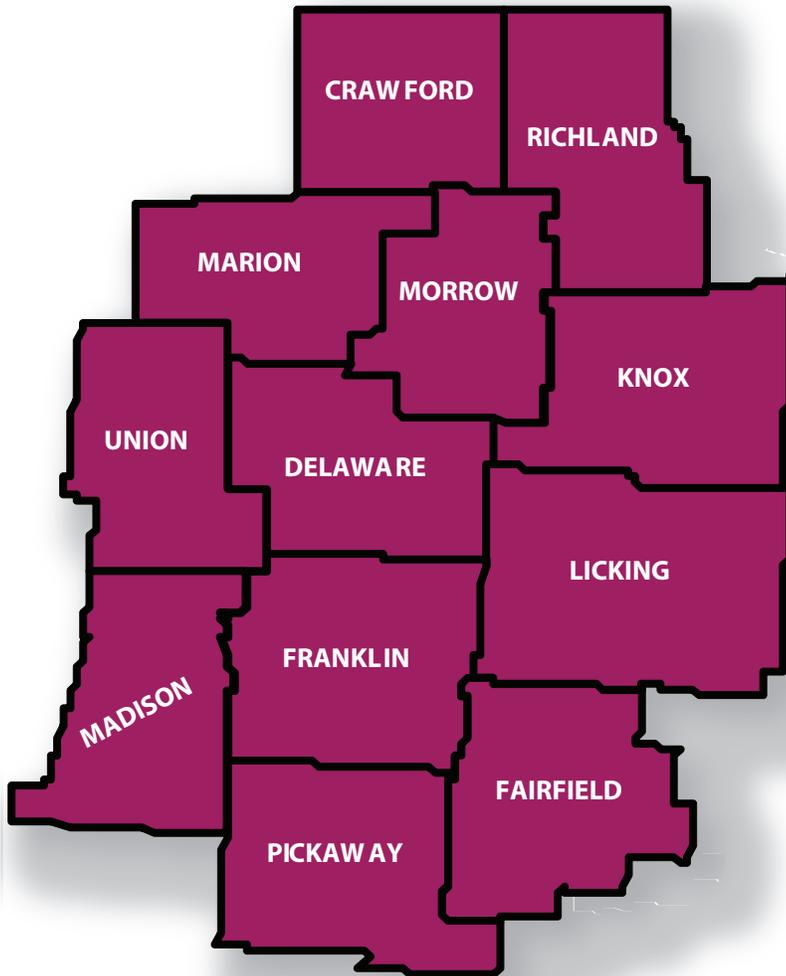




Drug Abuse Trends in the Columbus Region



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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, Knox and Licking 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 the Fairfield County Municipal Court, American Court and Drug Testing Services, which processes drug screens in Columbus (Franklin County), Lancaster

(Fairfield County) and Marion (Marion County) from throughout the region, and the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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, 2014	11,560,380	2,219,724	41
Gender (female), 2014	51.1%	50.6%	53.7%
Whites, 2014	84.8%	81.7%	90.2%
African Americans, 2014	13.6%	15.6%	7.3%
Hispanic or Latino Origin, 2014	3.3%	3.7%	0.0% ²
High School Graduation Rate, 2014	82.6%	74.8%	97.6%
Median Household Income, 2014	\$49,349	\$55,565	\$20,000 to \$29,999 ³
Persons Below Poverty Level, 2014	15.3%	14.4%	41.5%

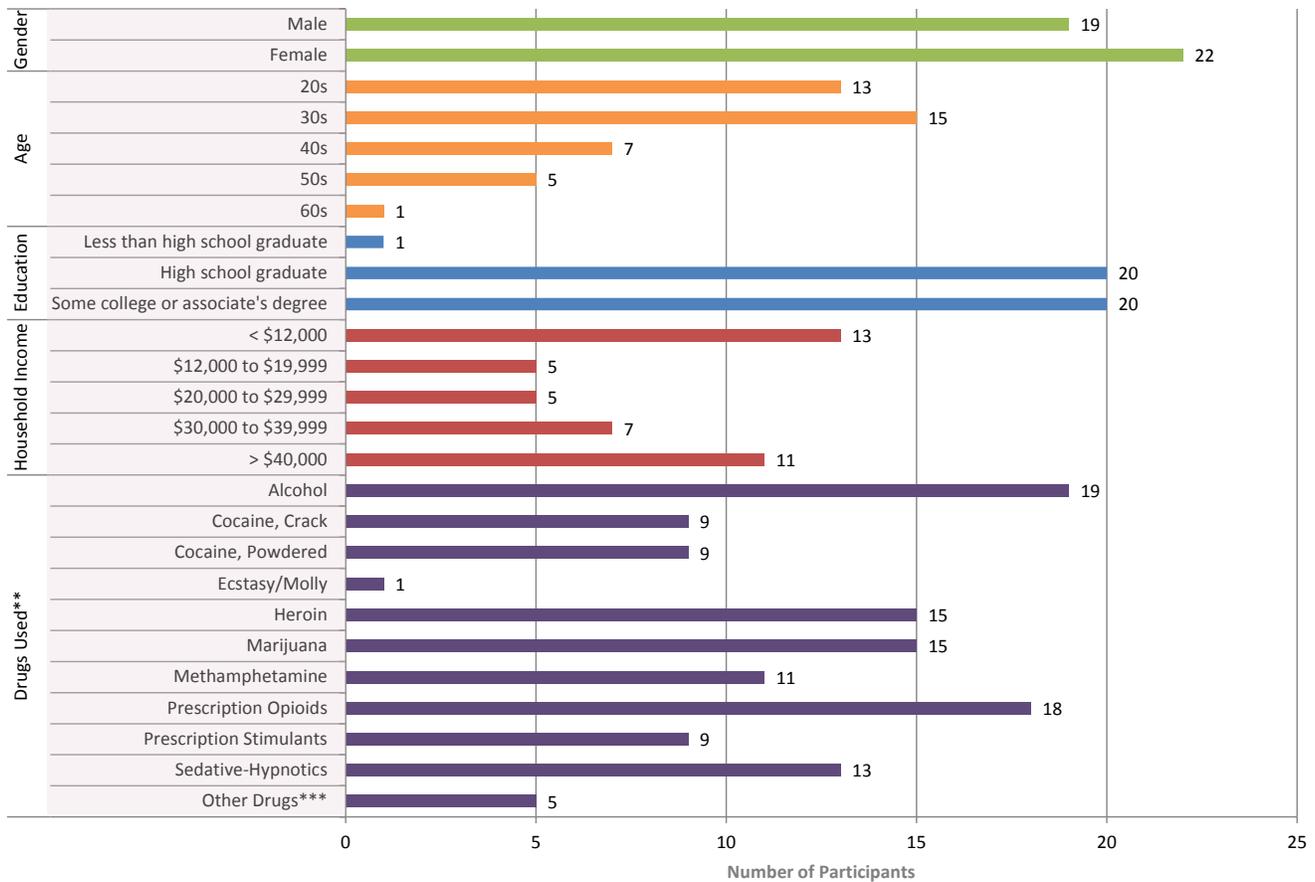
¹Ohio and Columbus region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

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

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

Columbus Regional Participant Characteristics

Drug Consumer Characteristics* (N=41)



*Not all participants filled out forms completely; therefore, numbers may not equal 41.

