



### Drug Abuse Trends in the Columbus Region



#### Regional Epidemiologist:

**Kathryn Coxe**, MSW

#### OSAM Staff:

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

**Beth E. Gersper**, MPA  
OSAM Coordinator

**Nicholas J. Martt**, MSW, LSW  
OSAM Research Administrator

#### 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, Fairfield, Franklin and Richland counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews in Delaware, Franklin and Richland counties, 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 June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.*

*Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; 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	50
Gender (female), 2010	51.2%	50.7%	52.0%
Whites, 2010	81.1%	78.0%	88.0%
African Americans, 2010	12.0%	13.4%	10.0%
Hispanic or Latino Origin, 2010	3.1%	3.3%	2.1% <sup>2</sup>
High School Graduation Rate, 2010	84.3%	77.0%	93.3%
Median Household Income, 2012	\$46,873	\$53,422	\$15,000 to \$18,999 <sup>3</sup>
Persons Below Poverty Level, 2012	16.2%	13.9%	44.0% <sup>4</sup>

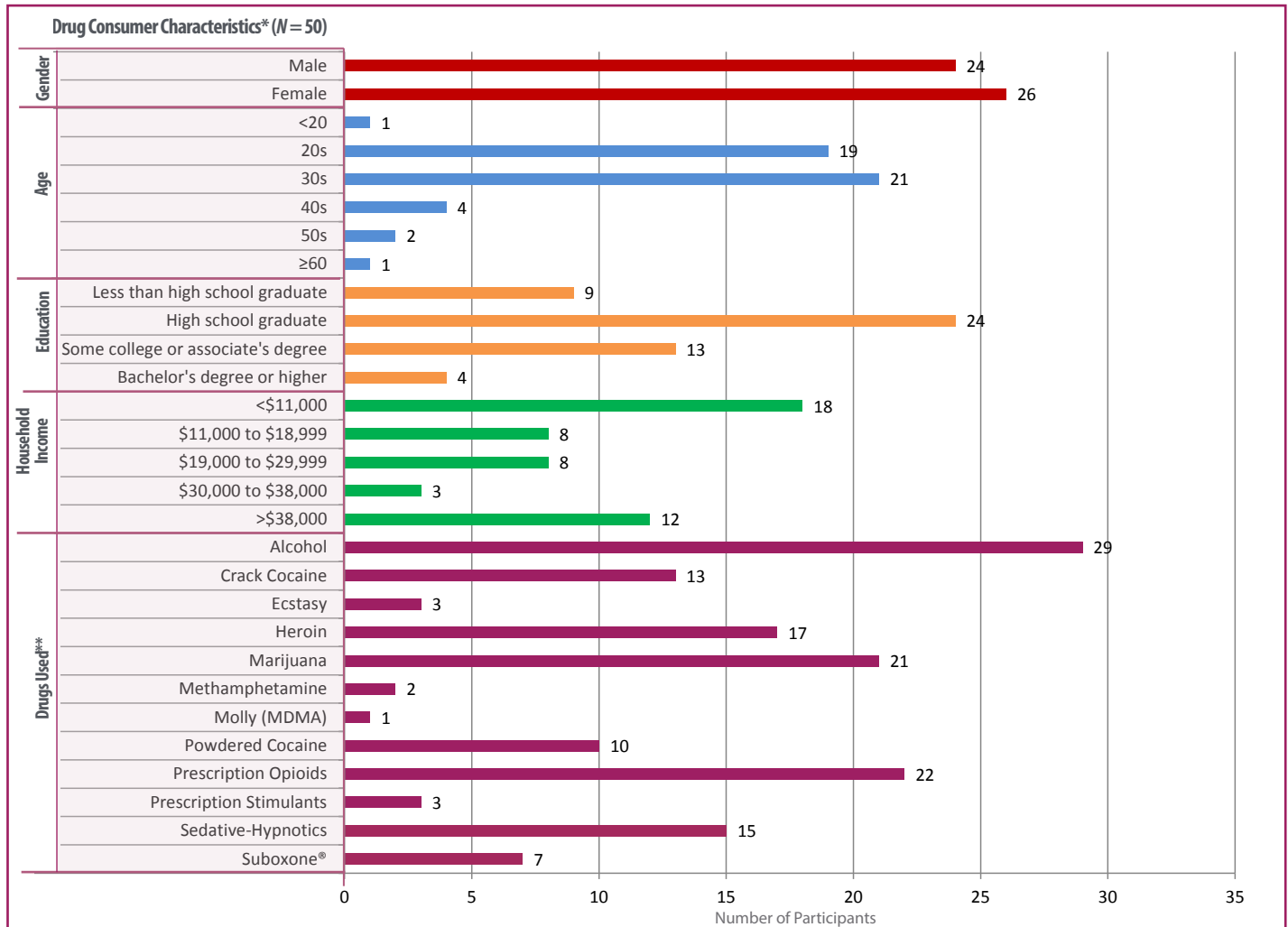
<sup>1</sup>Ohio and Columbus region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.

<sup>2</sup>Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup>Respondents reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

### Columbus Regional Participant Characteristics



\*Not all participants filled out forms; numbers may not equal 50.

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

## Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants and Suboxone® remained highly available in the Columbus region. Changes in availability included increased availability for heroin and Suboxone® and decreased availability for synthetic marijuana.

Black tar heroin remained the most available type of heroin in the region. A few participants reported moderate availability of white powdered heroin and said that this type had increased in availability. 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 heroin users as more often 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 increased availability of Suboxone® and attributed the increase to greater numbers of users being prescribed the drug and greater social acceptability for the drug. Corroborating data 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 reporting period were positive for buprenorphine, an ingredient in Suboxone®. Participants described typical illicit Suboxone® users as individuals trying to come off heroin or prescription opioids on their own, as well as those who were still actively using heroin or prescription opioids for when their drug of choice was 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.

Although synthetic marijuana remained available in the region, very few participants had personal knowledge of or experience with the drug. In addition to being available on the street, synthetic marijuana continued to be available from certain gas stations, corner stores and head shops. However, participants continued to attribute decreased availability to legislation in October 2011 banning its sale. The profile of a typical synthetic marijuana user remained unchanged. Participants described synthetic marijuana users as younger people, 20 to 25 years of age, marijuana

users and people on probation. Community professionals described typical synthetic marijuana users as younger people, ranging from high-school age to late-20s. In addition, law enforcement stated that typical users generally did not want to be caught with a drug in their system.

