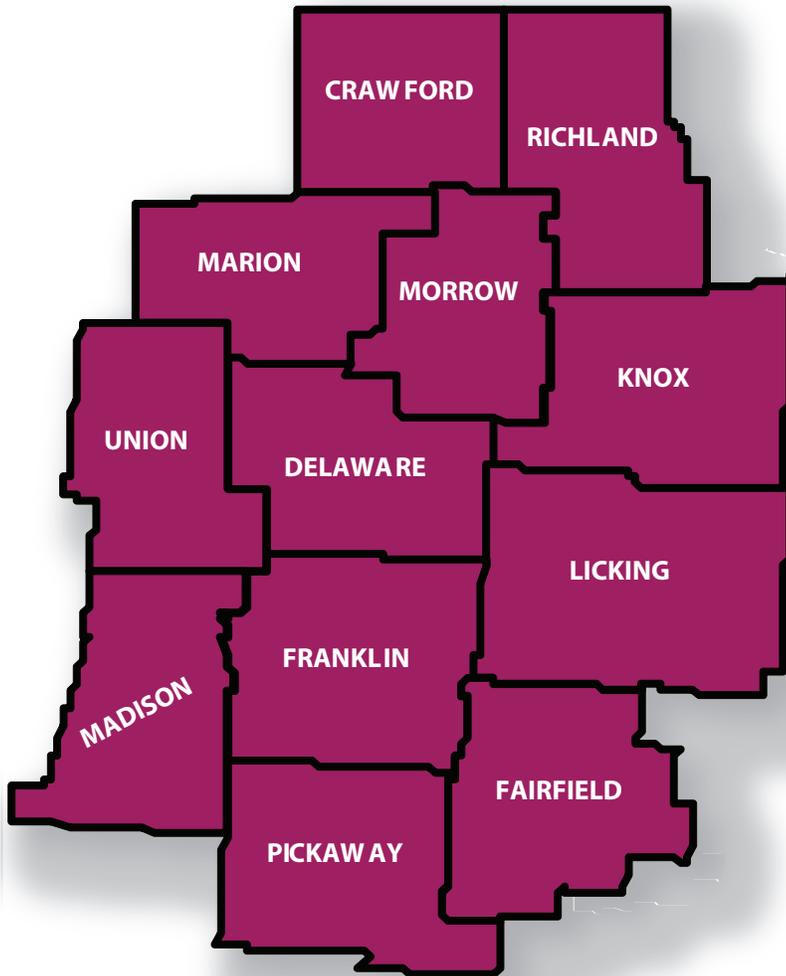


## Drug Abuse Trends in the Columbus Region



### Regional Epidemiologist:

**Kathryn Coxe**, MSW

### OSAM Staff:

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

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

### 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, Licking, Morrow and Richland counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Fairfield County Municipal Court, the Columbus Police Crime Lab 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), as well as from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from July through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

*Note:* OSAM participants were asked to report on drug use/knowledge pertaining to the six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

## Regional Profile

Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,219,724	39
Gender (female), 2014	51.1%	50.6%	48.7% <sup>2</sup>
Whites, 2014	84.8%	81.7%	62.5%
African Americans, 2014	13.6%	15.6%	35.0%
Hispanic or Latino Origin, 2014	3.3%	3.7%	5.3% <sup>3</sup>
High School Graduation Rate, 2014	82.6%	74.8%	85.0%
Median Household Income, 2014	\$49,349	\$55,565	\$19,999-\$29,999 <sup>4</sup>
Persons Below Poverty Level, 2014	15.3%	14.4%	42.9% <sup>5</sup>

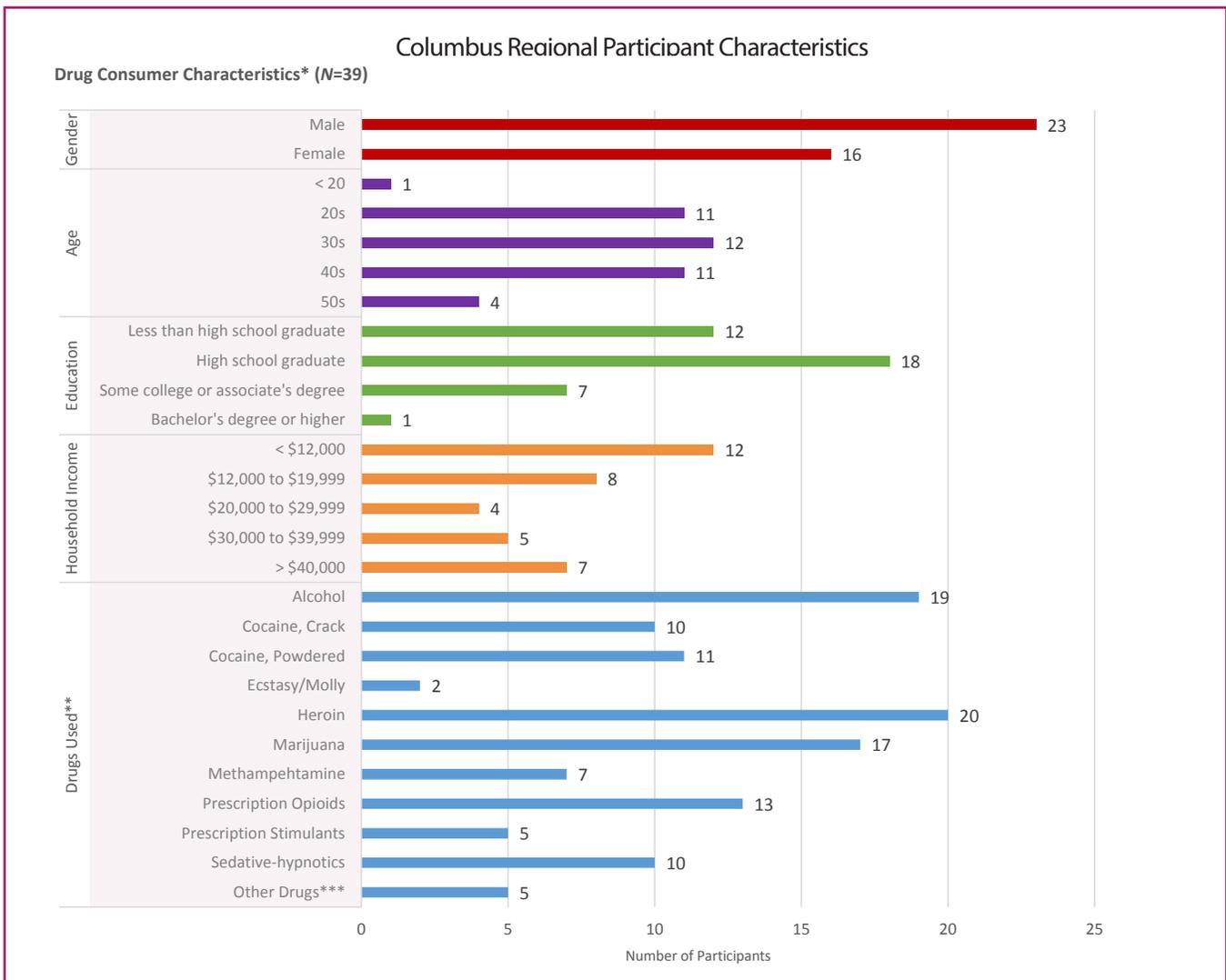
<sup>1</sup> Ohio and Columbus regional statistics were derived from the most recent US Census and Ohio Department of Education data; OSAM drug consumers were participants for this reporting period: January - June 2016.