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

***Other drugs included: bath salts, inhalants (duster) and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, prescription opioids and Suboxone® were highly available in the Columbus region. A likely increase in availability existed for methamphetamine and Suboxone®, and likely decreased availability existed for powdered cocaine.

While many types of heroin were available in the region, participants and law enforcement reported brown powdered heroin as most available. However, participants stated that white powdered heroin (aka “china white”) was highly sought after due to its potency. Additionally, most participants perceived that the availability of white powdered heroin had increased during the reporting period because of high demand. Participants and the BCI London Crime Lab continued to report fentanyl as an adulterant (aka “cut”) for heroin. The crime lab reported that the number of powdered heroin cases it processed had increased during the reporting period and noted 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 reporting period were positive for opiates.

Treatment providers noted an increase in the number of heroin users and indicated that the drug had become more socially acceptable. One treatment provider explained that users were often beginning their drug use with heroin, rather than using other traditional gateway drugs (alcohol, marijuana, prescription opioids), because of lowered stigma, high availability and low purchase price. Community professionals described typical heroin users as 30 years of age or younger, white and unemployed.

While prescription opioids remained highly available in the region, several participants noted that doctors prescribed these pills less readily and/or with more restrictions. In addition, the BCI London Crime Lab reported fake pharmaceutical tablets; alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

Participants suggested increased availability of Suboxone® due to the heroin epidemic. Treatment providers also reported an increase in availability during the reporting period and attributed the increase to increased numbers of prescrib-

ing doctors. Participants and treatment providers continued to note that some users sold all or part of their medication. Participants explained that some heroin dealers also sold Suboxone® on the street.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicated with Suboxone® to counteract withdrawal. Community professionals described typical illicit users as males and females, 20 to 40 years of age, unemployed and those who try to get off of heroin by themselves.

Participants reported that methamphetamine was highly available in both powdered (aka “shake-and-bake”) and crystal (aka “ice”) forms. Participants remarked that methamphetamine increased in popularity and indicated that it might become the most popular drug in the region. Law enforcement reported increased availability of methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported having processed crystal, as well as brown, off-white and white powdered methamphetamine. Participants and community professionals described typical methamphetamine users as 18-25 years of age and white. Law enforcement added that the age ranged as high as 60 years.

Lastly, police in central Ohio reported on a chemical compound known as 25-I, 25-B or 25-C; they said it was being sold as LSD and had resulted in the death of at least one central Ohio woman (www.10tv.com, Feb. 25, 2015). The BCI London Crime Lab also reported finding these chemical compounds on blotter paper which came through the lab during the reporting period.

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’. One participant stated, “It’s easy to get.” Another participant reflected, “The more people I run into ... it seems ... that’s what

they want." Law enforcement most often reported current availability of powdered cocaine as '6-7'; the previous most common score from community professionals was '7'.

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.9 percent of the 3,890 individuals screened through its central Ohio 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. An investigation in Franklin County led to the seizure of two kilograms of cocaine, one kilogram of marijuana, 32 grams of heroin and five pounds of methamphetamine; 12 individuals faced drug charges (www.nbc4i.com, July 9, 2015). A cocaine trafficking operation in Plain City (Madison and Union counties) was disrupted when police found and seized 717 grams of cocaine packaged for sale (www.nbc4i.com, Aug. 12, 2015). Police found 90 grams of cocaine inside a vehicle during a traffic stop in Franklin County and nearly a kilogram of cocaine at a connected residence; three individuals were arrested (www.nbc4i.com, Aug. 20, 2015).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants indicated that the decrease is due to the demand for crack cocaine and the availability of methamphetamine. A participant explained, "You make more money when you 'rock it up' (make into crack cocaine) and sell it as 'crack' (crack cocaine)." Other participants reasoned: "[Crack cocaine] doesn't do as much for you as the other drugs, like 'meth' (methamphetamine) and, I mean, it just isn't nearly as effective as meth is; Meth is cheaper." 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	Decrease
	 Law enforcement	No comment
	 Treatment providers	No comment

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "gar-

bage") to '10' (high quality); the previous most common score was '7'. A participant reported, "That's just a flip of the coin. If you catch [the dealer] before he starts chopping it up ... if you catch him right before he gets it, it's like a '10'. And then if he 'cuts' (adulterates) it, then it goes down to like a '7.'" Another participant commented, "You never know what you're getting with that stuff."

The most reported cuts for powdered cocaine include: baby laxatives, baking soda, caffeine, creatine, ether, isotol (dietary supplement), lactose, lidocaine (local anesthetic), vitamins (B-6, B-12) and Orajel®. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$80
	1/16 ounce (aka "teener")	\$125-175
	1/8 ounce (aka "eight ball")	\$150-250
	1/4 ounce	\$250
	1/2 ounce	\$550
	An ounce	\$700-1,200

Participants reported that the most common routes of administration for powdered cocaine are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug.

