



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 (AOD) treatment programs in Delaware, Franklin, Marion and Richland counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and pharmacy representatives) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in

Columbus and Lancaster (Fairfield County) from throughout the region 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 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

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 reporting period of participants.

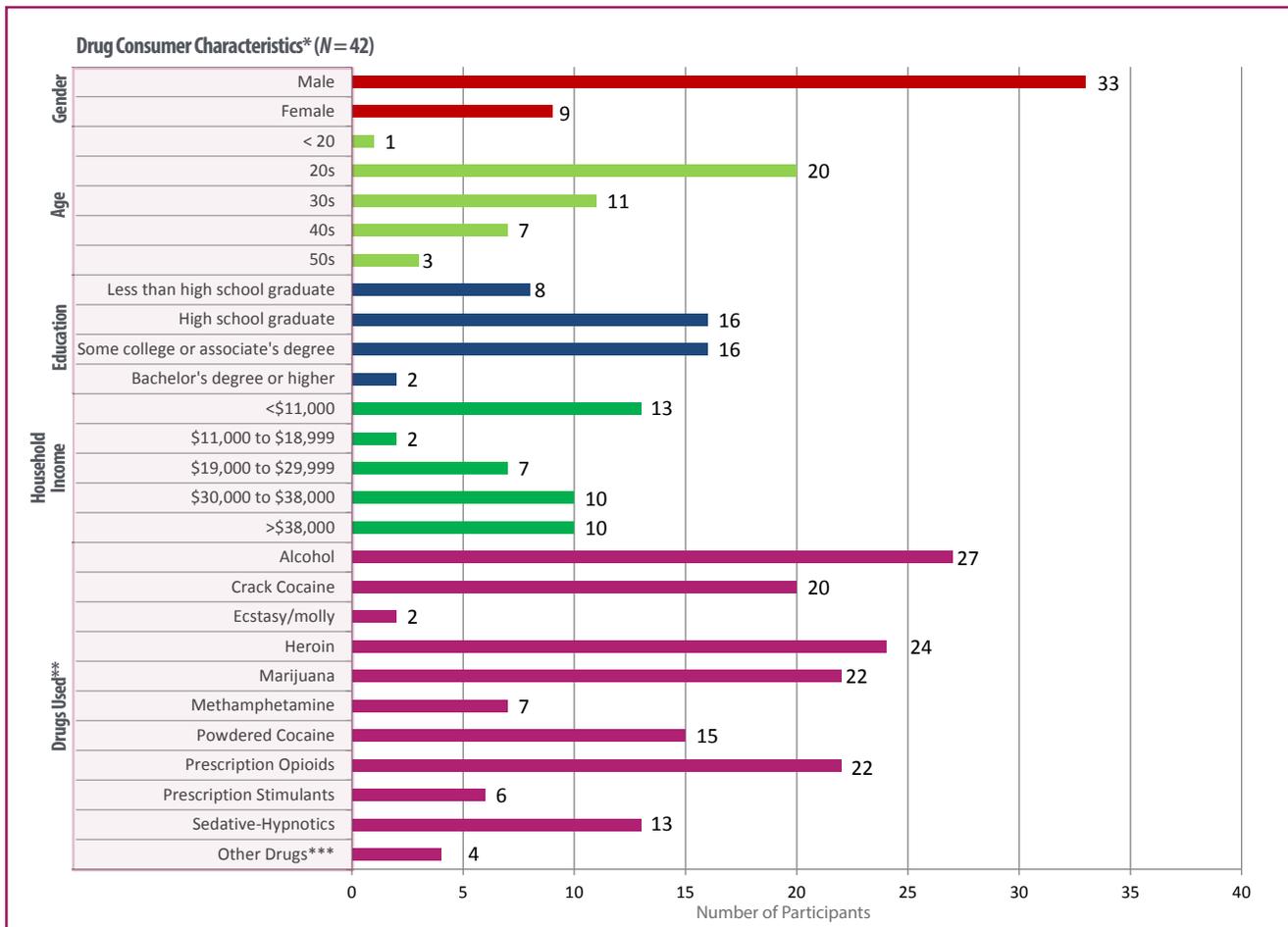
Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	42
Gender (female), 2010	51.2%	50.7%	21.4%
Whites, 2010	81.1%	78.0%	73.8%
African Americans, 2010	12.0%	13.4%	19.1%
Hispanic or Latino Origin, 2010	3.1%	3.3%	0.0%
High School Graduation Rate, 2010	84.3%	77.0%	81.0%
Median Household Income, 2013	\$46,873	\$53,422	\$22,000 to \$25,999 ²
Persons Below Poverty Level, 2013	16.2%	13.9%	38.1%

¹Ohio and Columbus region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014 - January 2015.

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

Columbus Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 42.

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

***Other drugs: bath salts, hallucinogens, promethazine and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remained highly available in the Columbus region; also highly available were sedative-hypnotics. Decreased availability existed for bath salts. Data also indicated possible decreased availability for powdered cocaine and possible increased availability for methamphetamine and Suboxone®.

Participants noted that powdered cocaine was decreasing in popularity due to the ever increasing lure of opiates and heroin. Community professionals reported that the availability of powdered cocaine had decreased during the previous six months. The Columbus Police Crime Lab reported that the number of cocaine cases it processes had decreased during that same time period. 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 had increased, while the availability of Suboxone® pill form had decreased. Participants explained that Suboxone® pills had, for the most part, been replaced through doctor prescription by Suboxone® strips because the strips were more abuse resistant; illicit users previously crushed the pills for snorting and injecting. Participants and treatment providers cited increased prescription from doctors as contributing to the increased street availability of the drug.

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 “pill mills.” Participants commented that it was easy to get a prescription for Suboxone®. Moreover, participants commonly stated that some users readily sold their prescribed Suboxone® and/or traded it 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 were 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 had increased during the previous six months.

