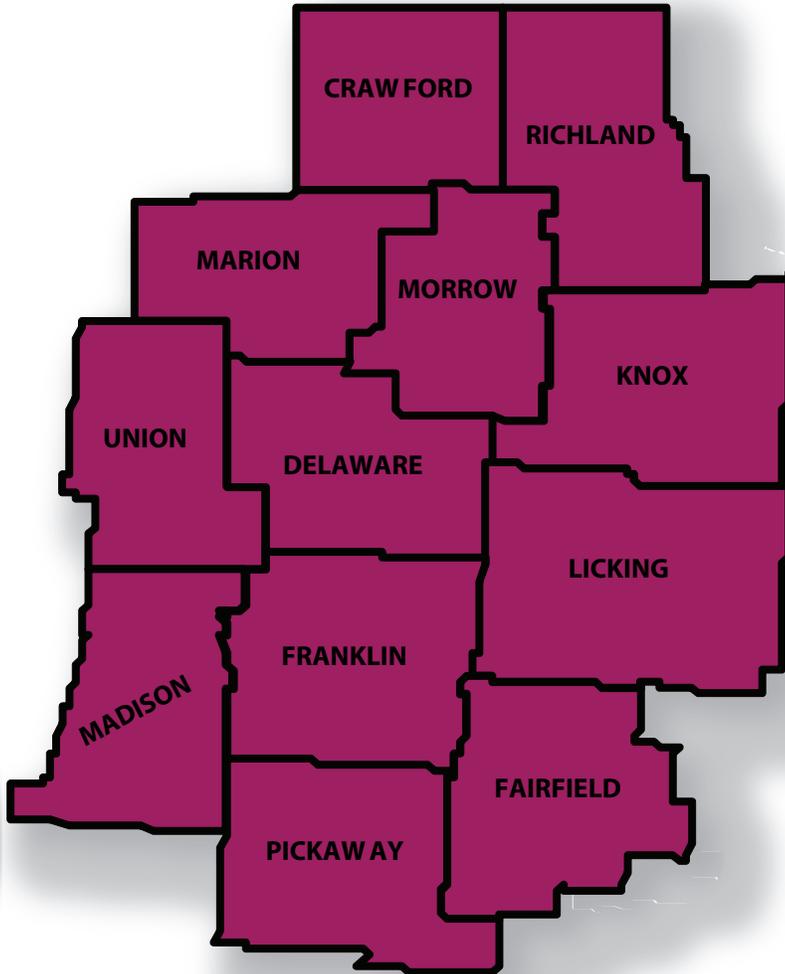




Drug Abuse Trends in the Columbus Region



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Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin, Licking and Morrow 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, 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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	43
Gender (female), 2010	51.2%	50.7%	39.5% ²
Whites, 2010	81.1%	78.0%	81.4%
African Americans, 2010	12.0%	13.4%	14.0%
Hispanic or Latino Origin, 2010	3.1%	3.3%	4.7% ³
High School Graduation Rate, 2010	84.3%	77.0%	86.0% ⁴
Median Household Income, 2012	\$48,308	\$54,584	\$19,000 to \$21,999 ⁵
Persons Below Poverty Level, 2012	15.8%	13.1%	44.2% ⁶

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

²Gender was unable to be determined for 1 participant due to missing and/or invalid data.

³Hispanic/Latino origin was unable to be determined for 3 participants due to missing and/or invalid data.

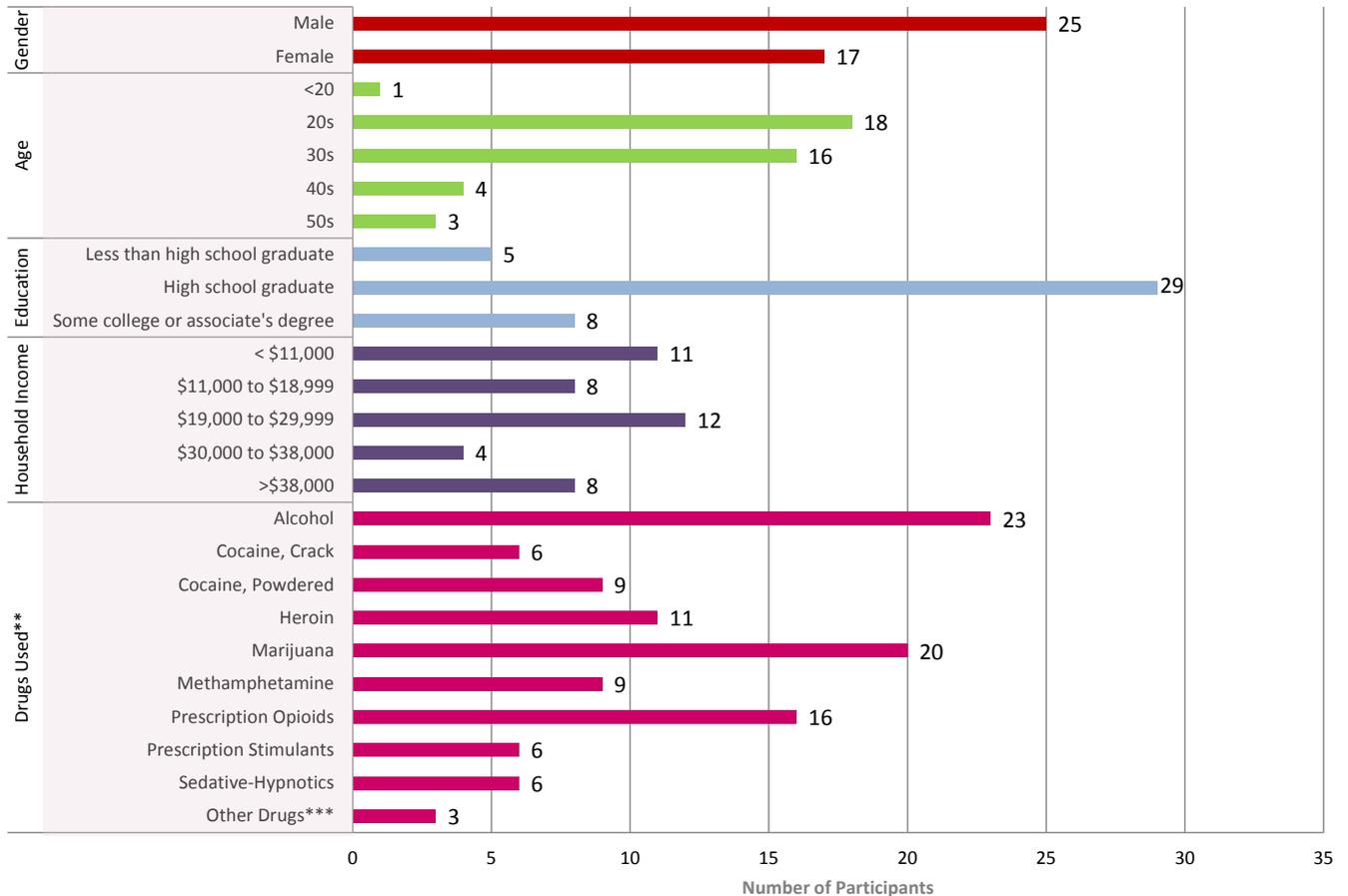
⁴High school graduation was unable to be determined for 2 participants due to missing and/or invalid data.