Participants described typical users of powdered cocaine in two groups: 1) low socio-economic status, 18-25 years of age, homeless, as well as prostitutes and construction/

factory workers or 2) high socio-economic status, businessmen, upper-class individuals and older. A participant explained, "Cocaine's almost turned into two different drugs. There's like 'ghetto cocaine' that's all crushed down and then there's still kind of like a white-collar community that uses the good powder cocaine." Other participants commented: "It's a rich man's drug; I think it's just a generation thing from the past." Law enforcement also described typical powdered cocaine users as suburban and of higher socio-economic status or inner city and of lower socio-economic status. An officer stated, "You might have more people coming from the suburbs down to the south end to get powdered cocaine."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "I'm on the south end of Columbus. Every corner." Another participant similarly stated, "You can buy it on pretty much any corner." Community professionals most often reported current availability as '9'; the previous most common score was '7'. Law enforcement stated, "Most of the dealers that sell one also sell the other (heroin and crack cocaine)." Another officer agreed, "Yeah, almost every heroin dealer is dealing crack, too."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two search warrants were issued for homes in Galion (Crawford County) where police found unspecified amounts of crack cocaine, heroin and prescription drugs (www.otfca.net, Aug. 20, 2015). During a traffic stop in Circleville (Pickaway County), an alert from a K-9 officer resulted in the arrest of three individuals and confiscation of 81.3 grams of crack cocaine (www.nbc4i.com, Sept. 4, 2015). Police arrested a major cocaine trafficker and seized 413 grams of crack cocaine during a narcotics investigation at a Marion County home (www.nbc4i.com, Nov. 2, 2015).

Participants most often reported that the availability of crack cocaine has remained the same during the past six months. A participant stated, "It's always been around." However, several participants indicated a possible increase

in availability. A participant commented, "You have more people standing out on the corner selling it. You don't necessarily have to make a call [to a dealer]. Go to a certain house ... they just hangin' out." Another participant stated, "Probably increased because it's like a competition with the dealers. They have to have whatever you need." Several participants indicated increased availability of crack cocaine as connected to heroin availability. Participants stated: "My guy's always had both [heroin and crack cocaine]; They're usually trying to have both now, that way it's a one-stop shop type of thing."

Treatment providers reported that the availability of crack cocaine has either increased or remained the same during the past six months, while law enforcement reported an increase in availability. A treatment provider said, "I call it a 'bench drug' [stand in or backup drug], when you can't get one of your drugs of choice [you go to crack cocaine]." A law enforcement officer commented, "I don't think the availability is quite as high as heroin, but it's right there with it ... and it's coming back stronger." Another officer shared, "We've heard of a handful of dealers actually giving away crack with the heroin ... just to get people hooked on crack, too." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

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'. A participant stated, "I think that (dealers are) trying to make it a little bit better ... to kind o' compete with heroin, so that people will stay and go buy crack, too." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking laxatives, baby soda and Orajel®. 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)

Current prices for crack cocaine were consistent among participants with experience buying the drug. The most common quantity purchased is 1/10 gram (aka “rock”). Participants often reported that crack cocaine is not purchased by weight, but by size of the piece. One participant explained, “They’ll sell it in (any amount), and they’ll buy it in (any amount), too. ‘Can I get a \$2 piece?’” Another participant reflected, “I didn’t buy it by grams. I didn’t buy it by weight.”

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10-20
	1/2 gram	\$50
	1/16 ounce (aka “teener”)	\$100
	1/8 ounce (aka “eight ball”)	\$150

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. However, participants also reported intravenously injecting (aka “shooting”) the drug when this method is a user’s primary route of administration for drugs in general. One participant stated, “I don’t know anyone that does anything without a needle.”

A profile of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as white, black, Indian, 30-50 years of age, of lower socioeconomic status, as well as, those working night shifts, such as truck drivers and prostitutes. Participants also discussed older crack cocaine users: “People that have come up during the ‘60s and ‘70s; I know a whole senior citizen building that smoke it.” One participant remarked, “It makes you lower income, that’s for sure.” Treatment providers described typical crack cocaine users as more often African-American males, 45-70 years of age, long-time users; while law enforcement described users as drug dealers, younger and often unemployed. An officer stated, “It seems that the

dealers want to keep the crack because they usually smoke it up before they can sell it.”

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 stated, “It’s very available.” One participant considered, “I would say it’s a ‘10’ because I know lots of people that do it.” A treatment provider remarked, “Getting heroin, I think, is probably easier than getting alcohol or marijuana. I don’t think there’s any difference.”

Community professionals most often reported current availability as ‘10’; the previous most common score was ‘9’. A treatment provider commented, “I find that most patients do not describe any difficulties whatsoever in obtaining heroin, other than the fact that they need to obtain the money to buy the heroin.” Another provider stated, “I think there’s just a lot more heroin on the street. I think it’s very accessible. I think the cartels have been very efficient in increasing the supply to meet the demand.” A law enforcement officer remarked, “The heroin epidemic is just extremely bad right now ... and probably every other street in Mansfield (Richland County) ... you can find somebody that’s selling it. Most people aren’t too discrete about it. They’ll come up to you and offer to sell.”

While many types of heroin are currently available in the region, participants reported black tar heroin as most available during the past six months. Participants commented: “It’s everywhere; I can always find ‘tar’ (black tar heroin).” Participants reported that brown powdered heroin is slightly less available than black tar heroin. Participants reported that white powdered heroin is also available in the region; some suggested it is easy to obtain, while others reported more difficulty in obtaining this type of heroin. A participant shared, “I go through one guy and he usually has it. So, it’s all he mess with. He doesn’t really mess with the tar or the brown.” Another participant reported, “It’s easier to get than ‘pain killers’ (prescription opioids), I think.” However, a couple participants responded: “It’s hard to find ‘china white’ (white powdered heroin); Most everybody I know is on [heroin] and I hardly hear about [china white].”

Contrarily, law enforcement reported brown powdered heroin as most available in the region. A narcotics detective stated, *"I talked to someone who lived an hour away from here ... and he said he literally just drove down the street and looked for someone to ask for it. He said, 'It's just that easy.'" However, law enforcement noted, "Tar is still huge ... there's a lot of that out there."*

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 6.7 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for opiates. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 14.2 percent were positive for opiates. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 149 grams of heroin in Fairfield County in March 2015 in a single seizure; and in April 2015, they interdicted 32 grams of Heroin in Mansfield (Richland County) also in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant executed in Mansfield resulted in seizure of 125 grams of heroin, 58 grams of cocaine and 1,120 grams of marijuana (www.otfca.net, July 16, 2015). An eight-month investigation in Fairfield County culminated in the seizure of 143 grams of heroin hidden in a baby's diaper bag; the investigation estimates that the man was trafficking around 10 ounces of heroin from Columbus to Lancaster (Fairfield County) each week (www.nbc4i.com, July 15, 2015). Police searched a residence in Marion County and arrested three individuals when they discovered 7.7 grams of heroin, 4 grams of cocaine and numerous stolen items (www.otfca.net, July 17, 2015). Two individuals standing outside the Circleville Police station (Pickaway County) were arrested for active warrants; 15 grams of heroin was discovered on one of the individuals (www.nbc4i.com, Aug. 4, 2015). An air drone dropped a package into the Mansfield Correctional Institution prison yard which was later discovered hidden in a recreation equipment room; contents included approximately 100 doses of heroin, a large amount of marijuana and tobacco (www.dispatch.com, Aug. 5, 2015). After multiple resident complaints of drug activity, two search warrants were conducted at a residence and business in Mansfield in which police seized over 25 grams of heroin plus three syringes loaded with heroin, two grams of cocaine and miscellaneous pills (www.otfca.net, Aug. 6, 2015). Five