Law enforcement indicated that methamphetamine was coming from across the U.S.-Mexican border along with black tar heroin. The same groups that were bringing in black tar heroin were 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 had decreased. Participants and treatment providers reasoned that the decreased availability of this drug was 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 in the previous year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes had decreased during the previous six months.

Finally, 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 previous 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 was also found in a few head shops.

Current Trends

Powdered Cocaine



Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. One participant indicated that people are trying to make ends meet by selling cocaine and stated, *“More people tryin’ to make that extra dollar.”* Community professionals most often reported powdered cocaine availability as ‘7’; the previous most common score was ‘6’. One treatment provider commented, *“I think people are doing [powdered cocaine] together with heroin.”*

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

reported that 5.4 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine).

Participants reported that the availability of powdered cocaine has decreased during the past six months. When participants were asked why the availability of powdered cocaine has decreased, several participants reported that crack cocaine or heroin were preferred drugs over powdered cocaine in the region. One participant indicated an increase in powdered cocaine in their locale and explained, "More dealers of [powdered cocaine], so ... more people slingin' it (selling it) where I'm at."

Community professionals reported an increase in availability of powdered cocaine during the past six months. One treatment provider reasoned, "There seems to be something about avoiding the crack [cocaine] and going to the powder [cocaine] because it says something about your status." However, several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine, as one clinician explained, "With the Vivitrol® shot [it] means people aren't able to get high on opiates and so cocaine has quickly become the replacement drug because it's still something people can get high on." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current overall quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' One participant commented, "People 'cut' (adulterate) [powdered cocaine] like crazy ... it's been really hard to find quality stuff." Participants reported the top cutting agents (adulterates) for powdered cocaine are baking soda, creatine and vitamin B-12. Other adulterates mentioned include: aspirin, baby laxatives, dry wall, ether, flour, lidocaine (local anesthetic), methamphetamine, NoDoz®, Novocain®, penicillin, Similac®, Tylenol® and anything else

that is, or can be crushed down into white powder. One participant explained that Novocain® is used, "So you get the 'nummies' (numbing sensation)." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● levamisole (livestock dewormer) ● benzocaine (local anesthetic) 	

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of powdered cocaine has increased during the past six months. One participant reasoned, "I think [price of powdered cocaine] increased just because it's become more of a demand, ya know? More people are not just buying ... powder cocaine, they're buying powder cocaine with heroin, you know? They gotta have both, you know? Not everybody wants to be down all the time. You gotta have an upper, or a medium."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-150
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$450-500
	An ounce	\$1,100-1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting and intravenous injection (aka "shooting"). While many participants reported snorting as the most common route of administration, participants most often estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. A participant shared, "I see shooting more common with other IV (intravenous) drugs that are used, but if they're not typically a shooter, they usually snort [powdered cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. One participant stated, "[A typical powdered cocaine user is] almost as broad as opiates - from kids to old people." Another participant explained that powdered cocaine users tend to have more money and added,

"You always want more!" Law enforcement also found it difficult to describe the typical powdered cocaine user. A law enforcement officer explained, "[The typical powdered cocaine user profile is] a pretty wide range. We've had the same demographics as the heroin, but also the older crowd in their 40s, 50s." Another officer added that a powdered cocaine user is usually someone who also uses crack cocaine, but has a little more money and may come to the inner city of Columbus from the suburbs to obtain 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 stated, "[Crack cocaine is] just everywhere. I mean, you can't get away from it." Another participant remarked, "If I wanted [crack], I could get it." Community professionals most often reported current availability as '7'; the previous most common score was '5-7'. A law enforcement officer stated, "Crack has remained huge (widely available and popular)."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Whitehall (Franklin County) older adult was arrested for selling crack cocaine out of his senior housing apartment building; detectives witnessed two deals and obtained a search warrant which resulted in seizure of about 23 grams of crack cocaine, 270 grams of marijuana and some pills (www.nbc4i.com, July 22, 2014). Another search warrant in Marion (Marion County) resulted in the seizure of 2.8 grams of crack cocaine (www.nbc4i.com, Jan. 17, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. One participant explained, "There's new dope boys (dealers) every day." Several participants suggested that crack cocaine continues to remain highly available due to the popularity of using crack cocaine in combination with heroin for a "speedball" effect (consecutive stimulant and depressant highs). Other participants discussed the new medical assistance treatment for opiate addiction, Vivitrol®, as contributing to more frequent use of crack cocaine. One participant explained, "Because everybody's getting on this Vivitrol® shot and they can't get high on anything else, so they're goin' to crack." Treatment providers reported that crack cocaine availability has remained the same during

the past six months, while law enforcement indicated an increase. The BCI London Crime Lab 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	Increase	
	 Treatment providers	No change	

Participants most often rated the current overall quality of crack cocaine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants indicated that crack cocaine is often cut with other substances (aka "stepped on") in order to increase profit. One participant commented, "Everybody's steppin' on [crack cocaine], cuttin' it, tryin' to make more profit." Participants reported that crack cocaine in the region is cut with alcohol, baby formula, baby laxatives, baking soda, bath salts, caffeine, ether, lidocaine (local anesthetic) and vitamin B-12. One participant explained, "[Crack cocaine cut with bath salts is] called 'crack salt.' It's bath salt and crack mixed together."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant commented, "I think [quality of crack cocaine] goes down every year. Seriously, when I started smoking crack back in the day, it was good shit. Now it's shit (poor quality)." Participants reported that the top adulterates, or cutting agents, used in crack cocaine are baking soda and baby laxatives.

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Although participants were able to report the prices for an ounce of crack, participants laughed and agreed as one person remarked, "It's hard to find an ounce

of crack. Nobody buys ounces of crack." A participant also reported that the number of crack dealers has increased, so finding a decent price is easier: "There was a select amount of dope boys that lived around here and now ... because there's so many people sellin' [crack cocaine] that whatever you're gonna charge me, if it's expensive, I can just go to the next [dealer]."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/16 ounce (aka "teener")	\$65-90
An ounce	\$900-1,200	

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 ten would smoke and a couple would intravenously inject (aka "shoot") the drug.