Lastly, community professionals reported an increase in powdered MDMA ("molly"). A police detective in Franklin County and treatment providers in Delaware County reported high availability of molly; 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 was snorting. Participants described typical users of molly as high school and college students, as well as those who attended raves (dance parties) or clubs. Community professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

## 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'. Generally, participants from various counties within the




Central Ohio region agreed that cocaine is readily available in their communities. One participant stated, *"I'm gonna say '10' because you can pull up on damn near any corner and get powdered cocaine off of just about any [person] in Central Ohio."* Another participant disclosed, *"When I used [powdered cocaine], it was just a phone call away."* Community professionals most often reported current availability as '6'; the previous most common score was '7'. Treatment providers agreed when a colleague stated: *"You've got these dealers and heroin's the hot thing now and that's why I said [moderate availability for powdered cocaine] ... you know [heroin is] the big money maker for the dealers now."*

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 7.6 percent of the 2,947 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 28.3 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, media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Four people were arrested in a drug raid in Marion County; police seized powdered cocaine, crack, oxycodone and heroin ([www.nbc4i.com](http://www.nbc4i.com), March 7, 2014).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, participants noted that powdered cocaine is beginning to decrease in popularity due to the ever increasing popularity of opiate and heroin use. A participant stated, “I think like opiates, heroin and pills and shit, have like taken over more, so I don’t think [powdered cocaine is] quite as popular.” Community professionals reported that the availability of powdered cocaine has decreased during the past six months. Treatment providers’ comments on current availability were congruent with those of drug users. One treatment provider explained, “I think the opiates are just takin’ over and ... I think the opiates are easier to get and the cocaine’s just not as much of an interest ‘cause the opiates are what’s movin’ right now.” Another treatment provider agreed, “I definitely think more people are on opiates now. Cocaine used to be more popular than it [is].” The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

Most participants rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. A participant explained, “[Dealers are] cuttin’ it ... they’re ‘stompin’ on it’ (adulterating powdered cocaine with other substances).” Participants purported that powdered cocaine in the region is “cut” (adulterated) with baby laxatives, baby powder, baking powder, baking soda, creatine, ether, inositol (dietary supplement), insulin, isotol (diuretic), methamphetamine, vitamin B-12, levamisol (livestock dewormer), laxatives, “Miami Ice” (a cutting agent found in head shops), protein powder, Similac®, sugar, talc, Tylenol® and anything that is white and powdered. A participant noted, “People steppin’ all over [powdered cocaine]. Yeah, tryin’ to make more money off of it ... so they’re tryin’ to stretch it further.” Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, “[Quality of cocaine] just depends who you get it from ... [current quality is] garbage.” Another participant commented, “You don’t know what [dealers are] cuttin’ [powdered cocaine] with ... the quality definitely went down.”

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

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)
		lidocaine and procaine (local anesthetics)
		mannitol, sorbitol (diuretics)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants generally agreed that the price for powdered cocaine has increased during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$60-80
	1/16 ounce (aka “teener”)	\$70-90
	1/8 ounce (aka “eight ball”)	\$150-180
An ounce	\$100-900	

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, more than seven would snort the drug. Other routes of administration included intravenous injection (“shooting”)

followed by smoking. Most participants reported that if a person were to smoke powdered cocaine, he or she would generally make it into crack cocaine rather than smoking it in powdered form. Several participants agreed when a participant stated, *"I would think snorting [powdered cocaine is most common], but I mean it depends on ... how you do your drugs. 'Cause if someone likes 'IV' (intravenous injection) then they're gonna shoot it up, but if someone likes snorting then they're gonna snort it."*

Participants described typical powdered cocaine users as more often white and of middle to higher socio-economic status. Participants reported that both males and females use the substance; however, most participants agreed that males who use powdered cocaine also tend to be older (middle-aged and above). Community professionals described typical powdered cocaine users as more often white, middle-aged, white-collar working males. Detectives agreed when one detective stated, *"I think usually Caucasian, 30s to 40s."* A treatment provider described the typical powdered cocaine user as those with more "grandiose jobs" because these are the people who can generally afford to buy the drug.




## Crack Cocaine

Crack 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'. One participant commented, *"Yeah, you can just drive through certain neighborhoods and get [crack cocaine]."* Another participant stated, *"The availability is definitely a '10' ... you can find [crack cocaine] almost anywhere."*

Community professionals most often reported current availability of crack cocaine as '5-7'; the previous most common score was '9'. Treatment providers agreed that the reason they have not heard their clients talk about using crack cocaine is due to the stigma of crack cocaine use. One treatment provider explained, *"I have a couple [of clients] that are really hesitant to speak about [their crack cocaine use] because they see [crack cocaine] as such a low-class drug. They're so ashamed. It's interesting ... they're not really ashamed of doin' the heroin, [but] they're really ashamed to admit they've been smokin' crack."*

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Galion Police (Crawford County) arrested three men while conducting a search of their residence and seized crack cocaine, heroin, marijuana and syringes ([www.nbc4i.com](http://www.nbc4i.com), April 24, 2014).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported decreased availability. A treatment provider shared, *"I hear a lot less people talk about crack cocaine."* Another treatment provider stated, *"Usually when I'm talking to people, they may have done [crack cocaine] in the past, but they're not doing it now. It might have been before or during [early use of] opiates ... but now they're on the opiates."*

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

Most participants rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' and '9'. Participants commented that the quality of crack cocaine is poor due to the large amount of cutting agents used. A participant commented, *"I think a lot o' people here are 'whippin' it' (adulterating crack cocaine with other substances)."* Another participant stated, *"[Quality of crack cocaine] varies, you never know. Sometimes you get sold crap!"* Participants reported that crack cocaine in the region is cut with ammonia, Anbesol®, baking powder, baking soda, ether, laxatives, lidocaine (local anesthetic), olive oil, Orajel®, peanuts, Similac®, Sprite® and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, several participants in Richland County believed quality has decreased.

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



Current street prices for crack cocaine were variable among participants with experience buying the drug. Prices varied considerably among participants and they reasoned that price is based on demand and quality. For example, one participant stated, *"If you want [crack cocaine] bad enough, [dealers] know you're gonna pay [more for] it."* Generally speaking, female participants were less able to identify prices for crack cocaine than male participants, several female participants commented that they just handed a dealer money and took whatever amount of crack cocaine the dealer gave them. Participants in Richland County reported that buying crack cocaine in grams is uncommon in their area, as one participant explained, *"If you're gonna buy a gram, why not buy a 'ball' (1/8 ounce)?"*

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A gram	\$30-100
	1/16 Ounce (aka "teener")	\$75-175
	1/8 ounce (aka "eight ball")	\$100-250
	An ounce	\$750-1,200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight to nine would smoke the drug, while the remaining person(s) would intravenously inject it.

Participants generally described typical crack cocaine users as white and over 30 years of age; whereas law enforcement described typical users as black males, those of a lower socio-economic level with age ranging from 30-50 years. Participants commented that crack cocaine users can be anyone from prostitutes to doctors and lawyers. A participant remarked, *"I've seen people from all walks of life [use crack cocaine]."* Treatment providers were unable to identify typical characteristics of a crack cocaine user.