⁵Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 1 participant for missing and/or invalid data.

⁶Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Columbus Regional Participant Characteristics

Drug Consumer Characteristics* (N=43)



*Not all participants filled out forms completely; therefore, numbers may not equal 43.

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

***Other drugs included: hallucinogens, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (July 2014 – January 2015), heroin, marijuana, methamphetamine, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Columbus region. Increased availability existed for heroin and marijuana, and likely increased availability existed for powdered cocaine. Data also indicated decreased availability for bath salts and ecstasy.

Participants and community professionals reported brown powdered and black tar heroin as the most available types of heroin within the region. Both respondent groups reported increased availability. Corroborating data also indicated a high presence of heroin. 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 reporting period were positive for opiates. In addition, the BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processed had increased.

Participants reported that heroin was often ‘cut’ (adulterated) with pharmaceutical drugs, such as prescription opioids and sedative-hypnotics. The BCI London Crime Lab reported that a lot of powdered heroin cases that came into the lab were a heroin-fentanyl mixture, sometimes even straight fentanyl.

The most common route of administration for heroin use remained intravenous injection; sharing needles was reportedly common practice. Participants described typical heroin users as males and females, 30 years of age and younger, predominantly white and often someone who began drug use by using prescription opioid medications, but switched to heroin because it was cheaper. Community professionals agreed with participant descriptions, except in estimating the typical age range of users as 18-40 years and added that users are often lower in socio-economic status. Participants and treatment providers noted that the age range of heroin users was expanding.

Treatment providers discussed how “normal” marijuana use was in their clients’ everyday lives. Corroborating data also indicated 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 reporting period were positive for marijuana.

While participants reported decreased availability for low-grade marijuana, they reported that the availability of high-

grade marijuana had increased. Participants from different groups noted increased use of marijuana concentrates and extracts in the form of oils or wax (aka “dabs”).

Community professionals also reported increased availability of marijuana. Law enforcement officers reported increased use of marijuana extracts and concentrates and often referred to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing as a new method to consume the drug. The BCI London Crime Lab reported that the number of marijuana cases it processed had increased.

Community professionals reported increased availability of powdered cocaine. Several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, was a reason for the increase and explained that although an opiate high is not possible with this drug, a cocaine high is possible. The BCI London Crime Lab reported that the number of powdered cocaine cases it processed had increased.

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

Participants described typical methamphetamine users as 30-40 years of age, white and male. One participant noted that demographics of methamphetamine users were beginning to shift which was purportedly creating an increase in the drug’s popularity and availability.

While both respondent groups reported decreased availability of ecstasy pressed tablet form, participants reported increased availability of powdered MDMA (aka “molly”). Participants suggested that ecstasy was often cut with heroin. Participants described typical molly users as younger, males and females, partiers and drug dealers.

Finally, participants and community professionals reported that the availability of bath salts had decreased. Participants purported the decrease in availability was due to legislation and law enforcement efforts. The BCI London Crime Lab reported that the number of bath salts cases it processed had decreased.

Current Trends

Powdered Cocaine



Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant reported, *"It's just always available."* Another participant commented, *"It's pretty commonly used."* Treatment providers most often reported current availability of powdered cocaine as '8', while law enforcement most often reported it as '5'; the previous most common score was '7' for both groups. A treatment provider stated, *"I think if you like cocaine you know how to find it."* A detective stated, *"I think [cocaine is] not used as often as heroin now. More and more people are using heroin, so we're not hearing about the cocaine, but it's still being used."*

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.6 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Bucyrus (Crawford County) man was sentenced to life in prison after admitting to killing four people during a cocaine binge (www.nbc4i.com, Feb. 13, 2015). A freight company called Columbus police regarding a suspicious piece of freight; after the drug task force arrived, they found 12 kilos of cocaine in a hydraulic cylinder (www.nbc4i.com, Feb. 14, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, a participant stated, *"It's kind of been a stable. It's always been there."* Law enforcement and treatment providers reported that availability has decreased during the past six months. A detective stated, *"It's a little harder [to find], in my opinion, because of the price of it and more people are using opiate-based drugs now than cocaine."* The

BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. However, a participant shared, *"[Quality] depends on where and who [obtains the drug]."* Participants reported that powdered cocaine in the region is 'cut' (adulterated) with baby formula, baby laxatives, baking soda, car freshener, ether, isotol (dietary supplement), laxatives, Miami Ice® (a powder found at a headshop and sold as a carpet deodorizer), numbing agents (e.g., procaine, a local anesthetic), prescription opioids and protein powders. A few participants reported that buyers lack knowledge of what powdered cocaine is cut with and often stated: *"Who knows!?"*

Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. Despite the majority of participants reporting no change in quality, several participants indicated an increase in quality due to high competition among drug dealers. A few participants reported that heroin and cocaine dealers are competing for business and one participant explained, *"It's like Coke® and Pepsi® and it's like there's been a craze for quality product. I think [quality] has been more important than ever right now for all drugs, so people will, instead of cutting it, will keep it high quality."* Another participant agreed and stated, *"The guys that aren't cutting it are getting all the business."*

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

Reports of current street prices for powdered cocaine were provided by participants with experience buying the drug. Participants agreed when one person stated, *“With the quality increase, the price has increased.”*

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$80-100
	1/16 ounce (aka “teener”)	\$100-150
	1/8 ounce (aka “eight ball”)	\$150-200
	an ounce	\$1,000
	a kilo	\$20,000-30,000

Participants reported that the most common way to use powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, all 10 users would most often snort the drug.

Participants described typical powdered cocaine users as rich, young professionals in their late 20s and 30s, as well as older adults in their 50s and 60s. One participant stated, *“I would say more the old school ... 50 to 60 I guess.”* Another participant reflected, *“I’ve never seen young kids doin’ it.”* Treatment providers described typical users as white males and females, 30 years of age and older. One treatment provider reported powdered cocaine use as common among people who abuse alcohol.

Crack Cocaine

Crack cocaine 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); the previous most common score was also ‘10’. A participant stated, *“A lotta people do it.”* Treatment providers most often reported current availability of crack cocaine as ‘8’, and law enforcement most often reported the drug’s current availability as ‘5’; the previous most common score was ‘7’ for both groups. A treatment provider reported, *“Very available.”* Law enforcement stated, *“It’s just that people aren’t usin’ [crack cocaine] as much as they were. Right now everybody wants heroin, but I think cocaine’s still out there as easy as it was before ... if they wanted it.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Marion (Marion County) police arrested a passenger of a car that had been pulled over for a traffic violation, who threw some crack cocaine on the ground as detectives were approaching him (www.marionstar.com, March 17, 2015). Ohio State Highway Patrol (OSHP) arrested a man in Fairfield County during a traffic stop when troopers spotted 56 grams of crack cocaine, 24 ounces of liquid codeine and 253 various prescription pills in plain sight (www.statepatrol.ohio.gov, April 14, 2015). Two men were arrested during a raid in which Marion County Sheriff’s deputies and Marion Police officers seized 43 grams of crack cocaine and 25 grams of heroin (www.marionstar.com, April 21, 2015). Law enforcement arrested 13 individuals in connection with two raids in Richland County; more than 3.5 grams of crack cocaine, prescription drugs and marijuana were confiscated in total (www.otfca.net, March 20, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months, while community professionals most often reported that availability has remained the same. Several treatment providers noted that crack cocaine use is frequently overshadowed by or used in conjunction with heroin. One treatment provider speculated, *“I think with the increase in heroin, [crack cocaine is] also increasing.”* A clinician reported, *“I’m seeing [crack cocaine] more as a drug that was used, not being currently used.”* Another treatment provider added, *“If someone doesn’t have the availability of heroin, then crack cocaine is used.”* Still another treatment provider reflected, *“Just in my most recent assessments, crack’s not the primary [drug of choice]. It’s just in addition to the thing most talked about ... the heroin.”* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8'. One participant commented, "[Quality] depends on how it's manufactured." Participants agreed that the dealer plays a large role in the quality of crack cocaine. A participant commented, "Depends a whole lot on who you're buying it from." Participants reported that crack cocaine in the region is "cut" (adulterated) with ammonia, baby formula, baking soda, drywall, Orajel® soap and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current street prices for crack cocaine were variable among participants with experience buying the drug.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	a gram	\$50-100
	1/16 ounce (aka "teener")	\$75-90
	1/8 ounce (aka "eight ball")	\$175

Participants reported that the most common way to use crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all would smoke the drug. Participants described typical crack cocaine users as older males and females. Participants commonly stated that crack cocaine is used more often in the African-American community. However, one participant stated, "[Crack cocaine use is] reaching a lot, lot more people than it used to." When asked why the more types of people are using crack cocaine, participants commented: "Accessibility really; if you're using heroin, why not do everything else?"

Community professionals described typical crack cocaine users as younger people in their 20s to 30s, as well as older veterans. One treatment provider reflected on the clients she serves who use crack and stated, "I often get

veterans. People who have been using [crack cocaine] for 10 or 30 years ... people like that." Another treatment provider stated, "I think with chronic alcohol users, too ... [crack cocaine use is] definitely there ... combining alcohol with crack." Another treatment provider stated, "I think some people have an intent: 'There's some drugs I'll never do;' and once heroin's tried, anything goes."

Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant explained, "The dealers that used to only have 'coke' (cocaine), all have heroin now because it's like they wanna tap into this huge market now, too." Community professionals most often reported current availability of heroin as '10'; the previous most common score was also '10'. A treatment provider remarked, "Very, very available, like '10!'" Another clinician stated, "I think heroin is becoming more accepted, if you will. Before, it was a last resort ... now I'm seeing people starting with heroin because it's less ... stigma[tized], more common, so cheap."