individuals were charged with heroin trafficking in Franklin County after the Columbus Police, Delaware County Drug Task Force and FBI seized a total of 9.5 kilograms of heroin and over \$350,000 cash (www.nbc4i.com, Aug. 14, 2015). After the death of her 14-month-old daughter from heroin ingestion, a Franklin County mother turned herself in and was charged with manslaughter and child endangerment (www.10tv.com, Sept. 4, 2015). Seven individuals were arrested for trafficking more than one kilogram of heroin from Chicago to Ohio (www.otfca.net, Oct. 25, 2015 and www.heraldstaronline.com, Oct. 28, 2015).

Two individuals were arrested after a search warrant executed at a Richland County residence; 7 grams of heroin, 1.5 grams of crack cocaine, cash and drug paraphernalia were seized (www.otfca.net, Nov. 12, 2015). Three individuals were arrested in Lancaster (Fairfield County) during a search by Fairfield and Franklin County police; they are suspected to be illegally in the country and are being indicted for trafficking approximately 1,500 grams of heroin (www.nbc4i.com, Dec. 9, 2015).

Participants reported that the availability of heroin has increased during the past six months. Participant comments included: *"I've seen more people selling it; It's been easier to find than ever before; I can get it anywhere ... Everybody (every dealer) wants you."* Treatment providers reported that availability has remained the same, while law enforcement reported increased availability. An officer reported, *"I mean we get phone calls every day of new people selling, so it just seems you take down one and two more pop up."* Another officer noted, *"The overdoses have increased..."* 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.

		Reported Availability Change during the Past 6 Months	
Heroin	 Participants	Increase	
	 Law enforcement	Increase	
	 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, "I know back at the beginning of the year, people were dying from it because it was ... so strong ...". Participants identified the most common adulterates (aka "cuts") for heroin as: dark sodas, fentanyl, powdered cocaine and sugar. Additionally, some cuts mentioned specifically for brown powder and black tar heroin included: acetone, aspirin, coffee, fish oil and shoe polish. Participants commented: "They'll put anything in it; Anything they can stretch it with to make a dollar." Although participants said white powdered heroin is most often cut with fentanyl, they also listed additional cuts which included: caffeine, chicken bouillon, creatine, baby formula, blood pressure medication, Neurontin® (anticonvulsant), prescription opioids and sleep aids. A participant explained, "They're cutting it just because so many people are addicted, so they're able to raise the price and lower the quality."

Overall, participants reported that the quality of heroin has remained the same during the past six months. However, participants explained that the quality of heroin is always variable and commented: "I mean it's hit and miss, really. Sometimes it's good, sometimes, it's bad; It varies by what they cut it with."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug, although pricing is reportedly higher for inner-city Columbus. Participants indicated that the price of heroin has remained the same during the past six months. The most common quantity purchased is 1/10 gram (aka "bags", "balloons" or "folds"). A participant stated, "You're lucky if you can get a half ounce. People usually make you piece it (buy smaller quantities)."

Heroin	Current Prices for Heroin	
	Brown powdered and black tar:	
	1/10 gram	\$10-20
	1/2 gram	\$40
	A gram	\$80-100
	1/8 ounce	\$250
	White powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$60-75
	A gram	\$100
	1/8 ounce	\$250-300
	An ounce	\$1,700-1,800

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot the drug. One participant shared, "I snorted it twice, then when straight to 'IV' (intravenous injection)." Another participant reported, "I know a lot of people that have went straight to the needle with heroin."

Participants reported that needles are most often obtained from retail stores, but could also be bought from drug dealers, found on the ground or acquired from family members or friends. A participant reported that in some areas users do not need a prescription to purchase needles from a pharmacy. Another participant agreed and commented, "I know people that drove from Columbus to Marion just to buy them there." One participant reported, "I've seen people pick 'em up off the side of the road and use 'em." Reportedly, needles sell for \$2-3 apiece on the street. Participants reported that needles are often shared when users begin to go into withdrawal or if they do not have their own. A participant shared, "It depends on how long they've done it ... when they first start [using heroin], you don't wanna share with nobody. When you're dope sick, you don't care if you share with anybody." Another participant divulged, "If you go to jail and there's only one needle and three people want to get on it, [then they are going to share]."

Participants found it difficult to describe a typical heroin

user, but noted that users are often 18-35 years of age. Participants commented: *"It's changed so much ... now it includes anybody; It's just a big epidemic. It's just everybody."* A participant observed, *"High-school kids seem to be the biggest rise (increase in use) that I've seen."* Another participant stated, *"[Any type of occupation] that might cause a lot of physical pain where you'd be sore or your back would hurt or anything like that."*

Community professionals also had difficulty in describing a typical heroin user, but most often described users as 20s to 40s in age and predominately white. Treatment providers often noted males as using heroin most often and seemed to agree that heroin users are often in occupations such as construction, restaurant and bartending, reasoning that attendance in these occupations might be more lenient. A treatment provider deliberated, *"I would say there's a few things that make [food service and bartending work] an attractive profession [for drug addicts]. You actually walk out with money in your pocket every day. Not a lot of professions do that, you know, you have to wait for your paycheck every couple weeks or whatever. So ... I'm gonna say it's because you get money every single solitary day. You walk out of that place with money to go get high."* Another treatment provider added, *"And construction, you're on your feet. You've got aches and pains or whatever and the heroin allows you to perform without feeling all of that."* Law enforcement reported that many heroin users are unemployed, living in unhealthy conditions and that the youngest users they have encountered have been 12 and 13 years of age. Several officers agreed: *"It's everyone, everywhere."*

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 as '10', while law enforcement most often reported '8'; the previous most common score was '7' for both professional groups. Participants identified oxycodone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, while community professionals identified fentanyl and oxycodone. A law enforcement officer stated, *"Fentanyl is fairly easy to find."*

Corroborating data indicated the presence of prescription opioids for illicit use in the region. American Court and Drug Testing Services reported that 9.7 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for oxycodone. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 6.9 percent were positive for oxycodone. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 210 du (dose units) of oxymorphone in Delaware County in March 2015 in a single seizure.