## Heroin

Heroin remains highly available in the region. Participants most often reported current 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'. A participant blurted out, *"Everybody's on heroin!"* Community professionals also reported the drug's current availability as '10'; the previous

most common score was the same. A treatment provider remarked, *"[Heroin is] extremely available!"*

Participants and community professionals reasoned the high availability of heroin is due to the low cost and popularity of the drug when compared to prescription opioids. A participant explained, *"Because the [availability of prescription opioids] has decreased and the heroin is cheaper. Pills are expensive now."* A treatment provider also commented, *"It's cheaper to get heroin and it's more accessible than it is to get the opiates, so that would be the reason for the high demand."* A law enforcement officer agreed, *"[Users are] choosin' heroin because it's the cheapest drug to get. It's most economical."*




While many types of heroin are currently available in the region, participants continued to report black tar heroin as the most available. Participants commented: *"[Black tar heroin is] everywhere!; People just prefer it, prefer the black tar."* Although treatment providers were unable to differentiate among the types of heroin used by their clients, law enforcement reported that the availability of black tar heroin as most available in the region. A detective stated, *"It seems like [black tar heroin is] everywhere."* Brown powdered heroin is also highly available, while white powdered heroin's availability is variable. A participant reasoned, *"I would say [white powdered heroin is less available] because all the brown's pretty much the Afghan [heroin] comin' in. Where a lot of times the 'china's' ('china white' or white powdered heroin), ya know, it's aptly named, it's more [from] Southeast Asia . . ."* Another participant reasoned that white powdered heroin is less available, *"Because I think a lot of the big distributors get china white [heroin] and they try to make it go so freakin' far [by cutting it with other substances] that it's not china white anymore, it's brown."*

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 16.1 percent of the 2,947 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 38.3 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).

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Following a month-long investigation, a man was arrested in Marion (Marion County) on heroin trafficking charges; police seized 4.5 grams of heroin ([www.bnc4i.com](http://www.bnc4i.com), Jan. 21, 2014).

Franklin County Sheriff’s Office SWAT team arrested 28 individuals in Franklin County during the first few months of the year for trafficking and abuse of heroin and prescription pills ([www.nbc4i.com](http://www.nbc4i.com), March 20, 2014). A 23-year old in Columbus was arrested for heroin possession and trafficking following a DEA investigation and search of his home; deputies seized 10 ounces of heroin ([www.nbc4i.com](http://www.nbc4i.com), April 9, 2014). A drug sweep in Marion County resulted in 39 individuals arrested for trafficking heroin, cocaine and prescription drugs; 19 others were arrested in February as part of the same effort ([www.10tv.com](http://www.10tv.com), April 11, 2014).





Participants reported that the availability of heroin has remained the same during the past six months. Treatment providers also reported that heroin availability has remained the same, while law enforcement reported increased availability, especially for black tar heroin, during the past six months. Treatment providers reasoned that continued demand for the drug makes availability steady and commented: *“I think high demand ... [heroin is] just a big money maker for the dealers; it’s very marketable for the people that are bringin’ it into the country and there’s nothin’ people have been able to do to stop that. So, I think as long as we create a market they’re gonna keep supplyin’ it.”* A detective explained, *“We’ve also seen an influx of heroin, especially in some of the crimes we’re investigating. We may not be seizing as much heroin ... but it affects a lot of the property crimes that we’re seeing.”* The Columbus Police Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months. Note the crime lab does not differentiate powdered heroin versus black tar heroin.

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

Most participants rated the current overall quality of heroin as ‘8-9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ Participants discussed the variability of the quality of heroin in general and commented: *“[Heroin quality] really*

*depends on who you’re getting it off of, really; I think it depends on the batch, too. You could go to the same person everyday over and over again, but he could have one thing for two days then, you know, the next batch that comes in could be completely different than that [first] batch; It’s not consistent, the quality.”* Participants reasoned that the variability in quality is due to how heroin is cut (adulterated) and agreed that this process generally lowers the quality of the product.

Participants shared that the most common cutting agents for all types of heroin are baby laxative, creatine, lactose and vitamins (often B-12). A participant explained, *“More people are tryin’ to sell [heroin] to make money off it, so they’re cuttin’ it more.”* Other adulterants purported for black tar and brown powdered heroin included antibiotics, brown sugar, cinnamon, coffee grounds, fentanyl, piano wax, quinine (antimalarial), Similac®, sleep aids, dark-colored soda pop (Coca Cola®, Pepsi® and root beer were mentioned). Additional cuts for brown powdered heroin mentioned were face make-up, morphine and vinegar. Participants seemed to believe that white powdered heroin is more pure and/or potent than other powdered heroin products. One participant commented, *“I think people that are sellin’ [white powdered heroin] aren’t cuttin’ it as much because they sell it for more, so they want better quality.”* However, additional cuts for white powdered heroin reportedly include aspirin, prescription opioids (Dilaudid® and fentanyl), protein powder, powdered sugar and sedative-hypnotics (Amytal® and Xanax®). Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
		cocaine
	diphenhydramine (antihistamine)	
	fentanyl	
	lidocaine (local anesthetic)	

Current street prices for heroin were variable among participants with experience buying the drug. Reportedly, heroin is most often sold in smaller amounts (1/10 gram) in balloons or “baggies.” However, participants clarified that pricing is lower if purchasing in larger quantities, as one participant explained, *“Yeah, if you buy ‘em all in one whop, you get ‘em for \$10 [per balloon]. If you only buy a few, then it’s like \$15-20 [each]. But if you buy like 15 or 20 of ‘em, you get ‘em for like \$10 apiece, so that’s why a lot of people’s*

'OD'n' (overdosing) because you have to buy a lot to get it for cheaper and have more of it to use ...."

The few participants who provided pricing on white powdered heroin explained that this type is more expensive and sold in balloons as well, but in smaller amounts per balloon (less than 1/10 gram and closer to 1/20 gram amount). Note: Higher prices were reported by more rural participants (Fairfield and Richland counties).

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
	1/10 gram	\$10-40
	1/2 gram	\$40-50
	A gram	\$80-120
	1/4 ounce	\$225-250
	An ounce	\$1,250-\$2,400
	White powdered heroin:	
	A balloon	\$30-50
	3 balloons	\$50
	A gram	\$120-140

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection ("shooting"), followed by smoking. Participants estimated that out of 10 heroin users, eight to nine would shoot the drug, while the remaining person(s) would smoke it. In addition to purchasing needles off the street from dealers, participants reported obtaining needles from local pharmacies or from diabetics. Street prices for needles varied among participants with experience buying them; participants reported needles selling anywhere between \$1-10 per needle with reported prices varying depending on how badly the user needed the needle.

Participants discussed the practice of sharing needles and approximately half of the participants interviewed were adamant about not sharing needles, while the other half admitted sharing if the situation was right. Participants explained: "Depends on if it was all friends; I've seen maybe spouses, ya know, share, but I've personally never shared a needle." However, another participant admitted, "I've shared [needles] early in my addiction." Further, a participant reasoned, "If you're at somebody else's house and you're 'dope

sick' (going through withdrawal) and this girl's got a needle, you're not gonna go runnin' around lookin' to buy a needle when they got one right there ... usually."