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

<sup>3</sup> High school graduation rate was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup> Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>5</sup> Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 39.

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

\*\*\*Other drugs included: hallucinogens (LSD, psilocybin mushrooms), Suboxone® and Subutex®.

## Historical Summary

In the previous reporting period (June 2015 – January 2016), bath salts, crack cocaine, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana were highly available in the region. An increase in availability existed for heroin and methamphetamine and a likely increase existed for ecstasy.

Although many types of heroin were available in the region, participants reported black tar heroin as most available during the reporting period, while law enforcement reported brown powdered heroin as most available. The BCI London Crime Lab reported an increase in the number of black tar and powdered heroin cases it processed during the reporting period and noted processing beige, brown, tan and white powdered heroin.

Corroborating data indicated the presence of heroin in the region. The Fairfield County Municipal Court reported that more than 14 percent of the positive drug tests it processed were positive for opiates. Law enforcement explained that as soon as a heroin dealer was arrested, they observed new dealers moved into the area to sell. Law enforcement also noted increased overdoses linked to heroin. Participants reported that heroin was often adulterated (aka “cut”) with fentanyl and noted that white powdered heroin specifically was most often cut with this drug.

The most common route of administration for heroin was intravenous injection. Participants indicated a few ways of obtaining clean needles, but reported that needles were often shared. Community professionals described typical heroin users as 20s to 40s in age and predominately white.

Participants reported that methamphetamine was available in powdered and crystal forms. Participants and community professionals agreed that the availability of the drug had increased during the reporting period; 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 processed had increased; the lab reported having processed crystal, brown, off-white and white powdered methamphetamine.

Participants reported increased availability of “molly” (powdered MDMA). The BCI London Crime Lab reported that the number of ecstasy cases it processed had increased. In addition

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

Participants and law enforcement reported high availability of bath salts and agreed that the availability had increased during the reporting period. Media outlets reported about alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant considered a second generation bath salt). The BCI London Crime Lab reported that the number of bath salts cases it processed had increased; the lab clarified that alpha-PVP was classified as a bath salt in its reporting and attributed the increased number of bath salts cases to this drug. Participants reported that bath salts were most often obtained in the inner city or from head shops. The most commonly reported route of administration for bath salts was intravenous injection.

## 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’. Participants remarked: *“It’s everywhere. Really everywhere; I can get it like right now.”* Another participant suggested users prefer powdered cocaine to methamphetamine and explained, *“It gives you energy and kind o’ like ‘meth’ (methamphetamine), but not as bad I guess. Like, I guess that people think meth is a lot worse than cocaine is.”* Community professionals most often reported current availability of powdered cocaine as ‘2-6;’ the previous most common score was ‘6-7’ as reported by law enforcement only. Law enforcement commented: *“It’s out there; You’ve still gotta go out and put a little effort into finding it.”*

Corroborating data indicated the presence of cocaine in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 735 cocaine cases reported during the past six months, of which 63.7 percent were Franklin

County cases (a decrease from 797 cases for the previous six months, of which 56.8 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Franklin County man pleaded guilty for distributing cocaine and possession of firearms; more than a kilogram of cocaine and 11 firearms were found during a warrant search ([www.nbc4i.com](http://www.nbc4i.com), Jan. 26, 2016). Three men were arrested in Franklin County during a drug bust in which a half kilogram of cocaine and one pound of marijuana were seized ([www.otfca.net](http://www.otfca.net), Feb. 10, 2016). A detective in Franklin County took his own life after being arrested for drug trafficking of cocaine, marijuana and heroin ([www.nbc4i.com](http://www.nbc4i.com), March 22, 2016). Union County police arrested three people during a raid and issued a warrant for 21 additional individuals involved in trafficking cocaine; authorities seized 17.5 grams of cocaine and 30 grams of marijuana ([www.nbc4i.com](http://www.nbc4i.com), April 27, 2016). A New Albany (Franklin County) couple was arrested for possession of a kilogram of cocaine; during this search, police also seized heroin, LSD and marijuana ([www.abc6onyourside.com](http://www.abc6onyourside.com), May 13, 2016). A private contractor for the Marion Correctional Institute (Marion County) was arrested for possession of 365 grams of cocaine ([www.nbc4i.com](http://www.nbc4i.com), May 16, 2016). Ohio State Highway Patrol (OSHP) troopers arrested a Chicago man in London (Madison County) when a K-9 officer alerted to his vehicle; 13 pounds of cocaine were seized ([www.nbc4i.com](http://www.nbc4i.com), May 16, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Treatment providers reported that availability has either remained the same or increased during the past six months, while law enforcement reported a decrease in availability. A treatment provider reported, *"We're seeing more people using it, so it must be becoming more available."* Law enforcement attributed decreased availability of powdered cocaine to an increase in police efforts targeting cocaine distribution. An officer said, *"It's not as big as it was in the early '90s, but it's still there."* The BCI London and Columbus Police crime labs reported that the number of powdered cocaine cases they process have increased during the past six months; the labs do not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. A participant commented, *"It really depends on who you get it from."* Another participant explained, *"Most of it's not that great, but if they do have the right connection, it'll be better [quality]."* One participant stated, *"Some people will put a bunch of extra stuff in it to make a larger quantity to make more money out of it."* Participants reported the top 'cutting agents' (adulterates) for powdered cocaine are aspirin, baking soda, inositol (dietary supplement) and vitamin B-12. Other adulterates mentioned include: baby laxatives, baking powder, creatine and Tylenol®. One participant reported, *"[Inositol is] a diet thing. It's [used as a cut] because you can't smell or taste it."* 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 Labs	
	<ul style="list-style-type: none"> <li><span style="color: red;">●</span> local anesthetics (benzocaine and procaine)</li> <li><span style="color: red;">●</span> levamisole (livestock dewormer)</li> </ul>	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that the most common quantity purchased is 1/8 ounce (aka "eight ball"). 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	\$100
	1/8 ounce	\$150-160
	1/4 ounce	\$200-250

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. Participants and community professionals described typical powdered cocaine users as of higher socio-economic status. Participants commented: *“That’s what all the young folks runnin’ around callin’ for nowadays. It’s either cocaine or pills; There’s an older crowd, too. The old die-hards; I’d say people with more money. It’s like a designer drug ....”* A treatment provider reported, *“It’s what they call the ‘rich mans’ drug’ and a lot of people in Licking County are low to middle class and are not able to get it as easy.”*

### 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’. Participants explained the high availability of powdered cocaine: *“Because it’s a money maker. It’s quick money; It’s available, too, because everybody started to do it with the heroin; Heroin in one pocket, crack in another.”* Another participant affirmed, *“If they’re a big dealer of heroin, they’re selling ‘crack’ (crack cocaine), too.”*