Media outlets reported on adolescent illicit use of prescription opioids in the region this reporting period. Nationwide Children's Hospital in Columbus treated adolescents for prescription opioid addiction, about half of which came from rural areas; a doctor also reported that most of these medications were difficult to detect, made available to the youth through family members with prescriptions; many of these youth began using them for entertainment and ended up addicted (www.newarkadvocate.com, Oct. 4, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Several participants speculated that the decrease in availability is due to individuals holding onto their prescription opioids instead of distributing them to others, as well as to law enforcement efforts and increased difficulty in obtaining prescriptions. A participant reasoned, *"They're harder to get 'cause people are becoming addicted and keepin' 'em instead of selling."* Another participant thought, *"People are keeping 'em ... and they're busting a lot more people with 'em ... and they're more expensive than heroin, so people are goin' to heroin."* Another participant furthered, *"That's exactly correct. It's not so much the availability has decreased ... the price [of prescription opioids] has tripled within the past three years ... many, many people just went to heroin."*

Treatment providers reported that the general availability of prescription opioids has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers often noted the supply is meeting demand: *"Demand has skyrocketed, so the supply seems to be meeting that; Because the demand is going up, the supply is going up and it will continue to do so."* Law enforcement officers deliberated: *"I think it comes and goes; The availability's there ... it's just the fact that you can get heroin so much cheaper and I think that's why people*

have gone ... to the heroin; I don't think people are as interested in buying them as they once were."

The BCI London Crime Lab reported that the number of prescription opioid cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for fentanyl, Opana®, OxyContin®, Percocet and Ultram®. In addition, the lab once again 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.

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

Reports of current street prices for prescription opioids were variable among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Law enforcement reported lower prices of heroin when compared to purchasing prescription opioids, "So, you get a '30 perk' (Roxicodone®) for 30 bucks. You get a 'quarter' (1/4 gram) of heroin ... you're looking [at paying] maybe \$20. So, you just knocked \$10 off and maybe getting the same type of, or a little bit stronger result from using [heroin]."

Participants reported obtaining prescription opioids for illicit use most often from doctors, friends, emergency rooms, healthcare settings or family members. A participant reported, "You can go to the ER with a fake ailment, and they'll write you some Vicodin®."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drug. Additional routes of administration mentioned by participants included oral ingestion and intravenous injection (aka "shooting"). A participant specified, "If they're the 'perk 30s' or '15s' (Percocet® 15 mg or 30 mg), you're shootin' 'em."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$4-6 for 2 mg \$10 for 8 mg
	fentanyl	\$10 for a syringe (un-specified dose) \$25 for 50 mcg \$50 for 100 mcg
	methadone	\$1 per mg
	Opana®	\$5-10 for 5 mg \$8-15 for 7.5 mg \$10-25 for 10 mg \$20-40 for 20 mg
	Percocet®	\$4-6 for 5 mg \$7 for 7.5 mg \$8-10 for 10 mg
	Roxicodone®	\$3-5 for 5 mg \$4-5 for 7.5 mg \$6 for 10 mg \$15-20 for 15 mg \$30 for 30 mg
	Vicodin®	\$5-6 for 7.5 mg \$8-10 for 10 mg

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as 30-50 years of age, but also noted that adolescents use these medications as well. Participants commented: "It's a more socially acceptable drug I suppose; I think high-school kids, too, because they party a lot ... get 'em out of their parents' cabinet ... that's normally how it starts for most kids." Treatment providers suggested that many illicit users are white and in their early 20s to mid-30s.

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. A participant reasoned, "I think [availability is] a '10' because there's been more people put on it and they are supplementing their

income [by selling it].” Other participants remarked: *“Those things are everywhere around here. Go to a clinic; Yeah, everybody’s getting ‘em now.”* One participant described availability of Suboxone® as, *“running water out of the sink.”* Treatment providers most often reported current street availability as ‘7;’ the previous most common score was ‘8.’ A treatment provider commented, *“If you want to be on Suboxone®, you can get it.”* Participants continued to report that the most available form of Suboxone® is the sublingual filmstrip (aka “strips”). A participant commented, *“You see the strips a lot more than the pills.”*

Corroborating data indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition, the Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 41.3 percent were positive for buprenorphine.

Participants reported that the availability of Suboxone® filmstrip has remained the same during the past six months, while the availability of the tablet form has remained the same or decreased. A participant commented, *“Not many people are giving them up.”* Another participant speculated, *“It’s changed from pills to strips in the last six months because people were snorting the pills, so [doctors are] giving ‘em strips now.”* Treatment providers reported that the availability of Suboxone® has increased during the past six months. A treatment provider commented: *“There’s a problem with the Suboxone® clinics because they’re supposed to have treatment (counseling), but many of these clinics don’t have any treatment ... and regular drug tests.”* 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	No change
	 Law enforcement	No comment
	 Treatment providers	Increase

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

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$5 for 2 mg
		\$15-20 for 8 mg \$25-30 for 12 mg
tablet	\$15-20 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through a doctor, clinic or friends. A participant stated, *“It’s pretty easy to get Suboxone® really.”* Another participant added, *“Most heroin dealers will have Suboxone® on them, too.”*

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip is sublingual, followed by intravenous injection (aka “shooting”); the most common routes of administration for illicit use of the tablet form are snorting and oral consumption. Participants and treatment providers described typical illicit users of Suboxone® as heroin or opiate addicts who use the drug to avoid withdrawal.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5.’ A participant stated, *“Uh, everybody’s prescribed freakin’ anxiety medicine, I feel like, so they’re like really easy to find.”* Another participant remarked, *“Everybody’s got ‘em.”* Community professionals most often reported current availability as ‘8-9;’ the previous most common score was ‘8.’ A treatment provider commented, *“Easily available. Those are very commonly available on the street, I’m told.”*

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A participant reported, *“All the time people ask if anybody wants Xanax® ... A lot of dealers, when they get the opportunity, they’ll buy Xanax® or trade for it because people like to do it with other drugs.”* A law enforce-

ment officer stated, "When we get calls of people saying they're selling [pills] ... usually what they're selling is Xanax®."

Corroborating data indicated the presence of sedative-hypnotics for illicit use in the region. American Court and Drug Testing Services reported that 5.4 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for benzodiazepines. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 7.8 percent were positive for benzodiazepines.