Treatment providers, especially in Richland County, indicated an increase in intravenous injection in their heroin-addicted clientele, as well as an increase in Hepatitis C among the same population due to needle sharing. Treatment providers pointed out that the stigma of needle use has decreased and there seems to be less fear of needles among drug users and explained that most users progressed quickly from snorting Percocet® (or similar pills) to injecting pills to shooting heroin.

Participants and community professionals described typical heroin users as white males and females, generally 20-40 years of age. Participants noted that users can be from any walk of life and stated: "Everybody's just engulfed in [heroin] ... people of all ages, people from different backgrounds, jobs, whatever ... people not having jobs; I mean it could be anybody usin' [heroin]." In addition, participants and community professionals agreed that the typical heroin user tends to be a person who started with prescription opioids. Participants commented: "Anybody that's been hooked on pain pills and couldn't find none, or didn't have money for them and wanted to try something cheap and get high, fell in love with [heroin]; I think what happens is people can't afford [prescription opioid] pills, so they switch over to heroin; I think it used to be a lot more classist or stereotyped, but with the rise in the prescription [pill] abuse over the years, I think that's really led to a rise in heroin abuse."

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported 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 Percocet®, Vicodin® and Ultram® as the most popular prescription opioids in terms of widespread use. However, participants were quick to note lower availability for Dilaudid®, fentanyl, methadone, Opana®, OxyContin® OC [old formulation] and Percodan®, rating the current availability of these specific prescription opioids as '0-3' on the availability scale. Community professionals most often reported current availability of prescription opioids generally as '7'; the previous most common score was '10'. Community professionals also identified Percocet®, Vico-






din® and Ultram® as the most popular prescription opioids in terms of widespread use.

Corroborating data indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 11.7 percent of the 2,947 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 35 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of prescription opioids or by combined effects of prescription opioids with another substance(s).

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as community efforts to lessen the number of prescription opioids on the street. A North Columbus pharmacy called police when they realized they had been robbed of prescription pills and discovered the point of entry was a hole cut into the ceiling ([www.bnc4i.com](http://www.bnc4i.com), Jan. 16, 2014). Prescription opioid addicts go to extremes when attempting to obtain medication; one man was arrested in Marion County for staging a shooting in which he hammered a bullet into his thigh in an attempt to obtain prescription pain pills from the hospital ([www.nbc4i.com](http://www.nbc4i.com), March 1, 2014). Police responded to a call from a local Kroger in Westerville (Franklin County) and arrested a man who was robbing the pharmacy of prescription pills for a second time ([www.nbc4i.com](http://www.nbc4i.com), April 11, 2014). Traditionally, drug take-back days did not accept liquid medications, but this year in Pataskala (Licking County), Police Chief Brooks accepted liquid medication because of liquid morphine and fentanyl which he acknowledged are extremely important to get off the street; pet medicine was also accepted ([www.newarkadvocate.com](http://www.newarkadvocate.com), April 24, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months and most often attributed this decreased availability to shutting down of several pill mills in Florida, as well as to the lower prices of heroin in comparison to prescription opioids. A participant purported, "I think just because the heroin use is getting higher, that the desire for prescription pills is decreased." Several participants noted a specific decrease in Percocet® availability. Community professionals reported that availability of prescription opioids has remained the same during the past six months. However, treatment providers in Richland County reported a higher

prevalence of Ultram® due to women readily receiving prescriptions from OBGYN doctors as well as from ordering the drug through the Internet. The Columbus Police Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months but noted the following exceptions: increased numbers for fentanyl and OxyContin® cases.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 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®	\$20 for 4 mg pill \$50 for 8 mg pill \$20 for 50 ml Liquid
	fentanyl	\$40-60 for 100 mcg
	methadone	\$0.50 per milligram \$30 for 70 ml (liquid) \$50 for 100 ml (liquid)
	Opana® (new formulation)	\$30-35 for 40 mg
	OxyContin® OP (new formulation)	\$30 for 30 mg \$20-40 for 80 mg
	Percocet®	\$5-7 for 5 mg \$10-13 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30-35 for 30 mg
	Ultram®	\$0.05-2 for 50 mg
	Vicodin®	\$2-3 for 5 mg \$4-8 for 7.5 mg \$6-12 for 10 mg

Participants explained that some prescription opioids are not as highly desired, so the price is lower for them, commenting: *"Nobody wants to pay the money for [Vicodin®]; No one really likes [Tylenol® 3], so I haven't really seen too many."* Participants also commented on the noticeable absence of OxyContin® OC (old formulation) pills: *"They stopped makin' 'em!; I can't find [OxyContin® OC] anywhere ... people's makin' fake ones outta wax."* Another participant added, *"[OxyContin® OP - new formulation are] like a third of the price of the OCs because you can't do anything with 'em! So nobody cares for 'em."* After providing prices for Percocet®, a participant blurted, *"See that's why people just buy heroin. For real! I mean that is why it happens. [Percocet® are] so expensive, so people are like, 'I'll just buy a bag of heroin for \$10."*

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, doctors, dentists, hospitals, the Internet, emergency rooms and through fraudulent prescriptions. A treatment provider commented, *"[Vicodin® is] a common prescription that you find in someone's medicine cabinet ... so it's easier to get to."*

While there were a few reported ways of consuming prescription opioids, generally participants reported the most common routes of administration remain oral consumption and snorting. Participants were quick to note that Vicodin® and Ultram® are most often orally ingested due to nasal burning if inhaled through the nose. Furthermore, participants clarified that Percocet® and Roxicodone® are used orally or intravenously injected depending on the pill, as one participant explained, *"If it's 30 [mg Roxicodone®], of course I'm gonna shoot it."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical illicit users of prescription opioids as anyone who has a history of pain, ranging from 20-50 years of age, male or female and of any race. A detective stated, *"[Addiction to prescription opioids] usually starts out with a legitimate complaint [and prescription] and it grows into an addiction."* A treatment provider commented that the age at first use of prescription opioids tends to be older teens due to ease of access, whose addiction to these pills continues into their twenties and eventually switches to heroin addiction.