While many types of heroin are currently available in the region, participants reported brown powdered heroin as the most available type. A participant stated, "Yeah, more dealers and they all have [brown powder]." Treatment providers often did not know what type of heroin their clients used, while law enforcement reported brown powdered as most available. Treatment providers reported: "[Black tar heroin is] available within five to ten minutes within this location; I hear people talking about parts of town you can go and who to approach even if you're new to town ... just knowing what area to start in." Law enforcement reported, "I believe in the last six months [brown powder has been] readily available."

Participants noted that black tar heroin is nearly as easy to get as brown powdered heroin and rated it's current availability as '10'; while rating the current availability of white powdered heroin (aka "china") as '6' or '8'. A participant commented, "The china's what's everybody's wantin' right now." Community professionals were unable to comment on availability of white powdered heroin.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 14.8 percent of the 3,179 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. OSHP troopers arrested a driver and passenger in Fairfield County when a probable cause search led to the discovery of 149 grams of heroin and a small amount of marijuana (www.statepatrol.ohio.gov, March 25, 2015). Circleville (Pickaway County) was the location of a large heroin and cocaine drug ring that “ran like a pizza business” before it was busted by a law enforcement collaborative; over 70 people were arrested (www.10tv.com, March 25, 2015). Five people were arrested after Marion (Marion County) police executed a search warrant and discovered 149.9 grams of heroin, 8.2 grams of marijuana and 46.9 grams of cocaine, plus 15 additional bindles of cocaine (small folded pieces of paper containing the drug) (www.nbc4i.com, March 26, 2015). The Crawford County Sheriff’s office, in collaboration with Galion Police and a Bucyrus K-9 officer, located seven ‘balls’ (approximately 1/8 ounce amounts in each) of heroin in a vehicle that was pulled over for a traffic stop in connection with a drug investigation (www.otfca.net, April 11, 2015). OSHP and Franklin County Sheriff’s Office teamed up in “Operation Shield” to focus on highways south of I-70; during the two-day effort, over 26,000 units of heroin were seized (www.nbc4i.com, May 7, 2015). Two people were arrested in Circleville when stopped for a traffic violation and police found black tar heroin and crack cocaine in their vehicle (www.nbc4i.com, June 1, 2015). Several media reports focused on a deadly batch of heroin called “blue drop,” due to its blue hue. Fentanyl in this heroin was the leading cause of over 30 overdoses in Ohio, many of which were in Marion County; in less than two weeks a collaborative of local, state and federal agencies were able to identify and arrest the main supplier of the deadly drug (www.otfca.net, June 11, 2015).

Additionally, Ohio media reported increasing children services cases due to heroin use (www.coshoctontribune.com, May 23, 2015). Also, there was an Ohio symposium that focused on tackling the drug issue throughout the state, most of which focused on heroin and how organizations need to work together to address the problem (www.wkbn.com, June 16, 2015). One media report discussed how overdose deaths were outnumbering incarceration rates

for drug trafficking and how that number was increasing (www.bucyrustelegraphforum.com, May 11, 2015). Attorney General Mike DeWine requested a rebate to the state for the high cost of Narcan® (naloxone) because it is needed by first responders to reverse opiate overdoses (www.daytondaily-news.com, Feb. 17, 2015). Shortly afterwards, a naloxone manufacturer negotiated a lower price in Ohio, which will allow for more first responders to have it on hand (www.cleveland.com, March 4, 2015).

Participants and community professionals most often reported that the general availability of heroin has remained the same during the past six months. Participants commented: *“It’s easy to get in one form or another; It’s just been always easy to get for me; It’s just the same people that I know always have it.”* Additionally, most participants perceived that the availability of white powdered heroin has increased during the past six months, as one participant explained, *“So I think [availability] increased because demand has increased.”* The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ A participant stated, *“Ever since [heroin] hit the market it’s been really good [quality].”* Another participant stated, *“It really just depends on who you go to and what part of town.”* Overall, participants reported that the general quality of heroin has remained the same during the past six months and commented: *“It was always good; It’s always been decent.”* However, several participants noted that there might have been an increase in quality specifically in white powdered heroin. A participant stated, *“Some of the stuff has gotten super, super potent.”*

Participants reported the top cutting agents for heroin as baby formula, brown sugar, coffee, dark sodas, laxatives and protein powder. Other cuts reported include diet supplements, mannitol (diuretic) and sleep aids for black tar heroin; powdered coffee creamer and vitamin B for brown powdered heroin; and flour, head shop cuts (e.g., Miami Ice®), prescription opioids (fentanyl), powdered sugar and procaine (local anesthetic) for white powdered heroin.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● caffeine ● diphenhydramine (antihistamine) ● fentanyl ● mannitol (diuretic) ● triacetin (glycerin triacetate, a food additive) 	

Reports of current street prices for heroin were variable among participants with experience buying the drug. Reportedly, black tar heroin and brown powdered heroin are similar in pricing and white powdered heroin is a bit more expensive. Several participants believed the price of heroin has increased during the past six months and commented: *"The more people want it, the more they're gonna charge you; I heard a lot of people say if you want it not cut (pure form), then you gotta pay higher."*

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
1/10 gram (aka "balloons," "folds" or "papers")	\$10-20	
a gram	\$80	
1/8 ounce	\$200	
1/4 ounce	\$300	
an ounce	\$900-1,100	
White powdered heroin:		
1/10 gram (aka "balloon")	\$20	
a gram	\$100-150	
1/8 ounce	\$300-325	
an ounce	\$1,100	

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nearly all would shoot the drug. A treatment provider stated, *"Most of our folks (clients) are injecting [heroin]."* Reportedly, needles are more often obtained from drug stores than from the street due to price and quantity. Participants reported paying anywhere from \$1-5 per needle when purchased on the street.