Community professionals most often reported the current availability of crack cocaine as ‘2-4;’ the previous most common score was ‘9’. However, a treatment provider reported, *“The [low availability rating] is probably more representative of how often we see it, rather than how available it is on the street.”* Law enforcement reported: *“It’s out there; It’s not as big as it was in the early 90s, but it’s still there.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Marion County drug task force seized 55 grams of crack cocaine, 35 grams of powdered cocaine, 40 grams of marijuana and three grams of heroin when they conducted a raid on two houses; four people were arrested ([www.otfca.net](http://www.otfca.net), Feb. 16, 2016). The efforts of a combined law enforcement sting operation in Bucyrus (Crawford County) resulted in the seizure of a large amount of suspected crack cocaine and heroin, as well as more than \$1,200 in cash and evidence of drug trafficking; that bust then led authorities to a residence in Galion (a city in Crawford, Morrow and Richland counties) where detectives found more than four kilograms of

suspected crack cocaine and about 800 grams of what was believed to be heroin ([www.otfca.net](http://www.otfca.net), March 23, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. However, a few participants believed availability has increased because of demand due to people using crack cocaine in combination with heroin. A participant stated, *“I think more people are selling it.”* Community professionals reported that availability has remained the same during the past six months. A law enforcement officer commented, *“I think with crack cocaine, the addicts have been addicts for years.”* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Crack Cocaine	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 overall quality of crack cocaine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8’. A participant commented, *“[Quality] depends on who you’re getting it from and what they’re ‘cutting’ (adulterating) it with.”* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Participants reported that crack cocaine in the region is most often cut with baby laxatives, baking soda, ether and Orajel®. Other cuts reported include: acetone, Anestol® (analgesic), ammonia, baking powder, creatine, dry wall, flour and vitamin B-12. One participant explained that Anestol® is used as a cut to, *“get that ‘nummie’ (numb) feeling.”* Another participant complained, *“I’ve found many pieces of dry wall [in crack cocaine].”*

Crack Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> <li> local anesthetics (benzocaine and procaine)</li> <li> levamisole (livestock dewormer)</li> </ul>	

Current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is a 1/10 gram (aka “rock”) or a gram. Overall, participants reported that the price of crack cocaine has remained the same during the past six months. One participant stated, “Usually it’s about the same [price] as heroin, but cheaper in quality.”

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10-20
	A gram	\$60-80
	1/16 ounce (aka “teener”)	\$120-150
	1/8 ounce (aka “eight ball”)	\$150-300
	1/4 ounce	\$250-300

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka “shoot”) the drug. Participants described typical crack cocaine users as a wide age range (20-60 years old), more urban than rural and those who also use heroin. Some participants also noted truck drivers and those who travel frequently as typical users. A participant commented, “Most of the people who do crack, do heroin. It goes hand in hand. So if you been using heroin for a while, then you eventually go to crack and vice versa.” Community professionals described typical crack cocaine users as 25-40 years of age.

## 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 remarked, “It’s everywhere!” Another participant said, “Heroin’s as easy as goin’ and gettin’ ... aspirin. Sometimes it’s even easier ‘cause its delivered.” Other participants asserted: “There’s one block where there’s at least five houses you can walk up to and get heroin; I’d say a ‘10’ (highly availability) because that’s what everybody’s selling nowadays. It’s all opiates and ‘heron’ (heroin). Ain’t nobody sellin’ ‘weed’ (marijuana) though like that, it’s all pills and heron.”

Community professionals most often reported the current availability of heroin as ‘10’; the previous most common score was also ‘10’. A treatment provider reported, “Everybody walking through the door, they’re doing [heroin] and it’s four or five [clients] a day.” A law enforcement officer remarked, “Oh, heroin? You can get it anywhere.”

Corroborating data indicated that heroin is available in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 10.9 percent were positive for opiates (heroin). A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 1,173 heroin cases reported during the past six months, of which 40.7 percent were Franklin County cases (a decrease from 1,323 cases for the previous six months, of which 38.9 percent were Franklin County cases). In addition, Ohio HIDTA’s Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 10 pounds of heroin in Franklin County in December 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A regional drug task force arrested a Marion County man while conducting a search warrant at his residence just 10 days after he was released on bond; they seized 45 grams of heroin and 18 grams of crack cocaine ([www.otfca.net](http://www.otfca.net), Feb. 5, 2016). A Mansfield (Richland County) man was arrested after police executed a search of a business and the man’s vehicle, seizing 20 grams of heroin and 41 grams of marijuana ([www.otfca.net](http://www.otfca.net), Feb. 24, 2016). A Reynoldsburg (a city in Fairfield, Franklin and Licking counties) man was arrested for violating his probation when he was caught with 95 grams of pre-packed heroin intended for sale ([www.nbc4i.com](http://www.nbc4i.com), March 9, 2016). A Columbus (Franklin County) man faces involuntary manslaughter charges of two people he had supplied with heroin; the man admitted purchasing a half gram of heroin and preparing it in syringes for the two prior to their overdose deaths ([www.nbc4i.com](http://www.nbc4i.com), March 25, 2016). Franklin County authorities arrested a California man for drug trafficking; 15 pounds of fentanyl were seized ([www.nbc4i.com](http://www.nbc4i.com), April 22, 2016). A man was arrested after selling capsules of a heroin-fentanyl mixture to a couple who overdosed in a parking lot of a gas station in Truro Township (Franklin County); medics saved the couple ([www.nbc4i.com](http://www.nbc4i.com), April 25, 2016). A Marion County man was arrested after a drug task force stopped his vehicle and discovered 91 doses of heroin packaged

for sale ([www.nbc4i.com](http://www.nbc4i.com), April 25, 2016). Franklin County Sheriff's officers arrested three individuals in Prairie Township when they executed a search warrant and found 24 grams of heroin, \$2,800 and drug paraphernalia ([www.nbc4i.com](http://www.nbc4i.com), May 6, 2016). A Columbus man was sentenced to nine years in prison for the overdose death of his baby who had ingested heroin and fentanyl ([www.ohio.com](http://www.ohio.com), June 2, 2016).

While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. A participant commented, "I know a lot of people that do it or have done it, friends and acquaintances. It's just easy to get [black tar heroin] around here ... very easy to get." Another participant said, "It's just what the people that I deal with always have." Law enforcement also reported black tar heroin as the most available type of heroin in terms of widespread use. An officer remarked, "Black tar (heroin) is what is big in town."

Reportedly, powdered heroin is also highly available in the region. Several participants indicated that this form of heroin is often preferred and explained: "Because it's better; It's already ready to snort." A participant commented, "Most of it comes from Mexico, Texas ... or it'll come from Detroit where it's brought in from Afghanistan. But 'china' (white powdered heroin) is usually from Southeast Asia ... brought up from South America or Mexico and here into the States. So, when it's here, it's easy to 'bucket' (obtain) ...."

Participants reported that the general availability of heroin has remained the same during the past six months. However, some participants reported that the availability of white powdered heroin has fluctuated. A participant explained, "For me, I mean here in Columbus, china is usually hard to get. It does have phases where it'll be around for two or three, four, five months and then you won't see it the rest of the year." Another participant commented, "I think it comes in waves." Community professionals also reported that the availability of heroin has remained the same during the past six months. A treatment provider explained, "I say that only because nobody has ever said they've had any problem getting heroin. In fact, they say the opposite, they say it's so easy to get."

The BCI London and Columbus Police crime labs reported that the number of heroin cases they process have increased during the past six months; the labs reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the labs noted that

they do not typically differentiate between black tar and powdered heroin cases.

		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 heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' A participant remarked, "A couple times that I got it, it was ... really strong ... It was too strong." Another participant shared, "If I get [black tar heroin] from the Mexican (dealers) [quality is good]. If I have to buy it from someone else who buys it from someone, then they have to add to it to make their money, so it's not as good." One participant asserted, "Yeah, it's like super potent 'cause it's got fentanyl in it and it's caused a lot of deaths. That's why it's on the news. It's mainly the 'china' (white powdered) form and it's got a bluish haze, a bluish tint ... and they call it 'drop' (aka 'blue drop' heroin)."