Participants described typical crack cocaine users as males and females, 30 to 50 years of age and more African American than Caucasian. One participant said, "I would say it's getting a lot more popular in the younger generation now." Other participants agreed and explained that the drug is beginning to gain popularity among younger users due to an increase in users combining crack cocaine with heroin. Community professionals described typical crack cocaine users as 20 to 40 years of age, lower socio-economic status, more Caucasian than African American, and individuals who have more labor intensive jobs such as construction or landscaping.

Heroin



Heroin remains highly available in the region. Participants most often reported the 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 commented, "I feel like [heroin is] very easy to find. If you want it, it's there. It's right around the corner."

Other participants shared similar sentiments: "Can we go higher than '10'?; You can walk outside your front door and walk 20 feet in any direction and [heroin is] there; Almost everybody sells it or does it; It was pretty much, you walk down

the road and it's a gauntlet of drug dealers." Community professionals most often reported current availability as '9'; the previous most common score was '10'.

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered and black tar heroin as most available. Participants commented: "Everybody wants to be a drug dealer. So it's way easier to get the powder [heroin] than it is anything else; It got WAY easier to get [heroin] where I'm at. More people slingin' it (selling it)." A law enforcement officer reflected, "It seems like [heroin dealers] either get a shipment of tar or a shipment of powder. [The type of heroin that is available] depends on what they're sittin' on at the time."

White powdered heroin ranges in availability throughout the region, as participants most often reported current availability for this type of heroin as either '4' or '10'; law enforcement reported current availability of white powdered heroin as '3'. A couple participants explained: "A lot of dealers won't sell their 'china' (white powdered heroin) to everybody either; V.I.P clientele only." A law enforcement officer stated, "[White powdered heroin] doesn't really come around very often."

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 16.3 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A large-scale multi-state drug ring was interrupted when 35 pounds of heroin and 18 pounds of cocaine were seized and 14 people arrested; two key drug traffickers were caught coordinating shipments to local non-incarcerated drug traffickers from the London Correction Facility (Madison County) (www.nbc4i.com, July 18, 2014). An Ohio State Highway Patrol (OSHP) officer was stuck with a needle while doing a pat down at the Ohio State Fair; the man admitted using it for heroin and the officer had to undergo a medical regimen to rid his body of potential drug and communicable disease (www.nbc4i.com, Aug. 13, 2014). A search warrant was served in Marion (Marion County) during which 8.1 grams of heroin were found and a man arrested for possession and trafficking (www.nbc4i.com, Jan. 8, 2015). A woman reported suspicious activity after two women stopped and asked for directions and then proceeded to go the opposite way; Delaware County deputies

caught up to the two woman and found them in possession of heroin and prescription pills (www.thisweeknews.com, Jan. 10, 2015). Three individuals were arrested after detectives raided a residence in Marion and discovered 42.3 grams of heroin (www.nbc4i.com, Jan. 17, 2015).

Participants reported that the availability of heroin has increased during the past six months. One participant stated, “[Heroin is] *easier to get a hold of now than marijuana [or] cocaine.*” Another participant specifically added, “*I would say, on the [availability] scale, the black tar is easily a ‘10’ ... and it’s increased.*” Still another participant reported, “[Brown powdered heroin is] *just more available. It’s more around.*” Participant also noted an increase in availability of white powdered heroin and commented: “*It’s been easier to come across the ‘china’ (white powdered heroin); Oh, the drought is over. It’s here.*”

Community professionals reported that the general availability of heroin has increased during the past six months. A treatment provider reasoned, “[The clients] *wind up going to heroin for pain relief and that starts a rather unpleasant cycle.*” The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current general quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8-9’. One participant shared, “*The [users] that keep coming back [to the same dealer] and don’t go to anyone else get the good [quality heroin].*” Participants discussed adulterants (aka “cuts”) that affect the quality of the drug. A participant explained, “*If they’re down to the bottom of their batch, they’ll cut it I guess [to] make it last longer.*” Several participants discussed quality of specific types of heroin and commented: “*Everybody’s got [brown powdered heroin], everybody stomps on it (cuts it with other*

substances); Mainly I don’t think [white powdered heroin is] supposed to be cut all that much; They cut [white powdered heroin] and let it back out (to be sold on the street) and it’s a ‘10’ [in quality] still.” Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants reported that the top cutting agents (adulterates) for powdered heroin are prescription opioids; specifically mentioned were fentanyl, Percocet® and Vicodin®. A participant reported, “[Percocet® is] *a huge, huge [heroin adulterant].*” Additional cuts mentioned include: nutritional supplements (creatine, protein powder and vitamin B-12), powdered cocaine and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). Reportedly, brown powdered heroin and black tar heroin are also cut with aspirin, baby laxative, bath salts, brown sugar, darker drinks (cocoa powder, coffee and colas) and shoe polish; white powdered heroin is also cut with baby formula, powdered sugar and regular sugar. The BCI London Crime Lab reported that a lot of powdered heroin cases that are processed in the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
		cocaine
	diphenhydramine (antihistamine)	
	fentanyl	
	mannitol (diuretic)	
	triacetin (glycerin triacetate, a food additive)	

Reports of current prices for heroin varied among participants with experience purchasing the drug. Participants reported that faithful customers who return to the same dealer typically receive lower prices; however, because of the high price of white powdered heroin, users will often shop around for lower prices. Participants noted that the price of white powdered heroin depends on the quality of the drug and the quantity purchased.