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as anyone and commented: *"There's no discrimination anymore; It's epic, so I mean anybody. It's becoming pretty normal for everybody."* Another participant commented, *"It seems like a younger crowd ... definitely 20s."*

Community professionals described typical heroin users as 30 years of age or younger, white and more often unemployed. A treatment provider stated, *"Unemployed or sporadically employed."* Another treatment provider reflected, *"With the females, a lot of JFS (Job and Family Services) involvement ... and a lot of treatment court and [justice system involvement]."*

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street 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'. Treatment providers most often reported current availability of prescription opioids as '7', while law enforcement most often reported current availability as '9'; the previous most common score was '7' for both groups. A law enforcement officer commented, *"It's pretty available."* Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.0 percent of the 3,179 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. Two people were sentenced in Knox County for their connection with

a prescription pill ring that brought oxycodone, methadone and Xanax® in from other states, including Florida, Virginia, Pennsylvania, Maryland and Indiana (www.dispatch.com, Feb. 14, 2015). Two men were arrested in Westerville (Franklin County) for robbing three pharmacies of prescription pills (www.nbc4i.com, March 23, 2015). Marion (Marion County) police officers worked together with other law enforcement in an overnight operation in which 56 tramadol pills, 61 grams of heroin and a gram of cocaine were recovered from a residence (www.otfca.net, April 10, 2015). A group of 20 people were sentenced for their participation in drug trafficking of oxycodone, cocaine and marijuana in central Ohio, as well as laundering their drug money at a local casino (www.nbc4i.com, June 22, 2015).

Participants most often reported that the general availability of prescription opioids has remained the same during the past six months. Nevertheless, several participants noted that doctors are prescribing these pills less readily and/or more restrictions have been introduced. Participants commented: *"A lot of the doctors around here have put their foot down; The doctors are pretty much not prescribing it as much or putting limitations on, like, the prescription that they give someone [so] they don't have a tendency to sell; I think the pain clinics are tightening up."*

Treatment provider most often reported that the availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider pondered, *"I think if you want [prescription opioids] you can go out and get it, and it's just kinda the same people, but cost ... it's really cost prohibitive."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased number of cases for Dilaudid®, Tylenol® 3/ Tylenol®4, Ultram® and Vicodin®. In addition, the lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Several participants discussed purchasing Percocet® in bulk quantities, reporting that a month's prescription of Percocet® 5 mg sells for \$30-50 and a month's prescription of 30 mg sells for \$100.

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8-10 for 8 mg
	fentanyl	\$50 for 30 mcg \$50-75 for 50 mcg \$100-150 for 100 mcg
	Lortab®	\$1 per milligram
	methadone	\$5 for 5 mg \$10 for 10 mg
	Norco®	\$1 per milligram
	Opana®	\$15 for 10 mg \$20 for 30 mg
	OxyContin® OP	\$10-15 for 20 mg \$40 for 40 mg \$80 for 80 mg
	Percocet®	\$5 for 5 mg \$10 for 10 mg \$15 for 15 mg \$30-35 for 30 mg
	Roxicodone®	\$30 for 30 mg
	Tylenol® 3	\$1-3 for 5 mg
	Ultram®	\$1 for 50 mg \$2 for 100 mg
	Vicodin®	\$3-5 for 5 mg \$8-9 for 7.5 mg \$15 for 15 mg \$20-30 for 30 mg

In addition to buying prescription opioids from dealers, participants also reported obtaining these medications through personal prescriptions, others who sell their prescriptions, taking from grandparents who have prescriptions or by traveling to other counties or states to purchase them.

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally ingest the drugs. One participant stated, "A lot of people snort 'em now. Crush 'em down and snort 'em."

Participants described typical illicit users of prescription opioids as people who are in pain and ranging in age from 15 to 50 years. One participant stated, "Just about anybody nowadays. They usually start with opiates then go to heroin." Community professionals described typical illicit users as anyone or someone who is in pain. An officer remarked, "When it comes to opiates in general, I think it's everybody."

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of the drug as '10' for the sublingual filmstrip form and '6' for the pill form on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for filmstrips and '2' for pills. Participants indicated a link between availability of Suboxone® and heroin, as one participant remarked, "I mean this is a town full of heroin, so [Suboxone® availability is] definitely a '10.'"

Treatment providers most often reported current street availability of Suboxone® as '7-8'; the previous most common score was '8.' One treatment provider elaborated on the availability of Suboxone® at the street level and stated, "I don't know if ... there's more providers, but people are able to access [Suboxone®] and sometimes selling it to support what they need ... [clients will reason], 'Sell some of my prescription, take what I need ... supplement [my income].'"

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 14.2 percent of the 3,179 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 filmstrip form has increased during the past six months, while a few participants reported that availability of Suboxone® in pill form has remained the same. Participants believed that Suboxone® availability and use has increased due to the heroin epidemic. Treatment providers reported an increase in availability of Suboxone® during the past six months. A clinician reflected, "I think the availability has increased simply because of the number of prescribers. To me, it depends on how much cash you have as far as that availability." The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A treatment provider shared, "You can pay 10 or 20 dollars [on the street for Suboxone®]."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10 for 4 mg \$15-20 for 8 mg
	tablet	\$10-15 for 2 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from Suboxone® clinics, doctor's offices and from people who sell their prescriptions. A participant stated, "Most heroin dealers have Suboxone®, too." Another participant shared, "They get 90 [Suboxone®] prescribed to 'em for a month, and then they sell 'em all." A treatment provider surmised, "I think there's a perception that Suboxone® on the street is more available than through a doctor."