Participants and law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. 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 Ativan® and Xanax®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$4 for 2 mg
	Soma®	\$2-3 per pill (unspecified dose)
	Valium®	\$2-3 for 2 mg
		\$5 for 5 mg \$10 for 10 mg
Xanax®	\$1 for 0.25 mg	
	\$1-2 for 0.5 mg	
	\$5-8 for 2 mg	

Participants reported obtaining these medications for illicit use from dealers, doctors, family members and friends. A participant stated, "I did notice a lot more people are getting 'em prescribed through their psychiatrist and their family doctor. You don't always have to ... be evaluated like you used to be."

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 10 would snort the drugs. Participants less commonly reported intravenous injection (aka "shooting") as an alternative route of administration.

Participants described typical illicit sedative-hypnotic users as people with anxiety, heroin users and more often those who are middle aged. Community professionals found it difficult to describe illicit users of sedative-hypnotics and reported that anyone can illicitly use these drugs.

Marijuana

Marijuana 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'. Participants stated: "You can get 'weed' (marijuana) anywhere you go; I could call and get it any time I wanted." Another participant commented, "Ah, just so many people are growing it nowadays ... like anybody that smokes 'pot' (marijuana) is like, 'I'm gonna start growing it.' Ya know?" Another participant asserted, "I think marijuana, other than alcohol, is the most widely used drug." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider stated, "Marijuana seems to be as prevalent as ever. Many people report that as being a co-occurring drug of abuse." A law enforcement officer stated, "Just so easy to get or grow."

Participants discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants rated current availability of marijuana extracts and concentrates also as '10'. A participant commented, "I think the legal-

ization [of marijuana] in other parts of the country have brought that about."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 21.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for marijuana. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 20.5 percent were positive for marijuana. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted two pounds of marijuana in Mansfield (Richland County) in April 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A collaborative law enforcement team of state and local agencies seized 102 marijuana plants in Richland County (www.otfca.net, July 29, 2105). A large marijuana grow operation (around 400 plants) was uncovered at a residence in Galion (Crawford County) during a routine aerial patrol that is performed twice yearly in the county; 3,446 total marijuana plants were found and later confiscated (www.otfca.net, Aug. 26, 2015). A semi-tractor trailer was stopped for a marked lanes violation in Madison County; Ohio State Highway Patrol (OSHP) and a Hilliard Police K-9 officer discovered it contained 1,002 pounds of marijuana (www.statepatrol.ohio.gov, Sept. 10, 2015). An 8-year-old girl in Pataskala (Licking County) was caught in a school bathroom attempting to smoke marijuana using a lighter and a plastic bag (www.wkbn.com, Nov. 10, 2015). Police investigators uncovered an illegal high-grade concentrated THC extraction lab in Lancaster (Fairfield County); 200 marijuana plants, hundreds of cans of butane, THC extraction equipment and hundreds of gallons of chemicals were seized (www.nbc4i.com, Dec. 17, 2015). The man running the previously mentioned marijuana extraction operation was later arrested at his home in Columbus after police executed another search warrant and found an additional high-grade marijuana grow, 500 ounces of silver and \$48,000 in cash (www.nbc4i.com, Dec. 17, 2015).

Participants reported that the availability of both low-grade and high-grade marijuana has remained the same during the past six months. One participant reasoned, "It's everybody's second priority to other drugs they use now." Participants indicated that availability of marijuana extracts and concentrates has increased during the past

six months. Participants cited the high quality of these products as the reason for increases in their availability. Community professionals reported that the availability of marijuana has remained the same during the past six months. A police officer commented, "It's just so available. It's been that way for a long time." 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 marijuana as '10' for high-grade and as '3' for low-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous scores for high- and low-grade marijuana were also '10' and '3' respectively.

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has increased. A participant remarked, "You get what you pay for." Several participants explained: "There's more access [to high-grade marijuana], more grow stores, more books, more knowledge about how to grow [marijuana]; People are learning how to grow it indoors and getting all the systems and hydroponic systems and stuff for it and just makin' it like pretty much their own recreational activity to make really good weed." A treatment provider commented, "No one does [low-grade] marijuana. They don't have a job, but they don't do [low-grade marijuana]."

Reports of current prices for marijuana were consistent among participants with experience buying the drug. 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. A participant quipped, "In a room of 10, we'd probably pass the joint around." A couple participants discussed different methods of smoking based on ethnicity and age: "That is cultural. African Americans tend to smoke blunts, Anglo-Saxons would

Current Prices for Marijuana		
Marijuana	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$15-25
	1/4 ounce	\$30-40
	1/2 ounce	\$30-50
	An ounce	\$80-100
	A pound	\$500
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50
	1/4 ounce	\$80-100
	An ounce	\$300-350
	A pound	\$3,000-3,200
	Extracts and concentrates:	
	1/2 gram	\$40-60
A gram	\$75-100	

probably smoke, yo' know, a pipe or water bong; I know with the older group, they like the bowls and the bongs and with the younger group, they like the blunts."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users of high-grade marijuana as anyone; however, participants specified that teenagers and young adults tend to use low-grade marijuana because of the low price. One participant noted an increase in younger marijuana users and remarked, "I've never seen so many young kids [using marijuana] in my life." Community professionals also described typical marijuana users as anyone. A treatment provider commented, "No typical user for marijuana, honestly ... anywhere from male, female, 18 to 65 [years of age]."

Methamphetamine



Methamphetamine 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 stated, "I see this every day." Community professionals also most often reported current availability as '10,' the previous most common score was '4-5.'

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants most often reported crystal methamphetamine as the most prevalent form. The powdered form of methamphetamine 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. Participants commented: "New people are learnin' how to make it; With the powder, usually people are making it themselves."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An officer stopped a man taking a walk in Lancaster (Fairfield County) due to an outstanding warrant; he was in possession of methamphetamine and heroin (www.nbc4i.com, Oct. 17, 2015). A methamphetamine lab was found inside a disabled vehicle parked behind a business in Franklin County; two individuals were arrested (www.nbc4i.com, Oct. 21, 2015). Police discovered a methamphetamine lab while conducting a welfare check on two children in a Mansfield (Richland County) home; four men were arrested (www.otfca.net, Nov. 17, 2015).

Participants reported that the availability of crystal methamphetamine has remained the same during the past six months, while the availability of powder methamphetamine has increased. A few participants noted an increase in crystal methamphetamine. One participant explained, "It wasn't really too common in Columbus, but in the past six

months you seen it gone up in the south side of Columbus." A participant discussed the increase of powdered methamphetamine and speculated, "It's easy to make and it's cheap to make."