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
	1/10 gram (aka "balloon")	\$20-40
	1/2 gram	\$50-60
	A gram	\$100-150
	1/4 ounce	\$200-350
	An ounce	\$1,000-1,500
	White powdered heroin:	
	1/10 gram (aka "balloon")	\$20-40
	1/2 gram	\$40
	A gram	\$150-175
	1/4 ounce	\$400
	An ounce	\$2,000-2,100

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting") and snorting. One participant stated, "I think it don't matter where you go, whatever neighborhood you go to, if 10 people do heroin, most of 'em are shootin'." Participants reported that injection needles are readily available at regional retailers and added that buying needles on the street is less common since users can go to the store and obtain clean ones easily.

In addition to going to stores to purchase needles, participants also reported getting them from friends, diabetics or heroin dealers. The most common street price for needles on the street is \$5 per needle; however, some participants reported getting a discount on needles if they buy heroin. A participant stated, "In Richland County the dealers sell 'rigs' (needles) with their packs [of heroin]. And, yeah, they'll sell 'em for 5 bucks apiece." Other participants shared: "I know [dealers] that give out needles with their dope; Sometimes they throw 'em in - buy two bags [of heroin], get a rig!"

Sharing needles is reportedly common, as participants explained that if there was only one needle in a room of 10 heroin users, all 10 users would share the one needle. Although participants agreed that sharing needles is more common among friends than among strangers, a participant divulged, "I've had people I don't even know use [my needle]." Another participant explained, "I don't think anybody wants to do the sharing, but if you're sick enough [from withdrawal], you will." Other participants confirmed:

"Once the drug arrives it's just as quickly as you can get it in ya; They talk about wantin' to use a new [needle], but when it comes right down to it, you put an addict next to a dirty rig ... they're gonna use."

Participants described typical users of heroin as males and females, 30 years of age and younger, predominantly white and often someone who began using prescription opioid medication, but switched to heroin because it is cheaper. One participant reflected, "I think [the profile of a typical heroin user is] getting older ... A lot o' the people I know start with, ya know, 'perks' (Percocet®), 'perk 30s' (Roxicodone® 30 mg), whatever, and they're chargin' 30 dollars for a perk 30 and you can buy a bag of heroin for 20 bucks and get twice the buzz." Other participants reported an increase in younger heroin users and commented: "You don't see many old people shootin' dope; It's getting younger and younger ... I heard of a 12-year-old doin' it." Often participants would agree that the demographic of a typical heroin user is diversifying.

Community professionals agreed with participant descriptions, except for providing an age range of 18-40 years of age and adding that users are often of low socio-economic status. Similar to participant responses, treatment providers agreed the age range of heroin users is expanding. A treatment provider stated, "[Heroin use is] not so much encapsulated into one particular area. It's starting to expand into many other areas of age, race, ethnicity ... using pain medication and then going on to something cheaper like the heroin has ... expanded the range of users that we see right now." Another treatment provider stated, "As far as occupation goes, I would say, 'What occupation?' None of them come through saying, 'I have a job,' or they're doing stuff ... 'under the table' type stuff that they can't report."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented on the general availability of opioids and stated, "[Prescription opioid pills are] everywhere. It's easy to get. Like they were saying ... literally, you can just walk through the alley right here." Community professionals most often reported prescription opioid current availability as '7'; the previous most common score was also '7'.

Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant stated, "Nowadays, you can get [prescription opioids] by the thousands. You get bulk and stock up on 'em ... and, when there's no heroin around the neighborhood everybody wants the 'perks' (Percocet®)." A pharmacist reasoned that Vicodin® is popular, "because right now it's schedule III, so you can get refills on it."

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 11.5 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Madison County Sheriff's office joined with London and West Jefferson police departments in a roundup of 31 individuals connected in a drug ring discovered trafficking prescription opioids and heroin (www.nbc4i.com, July 23, 2014). A Union County man was arrested for murder and domestic violence after detectives investigated his bedridden wife's death and found that he had been administering a deadly combination of tramadol and an antidepressant to her (www.10tv.com, July 23, 2014). OSHP arrested two individuals in Fairfield County when troopers discovered 1,152 hydromorphone pills hidden in the trunk of the vehicle; the passenger also handed over a small amount of marijuana (www.statepatrol.ohio.gov, July 26, 2014). Marysville (Union County) police arrested three individuals for stealing from a pharmaceutical vehicle (www.nbc4i.com, Jan. 14, 2015). Marion County physicians are attempting to reduce the number of prescriptions in that area as it was ranked as prescribing the highest number of pills per capita throughout the state (www.marionstar.com, Jan. 23, 2015).

Participants and community professionals agreed that the general availability of prescription opioids has remained the same during the past six months. A participant stated, "I just see [availability of prescription opioids] like any other thing ... economically, it's supply and demand ... if people are gonna make money off of it, they're gonna make sure it's available for those who are gonna buy it." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drug. Reportedly, the majority of prescription opioids sell for \$1 per milligram; popular, "stronger" opioids are often more expensive, whereas opioids are said to be significantly cheaper if considered a weaker substance (Ultram® or Vicodin®) or if they are abuse-deterrent formulations (OxyContin® OP). A participant commented on the popularity of Dilaudid® and said, "That's the granddaddy of all the pills." Another participant shared, "Tramadol is almost worthless to an opiate addict."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$5-10 for 2 mg \$20 for 4 mg
	fentanyl	\$40 for 80 mcg
	methadone	\$5 for 5 mg \$7-10 for 10 mg \$20 for 20 mg
	OxyContin® OP (new formulation)	\$15 for 30 mg \$40 for 80 mg
	Percocet®	\$5 for 5 mg \$10 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30 for 30 mg
	Vicodin®	\$0.50-1 for 5 mg \$4-6 for 7.5 mg \$5-7 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from family members, friends, nursing homes, and through personal or fraudulent prescriptions. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common

routes of administration for illicit use are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would shoot the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as people in physical pain or anyone. A participant stated, “I think it’s an opiate society.” Another participant remarked, “It’s everywhere! I mean, I know a girl who tried to break her wrist to get [prescription pain medicine] ... I mean it’s everywhere.” Community professionals described typical users of prescription opioids as heroin users and persons with a legitimate physical pain problem who become addicted to the drugs. A treatment provider stated, “I think it’s a little bit of everybody.” A law enforcement officer stated, “I see a lot of people that just got an injury or whatever and they just get a bunch of pills.” A pharmacist in the community stated, “These drugs are very addicting ... and it’s very unfortunate ... that 80 percent of the people don’t believe they’re addicted ... and that’s the problem.”

