for review (<http://news.cincinnati.com>, Oct. 16, 2013). A Worthington (Franklin County) mother

shared about how heroin has destroyed her daughter and how she feels the need to protect her belongings from being stolen for money to support the addiction; experts suggest that drug traffickers often target higher socio-economic suburbs because of potentially higher profit in these areas (www.10tv.com, Nov. 15, 2013). Media reported on an additional recovery center in Circleville (Pickaway County) which was recently opened due to the increased number of heroin addicted individuals in that area (www.nbc4i.com, Dec. 19, 2013). Authorities arrested several individuals in an ongoing investigation by federal, state and local law enforcement in Steubenville (Jefferson County); the perpetrators facing heroin trafficking charges, allegedly brought heroin into the area from Chicago (www.justice.gov, Dec. 20, 2013). Another story in the media focused on a young man from Hilliard (Franklin County) who was released from jail after robbing a bank for money to support his heroin addiction and failing at recovery efforts during probation; he is now clean and fighting every day to remain so (www.toledoblade.com, Dec. 12, 2013).

Overall, participants reported that the general availability of heroin has increased during the past six months. A participant from Delaware County stated, "[Current heroin availability is] '10' and [availability has] increased definitely. Everyone wants a piece of the pie." Moreover, participants also reported the availability of white powdered heroin as having increased during the past six months. A participant from Franklin County stated, "[Availability of white powdered heroin has] increased, you used to not see it at all." Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider in Richland County stated, "I would say [current heroin availability] it's about a '9' [highly available] and I think it's increasing." A detective reported, "[Heroin] it's cheap, it's everywhere ... increased [availability], and it'll continue to increase." The BCI London Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months; the lab reported processing all types of heroin.

Most participants generally rated the overall 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'. However, a participant stated, "I'd say around here ... like in Delaware area [heroin quality is] probably like a '5' or '6' [moderate quality], and in the city probably like, in Columbus, [heroin quality is] probably like a '9' or '10'." Participants reported that black tar heroin in the region is most commonly cut with dark sodas, syrup, coffee and brown

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

sugar. Other common cutting agents cited included any dark chemicals or compounds, benzodiazepines, cocaine, methadone, oil (type unspecified), paint, piano wax, shoe polish, tea and vinegar. Participants reported that white powdered heroin in the region is cut with cocaine, melatonin, powdered sugar and vitamin B-12.

Participants reported that the general quality of heroin has remained the same during the past six months. Specifically, participants reported that the quality of black tar heroin has remained the same or has increased during the past six months. A participant stated, "Over the years, I'd say [there's been] a huge increase in quality [of black tar heroin] ... it [quality] probably went from a '4' to a '7'" [low to moderate]. Another participant stated, "I think [heroin quality] it's gotten better because since I've gotten clean [sober], I've known at least five people to overdose [on heroin]."

Current street prices for heroin were consistent among participants with experience buying heroin. Note: participants were unable to report pricing information for white powdered heroin.

		Cutting Agents Reported by Crime Lab	
Heroin		caffeine	
		diphenhydramine (antihistamine)	
		mannitol (diuretic)	
		sugar	

Current street prices for heroin were consistent among participants with experience buying heroin. Note: participants were unable to report pricing information for white powdered heroin.

		Current Street Prices for Black Tar and Brown Powdered Heroin	
Heroin		1/10 gram	\$10
		a gram	\$70-100
		an ounce	\$1,200

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants and treatment providers continued to note that most heroin users progress from smoking the drug to snorting and to shooting it. A participant stated, *“Mostly ... shoot because if you use it [heroin] for too long, you’re just ... you’re chasin’ a high that you ain’t gettin’ anymore, so you go to the next level, and that’s the only reason you would shoot it mostly.”*

Reportedly, injection needles are most often obtained at certain retail stores or pharmacies, the “crack house,” from prostitutes and from people who have diabetes. Participants reported that prices range on the street from \$2-5 per needle or higher if a user really needs one. A participant shared, *“If someone needs one [a needle] though, they’ll pay twenty bucks for one. And I was to the point where I didn’t care if it was dirty or clean. Like if I ... if there was like night time and I knew that I couldn’t get to the pharmacy ‘till like the next morning, I didn’t care.”*