Community professionals reported that the availability of methamphetamine has increased during the past six months. A narcotics detective pondered, "One of the reasons I think it's worse [is because] ... [in rural areas] you have anhydrous ammonia ... they're using that ingredient to make their 'meth' (methamphetamine), too ... the farmers get it and use it for their fields so [it's available]." 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	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current overall quality of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9-10'. A participant reported, "People are getting better at refining it." Participants rated the current overall quality of powdered methamphetamine lower, as '0' and '3'; the previous most common score was '6'. One participant complained about the quality and ruminated, "Back in the day, you would be up for days and days and days. Now, I could smoke it ... and go to bed afterwards if I wanted to." Participants explained: "[Quality] depends on who's makin' it." Another participant explained that the quality depends on how many times it is adulterated (aka "cut") and shared, "My person went to different people to get it, so it depends on how many hands it goes through."

Participants reported several substances used to cut methamphetamine: ammonia, battery acid, Drano®, ether, ethanol, prescription opioids (including fentanyl), NoDoz®, Ritalin®, salt, Sudafed®, vitamins and nutritional supplements (B-6, B-12, methylsulfonylmethane [MSM] claimed to reduce joint pain and inflammation). The more acidic cuts are reportedly used most often for crystal metham-

phetamine. Participants remarked: "Anything under the kitchen sink; Everything but the kitchen sink." Overall, participants reported that the quality of both types of methamphetamine has remained the same during the past six months.

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

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-140
	1/8 ounce (aka "eight ball")	\$200
	Crystal:	
	A gram	\$100-120
	1/8 ounce (aka "eight ball")	\$300-350
	An ounce	\$800-1,200

Participants reported that the most common route of administration is smoking for crystal methamphetamine and intravenous injection (aka "shooting") for powdered methamphetamine. Participants added that crystal methamphetamine users will often begin use by snorting before shooting the drug. A participant explained: "They usually go from smoking, to snorting, to shooting, yeah." Participants also added that powdered methamphetamine users will smoke or "hot rail" the drug. Participants described "hot railing" as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose. A participant explained, "A lot of people tend to hot rail [powdered methamphetamine], which is kind of like smoking it ... it's like smoking and snorting it at the same time."

Participants described typical methamphetamine users as white, older (40-50 years of age), and working in construction or factories. Several participants referred to methamphetamine as beneficial: "It's economical for people who have to be up a lot of hours and keep going; Increases work performance for a lot of people." Other participants suggested that younger individuals, those in their 20s and 30s, are

also using methamphetamine. One participant clarified, "I think they're using it a lot more, but the people that is more addicted are around my age (50 years). A lot of 'em." Community professionals described typical methamphetamine users also in terms of age; they suggested typical methamphetamine users are aged 18-40 years.

Prescription Stimulants

Prescription stimulants are highly available in the region. However, only a few participants had personal experience with illicit use of these medications. These participants most often reported current street availability of prescription stimulants 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 remarked, "They're everywhere." Community professionals were unable to report on the current street availability of prescription stimulants. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, but noted Vyvanse® as also available throughout the region.

Corroborating data indicated the presence of prescription stimulants for illicit use in the region. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 11.9 percent were positive for amphetamines.

Participants reported that the general availability of prescription stimulants has decreased during the past six months. Participants explained that decreased availability is due to more strict prescribing regulations and noted that those with prescriptions are holding onto them for personal use. One participant noted an increase in Vyvanse® and commented, "I think it's more, it's just widely prescribed ... Vyvanse® is starting to take over both of those (Ritalin® and Adderall®) from what I've heard."

One treatment provider stated, "We have those episodically reported by patients, but it's usually not their primary drug of choice. I don't believe there's been any significant change of availability in the last 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	No comment
	 Treatment providers	No change

Reports of current street prices for prescription stimulants were consistent among the participants with experience buying these drugs. Reportedly, Adderall® 10 mg sells for \$2-3; 20 mg sells for \$5.

Participants reported that illicit users will most often obtain prescription stimulants through doctors or family members. Participants reported that the most common route of administration for illicit use of these drugs remains snorting. One participant commented, "Everyone I've ever seen do it, snorts." A few participants added oral consumption as an alternative route of administration for these medications and explained, "Open the capsules up. Eat the beads." Treatment providers described typical illicit users of prescription stimulants as high-school and college aged (teens through mid-20s).

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were unable to report on traditional ecstasy tablets, but were able to report on "molly" (powdered MDMA). Participants most often reported the current availability 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 score was '10'. A participant reported that molly is more available than ecstasy and reasoned, "It's a purer form of ecstasy."

Participants reported an increase in availability of molly during the past six months. One participant reasoned, "People like it." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Reports of current prices for molly were consistent among participants with experience buying the drug. Participants reported that molly is often a “free drug” and is handed out at parties and raves (dance parties).

Molly	Current Prices for Molly	
	1/10 gram	\$10
	2/10 gram	\$20-30
	A gram	\$80

In addition to obtaining molly from dealers, participants reported that molly is also obtained at bars, parties, raves or from friends. Participants reported that the most common route of administration for molly remains snorting. Participants described typical molly users as younger, college-aged (20s), hippies, partiers and “ravers.”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants most often reported the drug’s current availability as ‘9-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant stated, “I know people that can get it ... get it real fast.” Law enforcement most often reported current availability of synthetic marijuana as ‘8’. A law enforcement officer described current availability by stating, “Walk out the door and someone will try to sell you some, let’s put it that way.”

Media outlets reported on law enforcement efforts in the region this reporting period. Police investigated synthetic marijuana usage more closely after 25 overdoses were recorded in Mansfield (Richland County) as connected to

synthetic marijuana use, all within a one-month time span (www.wfmj.com, Dec. 27, 2015).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants suggested that decreased availability is because of decreased access. A participant stated, “It is available in some stores, but you have to know certain people to be able to get it.” However, law enforcement reported increased availability of synthetic marijuana during the past six months. An officer stated, “It seems within the past six months it’s really upped its availability.” 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	Decrease
	 Law enforcement	Increase
	 Treatment providers	No comment

Only one participant was able to report on the prices for synthetic marijuana. Reportedly, a glass vial containing approximately a gram sells for \$25.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from head shops and through the Internet. A participant reported, “You can just go to an incense store and get it.” Law enforcement also reported that synthetic marijuana is often ordered online. One officer stated, “[Law enforcement] arrests a lot of young kids who order it online ... and they get it shipped straight to their door.”