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current availability of Suboxone® in sublingual strip form as ‘10’ and in pill form as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘8’ and ‘6’ respectively. Community professionals most often reported current availability generally as ‘8’; the previous most common score was ‘6.’ A pharmacist stated, “What I am seeing is very sad for this drug. There are certain physicians in Franklin County that are prescribing [Suboxone®] like it’s water.” A treatment provider stated, “[Users] can get [Suboxone®] just about any time they are without their drug of choice, or if they’re in between stages. It just seems like that’s what the go-to is.”

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.1 percent of the 2,878 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 remained the same during the past six months, while availability in pill form has decreased. Participants suggested that the decrease in pill form of

the drug is due to doctors prescribing it less. Treatment providers reported that the availability of Suboxone® has increased during the past six months. A treatment provider explained, “[Availability of Suboxone®] has gone up in the last six months because there a lot more providers and prescribers ... it is much more readily available and with the way that it is not being regulated in this area, people are able to sell what meds they don’t use.” Another treatment provider added, “Two [Suboxone®] providers are within a stone’s throw.” The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through personal prescriptions or from clients in Suboxone® programs who sell the drug for heroin. A participant stated, “Everybody’s trying to get on Suboxone® so they can turn around and sell ‘em to get dope (heroin).”

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$10-15 for 4 mg \$15-30 for 8 mg \$25 for 12 mg
	tablet	\$5 for 8 mg

Participants reported that the most common route of administration for Suboxone® strip form is sublingual, followed by intravenous injection (aka “shooting”); the most common routes of administration for Suboxone® pill form are shooting and snorting. Participants and community professionals described typical illicit users of Suboxone® as opiate addicts and those trying to recover from heroin use. A treatment provider stated, “Anyone who uses opiates or heroin.”

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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 generally agreed that sedative-hypnotic availability is highest at the beginning of the month. Community professionals most often reported current availability of sedative-hypnotics as '8'; the previous most common score was '9'. A treatment provider stated, "People are learning what they need to say in order to get prescribed [sedative-hypnotics]."

Participants and community professionals identified Xanax®, Klonopin® and Valium® as the most popular sedative-hypnotics in terms of widespread illicit use. A participant stated, "[Xanax® is] everywhere."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 7.0 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for benzodiazepines. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant led to the arrest of a man in Marion (Marion County) when officers discovered 14 ecstasy pills, 16 alprazolam (Xanax®) pills, 2.2 grams of marijuana, 41.6 grams of heroin and 58 oxycodone pills (www.nbc4i.com, Jan 8, 2015).

Participants and law enforcement reported that the general availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported an increase. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

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

Reportedly, many different types of sedative-hypnotics (aka "downers") are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	\$3-5 per pill (unspecified dosage)
	Ativan®	\$3 for 2 mg
	Klonopin®	\$2-3 for 0.5 mg \$2-4 for 1 mg
	Soma®	\$1 per pill (unspecified dosage)
	Valium®	\$1 for 2 mg \$2 for 2.5 mg \$4-5 for 5 mg \$7 for 10 mg
	Xanax®	\$1-3 for 0.25 mg \$2 for 1 mg \$5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed by physicians or from friends and family members who have prescriptions. Participants also reported that they can readily obtain the drug in bars and social hang-out areas. A participant stated, "They're pretty social. Like if you're hangin' out somewhere, [sedative-hypnotics are] usually sittin' there."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort the drugs and the other five would either intravenously inject (aka "shoot") or orally consume the drugs.

Participants described typical illicit users of sedative-hypnotics as most often teens and females (mothers or housewives). A participant remarked, "A lot o' women are big on 'benzos' (benzodiazepines). That's huge among girls." Likewise, community professionals described typical illicit sedative-hypnotic users as female and 20-30 years of age. A narcotics detective reflected, "Well, within the last six months it seems more female ... with Xanax®, 20s to 30s."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals continued to most often report the 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' for both groups. Law enforcement rated the availability of hash oil as '5.' Treatment providers discussed how normal marijuana use is in their client's everyday lives and commented: *"The habit is they have [marijuana] before dessert; A midnight snack."*

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An attempted robbery of a marijuana grow operation led to the arrest and life-sentencing of a young Franklin County man, who shot and killed the owner (www.fox19.com, July 22, 2014). OHSP troopers say a crash that killed three teens in Licking County was the result of the driver, who was found to have 45.7 nanograms per milliliter of marijuana in his blood system; the legal limit is 5 nanograms per milliliter (www.nbc4i.com, Aug. 27, 2014). A woman was rushed to a hospital after eating a brownie that was laced with marijuana; officers seized the rest of the brownies from her Worthington (Franklin County) residence (www.thisweeknews.com, Jan. 7, 2015).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. A participant explained, *"Nobody wants to smoke crap after they get the good stuff."* Participants from different groups also agreed that using marijuana concentrates and extracts in the form of oils, 'dabs' or wax is becoming increasingly more common. Participants commented on using marijuana concentrates and extracts: *"It's the hip thing!; Yeah, I mean, everybody wants to try somethin' new. Weed's been around a long time ... it's a new way."*

Community professionals reported that the availability of marijuana has increased during the past six months.