A profile of a typical user of heroin did not emerge from the data. Participants consistently described typical users of heroin as anyone. However, some participants commented that heroin users tend to be in their 20s, prescription opioid users who have switched to heroin or those involved in prostitution. Treatment providers described typical users of heroin as predominantly white males and females, ranging in age from 18 to 40s. A treatment provider stated, *“I think we probably see more women [for heroin addiction], but I think they just get referred more by Children’s Services.”* A treatment provider in Delaware County noted high prevalence of heroin users in the Delaware County Jail stating, *“Take into consideration the folks we see in the jail, it’s high incidence of heroin use over the last six months.”* A detective stated, *“... Absolutely everybody’s [using heroin] ... we’ve seen unfortunately, 13-year-olds as users and it doesn’t matter whether you’re white, black, Mexican; it just doesn’t matter. We’ve seen everybody from that age group, again, all the way to 60, 65 [years of age].”*

Prescription Opioids

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); the previous most common

scores for both respondent groups were also ‘10’. Participants identified Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals identified methadone, OxyContin®, Percocet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use.

A detective in Franklin County stated, *“They [users] love Percocet® ... When [prescription opioids] they’re available, they’re gone. As soon as somebody gets one [a prescription] filled ... the green light’s lit [they are gone].”* A treatment provider in Delaware County stated, *“Consistently I’m seeing Percocet®, but I’ve seen Percocet® fall off, and a year ago everybody wanted the ‘big kahuna, perc 30’s’ [Roxicodone® 30 mg], and I’m not seeing that ... the availability for perc 30’s are just falling off, so people are, are going to the ‘5’s’ [Percocet® 5 mg] and the ‘10’s’ [Percocet® 10 mg], and then they’re going to like other things, like the Dilaudid®.”*

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 14.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone. The Franklin County Coroner’s office reported that 39.3 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of one or more prescription opioids or by combined effects of prescription opioids with another substance(s). In addition, the Columbus Police Crime Lab reported processing 205 cases involving prescription opioids during the past six months.

Media outlets reported on prescription opioid seizures and arrests in the region, as well as legislation efforts, during this reporting period. A former Ohio State University football player was arrested in North Linden (Franklin County) for drug possession and trafficking; he was already indicted on drug charges in Meigs County (OSAM Athens region) and was out on bond when he was caught with oxycodone (prescription opioid), benzodiazepines and heroin (www.dispatch.com, July 12, 2013). Media brought attention to the increased number of babies addicted to prescription opioids and heroin when Gov. John R. Kasich’s administration announced a three-year pilot program targeted to help mothers addicted to opiates; this program will provide counseling and medication-assisted treatment and help prevent relapses after the babies are born, as well as decrease the hospital length of stay for infants after birth (www.ohio.com, Aug. 30, 2013). The Ohio Automated Rx Reporting System (OARRS) worked in Gahanna (Frank-

lin County) when a dentist used it to look into a patient that had come in for a toothache and asked for a prescription—doctor shopping is one way addicts will obtain prescription opioids to support their addiction; currently checking the system is voluntary (www.dispatch.com, Oct. 10, 2013). A couple attempted to flee from police in Danville (Knox County) when their vehicle spun out and they were arrested; more than 3,000 prescription pills were found in their vehicle as well as marijuana, powdered and crack cocaine (www.nbc4i.com, Nov. 12, 2013). Lawmakers met in Columbus to work on a package of bills that would address addiction treatment, further fund the OARRS system and establish more guidelines for pain management (www.cleveland.com, Dec. 12, 2013). After an eight-month investigation, a woman in Gahanna was arrested for selling her prescription opioid pills (oxycodone) (www.nbc4i.com, Dec. 13, 2013). A Columbus man was convicted and three others indicted for trafficking prescription opioids; the convicted man supplied his distributors with oxycodone, marijuana and cocaine (www.nbc4i.com, Dec. 18, 2013).