Participants reported that the most common route of administration for synthetic marijuana remains smoking. A law enforcement officer added, “Also, the vapor E-cigarettes are a big thing. You can order the THC oil and vape it, smoke it that way ... so that’s kind of opened up a different avenue of using [synthetic marijuana], also.” Participants and law enforcement described typical synthetic marijuana users as younger males (16-30 years of age) or individuals on probation. An officer stated, “A lot of people who are on probation or parole are getting [synthetic marijuana] because nine times out of 10, it’s not going to show up in a (drug) urine exam.”

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), Neurontin® (anticonvulsant) and Seroquel® (an antipsychotic medication).

Bath Salts

Bath salts are highly available in the region. The few participants with experience buying the drug most often reported the current availability of bath salts as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4'. Law enforcement most often reported current availability as '9'; the previous most common score was '3'. An officer commented, *"It's kind of localized as far as I know. There are neighborhoods where you can get [bath salts] really easy, but then in other neighborhoods, we don't really see them as much."*

Media outlets reported about alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant considered a second generation bath salt) this reporting period. A CEO of a treatment facility in Columbus (Franklin County) explained that flakka can be made to look like other items (candy, LSD) and warned that this drug was extremely dangerous (www.nbc4i.com, July 31, 2015).

There was no consensus among participants regarding a change in availability of bath salts during the past six months. Law enforcement reported that availability has increased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. Participants reported that bath salts are most often obtained in the inner city and from head shops. Reportedly, the most common route of administration for bath salts is intravenous injection.

Hallucinogens

Hallucinogens remain moderately available in the region. Participants most often reported current availability as '5' for LSD and '6-7' for psilocybin mushrooms 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' for psilocybin mushrooms and not reported for LSD. Law enforcement most often reported the overall current availability of hallucinogens as '9'. A participant remarked, *"We live in cow country and (psilocybin mushrooms) grow in cow poop, so ... if you're really looking for 'em ... go flip the (cow) patty, I'm sure you can find 'em."*

Participants reported that the availability of LSD has remained the same during the past six months. Participants reported that the availability of psilocybin mushrooms has varied during past six months, depending on the season. A participant remarked, *"Every spring."* Another participant explained, *"It kinda depends on the season ... but since they're natural growers, you can find 'em anywhere. You don't have to look that hard or go to a dealer."* 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 has decreased.

One participant complained about the current quality of LSD and rated it as a '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current pricing for LSD and psilocybin mushrooms were reported by only a few participants with experience purchasing these drugs. Participants reported that one drop (aka "a hit") of LSD sells for \$5-10 and a double dipped strip (approximately 10 hits) sells for \$7-8; 1/8 gram of psilocybin mushrooms sells for \$20-30. Participants reported that LSD is obtained at festivals, while psilocybin mushrooms are most often obtained by growing them or foraging for them in nature.

While there were a few reported ways of consuming LSD, generally the most common route of administration is sublingual. Additional routes of administration included eating it on a sugar cube or ocular absorption via eye drops. The most commonly reported route of administration for psilocybin mushrooms is oral consumption through tea or with food. Participants described typical LSD users as people in their 20s, as well as older people, while typical psilocybin mushroom users were described as older people.

Neurontin®

Neurontin® is highly available in the region. Participants most often reported the current street availability of this medication as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that availability has either remained

the same or increased during the past six months. Current street prices for Neurontin® were consistent among participants with experience purchasing this drug. The drug sells for \$0.50-2 depending on the milligram amount. A participant stated, *"They're not expensive."*

Participants reported that Neurontin® is obtained through doctors or in jails. A participant stated, *"I know that that's what a lot of the people were asking for ... the Seroquel® (anti-psychotic) and the gabapentin (generic form of Neurontin®) and the trazadone (anti-depressant). That's what everybody was going to the doctor for, 'cause they were all heroin and meth addicts."* Participants reported oral consumption as the most common route of administration for Neurontin® and described typical illicit users as 20-40 years of age, as well as, those who have it prescribed for pain.

Seroquel®

Seroquel® remains available in the region. Participants most often reported the current street availability of this drug most often as '3' 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 street availability of Seroquel® has remained the same during the past six months and reported most often obtaining the drug in jails. A participant reported, *"Seroquel® was the big one that everybody was asking for ... that's what they would give you at the jail [and] you could sleep the whole day."*

Conclusion

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

Many types of heroin are currently available in the region. However, participants reported black tar heroin as the most available type during the past six months, while law enforcement reported brown powdered heroin as

most available. 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.

Corroborating data indicated high presence of heroin in the region. The Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 14.2 percent were positive for opiates. Law enforcement discussed that new heroin dealers seem to appear every day; as soon as a dealer is arrested, they observed new dealers moving in to sell. Law enforcement also noted an increase in overdoses linked to heroin. Participants reported that heroin in the region is often cut (adulterated) with fentanyl and noted that white powdered heroin specifically is most often cut with fentanyl. The BCI Richfield Crime Lab also reported fentanyl and acetyl fentanyl used as cuts found in heroin during the past six months.

The most common route of administration for heroin remains intravenous injection. And while participants indicated that there a few ways of obtaining clean needles in the region, they reported that needles are often shared when users begin to go into withdrawal or if they do not have their own. Community professionals described typical heroin users as 20s to 40s in age and predominately white.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants attributed the increase to more users learning to make powdered methamphetamine (aka "shake-and-bake"). The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported having processed crystal, brown, off-white and white powdered methamphetamine.

Participants reported an increase in availability of "molly" (powdered MDMA) during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has also increased during the past six months. In addition to obtaining molly from dealers, participants reported that it is also obtained at bars, parties, "raves" (dance parties) or from friends. The most common route of administration for molly remains snorting. Participants described typical molly users as younger, college-aged (20s), hippies, partiers and "ravers."

Lastly, bath salts are highly available in the region, and according to participants and law enforcement, their availability has increased during the past six months. Media outlets reported about alpha-PVP (alpha-pyrrolidinopen-tiophenone, aka “flakka,” a synthetic stimulant considered a second generation bath salt) this reporting period. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab clarified that alpha-PVP is classified as a bath salt in its reporting and attributed the increased number of bath salts cases to alpha-PVP. Participants reported that bath salts are most often obtained in the inner city or from head shops. Reportedly, the most common route of administration for bath salts is intravenous injection.