## Suboxone®






Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of the Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant commented on the overall availability of Suboxone® and said, *"[Doctors are] giving [Suboxone®] out more because, you know, they're tryin' to get people off of the other [opiates]."* Participants reported that the sublingual strip form of the drug is more available than the pill form and one participant explained, *"Now the strips are more [available], you know, more what [doctors] prescribe now."* Community professionals most often reported current availability as '6'; the previous most common score was '8'. A treatment provider commented on the ease of obtaining Suboxone® and stated, *"You got cash, you can get [Suboxone®]."*

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.1 percent of the 2,947 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® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. There is more available Suboxone® because, as a participant observed, *"It's a lot easier to go to a doctor now and get Suboxone® than it used to be before."* Participants explained that Suboxone® pills have, for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; previously, users crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form. Another participant added, *"I used to be on the Suboxone® program a couple years ago and half way through the program my insurance company did not want to pay for the pills anymore, they wanted me to go to the strips. So for like insurance purposes, I went to the strips just because that's what they wanted me to do."*

Treatment providers also reported an increase in Suboxone® availability during the past six months, while law enforcement reported that availability has decreased. Treatment providers also cited increased prescriptions from doctors as contributing to the increased availability on the

street. A treatment provider stated, "I think it's been steadily going up [because] more doctors are getting certified to prescribe it." Treatment provider observed: "We're seeing a lot more doctors that are predatory - prescribing Suboxone® for compensation; It's kind of like a pill mill anymore." Contrarily, Law enforcement suggested Suboxone® has decreased in availability due to stricter laws. A detective commented, "It seems like [Suboxone® availability has] decreased to me. I think maybe because they're cracking down on the pill mills more." The Columbus Police Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

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

Current street prices for Suboxone® were variable among participants with experience buying the drug. More rural counties' participants reported availability of 2 mg and 4 mg Suboxone®, whereas participants in more urban areas of the region only reported on 8 mg dosage. Participants reported that pill and strip forms of Suboxone® sell for the same price, but that the 8 mg pill form tends to be on the upper end of that price range. One participant reasoned, "You can make that [8 mg pill] last a lot longer than the strip."

Suboxone®	Current Street Prices for Suboxone®	
	2 mg	\$5-10
	4 mg	\$10-12
	8 mg	\$10-20

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors, friends and Suboxone® clinics. Participants commented: "It's really easy to get a prescription for Suboxone®, Anybody can take an opiate to fail a drug test [and] go and get Suboxone® [prescribed]." In addition, participants commonly stated that some users readily sell their Suboxone® prescriptions and/or trade them for other drugs.

One participant stated, "[Suboxone® is] easy to get on the streets, too. 'Cause a lot of people abuse it and [people with prescriptions] don't take it and they sell 'em.'" Another participant shared, "A lot o' people that don't wanna stay clean trade ... their Suboxone® for their heroin."

Community professionals also discussed how illicit Suboxone® users easily obtain prescriptions from doctors and often sell some or all of their Suboxone® on the street. A treatment provider remarked, "And recently I've been kind of enlightened on that ... where clients are being prescribed Suboxone® [and] are taking less of what they're supposed to be taking so they can sell the extra to people to make money to buy like marijuana, alcohol, other things ... and then when they come in to see the doctor they've been taking their Suboxone® [and test positive for it] and the doctor really never knows they were selling some of it." A detective also commented, "Yeah, generally when you run across Suboxone®, it's somebody who has a script who's sellin' the script."

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). Participants also reported snorting or intravenously injecting both the pills and the strips. Although reportedly rare, a participant shared, "I've heard of people cuttin' up [the strips, dissolving them in water] and snortin' 'em."

Participants described typical illicit users of Suboxone® as recovering or current opiate addicts. Community professionals similarly described typical illicit users of Suboxone® as former or current prescription opioid or heroin users who are either self-medicating or trading the drug for other drugs. A treatment provider stated, "[Suboxone® users are] the ones that are tired of using the heroin or are just trying to get through and not be sick."




### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are 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 '6.' Overall, participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Community professionals varied in their responses concerning current availability of sedative-hypnotics in the region. Treatment providers most often rated sedative-hypnotics current availability as ranging from '5-10,' while law enforcement rated current availability as ranging from '3-5;' the previous most common score among both treatment providers and law enforcement was '5.' Community professionals also identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider mentioned, "Well I think [clients are] able to get prescriptions for [sedative-hypnotics] so easily they don't see [use of sedative-hypnotics as addiction]; some see it as abusing, but ... some don't even mention it because it's not [viewed as a drug of abuse]." A detective stated, "I mean you come across [sedative-hypnotics] every once in a while, but not anywhere near like what you do the Percocets® and Opanas®."

Corroborating data indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that six percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for benzodiazepines. The Franklin County Coroner's office reported that 16.7 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of benzodiazepines or by combined effects of benzodiazepines with another substance(s).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, several participants reported that Xanax® has become difficult to obtain, indicating a possible decrease in its availability. One treatment provider remarked, "[Sedative-hypnotics are] classics! They're not trends!" Another treatment provider expounded, "[Sedative-hypnotics are] not even retro. [Availability of sedative-hypnotics has] just never changed, it just never goes out of style." Treatment providers indicated that sedative-hypnotics are not typically reported as the drug of choice among clients but rather a drug that is used along with other drugs. The Columbus Police Crime Lab reported that the number of cases it processes for Ativan®, Klonopin® and Valium® has increased during the past six months, while the number of cases it processes for Ambien® and Xanax® has decreased.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets and current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1-1.50 for 1 mg (yellow or orange) \$2-5 for 1 mg (blue or green)
	Valium®	\$0.50-3 for 2 mg \$1-2 for 5 mg \$2 for 7.5 mg \$2-3 for 10 mg
	Xanax®	\$0.25-1 for 0.25 mg \$2-3 for 0.5 mg \$2-4 for 1 mg \$5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, friends, family members and through fraudulent prescriptions. One participant divulged, "There's a whole network of pill people that get [prescriptions] and they just call, trade, sell ..." While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration remain oral consumption and snorting.

Participants described typical illicit users of sedative-hypnotics as women who are often mothers. A female participant remarked, "[Sedative-hypnotics are] called 'momma's little helpers!'" Treatment providers described typical illicit sedative-hypnotic users as most often people with mental health diagnoses, over 40 years of age and female. A treatment provider added, "Well, I hear people using [sedative-hypnotics] when opiates aren't available to try to help the



withdrawal effects.” Law enforcement also described the typical illicit user as over 40 years of age.




## Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report 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’ for both groups. A detective observed, “It’s been prevalent as long as I can remember.”