Participants reported that the general availability of prescription opioids has remained the same during the past six months. However, a few participants noted a decrease in availability of OxyContin® and Opana® due to the fact that the reformulated versions of these drugs contain an abuse deterrent, making them undesirable to many. Treatment providers and law enforcement also reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider in Richland County stated, "Whether [availability of prescription opioids] it's increased in the last six months ... we just have so much of it ... [availability] it's the same." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street

prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$2 for 2 mg
	fentanyl	\$2 per mcg
	methadone	\$1 per mg pill
	methadone liquid	\$70 for 100 mg (10 mg/ml)
	Opana® (old formulation)	\$2-3 per mg
	OxyContin® OC (old formulation)	\$3 per mg
	Percocet®	\$1 per mg
	Roxicodone®	\$23-24 for 15 mg \$30-35 for 30 mg
	Vicodin®	\$0.75-1 per mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors and hospitals. 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 remain oral consumption (swallowing and chewing) and snorting.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users of prescription opioids as anyone. Several participants more specifically identified illicit users as anyone who has been injured and been prescribed opioids as medication, along with those who have access to these medications (i.e., doctors, dentists and nurses), as well as upper-class whites who seek "better drugs" for abuse. Community professionals most commonly described typical illicit users of prescription opioids similarly as participants, while also describing that illicit users are aged anywhere from teens to 50s, with some illicit users into their 60s.

Many participants and community professionals continued to note the "pill progression" from prescription opioid abuse to heroin use. A treatment provider in Delaware County talked about her experience working with clients

in Morrow County: *"I think for those starting it [prescription opioid abuse], probably still is the younger group, late high school to like the early-20s that get started with the pills, but it's not very long before they're on to the heroin."* A detective in Franklin County stated, *"Generally our heroin addicts start on that [prescription opioids], and because of the availability of heroin, they may switch at some point, and [heroin] it's much cheaper ... that's a huge driving factor [in switching from prescription opioid abuse to heroin use]."*

Suboxone®



Suboxone® remains highly available in the region. Participants 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 stated, *"I think there's more people using Suboxone® because they ... now think it's socially acceptable because they're put on [prescribed] it ... as long as they're on Suboxone®, they're OK."* Community professionals most often reported the current availability of Suboxone® as '8'; the previous most common score was '10'. A treatment provider in Richland County stated, *"On the street [Suboxone® availability is] ... '9' [highly available]."*

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 12.4 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

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

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported pricing information for the sublingual film/strip form of the drug only, as the pill form has become increasingly unavailable. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors and clinics.

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	\$10-30 for 8 mg

Most often, participants reported taking Suboxone® sublingually (dissolving it under the tongue) or by melting the gel strip down and intravenously injecting it. Other participants reported crushing the pill form and snorting. Several participants stated that Suboxone® is still sold in pill form as generic brands.

Participants described typical illicit users of Suboxone® as heroin and prescription opioid addicted persons who are self-medicating either to wean off heroin or prescription opioids or to avoid withdrawal between drug scores. Treatment providers described typical illicit users of Suboxone® as white male and female heroin users, ranging in age from 20-40 years. A treatment provider reported, *"I am getting a lot of clients who are coming in who are buying a lot of Suboxone® on the street. They're trying to get off of heroin and they can't get in to a doctor, so they're buying it on the streets. So that seems to be on the rise."* Another treatment provider stated, *"They [heroin users] use that [Suboxone®] when they can't get to heroin. Some of them are also trying [to abstain from opiate use]."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported the current availability of sedative-hypnotics as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant stated, *"Doctor-wise I would say like a '10' [sedative-hypnotics are highly available from doctors], but yeah, on the streets, I would say like a '6.'"*

Community professionals most often reported current availability as '5'; the previous most common scores were '8' for law enforcement and '10' for treatment providers. A detective stated, "I think [availability of sedative-hypnotics] it's the same as, as the opiates. When they're available ... they're for sale and gone rather quickly...." Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 6.2 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for sedative-hypnotics. The Franklin County Coroner's office reported that 13.9 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). In addition, the Columbus Police Crime Lab reported processing 79 cases involving sedative-hypnotics during the past six months.

Participants reported that the general availability of sedative-hypnotics has remained the same or has decreased during the past six months. Community professionals most often reported that availability of sedative-hypnotics has remained the same during the past six months. A detective stated, "I don't think there's an increase in any one of 'em ... there's certainly not a drive for them the way there are for opiates." The BCI London Crime Lab also reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

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

Reportedly, many different types of sedative-hypnotics (aka "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 the street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$3-7 per pill
	Valium®	\$7 per pill
	Xanax®	\$5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and friends. 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 remain snorting and oral consumption (swallowing and chewing).