The most reported adulterants (aka "cuts") for black tar and brown powdered heroin include: brown sugar, coffee, fentanyl and soda pop (Coca-Cola®); top cutting agents for white powdered heroin are baby laxative, baking soda and fentanyl. A participant reflected, "It's weird that it just started getting cut with fentanyl because 18 months ago ... you didn't hear that shit." Other cuts for heroin mentioned include: acetone, aspirin, black mulch, cocoa powder, coffee creamer, creatine, dirt, flour, gasoline, Kool-Aid®, Neurontin® (gabapentin, an anticonvulsant), melatonin, morphine, MSM (methylsulfonylmethane, a joint supplement), prescription opioids, powdered cocaine, shoe polish, sleep aids, soap, Sudafed®, wax and Xanax®. Participants observed: "You can actually kind o' taste the cut in it; It basically gets its color from whatever it's cut with." Both the BCI London and Columbus Police crime labs noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months; the Columbus Police Crime Lab also noted heroin-methamphetamine mixtures as becoming more common.

Participants reported that the quality of black tar heroin has remained the same during the past six months, while

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

the quality of brown powdered heroin has increased and the quality of white powdered heroin has decreased. A participant explained, *"When there's more people selling it, the quality usually goes up 'cause you want to stand out, ya know? You want everyone to come to you. So, they'll put a little more fentanyl in it make it a little more potent. They won't cut it as much 'cause they want to keep business."* Other participants commented: *"It gets in the wrong hands where people want to make their money and ... they gonna 'step on it' (cut it with other substances). So, it might be good the first time you get it, and the second time, it might be somethin' different."*

Reports of current prices for heroin were inconsistent among participants with experience purchasing the drug. Reportedly, prices vary depending on location within the region. Participants indicated that the most common quantity purchased is 1/10 gram or a gram. Heroin sold in capsules was only reported in Delaware County. Participants explained: *"The more you buy, the cheaper it is; They wanna sell it in smaller quantities because the more you buy the bigger break you're gonna get, so they want to sell it in smaller quantities because they want more money."* Participants also stated: *"It's always cheaper in Columbus, that's why a lot of people go to Columbus to get 'dope' (heroin); Everything's cheaper in Columbus."* A couple participants noted: *"China is typically more [expensive] because it's higher grade (quality); Well, they might try to charge more because ... it's cut with fentanyl or whatever."* One participant recalled, *"Most of the time I've had people come up to me and give me free bags ... but I am a female, so I don't know."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, all 10 would shoot the drug. Participants commented: *"More and more people*

Heroin	Current Prices for Heroin	
	<b>Brown powdered and black tar:</b>	
1/10 gram (aka "folds" and "balloons")	\$10-20	
1/2 gram	\$40-80	
A gram	\$60-120	
1/4 ounce	\$100-200	
An ounce	\$800-850	
<b>White powdered:</b>		
1/4 capsule	\$5-7	
1/2 capsule	\$10-15	
A capsule	\$20	
1/10 gram	\$10-30	
1/2 gram	\$60-80	
A gram	\$100-200	

*are shooting it nowadays; If you sellin' tar to somebody, depending how long they done it, it's usually always needle."* Additional methods of administration of heroin mentioned by participants include snorting and smoking. One participant said, *"If it's china white, you got about a 50/50 chance [of shooting or an alternative method]."*

In addition to obtaining needles from dealers, participants reported obtaining them from drug stores, family and friends. Participants reported: *"A lot o' people ain't got the nerve to walk in and ask for [needles at a pharmacy]. That said, a lot of people just ask their dealer; I mean, it depends on who you're talking to, obviously, but usually your dealer carries 'em; If I need a new one, I usually get it with my heroin."*

Reportedly, needles on the street most often sell for \$2-3 apiece, but can cost as much as \$5. A participant explained, *"It just depends on how many there are around. Say there ain't none around, you're payin' \$5-7 for one. But if you got a box of 100, it's like three for \$10. It just depends on who you're getting 'em from."* Participants reported that sharing needles is common. A participant commented, *"Typically with friends, but I've seen people use strangers' [needles]. I've seen people pick 'em up off the ground. I mean, I wouldn't do that, but I've shared with friends."* Another participant admitted, *"I've shared off of people I knew ... mom, dad, brother, boyfriend, ya' know."*

A profile for a typical heroin user did not emerge from the data. Participants described typical users as both males and females, 20-50 years of age, employed in a labor-intensive job or unemployed. A participant noted progression of use and commented, *"They go from using pills to heroin."* Another participant stated, *"Your typical blue-collar, under-paid, over-worked [individuals]."* A couple participants noted: *"They're starting younger and younger; I'd say 16 (years of age) and up."* Treatment providers described typical heroin users as both males and females, 20-30 years of age, unemployed and white; law enforcement reported that heroin use encompasses many different types of people.

## Prescription Opioids

Prescription opioids remain 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 '10'. A participant reported, *"They're pretty easy to get."* Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Treatment providers most often reported the current street availability of prescription opioids as '6', while law enforcement most often reported it as '8-9'; the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider reported, *"We have a couple doctors in town and surrounding towns and every single time you go to the emergency department and say you have ... pain, 'Here's an opiate.'" A law enforcement officer commented, "Recently, I'd say it's pretty high ... what I'm seeing is the ability for people to fraudulently get prescriptions, and they're easily being passed through the pharmacies. They're printing them off their computers from home ... that's what we deal with on a daily basis."*

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 9.7 percent were positive for oxycodone. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 642 prescription opioid cases reported during the past six months, of which 10.1 percent were fentanyl/acetyl fentanyl cases; 29.2 percent of these fentanyl/acetyl fentanyl

cases were Franklin County cases (a decrease from 789 cases for the previous six months, of which 7.6 percent were fentanyl/acetyl fentanyl cases; 25 percent of these fentanyl/acetyl fentanyl cases were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Mansfield (Richland County) man was arrested for possession of 146 oxycodone tablets ([www.otfca.net](http://www.otfca.net), Feb. 24, 2016). A police investigation led to the arrest of two men, one from Marion County and one from Detroit; the Detroit man was found with 798 Percocet® pills, while the Marion man was found with 416 Percocet® pills, 169 Vicodin® pills and 384 grams of marijuana ([www.nbc4i.com](http://www.nbc4i.com), May 16, 2016).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Most participants mentioned the tightening of prescribing regulations as a reason for decreased availability. Participants explained: *"Pills ain't easy to come across unless you know somebody that goes to the doctor and gets 'em; Because you have to get them prescribed to you and a lot of doctors don't want to prescribe nothin'; Doctors got all them rules and regulations now; Doctors are crackin' down on who they give 'em to [and] they do pill counts; People are crackin' down and they red flag you at the hospital, so you can't get pills like you used to."* A participant added, *"They closed the pill mills down."* A few participants attributed decreased availability to decreased demand and reported: *"It's decreased because everybody's gone to heroin; Everybody's goin' towards heroin and stuff because it's a little bit cheaper."* Another participant asserted, *"It's not that the availability has changed, it's the price. The price has gone way up."*

Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported increased availability. Treatment providers reasoned: *"I think the supply is down and the cost is up; I think that the doctors are not prescribing them as much, so people are not finding them as easy to get; I don't hear it as much as I used to. I feel like they're having a harder time getting it."* A pharmacist reported, *"It's getting a little bit harder now because of the OARRS (Ohio Automated Rx [Prescription] Reporting System) program."* However, law enforcement reported that OARRS does not update in time to catch multiple prescriptions filled in one day, so opiate users easily bypass the system. Law enforcement commented: *"Oh, I think it's gone up,*

especially with their availability to print [prescriptions] on their own computer; It's terribly easy to get this stuff; It's much easier than it's ever been in my opinion."