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 24.5 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, media outlets reported on law enforcement seizures of marijuana in the region this reporting period. Crawford County Sheriff’s office seized 93 marijuana plants, eight pounds of marijuana and a small amount of cocaine when they executed a search warrant in Crestline; ([www.nbc4i.com](http://www.nbc4i.com), March 14, 2014). A tip led to the arrest of a woman for dropping off drugs to the London Correctional Institution (Madison County) for an incarcerated inmate; 25.5 grams of marijuana hidden in a diversion safe (“stash safe”), that looked like an energy drink can, was seized ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 16, 2014). A female university student was arrested in Granville (Licking County) after police responded to another student who was overdosing on THC laced gummy bears that she had been selling; she handed over 39 bags of additional gummy bears to the police – each containing 100 mg active THC ([www.nbc4i.com](http://www.nbc4i.com), April 21, 2014). Another tip led Columbus police to the arrest of three men who appeared to be unloading watermelons from a semi-trailer at 3:00 in the morning when officers discovered that the product was actually 3,000 pounds of marijuana ([www.nbc4i.com](http://www.nbc4i.com), April 24, 2014). A young man was arrested in Fairfield County after state troopers stopped him for a speeding violation; two pounds of hydroponic (high-grade) marijuana were discovered in the engine compartment ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 14, 2014). When another driver in Fairfield County was pulled over, troopers found half a pound of hydroponic marijuana in the car’s trunk ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 16, 2014). Again, in Fairfield County, a marked lanes violation led to the arrest of a woman found

to have three pounds of hydroponic marijuana in her vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 11, 2014). Detectives arrested a man in Columbus after finding 1,000 grams of marijuana and crack cocaine in his residence ([www.nbc4i.com](http://www.nbc4i.com), June 20, 2014).

Participants and community professionals continued to report that the availability of marijuana has remained the same during the past six months. However, some participants noted an increase in marijuana concentrates and extracts within the region. Participants commented: “I’ve also kinda noticed a really big increase of like concentrates, like hash oil and stuff like that; Yeah, it’s just concentrated THC, like people doin’ ‘dabs’ (a waxy type of marijuana extract).” Marijuana concentrates and extracts are products derived from medicinal alchemy of marijuana (an extraction of THC from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance). These concentrates are known to contain over 90 percent THC. The Columbus Police Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often reported the quality of low-grade marijuana as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score ranged from ‘2’ to ‘8’. Participants explained that low-grade marijuana is less desirable because it is full of seeds, twigs and stems which cause the product to be dry and of lower quality; whereas high-grade marijuana was described as moist and “spongy.”

Participants most often reported the current quality of high-grade marijuana as ‘10’; the previous most common score was also ‘10’. Participants reported increased quality of high-grade marijuana. Several participants concluded: “[Growers are] gettin’ smarter on how they grow [marijua-

na]; *People are growin' more and looking more into how to grow it better and make more money; 'Cause they're startin' to learn more, better tricks about how growin' it, because now it's startin' to be legal in Colorado and everywhere."*

Current street prices for marijuana were variable among participants with experience buying the drug. Participants reported that the price of marijuana depends on the quality purchased and continued to report that low-quality marijuana is the cheapest form of the drug. Participants were unable to provide prices for marijuana concentrates and extracts. A participant commented on how difficult it is to find larger quantities of high-grade marijuana, *"You're lucky if you can get an ounce of the good stuff."* Participants generally agreed that higher quality marijuana definitely costs more and that prices are often affected by the user's relationship with the dealer; prices are lower if the user is a friend of the dealer.

Current Street Prices for Marijuana		
<b>Marijuana</b>	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20-30
	1/4 ounce	\$40
	An ounce	\$70-120
	A pound	\$300-850
	high grade:	
	a blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50-80
	1/2 ounce	\$90-200
	An ounce	\$200-300
	1/4 pound	\$350-400
	A pound	\$1,200-3,600

While there were a few reported ways of consuming marijuana, by far the most common route of administration remains smoking. Participants reported several ways to smoke the drug, including in a blunt, a bong, a bowl or a pipe. One participant reported that vaporizing the drug is also common and explained, *"The vaporizer is a double seller. You can vaporize the 'weed' (marijuana), take the THC out of it, re-bag it [and] sell it ... because it still looks like the same thing. So people are double profiting off [it]."* In addition

to smoking the drug, participants also reported using marijuana in edibles and drinks such as brownies, Rice Krispies® treats, hash oil mixed into butter for cooking, alcohol, coffee and tea.

Although a typical profile for a marijuana user did not emerge from the data and most participants described typical users as everyone, a few participants made distinctions between low-grade and high-grade users. These participants described low-grade marijuana users as people without much money and fewer connections, such as high school students, while describing high-grade marijuana users as more often male. Female participants agreed that they see males using high-grade marijuana more often than the low-grade marijuana. Community professionals were also unable to identify any distinguishable characteristics of a typical marijuana user and also described typical users as everyone. A treatment provider shared a similar observation of that of participants in that males often use the high-grade marijuana. Furthermore, law enforcement observed that males often tend to sell marijuana. One detective stated, *"The people we arrest [for trafficking marijuana] are mostly males, but we know that both males and females use [marijuana]."*

### Methamphetamine



Methamphetamine's is moderately available in the region. However, 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 in Fairfield County reported more exposure to this drug than participants from other locations in the region. Participants with current methamphetamine knowledge most often reported overall current availability of methamphetamine as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while participants in Fairfield County specifically reported the drug's overall availability as '10'; the previous most common score was variable and ranged from '0' to '10'. Treatment providers reported current availability of methamphetamine as '5'; the previous most common score was variable and ranged from '2' to '10'. A treatment provider stated, *"I think if you want [methamphetamine], you can get it."*

Participants reported that methamphetamine is available in powdered and crystal forms. Participants commented about the production of "one-pot" or "shake-and-bake"




(powdered) 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), people who make methamphetamine (“cooks”) can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.




Fairfield County participants specifically reported moderate to high availability of powdered methamphetamine and rated it as bi-modal (‘4-5’ or ‘8-10’) on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). One participant commented, “[Powdered methamphetamine is] everywhere around here.” Fairfield County participants also reported low to moderate availability of crystal methamphetamine and rated it as ranging from ‘3-7’ on the same availability scale. A participant commented on the availability of crystal methamphetamine, “People are now startin’ to use it.”

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. Mansfield (Richland County) police arrested a man after locating a meth lab in his attic following a neighbor’s complaint ([www.10tv.com](http://www.10tv.com), Jan. 15, 2014). Deputies arrested a man and dismantled a large methamphetamine operation when materials were found behind a rural home in Pickaway County ([www.10tv.com](http://www.10tv.com), April 10, 2014). OSHP seized 17 grams of methamphetamine and about a pound of hydroponic marijuana when they pulled over a truck in Madison County; the driver was arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Apr. 8, 2014).

Generally, participants were unable to report on the change in availability of methamphetamine; however, participants from Fairfield County who rated the availability of powdered methamphetamine as ‘8’ or ‘10’ reported increased availability of the drug, while participants who rated the availability as ‘4’ or ‘5’ reported decreased availability during the past six months. Additionally, those same participants reported no change in crystal methamphetamine during the past six months. Community professionals reported that the availability of methamphetamine has increased during the past six months. One detective observed, “Generally, what you’re seeing is, the black tar [heroin] is coming in the area, the meth is also coming in the same group of people, so the availability of the methamphetamine is starting to go up as it’s comin’ across the [Mexican-

US] border along with the black tar heroin.” The Columbus Police Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the crime lab reported processing both white powdered and clear crystal methamphetamine.