Participants most often described typical illicit users of sedative-hypnotics as everyone; however, participants noted illicit use among younger people aged 18-19 years and retirees. Several participants mentioned abuse among middle-aged white women, housewives and "soccer moms." Community professionals most often described typical users of sedative-hypnotics as mostly white females who are in their teens to mid-20s, followed by females in their 30s-40s, followed by white males, as well as opiate users.

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, "I think you can pretty much get weed [marijuana] anywhere." Community professionals also reported current availability as '10'; the previous most common score was also '10'. A treatment provider stated, "[Marijuana] it's very available in Morrow County. They grow it right there."

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, the Columbus Police Crime Lab reported processing 77 marijuana cases during the past six months.

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. In Madison County OSHP troopers spotted a suspicious flat-bed truck; the Drug Enforcement Administration used the assistance of the Columbus Fire Department to cut into customized metal containers concealing one ton marijuana smuggled inside the construction equipment on the truck (www.10tv.com, July 17, 2013). Three workers of a carnival gaming company were arrested at the Ohio State Fair for selling marijuana at the fairgrounds (www.10tv.com, July 30, 2013). An OHSP trooper arrested a man in Bucyrus (Crawford County) after finding five pounds of marijuana in his vehicle (<http://statepatrol.ohio.gov>, Aug. 15, 2013). A Columbus man was shot and killed when three men attempted to rob him of marijuana plants (www.10tv.com, Sept. 17, 2013). Two individuals were arrested in Hilliard (Franklin County) when detectives discovered more than five pounds of marijuana and a marijuana grow operation during a search of a home (www.nbc4i.com, Sept. 24, 2013). Another marijuana grow operation was found at a residence in Blacklick (Franklin County), two people were arrested and several pounds of marijuana and more than 100 marijuana plants were confiscated (www.nbc4i.com, Oct. 23, 2013). A couple was arrested when they were found selling marijuana to high school students (Franklin County) (www.nbc4i.com, Oct. 25, 2013). More than 1,000 kilograms of marijuana were brought from Mexico and sold in central Ohio by a man in Gahanna (Franklin County) who was sentenced in October; an additional five others involved in the same drug ring were also sentenced during this reporting period (www.nbc4i.com, Oct. 31, 2013). Two individuals ended up at the hospital with burns from an explosion at a University District (Columbus) apartment as a result of their efforts to extract THC oil (tetrahydrocannabinol, the principal psychoactive constituent of marijuana) from marijuana to use in e-cigarettes—police seized more than 1,000 grams of marijuana, 150 grams of hashish, cocaine and unidentified pills; this was one of two similar explosions—another explosion happened in Grove City (Franklin County) where police seized 15 mature marijuana plants, 10 pounds of marijuana and psilocybin mushrooms (www.dispatch.com, Nov. 22, 2013).

Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. A law enforcement professional stated, "It [marijuana] never went away; it won't go away either. You can grow it." The BCI London Crime Lab

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

also reported that the number of marijuana cases it processes has remained the same during the past six months.

Participants most often reported the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall score was also '10'. Specifically, the most common quality score for high-grade marijuana was '10', while quality scores varied between '2' and '8' for low-grade marijuana.

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 that commercial, low-grade marijuana is the cheapest form of marijuana; high-grade marijuana sells for significantly more.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$25
	1/4 ounce	\$40
	1/2 ounce	\$85
	an ounce	\$80-150
	a pound	\$950-1,000
	high grade:	
	1/8 ounce	\$50
	1/4 ounce	\$100
	an ounce	\$200-350

While there were a few reported ways of consuming marijuana, by far the most common route of administration remains smoking. Other routes of administration include eating and vaporizing the drug. In addition to adding marijuana to brownies, participants also reported adding marijuana to Rice Krispies® treats, tea and coffee.