A treatment provider reported, *"[Marijuana availability] consistently increases."* Another treatment provider responded, *"[Marijuana availability has increased] definitely!"* A law enforcement officer stated, *"I'd say definitely an uptick [in marijuana availability]."* Law enforcement officers also reported an increase in marijuana extracts and concentrates, often referring to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing being a new way to consume the drug. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Several 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 rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3' for low-grade marijuana and '10' for high-grade marijuana. Participants indicated that the quality of low-grade marijuana has remained the same during the past six months, as one participant commented, *"[The quality of low-grade marijuana] remained the same. Dirt weed's always 'dirt weed' (low quality marijuana)."* A participant also noted, *"We have a lot of 'mids' (lower grade marijuana) that are trying to contend with the high-grade marijuana, so [dealers try] passing it off as high grade when it's really mid."*

Participants indicated that the quality of high-grade marijuana has increased during the past six months, as one participant explained, *"[Quality of marijuana is high] 'cause people are getting' smarter about making [marijuana]. I mean they're growing better [marijuana]. There are so many different types and so many different strains."* Another participant agreed and reasoned, *"So many different growers now, ya know. Since [marijuana is] legalized now we, all the underground growers, are now able to come out with their new strands of high-grade marijuana."* A participant added, *"The quality [of marijuana] has definitely increased, but I don't*

think it can get much better than what it is right now since they came out with 'dabs' (marijuana extract/concentrate) or whatever. It's like 95 percent THC (tetrahydrocannabinol)."

Reports of current street prices for marijuana were provided by participants with experience buying the drug, who reiterated that the price is dependent upon quality. Similar to previous reports, commercial grade marijuana is the least expensive form of the drug.

		Current Street Prices for Marijuana		
Marijuana	Low grade:			
	A blunt (cigar) or two joints (cigarettes)		\$5	
		1/4 ounce		\$20-25
		1/2 ounce		\$45-60
		An ounce		\$80-100
		A pound		\$800-1,200
	High grade:			
		1/2 gram		\$10
		A blunt (cigar) or two joints (cigarettes)		\$20
		1/8 ounce		\$50
		An ounce		\$250-450
		A pound		\$1,200-2,400

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, a substantial number of participants added that five out of 10 high-grade marijuana users would vaporize the drug and reported that it is easier to get away with smoking marijuana at a bar using an vaporizing device (similar to an electronic cigarette). Participants reported: "[Vaporizing marijuana] triples, quadruples the effect of the buzz; When you vape (vaporize) the low-grade stuff it just gunks up your unit." Additionally, participants reported that a few marijuana users would orally ingest the substance in baked goods.

Although a profile for a typical marijuana user did not emerge from the data, participants noted that people of lower socio-economic status, as well as habitual users, tend to use lower grade marijuana most often due to

lower cost. A treatment provider stated, "Marijuana knows no race, creed, or gender. If it's in the house, everybody has it. The neighbors have it, it's in the back yard, it's on the front porch, it's like a roach."

Methamphetamine

Methamphetamine is highly available in the region. Participants most often reported the 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 '5.' A participant stated, "[Availability of methamphetamine is] pretty much guaranteed. If you want it, you can get it." Community professionals were unable to report on availability of methamphetamine; the previous most common availability score for methamphetamine among treatment providers was '5.'

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, powdered methamphetamine is the most prevalent form in the region and is typically referred to as "one-pot" or "shake-and-bake," which means users are producing the drug 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 (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A participant stated, "There's a lot of people shakin' and bakin,' ya know, these days." Another participant shared, "[Chrystal methamphetamine is] really not that common."

Participants reported that the availability of powder methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. A participant explained, "You can buy the shit to make [methamphetamine] at the store, that's why [availability of powdered meth has increased]." Another participant explained that crystal methamphetamine is, "A little harder to make, a little more time consuming." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of crystal methamphetamine as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants rated the quality of powdered methamphetamine as '6,' the previous most common scores were '3' and '7.' Overall, participants reported that the quality of crystal methamphetamine has decreased during the past six months, while the quality of powdered methamphetamine has remained the same.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot"):	
	1/2 gram	\$30
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$150-180
	1/8 ounce (aka "eight ball")	\$250-300
	An ounce	\$1,200-2,200
	Crystal:	
	1/2 gram	\$80
	A gram	\$100

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting"), smoking or snorting. Participants estimated that out of 10 crystal methamphetamine users, eight would shoot and two would either smoke or snort the drug; while powdered users would be split, five shooting and the other five smoking or snorting the drug.

Participants described typical methamphetamine users as 30-40 year-old white males. One participant noted that demographics of methamphetamine users are beginning to shift which is purportedly creating an increase in the drug's popularity and availability. That participant stated, "More black people are starting to use meth."

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' 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' among the few participants who were able to report on the drug. Similarly, community professionals most often reported current availability of prescription stimulants as '6,' with the exception of Concerta®, which they reported most often as '3,' the previous scores were '4' and '8-9' among the couple clinicians who were able to comment on the drug.

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. A participant stated, "... Everybody's on Adderall® or Ritalin® or somethin'." Another participant remarked, "'Rits' (Ritalin®) are everywhere." Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A treatment provider stated, "You can't go a week without seeing an Adderall® prescription."

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 3.6 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for amphetamines.

Participants reported that the general availability of prescription stimulants has decreased during the past six months. A participant commented, "[Adderall® is] getting a little bit harder to get now." Contrarily, community professionals reported increased availability of prescription stimulants during the past six months. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Increase
	 Treatment providers	Increase

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2-5 for 30 mg
	Ritalin®	\$2-3 for 20 mg \$5 for 40 mg
	Vyvanse®	\$60 for 60 mg ER

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting personal prescriptions from doctors and often selling them to friends or people they know. Participants reported that the most common routes of administration for illicit use of prescription stimulants are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would shoot and two would snort the drugs.