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

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

Participants reported that the quality of crystal methamphetamine has remained the same, while the quality of powdered methamphetamine has decreased during the past six months. One participant stated, “[Methamphetamine is] decreased [in quality] since [law enforcement] targeted it; you gotta get your hands on the juice and make your own.”

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for \$100 and a gram of powdered methamphetamine sells for \$80-100.

Participants reported that the most common route of administration for crystal methamphetamine is intravenous injection (“shooting”), while the most common routes of administration for powdered methamphetamine include shooting, snorting and smoking the drug. One participant remarked, “Well, the thing is you can have a crowd of shooters, you can have a crowd of smokers, or you can have a crowd of snorters.”




A profile of a typical methamphetamine user did not emerge from the data. Participants in Fairfield County described typical users of methamphetamine as anybody. Treatment providers described typical users as more often white, 20-40 years of age and of lower socio-economic status.

## Prescription Stimulants

Prescription stimulants 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 '8.' Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. One participant commented, "Adderall's like really, really, really popular." Only two treatment providers reported on prescription stimulants; one clinician rated current availability as '4,' while the other clinician rated current availability as '8-9,' the previous most common scores were '3' and '5.' Community professionals identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use.

Participants in Franklin County reported that the availability of Adderall® has remained the same during the past six months, while participants in Delaware County reported that the availability of Adderall® and Vyvanse® has increased. One treatment provider reported a decrease in prescription stimulant availability during the past six months, while the other clinician reported that availability has remained the same among college students. The Columbus Police Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

Very few participants reported current street prices for prescription stimulants; those who had experience buying these drugs reported the following prescription stimulants as available to street-level users.

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 30 mg
	Vyvanse®	\$3 for 20 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends or others who have a prescription. Participants with knowledge of prescription stimulants reported that the most common route of administration for illicit use of these drugs remains snorting.

Participants described typical illicit users of prescription stimulants as college students and users who like the powdered cocaine high. One participant stated, "A lot of time people will, like 'coke heads' - people who like speedy highs, will go for Adderall® 'cause it's kinda cheaper and easier to get." Treatment providers also described typical illicit users of prescription stimulants as college students and added that teenagers are also illicit users of this drug. A treatment provider reported that college students will often trade marijuana for Adderall® and explained, "In fact, I've heard so many people say it helps them focus with less side effects than the marijuana."

## Bath Salts






Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region, although all participants except for one said they had not seen the drug during the past six months. The one participant who had experience with bath salts during the past six months, reported the drug's current availability as '7' 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.' One participant commented they had not seen bath salts, "Not since they were banned." Treatment providers and law enforcement indicated that they had not seen the drug enough, or at all, during the past six months to rate current availability; however, the previous most common score was '4.' One treatment provider commented, "No, you don't see any people with [bath salts]."

Participants reported that the availability of bath salts has decreased during the past six months. A participant specu-



lated, “[Bath salts has] *probably gotten less readily available because [law enforcement are] tryin’ to crack down on it.*” Community professionals also reported that the availability of bath salts has decreased during the past six months. Treatment providers reasoned that the decreased availability of this drug is due to legislation enacted in October 2011 banning the drug’s sale. Detectives added that they had not seen bath salts at all during the past year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months		
		Participants	Decrease
		Law enforcement	Decrease
		Treatment providers	Decrease

Participants were not able to report on current street prices for bath salts, nor were they able to comment on common routes of administration due to not being associated with this particular drug during the past six months. Neither participants nor community professionals commented on characteristics of a typical bath salts user.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; “K2” and “Spice”) remains available, although availability is variable depending on location within the region. Reportedly, the drug is rarely available to participants in Franklin County, but highly available to participants in Richland County. Participants in Franklin County most often reported the drug’s current availability as ‘3-4,’ while participants in Richland County most often reported the drug’s availability as ‘8-9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8’ or ‘10.’ A participant in Franklin County commented on the availability and stated, “*I don’t really see [synthetic marijuana] at all anymore.*”




Law enforcement in Franklin County reported they had not seen synthetic marijuana during the past six months. Treatment providers in Richland County most often reported the drug’s current availability as ‘8’ or ‘10;’ the previous most common score was ‘2’ among both treatment providers and law enforcement. A treatment provider in Richland County

stated, “*We see [synthetic marijuana] a lot in drug court because they don’t test for it and [probationers are] aware they don’t test for it.*”

Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. Franklin County deputies indicted nine people for trafficking synthetic marijuana and bath salts ([www.nbc4i.com](http://www.nbc4i.com), May 23, 2014).

Participants in Franklin County reported that the availability of synthetic marijuana has decreased during the past six months, while participants in Richland County reported that availability has either increased or remained the same. A participant in Richland County explained, “*I know [legislators] took [synthetic marijuana] out of the stores for legal purchase, but so many people are learning how to make it that it’s just shooting up [increasing in availability] and the fact that people are on probation, you can get tested for it, but you can’t get tested for it directly . . . they gotta spend a hundred dollars for a separate drug test to test you for it . . . I think that’s bringin’ popularity up more.*”

Community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, “[Synthetic marijuana is] *trending way down!*” The Columbus Police 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	No consensus
		Law enforcement	Decrease
		Treatment providers	Decrease

Current street prices and for synthetic marijuana were variable among participants with experience buying the drug. One participant commented, “*People do 10s and 20s [\$10 and \$20 amounts], nothin’ real big . . .*”

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	\$5
	1/4 gram	\$10-25

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and in certain stores. Participants assured: *"No matter what ... you can order [synthetic marijuana] off the Internet; Yeah, I know a lot of people ordering [synthetic marijuana] off the Internet."*

The most common route of administration for synthetic marijuana remains smoking. However, for the first time, several participants talked about users inhaling the chemical that is sprayed on the "fake weed." Richland County participants explained: *"[Synthetic marijuana is] not just sprayed [with a chemical] anymore, people are directly inhaling the chemical; Usually if you're making [synthetic marijuana], you're on it hardcore, like your doin' it ALL day long - everyday. And it gets to a point where your tolerance goes up and you start doin' [inhaling] the chemical which is pure."*




Participants described typical users of synthetic marijuana as people who are trying to pass drug tests. Community professionals were unable to describe typical users of synthetic marijuana. A treatment provider indicated similar observations as participants and stated, *"But the pot [marijuana] purists ... they turn to [synthetic marijuana] because they think it won't pick up [show] on a drug screen and they think that because it's synthetic cannabinoids that it's gonna be like marijuana [highs] and its nothing like marijuana."*

### Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) current availability is low to moderate in the region. Availability continues to vary depending upon which form of the drug users seek: ecstasy tablets or powdered MDMA ("molly"). Participants most often reported low current availability of ecstasy, rating availability as '0-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2' and '4.' One participant in commented, "I guess everybody's usin' molly." Only two participants were able to report on molly and reported low to moderate current availability for the drug, rating availability as '3' and '6'; the previous most common score was '10.' Treatment providers and law enforcement were unable to comment on current ecstasy or molly availability.