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual for the filmstrip and snorting or oral consumption for the tablet. Participants estimated that out of 10 illicit Suboxone® users, all 10 would place the filmstrip under their tongue to dissolve it; five illicit tablet users would snort and five would swallow the drug.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicate. Participants explained that Suboxone® is used to counteract withdrawal, as one commented, *“Anyone that doesn’t wanna be sick that day.”* Community professionals described typical illicit users as males and females ranging in age from 20-40 years, unemployed and trying to get off of heroin. A treatment provider stated, *“Although the opiate users start at a younger age, it’s not until they’re really feeling motivated to stop using that they go through the trouble of trying to find Suboxone® to be able to get off drugs.”*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available in the region. Participants most often reported the current street 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.’ One participant stated, *“Doctors hand ‘em out like candy.”*

Treatment providers most often reported sedative-hypnotics current street availability as ‘6,’ while law enforcement reported current availability as ‘8;’ the previous most common score was ‘8’ for both groups. A treatment provider stated, *“It seems people that want it can find it.”* A narcotics detective stated, *“I think it’s available everywhere.”*

Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use; while community professionals identified Xanax® as most popular. A treatment provider explained, *“I’ve heard of Klonopin® and Ativan® more as prescribed, but Xanax® would be the one that’s getting abused.”*

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.8 percent of the 3,179 individuals screened through its Columbus and

Lancaster labs during the past six months were positive for benzodiazepine.

Participants and community providers reported that the general availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer stated, *“In my opinion, it’s always available.”* Another officer shared, *“We still get complaints that people are going to Florida and makin’ those trips and getting whatever they want.”* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

Sedative-Hypnotics	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 sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg
		\$1-2 for 1 mg
		\$1-2 for 2 mg
Xanax®	\$0.50-1.50 for 0.25 mg	
	\$2-3 for 0.5 mg	
	\$5-7 for 1 mg	

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends and grandparents, through personal prescriptions from doctors, as well as through fraudulent prescriptions. One participant explained, *“Usually [you get these pills] within your circle of friends.”*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants

estimated that out of 10 illicit sedative-hypnotic users, all would snort the drug. Participants described typical illicit users of sedative-hypnotics as females in their 40s. One participant who stated that females abuse them cited availability and reasoned, *"Females have the prescriptions for 'em more often."* Treatment providers described typical illicit sedative-hypnotic users as females who have history of anxiety, have a lot of life stressors, have multiple children and who are unemployed. One treatment provider remarked, *"Women far more. I'd say probably five to one ... It's more of a female drug."*

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant stated, *"A lotta people are growing [marijuana] at their house or claim to be prepping for the legalization of it here. They wanna, ya know, get a jump on it, I guess."*

Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10'. Treatment providers commented: *"Very available; My clients seem to be able to get whatever it is they're wanting fairly easy; I've heard more, slightly more, of people with friends who grow [marijuana] ... friends in town ... and they grow it in various quantities, so the supply is there."* A detective stated, *"I'd say it's a '10' because people are growin' it themselves and it's available anywhere. They can grow it outside, grow it inside, get it shipped [to their house]."*

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 19.7 percent of the 3,179 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. Legalization of marijuana continues to be a topic of conversation around the state (www.cincinnati.com, Feb. 5, 2015; www.nbc4i.com, Feb. 17, 2015; www.toledoblade.com, Feb. 17, 2015). More than 11 pounds of marijuana were discovered in a Genoa Township (Delaware County) home when a woman called police regarding domestic violence (www.myfox28.com,

columbus.com, Feb. 25, 2015). A Reynoldsburg man was arrested in Madison County by Ohio State Highway Patrol (OSHP) troopers when a drug-sniffing canine officer alerted to his vehicle and 13 pounds of marijuana were discovered (www.statepatrol.ohio.gov, March 27, 2015). Five pounds of marijuana were confiscated in Pickaway County when OSHP troopers pulled over a vehicle (www.statepatrol.ohio.gov, April 3, 2015). OSHP and Franklin County Sheriff's Office teamed up in a two-day operation which focused on highways south of I-70; during the operation, over 43 pounds of marijuana were seized (www.nbc4i.com, May 7, 2015). OSHP troopers arrested the driver of a vehicle in Madison County after they discovered two pounds of marijuana and 10 ounces of liquid hash inside the vehicle (www.statepatrol.ohio.gov, June 3, 2015).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider stated, *"It's always been available."* An officer stated, *"It's always here."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased 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 most often rated the current quality of high-grade marijuana as '10' and current quality of low-grade marijuana as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall score was '10'. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or "hydro" (hydroponically grown, high-grade marijuana). Participants commented: *"More people want high grade; Nobody wants that crap (low-grade marijuana)."* Overall, participants reported that the general quality of marijuana has remained the same during the past six months. However, one participant remarked, *"The quality has gotten better since it's been legalized [in other states]."*

Reports of current street prices were provided by participants with experience purchasing the drug. Participants reiterated that the price depends on the quality desired and reported that low-grade marijuana is the cheapest form of the drug, while high-grade sells for considerably more.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20
	1/2 ounce	\$50-70
	an ounce	\$80
	a pound	\$500
	High grade:	
	a blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50
	1/2 ounce	\$150
	an ounce	\$300
	a pound	\$2,600-3,200

While there were a few reported ways of consuming marijuana, generally the most common route of administration is smoking or vaporizing. Participants estimated that out of 10 marijuana users, all would smoke or vaporize the drug. A few participants mentioned eating marijuana, but one participant admitted, "I haven't seen edibles in a long time." Several participants reported use of marijuana extracts and concentrates in the form of oils and "dabs" (generally a waxy form of the drug). A participant shared, "There's a lot more availability for the oils that you can put into the vaporizer." Other participants added: "It's easy to conceal. You can pretty much do it at McDonalds® if you wanted to; There's no smell unless you're puttin' straight 'herb' (marijuana) in it."

Participants described typical users of marijuana as anyone. A participant commented: "That drug don't discriminate really, especially since in other places it's being legalized." Another participant informed, "[Using dabs is] really increasing, especially among young people. I worked with a

lot of young people and it was probably about 90 percent of them that did dabs."