A profile of a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as anyone. A participant abruptly stated, *"Everybody in the world [uses marijuana]!"* Community professionals also described typical users of marijuana as anyone. A treatment provider stated, *"I don't know what's typical. Wide range, very wide range of pot [marijuana users] . . . almost as wide as alcohol anymore."* A detective stated, *"I would say it seems like everybody smokes weed, but predominantly we consider it a gateway drug . . . it's more prevalent with younger kids, 14, 15 [years of age] even through college age."*

Methamphetamine

Methamphetamine's current availability is variable in the region. The majority of participants were unable to comment on methamphetamine because they had no experience or knowledge of the drug during the past six months. Participants who were able to report on methamphetamine most often reported current availability as ranging from '0' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores ranged from '3' to '10'. A participant stated, *"Around here [Delaware County] [methamphetamine availability is] probably like a '1' or a '2' . . . around Columbus probably like '8.'"*

Treatment providers also reported variable scores for availability of methamphetamine, with scores ranging from '2' to '10'. More consistent scores emerged among treatment providers in Mansfield (Richland County), where availability was most often rated as '5'. Law enforcement rated the availability as '3'. The previous most common scores ranged from '3' among law enforcement to '7' among treatment providers. A detective in Franklin County stated, *" . . . I mean '3' or a '4' [low to moderate availability of methamphetamine], but I mean, again, it [availability] depends what social circle you're in . . ."*

Corroborating data also indicated the presence of methamphetamine in the region. The Columbus Police Crime Lab reported processing 16 methamphetamine cases during the past six months. A media outlet also reported that investigators found more than 100 methamphetamine-making pots in a Lancaster (Fairfield County) home after concerned neighbors notified authorities (www.nbc4i.com, Sept. 19, 2013).

Participants most often reported that the availability of methamphetamine has remained the same during the

past six months, while treatment providers most often reported that availability has decreased. Law enforcement stated that although methamphetamine is not as readily available in the region, availability is beginning to increase again. A detective explained that the drug is uncommon in Westerville (Franklin County), however if a drug user is looking anywhere else within the Columbus region he or she will be able to obtain it. Other detectives stated, *"Fairfield County has seen a lot of meth [methamphetamine] in the past months; Unfortunately, [methamphetamine availability] that's increased, and we've been on a heck of a dry spell for a long while, but over the last six months we've seen a slight increase."* The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

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

Despite few participants being able to comment on the availability of methamphetamine, even fewer were able to comment on the current quality of the drug. Among participants who were able to report on quality, scores again were variable, ranging from '5' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores ranged from '8' to '10'. Participants reported methamphetamine to be cut with Benadryl®, household chemicals and MSM (methylsulfonylmethane, a dietary supplement).

Current street prices for methamphetamine were variable among participants with experience buying the drug. The cost of methamphetamine ranged from \$50 to \$100 per gram.

While there were a few reported ways of consuming methamphetamine, generally, the most common routes of administration are intravenous injection and smoking. However, a participant with experience using the drug mentioned several additional routes of administration:

"Me and the people I used [methamphetamine] with, we would usually eat it, parachute it [wrap in tissue and swallow], smoke it, snort it."

Profiles for a typical methamphetamine user varied. Participants described typical users of methamphetamine as bikers, clubbers, people in their 30s to 40s and predominantly male. Treatment providers most often described typical users of methamphetamine as white males in their 20s to 30s, with few females reported as users. Law enforcement described the typical user as white females involved in prostitution, ranging in age from 20 to 40 years.

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of prescription stimulants 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 Adderall® as the most popular prescription stimulant in terms of widespread use, and it is the only drug most participants were able to comment on. Only one participant was able to comment on Vyvanse®, rating its current availability as '8.'

Treatment providers most often reported current availability as either '3' or '5', while law enforcement consistently reported current availability as '8'; the previous most common community professional score was '10'. Community professionals identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. Corroborating data also indicated the presence of prescription stimulants in the region. The Columbus Police Crime Lab reported processing 35 cases involving prescription stimulants during the past six months.

Participants and community professionals most often reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider in Richland County stated, "I think the avail-

ability of it [prescription stimulants] is harder [less available than other drugs], unless you've got a child that's on it because that's typically what we see . . . if [clients] they're abusing it because one of their children's on it." The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

Reportedly, Adderall® and Vyvanse® are currently sold on the region's streets. Current street prices for these prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$0.75-1 per mg
Vyvanse®	\$9-10 for 50 mg	

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed by doctors or from friends and acquaintances that are prescribed them. While there were a few reported ways of consuming prescription stimulants, generally, the most common routes of administration remain snorting and oral consumption.