Participants reported that the availability of ecstasy/molly has remained the same during the past six months. Law

enforcement stated they had not seen any prevalent influx of ecstasy/molly during the past six months.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	No Change
	 Treatment providers	No comment

Current street prices for ecstasy were consistent among participants with experience buying the drug. A participant discussed purchasing molly and stated, *"The more [quantity] you buy, the cheaper [molly] is."*

Ecstasy/Molly	Current Street Prices Ecstasy	
	Low dose (aka "single stack")	\$10
	High dose (aka "double stack")	\$20
	Current Street Prices Molly	
	1/2 gram	\$50
	A gram	\$100

Participants reported several common routes of administration for ecstasy and molly including snorting, intravenous injection ("shooting"), oral consumption and anal insertion ("plugging"). Participants described typical ecstasy and molly users as younger, college-aged people who attend rave (dance parties) concerts, as well as strippers. A participant remarked, *"Ravers! Or people that like electronic music [use ecstasy/molly]."*

### 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 (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD] and psilocybin mushrooms), khat (an edible plant containing cathinone, an amphetamine-like stimulant), mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high; its use is not de-

tected by typical drug screening tests) and cold and cough medications (specifically, promethazine and Coricidin® D).

Hallucinogens remain available in the region. One participant reported on DMT and rated its current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). This participant reported decreased availability of DMT during the past six months and commented, *"I feel like a lot of [the decreased availability of DMT] is because how intense it is. A lot of people got scared to try it."* Quality of DMT was reported as high, as the participant rated it an '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The participant reported the quality for this drug has remained the same during the past six months. Reportedly, 1/10 gram of DMT sells for \$15 and is most often obtained through a dealer.

A participant reported high availability of LSD and rated current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A treatment provider reported moderate availability of LSD and rated its current availability a '5'; the previous most common scores for treatment providers were '1' and '3'. Media outlets reported on law enforcement seizures of LSD in the region this reporting period. Two men were arrested during a drug raid when the Franklin County Sheriff's Office Special Investigation Unit searched their residence; over 170 doses of LSD, ecstasy tablets, steroids, crystal methamphetamine, four grams of heroin, prescription pills and 38 grams of powdered cocaine were seized ([www.10tv.com](http://www.10tv.com), Jan. 26, 2014). The participant reported no change in LSD availability during the past six months. Current street prices for LSD were consistent among participants with experience buying the drug. Participants reported that "a hit" (a dose) sells for between \$7-10 and a sheet (approximately 100 hits) sells for \$700. Participants reported that LSD is most often found at raves and concerts. Reportedly, the most common route of administration for LSD is oral ingestion by mixing the drug into drinks. Participants described typical LSD users as people who attend raves and concerts.

Participants reported low to moderate availability of psilocybin mushrooms and rated current availability as '3' and '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previous most common scores were reported as '0' and '2' for out-of-season and '8' for in-season. Community professionals did not report on this drug. One participant reported that the availability of psilocybin mushrooms has remained

the same during the past six months, while another participant reported decreased availability. Street prices were consistent among participants with experience buying the drug. Participants reported that one gram of psilocybin mushrooms sells for \$25 and 1/8 ounce for \$30. Participants reported that the most common route of administration for psilocybin mushrooms remains oral consumption by putting them on food, like pizza or hamburgers. An additional route of administration reported was smoking. Participants described the typical users of mushrooms as "hippies," people who attend concerts and people who smoke marijuana.

According to law enforcement, khat availability is variable in the region. Detectives reported no change in khat availability during the past six months. Law enforcement reported the drug is most common among the Somali population.

Treatment providers in Delaware County reported they had seen one client who used kratom during the past six months. Treatment providers believed the drug to be very popular overseas and reported that the client ordered kratom through the Internet. Reportedly, the drug is also found in a few head shops. Media outlets reported on law enforcement seizures of kratom in the region this reporting period. Fairfield County law enforcement arrested a couple employees of a warehouse business after discovering they sold kratom, nitrous oxide (an inhalant) and Hawaiian baby woodrose seeds (which provide a hallucinogen effect); they were arrested for drug trafficking as well as trademark counterfeiting because they sold 'stash containers' (fake product containers with a hidden compartment) in which to store drugs ([www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov), Jan. 23, 2014).

Participants who had experience buying promethazine reported high availability in the area and shared that they knew a dealer who sold the drug and clarified that promethazine is not very available unless the buyer knows someone specifically. Participants with experience purchasing the drug reported that one ounce of promethazine sells for \$15-20 and reported that it is most commonly used in combination with codeine and the mixture is then called "lean." Treatment providers did not mention promethazine, but discussed the high availability of Coricidin® D. A treatment provider remarked, *"[Availability is] every corner there's a Walgreens or a Rite Aid or a CVS!"* Treatment providers indicated an increase in Coricidin® D ("Triple C's") availability and popularity during the past six months. Treatment providers described typical illicit users as predominantly younger males with age at first use beginning at 11 years.

## Conclusion

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

Participants noted that powdered cocaine is beginning to decrease in popularity due to the ever increasing lure of opiates and heroin. Community professionals reported that the availability of powdered cocaine has decreased during the past six months. The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Community professionals described typical powdered cocaine users as more often white, middle-aged, white-collar working males.

Participants reported that the availability of Suboxone® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. Participants explained that Suboxone® pills, have for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; illicit users previously crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form of the drug. Participants and treatment providers cited increased prescriptions from doctors as contributing to the increased street availability.

In addition to obtaining Suboxone® on the street from dealers and other users, participants and community professionals also reported users getting the drug from Suboxone® clinics, which many described as operating as pill mills. Participants commented that it is easy to get a

prescription for Suboxone®. Moreover, participants commonly stated that some users readily sell their Suboxone® prescriptions and/or trade them for other drugs, particularly heroin. Participants and community professionals similarly described typical illicit users of Suboxone® as former or current prescription opioid or heroin users who are either self-medicating or trading the drug for other drugs.

Fairfield County participants reported moderate to high availability of powdered methamphetamine and low to moderate availability of crystal methamphetamine. Community professionals reported that the availability of methamphetamine has increased during the past six months. Law enforcement indicated that methamphetamine is coming from across the U.S.-Mexican border along with black tar heroin. The same groups that are bringing in black tar heroin are thought to be bringing in methamphetamine as well. Treatment providers described typical methamphetamine users as more often white, 20-40 years of age and of lower socio-economic status.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants and treatment providers reasoned that the decreased availability of this drug is due to law enforcement efforts and legislation enacted in October 2011 banning the drug's sale. Detectives added that they had not seen bath salts at all during the past year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Lastly, treatment providers in Delaware County reported having seen one client who used mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high) during the past six months. Treatment providers believed the drug to be very popular overseas and reported that the client ordered kratom through the Internet. Reportedly, the drug is also found in a few head shops.