Community professionals also found it difficult to provide a description of a typical marijuana user and described as a broad array of individuals, including any race and gender. Treatment providers reported most marijuana users range in age from 20 to 50 years. One treatment provider considered heroin addicts and commented, "Heroin is probably the primary (drug of choice) and marijuana they might use for other things ... to manage anxiety or sleep or withdrawal symptoms or appetite or something"

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the general availability of methamphetamine 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 commented: "It's everywhere. It's easy to obtain; Everybody does it; It sells itself."

Law enforcement most often reported the drug's current availability as '4' or '5.' An officer reasoned, "They're makin' it themselves. It's not for people to purchase though."

Participants reported that methamphetamine is highly available in both powdered (aka "shake-and-bake" or "one-pot") and crystal forms. Several participants from across the region commented about the production of shake-and-bake, 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 (found in some allergy medications), the drug can be produced in approximately 30 minutes in nearly any location. A narcotics detective reported, "The people that are involved in meth ... are manufacturing the ... one-pot, shake-and-bake meth."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two women were arrested at their Bellville (Richland County) home when a search warrant was executed and meth-making chemicals and paraphernalia were found (www.otfca.net, April 8, 2015). OSHP and Franklin County Sheriff's Office teamed up in a two-day operation to focus on highways south of I-70; 43 grams of methamphetamine were seized (www.nbc4i.com, May 7, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months. A couple participants explained: *"There's just so many people that do it and the availability's everywhere; I just know tons of people who make [methamphetamine], so if you can't get it from one person, you go to the next. Somebody always has it."* Another participant surmised, *"It's becoming more popular than all the other drugs."* Law enforcement reported that availability of methamphetamine has increased during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine as '10' and of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9-10' for crystal methamphetamine. One participant remarked, *"Everybody wants 'ice' (crystal methamphetamine)."*

Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months, while the quality of powdered methamphetamine is variable. One participant stated, *"I'd say [quality has] stayed the same."* In regards to shake-and-bake, a participant explained, *"[Quality] all depends on the cook! ... There's a cook ... one guy to 20 people around here ... sometimes it's better than the ice."* Other participants agreed and commented: *"Depends on who made it; How they made it; What ingredients they use; Some of it could be just great! ... but then some of it is just horrible."*

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. A participant shared, *"If you're buyin' in bulk, [the price of methamphetamine] tends to drop."* A few participants discussed large quantities of crystal methamphetamine in the region and commented: *"I've seen pounds ... pounds of it through this town; I've seen it go for \$30,000 but that's a very good price."*

Methamphetamine	Current Street Prices for Methamphetamine	
	Crystal:	
	1/2 gram	\$60
	a gram	\$100-120
	1/16 ounce	\$150
	1/8 ounce	\$250
	an ounce	\$700-800
a pound	\$30,000	

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration for crystal methamphetamine are smoking, intravenous injection (aka "shooting"), snorting and "hot railing." Participants described hot railing as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose. Participants estimated that out of 10 methamphetamine users, three would smoke, three would shoot, two would snort, and two would hot rail the drug. Participants reported shooting and smoking as the most common routes of administration for shake-and-bake methamphetamine and estimated that out of 10 users, seven would shoot and three would smoke this form of the drug.

Participants described typical methamphetamine users as younger (ages 18-25 years), white, males and female equally. Another participant indicated that those who work long shifts use this drug and shared, *"I know a lot of people that use it to stay up. It's called a workin' man's drug."* Law enforcement described typical methamphetamine users as white and ranging in age from 18 to 60 years.

Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. However, only a couple of participants had personal experience with these drugs. One participant reported current street availability as '5' and the other participant reported it 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 '5.' Participants identified Adderall® as the only prescription stimulant being widely used illicitly. Likewise, community professionals did not have much information on these medications. One treatment provider group reported prescription stimulant current street availability as '4,' the previous most common score was '6.' Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

The two participants with limited information for this drug reported differently on change of availability, with one stating an increase and the other suggesting availability has remained the same during the past six months. Interestingly, treatment providers reported a decrease in 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 a decrease in Adderall® cases and an increase in Ritalin® cases.

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

Reports of current street prices for prescription stimulants were provided by participants with experience purchasing the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$4 for 10 mg \$20 for 70 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them through personal prescriptions or from family members and/or friends

who have prescriptions. While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription stimulant users, nine would snort and one would eat the drugs. Participants described typical illicit prescription stimulant users as teenagers and college students. Treatment providers described typical illicit prescription stimulant users as females, typically ages 25 to 30 years.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants reported that both forms of the drug, traditional tablet (ecstasy) and powdered MDMA (aka "molly") as available in the region. Participants most often reported current availability of ecstasy as '7' and of molly as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' for ecstasy and '10' for molly. Treatment providers were unable to report on ecstasy, but rated molly's current availability as '3-4.'

Participants reported that the availability of ecstasy has remained the same during the past six months. However, participants specified that molly has increased in availability due to increasing demand and festival season. Treatment providers reported that the availability of molly has decreased 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	No change
	 Law enforcement	No comment
	 Treatment providers	No comment

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

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying these drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	Ecstasy:	
	low dose (aka "single stack")	\$5
	medium dose (aka "double stack")	\$10-20
	high dose (aka "triple stack")	\$20-25
	a jar of 100 tablets	\$300-600
	Molly:	
	1/10 gram	\$10

While there were a few reported ways of consuming ecstasy and molly, generally, the most common route of administration is snorting. Participants estimated that out of 10 ecstasy or molly users, all would snort the drug. However, participants also commonly reported oral consumption of the drug.

Participants described typical ecstasy users as festival, "rave" (dance party) and party goers. Treatment providers described typical users as white and younger (high school and college age). A treatment provider added that ecstasy and molly tend not to be drugs of choice among the users in treatment.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "K2" and "spice") remains available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant stated, "Now you don't even know where to buy it." Treatment providers most often reported current availability as '9-10'; while law enforcement reported current availability as '4-5'; the previous most common score was '3' among community professionals.