The BCI London Crime Lab reported that the number of Dilaudid®, fentanyl, Kadian®, morphine, Opana®, OxyContin®, Percocet® and Vicodin® cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported increased numbers of cases for fentanyl and morphine; the numbers for all other prescription opioid cases have either remained the same or decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. One participant explained, "[Price] depends on who you're getting 'em through. If you're getting them through the person who has them prescribed, then you might be able to get a deal ... and it depends on how many you buy. If you buy a lot, you're gonna get a deal. If you're goin' through somebody, they're gonna make their money off of you." The majority of participants indicated that the price of prescription opioids has increased during the past six months.

Participants reported obtaining these medications for illicit use from dealers, doctors, hospitals, friends and family. A participant stated, "They're bought off people who get pills from doctors." Once again, law enforcement reported high prevalence of people trying to obtain these medications by using specialized software for printing fraudulent prescriptions and then going to multiple pharmacy locations in one day to get them filled. A law enforcement officer added, "There's such a wide range of different sources making opiates available ... [from] the kids taking it from their parent's medicine cabinet to the elderly who are getting a legitimate prescription ... and are just trying to make ends meet [by selling their prescriptions] ... they know their pills are valuable and they're taking advantage of that."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$4 for 4 mg \$8 for 8 mg
	fentanyl	\$10-20 for 50 mcg \$20-30 for 80 mcg \$30-40 for 100 mcg
	methadone	\$5-10 per tablet (unspecified dose)
	Norco®	\$5 for 5 mg \$8 for 7.5 mg \$10 for 10 mg
	OxyContin®	\$1 per milligram
	Percocet®	\$5 for 5 mg \$5-8 for 7.5 mg \$10 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30-40 for 30 mg
	Tylenol® 3 or 4	\$0.50-4
	Vicodin®	\$5 for 5 mg \$8 for 7.5 mg \$10 for 10 mg
	Ultram®	\$0.50-3 per tablet (unspecified dose)

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as anyone including young and old, healthcare workers and construction workers. Participants stated: "Anybody and everybody; I wouldn't even say there is a typical user; A lot of different people take pain pills; That's like the marijuana, there's just so many different types of people out there that use it, it's hard to describe [the typical user] anymore."

Community professionals described typical illicit prescription opioid users as anyone and noted users typically range in age from 20-40 years. Treatment providers commented: "I've seen them all different kind of age ranges ... I've seen upper class, lower class ... it doesn't matter; Everybody." A law enforcement officer responded, "You can't nail it

down to one segment of society. It crosses all ages, all social barriers, race, education ... there is no limit to the people it's affecting." Another officer remarked, "We've just seen a lot of lives destroyed from it."

### Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street 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 continued to report the most available form of Suboxone® as the sublingual filmstrip (aka "strips"). Participants stated: "Very, very, very [available]; They're easy to get; I would say they're always easy to get because a lot of people are in treatment right now and they want to sell them to get high or to get money."

Treatment providers reported current street availability of Suboxone® as '4-6'; the previous most common score was '7'. A treatment provider related, "It's pretty easy [to get]. A lot of our [clients] are starting the MAT (medication-assisted treatment) program ... and they're breaking the strips in half and selling the other half." A pharmacist stated, "[Suboxone® is] actually a really big problem."

Corroborating data indicated the presence of Suboxone® in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 38.6 percent were positive for buprenorphine, an ingredient in Suboxone®. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 163 buprenorphine cases reported during the past six months, of which 31.9 percent were Franklin County cases (a decrease from 181 cases for the previous reporting period, of which 31.5 percent were Franklin County cases).

Participants reported that the availability of Suboxone® filmstrips has increased during the past six months, while availability for the tablet form has remained the same. One participant attributed the increase in availability to "more people trying to get off of the heroin."

Community professionals reported that the availability of Suboxone® has decreased during the past six months. A treatment provider explained, "As Medicaid is expanding, a lot of people are getting their prescriptions paid for ... which initially caused an increase because [users] could get it for free

and then sell it for money. But then the managed care folks ... want to know that [the client tests] positive for it, which means that [clients] could have taken their strip before [they] walked in the door, but they also test ... the blood system, too, to make sure it's been in there for a while."

The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has remained the same.

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

Reports of current street prices for Suboxone® were inconsistent among participants with experience buying the drug. One participant reported, "If someone is 'dope sick' (going through withdrawal), they'll pay everything they got." Another participant explained, "Some will try and degrade ya and sell 'em for like \$30, but ... the normal price for 'em is like \$20, \$25."

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$5-10 for 4 mg \$10-25 for 8 mg \$30 for 12 mg
	tablet	\$4 for 4 mg \$10-20 for 8 mg

Participants reported obtaining Suboxone® through doctors, other people in treatment and urgent care facilities. Participants across the region reported: "You buy 'em off the street, but you normally go to a doctor and get 'em; People you're in treatment with; People are ... in treatment already and they're selling it to obtain heroin." A treatment provider affirmed, "There's quite a few people who get it prescribed and then they sell it."

Participants reported that the most common routes of administration for illicit use of Suboxone® filmstrips remain sublingual, followed by intravenous injection (aka

“shooting”); the most common routes of administration for illicit use of Suboxone® tablets remain snorting and oral consumption. A participant reported, *“People shoot ‘em, swallow ‘em, [or place them] under their tongue.”*

Participants described typical illicit Suboxone® users as heroin addicts, while treatment providers described typical users as 20-50 years of age and of lower socio-economic status. One treatment provider commented, *“I think people typically use Suboxone®, not as a way to get high, but to stave off withdrawals until they can get more of their drug of choice.”*

### 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 ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ Some participants indicated that specific drugs in this category are more easily obtained than others. A participant remarked, *“It’s easy to get! I mean, especially Xanax®.”*

Treatment providers most often reported the current street availability of sedative-hypnotics as ‘3,’ while law enforcement reported current street availability as ‘9;’ the previous most common score was ‘8-9’ for both groups of respondents. A treatment provider stated, *“If they want to get them, they can go to the doctor ... claim sleeping issues, mental health, whatever to get them, but as far as them sold on the street ... I don’t hear that very often.”* Another treatment provider shared, *“I think [availability of sedative-hypnotics is low] because, like the pain medication, doctors are more hesitant to prescribe them ... because the addiction factor.”* Other providers agreed: *“You just don’t hear it very often; To get a doctor to prescribe a sedative-hypnotic anymore, is hard.”* On the other hand, law enforcement reported high availability of Xanax®: *“Xanax® has been a heavy hitter from my three years of dealing with it; I say Xanax® is a ‘10’ (high availability) for the simple fact that a lot of people are really starting to look at the opiates a lot more, so when they see a Xanax® coming through, they’ll fill the prescription.”*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 10.3 percent

were positive for at least one benzodiazepine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 231 benzodiazepine cases reported during the past six months, of which 42.9 percent were Franklin County cases (a decrease from 245 cases for the previous six months, of which 37.1 percent were Franklin County cases).