Participants described typical illicit users of prescription stimulants as high-school- and college-aged individuals. A participant stated, "College kids like to get 'em [prescription stimulants] to stay focused. A lot of high school kids use 'em for abuse [to get high]." Community professionals described typical illicit users of prescription stimulants as predominantly young, white and often female. A detective in Franklin County stated, "Around here, high school and college students, um primarily white, both female and male. So, I'd say typically 16 to 24 age group." Another detective agreed, stating, "Those are the drugs that go around the schools."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the current availability of bath salts 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'. Treatment providers most often reported

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

current availability as '4,' the previous most common score was '7.' Law enforcement professionals did not comment on the availability of bath salts within central Ohio.

Corroborating data also indicated the presence of bath salts in the region. The Columbus Police Crime Lab reported processing 56 bath salts cases during the past six months. Media outlets also reported on bath salts seizures and arrests in the region during this reporting period. A huge, multi-million dollar national synthetic drug operation was discovered in Pickerington (Fairfield County); the drugs were packaged and sealed in cans that appeared to be other consumable items, such as soda pop cans and soup cans (www.610wtvn.com and www.nbcnews.com, July 11-12, 2013). The owner of a smoke shop (Columbus) was arrested for corrupt activity including selling bath salts and synthetic marijuana (www.10tv.com, Aug. 7, 2013). Three individuals were kidnapped on the west side of Columbus and tortured by a known bath salts dealer and two others (www.nbc4i.com, Nov. 14, 2013).

Perceived changes in availability of bath salts varied among participants, with some participants reporting increased availability, others reporting decreased availability and some reporting that availability has remained the same during the past six months. A participant stated, "[Availability has] *decreased, considerably.*" Another participant stated, "*You can get 'em [bath salts] from [area retailers] ... they just changed the name to 'pipe cleaner' and 'glass cleaner.'*"

Treatment providers most often reported that the availability of bath salts has decreased during the past six months. Treatment providers in Richland County unanimously stated that availability has decreased. One treatment provider suggested bath salts are unavailable "*unless you know the password* [how to ask for bath salts where they are sold]." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	No Consensus
	 Law enforcement	No Comment
	 Treatment providers	Decrease

Current street prices for bath salts were variable among participants with experience buying the drug.

Bath Salts	Current Street Prices for Bath Salts	
	a gram (aka "bag")	\$20-30
	1.5 grams	\$25
	3.5 grams	\$45-50

In addition to being available on the street, bath salts also continue to be available from certain gas stations and consistently sold at "head shops," despite legislation enacted in October 2011 banning their sale. While there were a few reported ways of consuming bath salts, generally, the most common routes of administration remain snorting and intravenous injection.

Participants described typical users of bath salts as young, white and as one participant stated, "*Anybody that wants to do coke [cocaine] pretty much ... [bath salts] it's 'synthetic coke.'*" A participant elaborated further by stating, "*The younger white group, a lot of construction workers use it [bath salts], a lot of people that work third shift use it.*" Most treatment providers described typical users of bath salts as consistently white males, aged 20-30 years. A treatment provider stated, "*Definitely more males [than females using bath salts].*"

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, very few participants had personal knowledge of or experience with the drug. Participants with personal knowledge/experience most often reported the current availability of synthetic marijuana as '8' or '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 stated, "*I would say [synthetic marijuana] its availability is '10' [highly available] because I can go to [a local 'head shop'] and buy it.*" Community professionals most often reported current availability as '2,' the previous most common score was '6'.

Corroborating data also indicated the presence of synthetic marijuana in the region. The Columbus Police Crime Lab reported processing 26 synthetic marijuana cases during the past six months. A media outlet also reported that the DEA and the Franklin County Drug Task Force arrested a man at Port Columbus International Airport for selling synthetic cannabinoids and bath salts in the Columbus area (www.nbc4i.com, Aug. 7, 2013).