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants agreed when a participant explained, "[Synthetic marijuana] was pretty easy to get, but now it's

decreased because they're bustin' down on the shops that used to sell it all the time." Another participant shared, "Nowadays it's hard [to get]. You have to go to Columbus to get it." Treatment providers reported that the availability of synthetic marijuana has remained the same, while law enforcement reported an increase in availability of the drug during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

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

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	a gram	\$20
	3 grams	\$30
	10 grams	\$100
	five 10-gram bags	\$400

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available online. Participants continued to report smoking as the only route of administration for synthetic marijuana.

Participants described typical users of synthetic marijuana as teenagers, people who are on probation or marijuana users who are unable to obtain actual marijuana. One participant added, "Everybody in rehab was doin' it." Treatment providers described typical users of synthetic marijuana as people under 18 years of age and added that adults who are subjected to drug screens would also use the product. Law enforcement described typical users as white and African-American males, ages 18 to 25 years. Law enforcement also reported an increase in use of synthetic marijuana in high school students during the past six months.

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 (psilocybin mushrooms), ketamine and Seroquel®.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Although most participants did not have knowledge of this drug, one participant said that bath salts are available for those who want them and rated 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 '4'. A participant stated, *"Definitely, if I wanted to get it, it would be a '10' right now."* Treatment providers most often reported current availability of bath salts as '6' or '8'; the previous most common score was '3'. One treatment provider explained, *"It's very random. But when they like it, they like it. They seem able to get it when they like it."*

Treatment providers reported that the availability of bath salts has remained the same or has decreased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

One participant reported that bath salts sell for \$40 per gram. While there were a few reported ways of consuming bath salts, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salts users, five would shoot, three would snort and two would smoke the drug.

Participants described typical bath salts users as people in their late 20s, while treatment providers described typical users as females in their 20s to 30s who have court involvement and are unemployed with unstable living situations. Treatment providers also reported that people who use bath salts often choose heroin as their drug of choice, but gravitate towards other synthetic drugs, such as synthetic marijuana. Reportedly, bath salts are used in combination with heroin and marijuana.

Hallucinogens

Psilocybin mushrooms are 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 '10'. Participants reported that the availability of psilocybin mushrooms has decreased in the past six months; however, several participants reported that availability is slowly increasing again due to summer festival season. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has increased during the past six months.

Prices of psilocybin mushrooms were consistent among participants with experience buying the drug. Participants reported that one piece of mushroom chocolate sells for \$10; 1/8 ounce sells for \$30; 1/4 ounce sells for \$60; 1/2 ounce sells for \$80; and one pound sells for \$275. Participants reported the most common route of administration for psilocybin mushrooms remains oral consumption. Participants reported typical psilocybin mushroom users as younger, as well as older hippies. Treatment providers reported typical users as college aged.

Ketamine

Participants reported current availability of ketamine in the region. Participants most often reported current availability of this drug as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, availability of ketamine has decreased during the past six months. The most common route of administration for ketamine is snorting. Participants described typical ketamine users as festival goers.

Seroquel®

Participants reported current street availability of Seroquel® in the region. Participants most often reported current street availability of this drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"'10,' definitely a '10.'" Participants indicated that availability of Seroquel® has increased during the past six months. Only one participant reported on pricing and said that Seroquel® sells for \$1 per pill (milligram unknown). The most common route of administration for illicit use of Seroquel® is oral consumption.*

Psychedelic Compounds

Central Ohio police reported on a chemical compound known as 25-I, 25-B or 25-C that is in the area; they say it's being sold as LSD and has resulted in the death of at least one Central Ohio woman (www.10tv.com, Feb. 25, 2015). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.

Conclusion

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

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as the most available type. However, participants stated that white powdered heroin (aka "china white") is most desired because this type of heroin is generally more potent than other types. Additionally, most participants perceived that the availability of white powdered heroin has increased during the past six months due to increased demand for it. Participants and the BCI London Crime Lab continued to report fentanyl as a cut for heroin. The crime lab reported that the number of powdered heroin cases it processes has increased during the past six months, noting having processed beige, brown, tan and white powdered heroin.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 14.8 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates.

Treatment providers noted that with more people using heroin, the drug seems to have become more socially accepted. Moreover, a treatment provider reported seeing users starting drug abuse with heroin because of lessened stigma for the drug and its wide availability and low purchase price. Community professionals described typical heroin users as 30 years of age or younger, white and, more often, unemployed.

While prescription opioids remain highly available in the region, several participants noted that doctors are prescribing these pills less readily and/or with more restrictions. In addition, the BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Participants believed that Suboxone® availability and use has increased due to the heroin epidemic. Treatment providers also reported an increase in availability during the past six months due to an increase in prescribers. Participants and treatment providers continued to note that some users sell all or part of their prescribed medications and some heroin dealers sell Suboxone® in addition to heroin.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicate. Participants explained that Suboxone® is used to counteract withdrawal. Community professionals described typical illicit users as males and females ranging in age from 20-40 years, unemployed and as also trying to get off of heroin.

Participants reported that methamphetamine is highly available in both powdered (aka "shake-and-bake") and crystal forms. Participants remarked that methamphetamine is growing in popularity and may become the most popular drug in the region. Law enforcement reported that availability of methamphetamine has increased during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has also increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants described typical methamphetamine users as younger (ages 18-25 years), white, males and females, equally. Law enforcement described typical methamphetamine users as white and ranging in age from 18 to 60 years.

Lastly, Central Ohio police reported on a chemical compound known as 25-I, 25-B or 25-C that is in the area; they say it's being sold as LSD and has resulted in the death of at least one Central Ohio woman (www.10tv.com, Feb. 25, 2015). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.