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A participant explained, *“Pretty much everything is used in combination with Xanax.”* A few participants reported pressed tablets that resemble Xanax®, but are believed to include include fentanyl or BuSpar® (an anti-anxiety medication). A law enforcement officer remarked, *“Xanax®. That’s the biggest one. That’s huge (highly available).”*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. A participant explained, *“Cause ‘benzos’ (benzodiazepines) were pretty easy to get, but a lot of doctors don’t want to ‘write’ (prescribe) that because [of] overdose and stuff like that. A lot of heroin addicts try to take ‘em with heroin.”* Treatment providers reported that availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported increased availability.

The BCI London Crime Lab reported that the number of Ambien® and Xanax® cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported an increased number of Xanax® cases; the numbers for all other sedative-hypnotics cases have either remained the same or decreased.

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

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

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$0.50-1 for 0.5 mg \$2-3 for 1 mg
	Klonopin®	\$0.50-1 for 0.5 mg \$1 for 1 mg \$3-3.50 for 2 mg
	Soma®	\$2 per tablet (unspecified dose)
	Valium®	\$2 for 2 mg
	Xanax®	\$0.75-1 for 0.25 mg \$2 for 0.5 mg \$2-5 for 1 mg \$4-6 for 2 mg

Participants reported obtaining these drugs from doctors, or someone selling a prescription. A participant stated, *"From a doctor ... I mean that would be the primary way, but you would have to know someone that gets 'em or someone that's willing to come off of 'em because they're not that easy to get [otherwise]."*

Participants reported that the most common route of administration for illicit use of sedative-hypnotics remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally consume the drugs. A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. Participants stated: *"I think it's just all people; You see more [use of these drugs among] people that's already drug addicts."* Community professionals described typical illicit sedative-hypnotic users as college-aged individuals in their 20s. A pharmacist reported that sedative-hypnotics are more commonly used by people who also have prescriptions for opioid medications.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 scores were also '10'. Participants commented: *"I can always get it; If they got money, they can get it within minutes or half hour*

*or maybe the next day, but ... they never are unable to find it."* A treatment provider commented, *"A lot of people grow it on their own. It's just very easy to come by."* Law enforcement agreed: *"You can walk out of the main room of this library and get some. It's everywhere; It's almost like the heroin ... 'weed' (marijuana) you can get just about anywhere. It's just a matter of what 'grade' (quality) you're going to get."*

Corroborating data indicated that marijuana is available in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 21.8 percent were positive for cannabinoids (marijuana). A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 1,918 cannabis cases reported during the past six months, of which 51.5 percent were Franklin County cases (a decrease from 2,188 cases for the previous six months, of which 47.9 percent were Franklin County cases). In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 1,002 pounds of marijuana in Madison County in September 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two California men when they stopped their vehicle in Madison County and discovered 123 pounds of marijuana ([www.nbc4i.com](http://www.nbc4i.com), Jan. 20, 2016). A Gahanna (Franklin County) school nurse alerted authorities when three students got sick after eating candies which were found to be made with hash oil; a couple was arrested for manufacturing and distributing the drug and 300 candies were seized from their home ([www.nbc4i.com](http://www.nbc4i.com), Feb. 5, 2016). A Franklin County man was sentenced to 20 years in prison for a head-on collision which killed a mother and daughter; the Franklin County Prosecutor reported the man had an extremely high level of marijuana in his system at the time of the crash ([www.nbc4i.com](http://www.nbc4i.com), May 4, 2016). The Franklin County Coroner's office confirmed that a woman who caused a major car accident from driving the wrong direction on an interstate had marijuana and alcohol in her system ([www.abc6onyourside.com](http://www.abc6onyourside.com), June 1, 2016).

A few participants and community professionals discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil or wax (aka "dabs"). Participants most often reported the current availability of these forms of marijuana as either '2-3' or '10'; the previous

most common score was '10.' A participant commented, "People are shipping it in from other states and are starting to make it themselves." A treatment provider reported current availability of marijuana extracts and concentrates as '8-10.' A treatment provider remarked, "It's gotten introduced here and is popular, especially among the young ones." Law enforcement were unable to comment on the availability of this form of the drug, as one officer explained, "It's fairly new ... it's kind of hard to say."

Participants reported that the general availability marijuana has remained the same during the past six months. However, several participants noted an increase in availability of high-grade marijuana. A participant explained, "You got people from other states bringing it down here." Another participant commented, "You don't really hear about the regular too much, it's all about the 'kush' (high-grade marijuana)." One participant asserted, "Hydro' (hydroponically-grown marijuana) has really become popular because it's so main stream. It's in music videos, they talk about it ... it used to be ... nobody bought the hydro because it was so expensive, but now it's the cool thing to have." A few participants reported an increase in marijuana extracts and concentrates, but the majority of participants did not have personal experience with these forms of the drug during the past six months.

Community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider explained, "It's just always so easy to get. You know, there's never been any problem with finding some 'pot' (marijuana) ... Law enforcement are focusing much more on the harder drugs (heroin) and focusing less on marijuana now." One treatment provider observed an increase in marijuana extracts and concentrates and remarked, "It's changed from not any awareness of it to an '8' (highly available)." The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same.

Participants most often rated the current overall quality of high-grade marijuana as '10' and of low-grade marijuana as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' and '3', respectively. One participant remarked, "[High-grade marijuana is] just so much better than the low-grade stuff." Several participants discussed low-grade marijuana. A participant explained, "People aren't waiting long enough [for the marijuana to mature]. They just want their money and they're chopping it down and selling it." Another participant shared, "[Quality] changes whether there's seeds or no seeds. Or whether it's 'stemmy' (has a lot of stems) or not stemmy, really."

Participants indicated that the quality of low-grade and high-grade marijuana has remained the same during the past six months. A participant declared, "Shitty weed's, shitty weed." Other participants commented: "I feel like it's just always getting better; I think it's actual medical-grade weed now." One participant reported on the quality of marijuana extracts and concentrates and commented, "It's progressively getting better."

Reports of current prices for marijuana were provided by participants with experience buying the drug. It was commonly reported that a 'blunt' (marijuana-filled cigar) and a gram are the same price, which is reflected in the table on the next page.

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. Other methods of administration mentioned include: oral consumption of marijuana tablets, vaporizing, applying THC (tetrahydrocannabinol) oil topically and placing THC into the eye with an eyedropper. A few participants also reported adding marijuana into foods (brownies and rock candy) and eating it.

Participants described typical high-grade marijuana users as people with more money, who have a good job and are younger (teens to mid-30s). A participant explained, "It's in rap songs and of course kids want to do what's in the song and they go and get the 'loud' (high-grade marijuana)." Participants described typical low-grade marijuana users as people with less money and older in age. Participants explained: "Because the older people aren't used to [high-grade marijuana]; They've been smoking for years, and they

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

		Current Prices for Marijuana		
		<b>Low grade:</b>		
Marijuana	A blunt (cigar) A gram		\$5-10	
	1/8 ounce		\$20-25	
	1/4 ounce		\$25-40	
	1/2 ounce		\$50	
	An ounce		\$100	
	<b>High grade:</b>			
	A blunt (cigar) A gram		\$10-20	
	1/8 ounce		\$50	
	1/4 ounce		\$100	
	An ounce		\$350-400	
	<b>Extracts and concentrates:</b>			
	A gram		\$30-50	
1/4 ounce		\$300		

usually have the same couple 'plugs' (connections) to get it. They don't want to pay that extra money for something they've been doin'." Community professionals were unable to describe a typical marijuana user. A treatment provider commented, "It feels like everybody uses marijuana. You could be young. You could be old. You could be female. You could be working. You could be not working." Another treatment provider observed, "I would say employment does not play a factor. A lot of people who are employed use marijuana as well." Law enforcement reported that a common perception among users is that the drug is safe because it is legal in many states.

## Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '9' on a scale of '0' (not available, impossible to get) to

'10' (highly available, extremely easy to get); the previous most common score was '10.' A participant stated, "It's an epidemic around here. It's everywhere." Another participant reported, "I've known a lot of people that say they take it to lose weight. It just gives them a lot more energy, makes them feel upbeat." Treatment providers most often reported the current availability of methamphetamine as '9-10,' the previous most common score was '10.' A treatment provider shared: "People (clients) will tell me that it's so easy, so very, very easy to get it once they've been using it for a while." Another treatment provider commented, "I have a lot of [clients] that make it on their own."

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 464 methamphetamine cases reported during the past six months, of which 46.7 percent were Licking County cases, 26.7 percent were Fairfield County cases and 13.7 percent were Franklin County cases (a decrease from 475 cases for the previous six months, of which 45.5 percent were Licking County cases, 21.1 percent were Fairfield County cases and 16.6 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A two-month investigation led to the arrest of two men for manufacturing methamphetamine in their Marion (Marion County) home ([www.otfca.net](http://www.otfca.net), Feb. 11, 2016). A month later, another Marion man was arrested for manufacturing methamphetamine in his home ([www.nbc4i.com](http://www.nbc4i.com), March 4, 2016). A man was arrested in Pleasantville (Fairfield County) for possession and distribution of methamphetamine; Fairfield County Sheriff's Office SWAT team seized drugs that were packaged for distribution, along with 10 firearms and a large amount of ammunition ([www.nbc4i.com](http://www.nbc4i.com), March 25, 2016). Police and fire crews responded to an emergency call in east Columbus after a methamphetamine lab exploded; one person was taken to the hospital ([www.nbc4i.com](http://www.nbc4i.com), April 5, 2016). Officers raided a Fairfield County home and seized four grams of methamphetamine that was ready for distribution ([www.nbc4i.com](http://www.nbc4i.com), April 5, 2016). Galion Police (Crawford County) noted an increase in methamphetamine labs in the area as they responded to a tip of methamphetamine manufacturing and found a small mobile lab ([www.crawfordcountynow.com](http://www.crawfordcountynow.com), April 14, 2016). The Crawford County Special Response Team executed a search warrant at a home where methamphetamine was manufactured;

two officers were treated for chemical exposure ([www.crawfordcountynow.com](http://www.crawfordcountynow.com), April 19, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants reported crystal as the most prevalent form of the drug. A participant stated, "I think I've heard of the crystal meth a little more frequently than I have of the other." 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 reported that the availability of crystal methamphetamine has increased during the past six months, while availability of powdered methamphetamine has decreased. A participant reflected, "It's getting 'worse' (more prevalent) ... It's talked about more, and, ya know, there's really good people that just end up getting involved ... It's thrown in front of 'em or somethin' and then that's it. They're done. They keep coming back. And these people would never have even looked for it, ya know?" Another participant commented, "I think it's just the more people that do it, the more socially acceptable it is. You could just go to a house party and you don't even do it, but you know [methamphetamine is] there ... That's just all they talk about in this town. Everybody I come across on the street, they do meth." A treatment provider stated, "There must be a market for it here and where there's a market, it's easier to get. It is getting worse and we're seeing it used a lot in conjunction with heroin." The BCI London and Columbus Police crime labs reported that the number of methamphetamine cases they process have decreased during the past six months; the labs reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants reported 'MSM,' (methylsulfonylmethane, a joint supplement) and rock salt as the most common adulterates (aka "cuts") for methamphetamine in the region. Overall, participants reported that the quality of methamphetamine has decreased during the past six months. Participants reported: "It's really not that good; Most of it's not that great, but if they do have the right connection ... it'll be better."

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. The most common amounts purchased are a half gram and a gram.

Methamphetamine	Current Prices for Methamphetamine	
	1/2 gram	\$50
	A gram	\$100

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

Participants described typical methamphetamine users as white males, 20-30 years of age. A participant noted, "I think a lot of younger kids are starting to try [methamphetamine] now." Treatment providers described typical methamphetamine users also as white, 20-30 years of age, and unemployed or involved with the legal system.

### Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported the current street availability of these drugs 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'. A participant stated, "It's just not ... in demand." Generally, community professionals were unable to report on the current street availability of prescription stimulants; however, a pharmacist reported the current street availability of these drugs as '10' and attributed the high availability to the high number of prescriptions for children.

Corroborating data indicated that prescription stimulants are available for illicit use in the region. The Fairfield County Municipal Court reported that of the 1,225 positive drug tests it recorded during the past six months, 15.3 percent were positive for amphetamines.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, while a pharmacist identified Adderall® and Vyvanse® as most available. Participants and a pharmacist reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI London and Columbus Police crime labs reported that the number of Adderall® cases they process have decreased during the past six months; in addition, the BCI London Crime Lab reported processing an increased number of Ritalin® cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, Adderall® 10 mg sells for \$3; 20 mg sells for \$4; 30 mg sells for \$5. Participants reported obtaining prescription stimulants from doctors and from people who have prescriptions or have access to prescriptions (mothers of children with prescriptions).

The most common route of administration for illicit use of these drugs is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally consume, one would snort and one would intravenously inject (aka "shoot") the drugs. Participants described typical illicit users of prescription stimulants as adolescents. A pharmacist described typical illicit users as college students.

## Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of traditional ecstasy tablets as '1-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants shared: "You gotta know the right person to get it; It's usually pretty hard to get. You don't probably just stumble across it."

Participants most often reported the current availability of "molly" (powdered MDMA) as '5-8'; the previous most common score was '10'. Several participants shared that availability of molly depends on who they know and explained: "I just know a couple people that sell it so [that makes it readily available]; For me, it's easy to get ... but as a community, it's not that easy to get." Community professionals were unable to report on ecstasy or molly this reporting period.

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has remained the same. Participants attributed decreased availability of ecstasy to the high cost of the drug. Regarding the availability of molly, one participant stated, "It's probably stayed the same; but if you're a drug addict and you're looking for it, you're probably gonna find it." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported processing a decreased number of cases; the labs do not differentiate between ecstasy and molly cases.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. One participant reported, "The few times I've seen it, it's been like traded. Like they'd trade a 20 for a 20 (\$20 worth molly for \$20 worth of another drug)."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$25
	<b>Molly:</b>	
	1/10 gram	\$10

Participants indicated that molly is obtained at festivals, bars, clubs, “raves” (dance parties) and from dealers. A participant stated, *“I think it’s more or less a party drug.”* Participants reported that the most common route of administration for ecstasy tablets is oral consumption, while the most common route of administration for molly remains snorting. However, several participants noted that either form of the drug is often placed in a drink. Participants reported: *“People that I knew called it ‘molly water’ and put [molly] in water ... and just keep refilling their water level ‘cause I heard it makes you dehydrated; A lot of people put it in their drinks ... [sometimes] they don’t know it’s in there. Kind of loosens ya up; It’s like a date rape drug.”* Participants described typical ecstasy and molly users as “ravers and partiers,” aged in their 20s and 30s.