Participants and community professionals most often reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, “[Availability of synthetic marijuana] *decreased, then increased, then decreased ‘cause of the law* [banning the sale of the drug].” The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	a gram	\$10-20
	3 grams	\$15
	a pack of “cigarettes” (aka “joints,” “sticks”)	\$25

A participant explained, “They [dealers] sell ‘em [synthetic marijuana] in like sticks, too ... they like hide them in cigarettes, basically. I think you can get a pack of cigarettes for 25 bucks.”

In addition to being available on the street, synthetic marijuana also continues to be available from certain gas stations, corner stores and “head shops,” despite legislation enacted in October 2011 banning its sale. A participant

stated, “[Synthetic marijuana] *it’s not illegal because they [manufacturers] change one chemical [in the formulation] ... makes it legal every time.*” The most common route of administration for synthetic marijuana remains smoking.

Participants described typical users of synthetic marijuana as younger people 20-25 years of age, marijuana users and people who are on probation. Community professionals also described typical users of synthetic marijuana as younger people, ranging from high school age to late-20s. In addition, law enforcement stated that typical users generally do not want to be caught with a drug in their system. A detective stated, “*It used to be the people that were on probation that couldn’t smoke their marijuana anymore [typically used synthetic marijuana]. Maybe part of the decrease [in availability and use of synthetic marijuana] is that we’re able to drug test for it.*”

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) current availability varies widely depending upon which form of the drug users seek: ecstasy tablets or powdered MDMA (aka “molly”). Participants most often reported the current availability of ecstasy as ‘2’ and ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was between ‘5’ and ‘10.’ Participants most often reported the current availability of molly as ‘10’; the previous most common score was ‘8.’

Very few community professionals had any knowledge of current availability for ecstasy or molly in central Ohio. Only treatment providers in Delaware and Richland counties were able to comment on the availability of ecstasy, reporting its current availability most often as ‘7’; the previous most common score was between ‘2’ and ‘7.’ In terms of molly, a detective in Franklin County and treatment providers in Delaware County reported its current availability as ‘9’; there was no community professional reporting on molly in the previous report.

Participants most often reported that the availability of molly has remained the same during the past six months; participants were unable to comment on the change of availability of ecstasy as only two participants had knowledge of the tablet form of the drug. Community professionals reported that the availability of molly has increased

during the past six months; treatment providers reported that the availability of ecstasy has decreased. The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

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

Ecstasy	Current Street Prices Ecstasy	
	\$25 for two tablets	

Molly	Current Street Prices Molly	
	1/10 gram	\$10
	1/2 gram	\$20

While there were a few reported ways of consuming molly, generally, the most common route of administration is snorting. A few participants commented on the route of administration for ecstasy, reporting “parachuting” (crushing the tablet in tissue and swallowing) along with “plugging” (anal insertion of the tablet) as common.

Community professionals described typical users of ecstasy as white males and females ranging from teens to early-20s in age. Participants described typical users of molly as high school and college students, and those who attend raves (dance parties) or dance clubs. Community

professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

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, over-the-counter (OTC) drugs and salvia divinorum (psychoactive plant).

Hallucinogens remain available in the region. While no participant reported about the availability of LSD, a couple of treatment providers reported the current availability of LSD as ‘1’ and ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). There was no consensus among these treatment providers as to change in availability during the past six months; a provider in Franklin County reported that availability has remained the same, while a provider in Delaware County reported increased availability. Treatment providers described the typical user of LSD as white males in their late-teens to mid-20s.

Few participants were able to comment on the availability of psilocybin mushrooms within the region during the past six months. Participants most often reported availability as ‘0’ and ‘2’ for out-of-season and ‘8’ for in-season on a scale of on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Community professionals most often reported current availability as ‘4.’ A detective reported that psilocybin mushrooms are not generally found in the community but stated, “I mean [psilocybin mushroom availability] it’s very isolated to [college] campus.”

Participants consistently reported that the availability of psilocybin mushrooms has remained the same during the past six months. A detective reported that availability has increased during the past six months, while a treatment provider reported that availability has remained the same.

Only one participant was able to comment on the pricing information for the drug. This participant reported that a gram of psilocybin mushrooms sells for \$10; 1/8 ounce sells for \$30. The most common ways to use psilocybin mushrooms remain eating them with food, placing them in tea and drinking or smoking. Participants described typical users of psilocybin mushrooms as younger (aged

teens to 20s), people who also smoke marijuana, “hippies” and “burn-outs.” A detective described typical users as college students, while a treatment provider described typical users as white males in their mid-20s.