Participants described typical illicit users of prescription stimulants as high school and college students, as well as adult women. A participant stated, “I don’t think I knew anyone at school [not] studying with [prescription stimulants].” Other participants commented: “Women like ‘speed’ (prescription stimulants); They like to [take prescription stimulants to] clean the house.” Likewise, community professionals described typical illicit prescription stimulant users as high school and college aged individuals. Law enforcement also observed that high school students from higher socio-economic status families are more likely to abuse prescription stimulants.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; “K2” and “Spice”) remains available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score ranged from ‘3-4’ or ‘8-9’ depending on location within the region. There was only one treatment provider able to report on the current availability of synthetic marijuana, rating it as ‘3;’ the previous most common score was ‘8’ or ‘10.’ Law enforcement discussed the availability of ‘crown’, a form of synthetic liquid cannabinoid, in the region. Officers rated availability of this form of synthetic marijuana as ‘7.’

Participants reported that the availability of synthetic marijuana has increased during the past six months. Several participants suggested that this increase is due to the number of people who are in legal trouble or on parole now using this drug since the drug is not detectable on most drug screens. A participant remarked, “[Availability of synthetic marijuana has] skyrocketed. Everybody’s on parole.”

The treatment provider reported decreased availability of synthetic marijuana during the past six months and explained, “[Synthetic marijuana is] not widely sought out. There are other drugs that do similar things that are more publicized.” Law enforcement reported that the availability of crown has increased in the past six months due to new trending e-cigarettes. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. A participant suggested that prices have increased during the past six months and commented, "It used to be 10. Ten [dollars] for 3.5 grams and then once it became popular it just kind of sky-rocketed." Another participant said, "If you're comparing to a standard weed (marijuana) price, it's definitely more expensive."

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	\$10
	3.5 grams	\$25-30
	1/8 ounce	\$50
	1/4 ounce	\$60
	A pound	\$700-800

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available on the street from dealers, as well as from the Internet, head shops and corner stores. A participant stated, "You can order [synthetic marijuana] off the Internet and they'll ship it straight to your door step."

While there were a few reported ways of consuming synthetic marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all users would smoke the drug. Reportedly, crown is vaporized. A law enforcement officer stated, "Well [crown is] used in those electronic cigarette things."

Participants described typical synthetic marijuana users as people on probation and young (mid-teens to 20 years of age). A participant replied, "Someone that wants to pass a drug screen." Similarly, a treatment provider described typical users as young teenagers between 14 to 18 years of age. Law enforcement described the typical user of crown as people in high school into their twenties.

Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy 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 '0-4.' Participants most often reported the current availability of "molly" (MDMA powdered form) as '10'; the previous most common scores were '3' and '6.' Participants commented: "Molly's everywhere; 'Cause all these rappers rappin' about it, everybody wants to do it, n' it's just the cool thing to do now." Treatment providers most often reported ecstasy current availability as '7' and were unable to provide information on molly.

Participants reported a decrease in availability of ecstasy during the past six months, while reporting an increase in molly. Participants commented: "You just don't hear about [ecstasy] as much anymore; [Ecstasy is] not the designer drug that it used to be." Other participants reported: "Molly came in and knocked 'X' (ecstasy) out the picture; [Molly is] more popular now than it was six months ago." Community professionals reported decreased availability of ecstasy during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

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

Participants suggested that ecstasy is not always pure and commented: *"A lot of the times [what] X is cut with ... is heroin based."* Another participant concurred, *"Yeah, ecstasy usually has heroin in it"*

Reports of current street prices for ecstasy were consistent among participants with experience buying the drug; however, current street prices for molly were variable among participants with experience buying it. Participants reported that molly is typically sold in capsules. Reportedly, prices for molly are lower in urban areas and higher in more rural areas.

Ecstasy/Molly	Current Street Prices Ecstasy	
	Low dose (aka "single stack")	\$10-15
	Medium dose (aka "double stack")	\$20
	High dose (aka "triple stack")	\$25
	Current Street Prices Molly	
	1/2 gram	\$20-60
	A gram	\$30-75
3.5 grams	\$200	

Participants indicated that molly is obtained primarily at social events. A participant shared, *"Cause pretty much if you know where the party's at, you know where the molly's at. And there's always a party for one, and for two ... if they're on molly in that party, it does not matter if you know them or not - all you gotta do is say, 'Where the molly at!?'"*

Participants reported that the most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, the majority would orally consume the drug and up to five might snort it.

Participants described typical ecstasy users as younger males and females who often attend 'raves' (dance parties) and festivals. Participants also described users as hippies. A participant stated, *"Usually like young kids who like to go out and party, ya know, take [ecstasy]."* Treatment providers described typical ecstasy users as younger (20-year-olds).

Participants described typical molly users as younger males and females, partiers and drug dealers. A participant put forth a drug dealer's reasoning: *"I'm sellin' drugs all night, so I can't sleep, so I'm a go 'head and get this molly up into me."* Another participant agreed and observed, *"I see more drug dealers do [molly] than average people."*

Other Drugs in the Columbus Region

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), khat (an edible plant containing cathinone, an amphetamine-like stimulant) and Neurontin® (an anti-convulsant medication).

Bath Salts

 Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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 '7'. Law enforcement most often reported current availability as '3'; the previous most common score was not reported since community professionals had not received reports of the drug during the previous six months. A law enforcement officer reported, *"I feel like [bath salts has] lost a little bit of popularity."*

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants purported that the decrease in availability is due to legislation and law enforcement. Participants commented: *"Yeah [availability of bath salts] decreased around here dramatically; It's a definite decrease because of the laws; Because of the laws changing and people getting arrested."* A law enforcement officer commented, *"[Bath salts are] harder to get than it used to be when it was newer."* The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Reports of current street pricing for bath salts was provided by a few participants with experience purchasing the drug during the past six months. Reportedly, 2 grams sell for \$35; 3 grams sell for \$40; 10 grams sell for \$150. Despite legislation enacted in October 2011, participants reported that

bath salts continue to be available. Participants reported ease of obtaining bath salts off the Internet since the drugs are delivered right to their door.