Inhalants are highly available in the region, particularly due to the legality of the substances and ease of purchasing them from stores. While no participant reported on inhalants, a couple of treatment providers reported the current availability of inhalants as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Treatment providers reported that the most common inhalant in terms of widespread use is computer duster (aka “duster”). Treatment providers reported typical users of inhalants to be males in their mid-teens to mid-20s.

OTC cough and cold medications are highly available in the region and several are being abused, primarily due to the legality of the substances and ease of purchasing them from stores. A participant and treatment providers 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). While a participant reported that the availability of these OTC drugs has remained the same during the past six months, treatment providers reported an increase in the abuse of these medications. Current street jargon for OTC’s includes “triple C’s” for Corcidin® Cough and Cold. A participant described the typical illicit user of OTC’s to be younger, aged teens to early-20s. Treatment providers reported the typical illicit user of OTC’s as white, female, aged teens to mid-20s.

Lastly, salvia divinorum (aka “salvia”) is available in the region; however, only a couple of participants reported on the substance. A participant in Franklin County reported the current availability of salvia as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), while a participant in Delaware County reported current availability as ‘2.’ A participant reported, “[Current availability of salvia is] ‘10’ because they sell it at the store [‘head shop’].” Participants were not in agreement regarding a change in availability during the past six months: availability has remained the same or has decreased.

Participants reported that salvia is marketed under names such as “60x,” “80x” and “100x,” based on strength and price. Reportedly, the “60x” sells for \$60 per gram; “80x” sells for \$80

per gram; “100x” sells for \$100 per gram. There was agreement among participants that salvia is most often smoked either through a pipe at high temperature levels or through a water bong. A participant stated, “*You gotta smoke it [salvia] through a water bong or it don’t affect you.*” Participants described typical users of salvia as young and “skateboarders.”

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remain highly available in the Columbus region. Changes in availability during the past six months include increased availability for heroin and Suboxone® and decreased availability for synthetic marijuana.

While many types of heroin are currently available in the region, black tar heroin remains the most available type. The few participants who commented specifically on white powdered heroin rated its current availability as moderate. Participants also reported the availability of white powdered heroin as having increased during the past six months. Law enforcement attributed heroin’s increasing availability to the low cost of the drug and predicted that availability would continue to increase. Treatment providers described typical users of heroin as predominantly white males and females, ranging in age from 18 to 40s. In addition, a treatment provider in Delaware County noted high prevalence of heroin users in the Delaware County Jail.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months due to a greater number of users who are prescribed the drug and greater social acceptability for the drug. Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 12.4 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. Participants described typical illicit users of Suboxone® as individuals trying to come off heroin or prescription opioids on their own, as well as those who are still actively using heroin or prescription opioids; the latter group of users seek Suboxone® for when their drug of choice is unavailable to avoid

withdrawal. Treatment providers described typical illicit users of Suboxone® as white male and female heroin users, ranging in age from 20-40 years.

Synthetic marijuana remains available in the region. However, very few participants had personal knowledge of or experience with the drug. In addition to being available on the street, synthetic marijuana also continues to be available from certain gas stations, corner stores and "head shops." However, participants attributed decreased availability of synthetic marijuana to legislation of October 2011 banning its sale. The profile of a typical synthetic marijuana user remains unchanged. Participants described typical users of synthetic marijuana as younger people 20-25 years of age, marijuana users and people who are on probation. Community professionals also described typical users of synthetic marijuana as younger people, ranging

from high-school age to late-20s. In addition, law enforcement stated that typical users generally do not want to be caught with a drug in their system.

Lastly, community professionals reported an increase in powdered MDMA (aka "molly") during the past six months. A police detective in Franklin County and treatment providers in Delaware County reported the current availability of synthetic marijuana as '9' (highly available); no community professional reported on molly in the previous report. While there were a few reported ways of consuming molly, generally, the most common route of administration is snorting. Participants described typical users of molly as high school and college students, as well as those who attend raves (dance parties) or clubs. Community professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