While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. Participants estimated that out of 10 bath salts users, eight would snort and two would smoke the drug. Participants described typical bath salts users as 25-40 years of age, women, cocaine users and individuals who do not have access to other drugs. Community professionals were unable to describe a typical user, however one law enforcement officer stated, *"It takes a very unique person to want to use [bath salts]."*

Hallucinogens

Participants most often reported the current availability of LSD as '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 '8'. Participants most often reported the current availability of psilocybin mushrooms as '10'; the previous most common score was bimodal, '3' and '5'. Community professionals did not report on LSD and psilocybin mushrooms.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A local band in New Albany (Franklin County) reported an increase in hallucinogens, including DMT (dimethyltryptamine) and psilocybin mushrooms; these drugs can be very dangerous for teens and young adults as they effect blood pressure, heart rate, increase agitation and sometimes result in seizures (www.10tv.com, July 14, 2014).

Participants reported that the availability of LSD and psilocybin mushrooms remained the same during the past six months. The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases it processes has decreased.

Reports of current street prices for LSD were provided by participants with experience buying the drug. Participants reported a perforated square (one dose, aka "a hit") sells for \$10-15; a strip (approximately 10 hits) sells for \$150; and a low concentrated sheet (approximately 100 hits) sells for \$100, while a high concentrated sheet sells for \$700-800. Current street prices for psilocybin mushrooms were also consistent among participants with experience buying

the drug. Participants reported 1/8 ounce sells for \$25; 1/4 ounce sells for \$45; and one ounce sells for \$140.

In addition to obtaining LSD on the street from dealers, participants also reported getting the drug at festivals, concerts and sporting events on college campuses. A participant stated, *"Festivals is a huge [venue] for 'acid' (LSD)."* Participants reported that the most common route of administration for LSD is oral consumption. Participants estimated that out of 10 users, all would orally consume the drug by placing it under their tongue or mixing it in a drink. Participants described typical users of LSD as white, young, sometimes older generations, and people who attend 'raves' (dance parties) and music festivals.

Participants revealed that psilocybin mushrooms are most often grown by users, obtained on college campuses or sought for in the woods. Participants reported the most common route of administration is oral consumption. Participants estimated that out of 10 users, eight would orally consume and two would smoke the drug. Participants reported that psilocybin mushrooms are most often placed in food, but can also be brewed into a tea. Participants described typical users of mushrooms as young people.

Khat

Khat was reported as available in the region by two law enforcement officers. These professionals reported the current availability of this substance as '6-7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was bimodal, '2' and '5'. The officers reported an increase in availability of khat during the past six months. Law enforcement described typical khat users as Somalian, aged 30-40 years. Law enforcement reported that Somali relatives will ship the drug from Somalia to their family members since the drug is not native to North America.

Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) is 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); treatment providers most often reported current availability as '8-10'. Participants reported no change in availability of Neurontin® during the past six months, while treatment provider indicated an increase. Treatment

providers purported that an increase in prescription writing of Neurontin® has led to increased street availability of the drug. A pharmacist remarked, *"I'm blown away that [Neurontin® is] not controlled."*

Participants with experience purchasing the drug said it sells for \$0.50-1 per pill (unspecified dosage). In addition to obtaining Neurontin® on the street from dealers, participants also reported getting personal prescriptions from doctors, as one participant stated, *"They're easy to get prescribed, too."* Participants reported using Neurontin® to avoid withdrawal from other drugs. Participants described typical Neurontin® users as individuals on probation, because most drug screens do not detect this drug, or people who illicitly use prescription opioids. A treatment provider described typical users as males and females in their twenties.

Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered and black tar heroin as most available. Both respondent groups reported that availability of heroin has increased during the past six months. Corroborating data also indicated a high presence of heroin in the region. American Court and Drug Testing Services reported that 16.3 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. In addition, the BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months.

Participants reported that heroin is often cut with pharmaceutical drugs, such as prescription opioids (fentanyl, morphine, OxyContin®, Percocet® and Vicodin®) and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). The BCI London Crime Lab reported that a lot of powdered

heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

The most common route of administration for heroin remains intravenous injection; sharing needles is reportedly common. Participants described typical users of heroin as males and females, 30 years of age and younger, predominantly white and often someone who began by using prescription opioid medication, but switched to heroin because it is cheaper. Community professionals agreed with participant descriptions, except for providing an age range of 18-40 years of age and adding that users are often of low socio-economic status. Similar to participant responses, treatment providers agreed the age range of heroin users is expanding.

Treatment providers discussed how "normal" marijuana use is in their clients' everyday lives. Corroborating data also indicated the high presence of marijuana in the region. American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

While participants reported that the availability of low-grade marijuana has decreased, they reported that the availability of the high-grade marijuana has increased during the past six months. Participants from different groups agreed that using marijuana concentrates and extracts in the form of oils, "dabs" or wax is becoming increasingly more common. Community professionals also reported that the availability of marijuana has increased. In addition, law enforcement officers reported an increase in marijuana extracts and concentrates, often referring to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing being a new way to consume the drug. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Community professionals reported an increase in availability of powdered cocaine during the past six months. Several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine, explaining that with this drug an opiate high is not possible while a cocaine high is. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, powdered methamphetamine is the most prevalent form in the region and is typically referred to as “one-pot” or “shake-and-bake.” Participants reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

Participants described typical methamphetamine users as 30- to 40-year-old white males. One participant noted that demographics of methamphetamine users are beginning to shift which is purportedly creating an increase in the drug’s popularity and availability.

While both respondent groups reported decreased availability of ecstasy pressed tablets, participants reported an increase in availability of powdered MDMA (aka “molly”). Participants described typical molly users as younger males and females, partiers and drug dealers. Participants also suggested that ecstasy is not always pure, commenting that it is often adulterated with heroin.

Lastly, participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants purported that the decrease in availability is due to legislation and law enforcement. The BCI Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.