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often either reported low or high current availability of the drug (‘2-3’ or ‘10’) on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘9-10.’ Treatment providers most often reported current availability of synthetic marijuana as ‘6-7;’ the previous most common score was reported by law enforcement as ‘8.’ A treatment provider stated, *“I think ... we have a place that sells it.”*

Participants reported that the availability of synthetic marijuana has either remained the same or has decreased during the past six months. A participant explained, *“The availability’s way down because it’s banned.”* Treatment providers reported decreased availability of synthetic marijuana during the past six months. A treatment provider explained, *“They’ve made it ... illegal and ... closed down the places that were [selling] that.”* The BCI London and Columbus Police crime labs reported that the number of synthetic marijuana cases they process have decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, a gram sells for \$10. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available in head shops or corner stores. Participants disclosed: *“Most people buy that from head shops; There’s still certain little corner stores that have it; They sell it illegally.”* Participants reported that the only route of administration remains smoking and described typical synthetic marijuana users as aged in their early 20s and on probation. Treatment providers described typical synthetic marijuana users as 16-25 years of age and unemployed.

### Other Drugs in the Columbus Region

Participants and community professionals listed a variety of other drugs as 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® (gabapentin, an anticonvulsant) and promethazine (antihistamine, a neuroleptic).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Some drug addicts are taking large amounts of loperamide (anti-diarrheal medication) to get high; reportedly, large amounts of the drug can cause feelings of euphoria similar to heroin ([www.abc6onyourside.com](http://www.abc6onyourside.com), May 19, 2016). A Reynoldsburg (a city in Fairfield, Franklin and Licking counties) babysitter was arrested for the death of an 8-month-old child who was given too much Benadryl®; the babysitter said that she gave the child Benadryl® to make the child fall asleep; she was watching eight children at the time and no others were injured ([www.nbc4i.com](http://www.nbc4i.com), June 3, 2016)

### Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) are moderately available in the region.

A participant reported the drug’s current availability 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.’ A participant recollected, *“About a couple months ago, there was a lot of people strung out on it.”* Law enforcement most of often reported current

availability of bath salts as '5,' the previous most common score was '9.'

A participant reported an increase in availability of bath salts during the past six months, while law enforcement reported decreased availability. Law enforcement attributed decreased availability to law enforcement efforts in small shops and seizures from those ordering the drug over the Internet. The BCI London and Columbus Police crime labs reported that the number of bath salts cases they process has decreased during the past six months.

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

Reportedly, bath salts sell for \$100 per gram and are most often purchased online or through head shops. A participant reported that the most common route of administration for bath salts is smoking and estimated that out of 10 users, seven would smoke and three would intravenously inject (aka "shoot") or snort the drug. A participant described typical bath salts users as aged late 20s to early 30s.

### Hallucinogens

Hallucinogens remain moderately available in the region. Participants most often reported current availability as '5' for LSD and '4-5' or '10' 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 scores were '5' for LSD and '6-7' for psilocybin mushrooms. Participants reported: *"You can go to your backyard and get [psilocybin mushrooms] or in the woods; it's not like heroin by any means, but a lot of my family does it. I live on a farm, so [psilocybin mushrooms are available]."*

A treatment provider reported the current availability of LSD as '8,' the previous most common score was reported by law enforcement as '9.' A treatment provider reasoned, *"We have a lot of concerts in town. We have a lot of bands and whenever they come in, it's easier to get [LSD or other hallucinogens]."*

Participants and treatment providers reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported processing an increased number of LSD cases and just one case of psilocybin mushrooms.

Reports of current prices for hallucinogens were provided by participants with experience purchasing the drugs during the past six months. Participants indicated different prices for mushrooms depending on whether the user purchases an amount containing "stems" (stems of the mushrooms) or only the "caps" (tops of the mushrooms).

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose (aka "a hit")	\$10
	100 doses (aka "sheet")	\$700-800
	<b>Psilocybin mushrooms:</b>	
	A gram	\$15-20
	1/8 ounce	\$30 (stems) \$50 (caps)
	1/4 ounce	\$55-80 (stems) \$100 (caps)
1/2 ounce	\$175-200	
An ounce	\$250	

Participants reported that hallucinogens are most often obtained at music festivals and "raves" (dance parties). Additionally, a participant reported ordering psilocybin mushrooms through the Internet. Participants reported that the most common routes of administration for LSD are oral consumption or ocular absorption via eye drops, and oral consumption by eating with food, as well as smoking, for psilocybin mushrooms. Participants described typical users of hallucinogens as younger (teens to 20s), white, hippies, those who listen to the Grateful Dead (aka "deadheads") and attend raves.

## Neurontin®

Neurontin® remains highly available in the region. Participants most often reported the drug's current availability as '8-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants reported: *"They're fairly easy to get; Somebody told me they're popular or common because that's one of the things people will try and get to get some type of high; A lot of people are getting them [prescribed] ... for anxiety or nerve pain."* Another participant commented, *"I'd say [Neurontin® is highly available] as long as you're in the loop or you go to a treatment, like methadone program or something."*

Treatment providers also reported current street availability as '8-10'. A treatment provider remarked, *"Oh yeah, sometimes we have [clients that use Neurontin®], usually on top of Suboxone®. [Clients report that] it enhances it."* Another treatment provider commented, *"Oh, it's pretty available ... because doctors don't feel concerned about prescribing it, and I don't think we necessarily ask about it at assessment."*

Participants indicated that the availability of Neurontin® has increased during the past six months. Participants commented: *"I think it's gone up because people are becoming more aware of it and trying to get prescriptions; [Doctors are] starting to prescribe it a lot more to people."* Reports of current street prices for Neurontin® were provided by participants who had experience purchasing the drug during the past six months. Reportedly, 300 mg sells for \$0.25-0.75; 600 mg sells for \$0.50-2; a full prescription of 100 mg sells for \$5.

Participants and treatment providers reported that Neurontin® is easily prescribed and often obtained from those with prescriptions. The most common route of administration for illicit Neurontin® use remains oral consumption. Participants described typical illicit users as people who use heroin, opiates or Suboxone®. Participants explained: *"It's kind of like Suboxone®. People know it helps with withdrawal; It's non-narcotic and they're trying to battle the whole opiate thing (addiction)."* A treatment provider reported, *"It seems like it's kind of a niche drug. There were a couple of teenagers that really did ... that stuff, but it really wasn't across the board."*

## Promethazine

Reportedly, illicit promethazine use exists in the region. A participant shared, *"Dealers are asking for it."* Another participant said, *"I'd have to get a prescription or know somebody that [has one, in order to get it]."* A pharmacist reported high current availability of promethazine for illicit use, but low availability of liquid codeine. Discussing increased availability and use of promethazine, the pharmacist commented, *"I think kids are starting to realize if they get a really high dose ... they can get some type of high off of it."* However, the pharmacist also noted a decrease in availability of codeine syrup and attributed its decreased availability to collaborative work between pharmacies and law enforcement. Participants described typical illicit promethazine users as African Americans, aged mid-20s to mid-30s.

## Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, Neurontin®, prescription opioids and Suboxone® remain highly available in the Columbus region. Changes in availability during the past six months include likely increased availability for methamphetamine and decreased availability for bath salts.

Heroin remains highly available in the region. Participants discussed that the drug is extremely easy to get given that dealers offer delivery to users; due to home delivery, a participant stated that it is easier to obtain heroin than aspirin. Treatment providers reported that most of their current clients are heroin users.

While many types of heroin are currently available in the region, participants and community professionals agreed that black tar heroin is most available. The BCI London and Columbus Police crime labs reported that the number of heroin cases they process have increased during the past six months; the labs reported processing beige, brown, tan and white powdered heroin along with black tar heroin. Additionally, a participant indicated the presence of "blue drop" in the region, heroin containing fentanyl that has a bluish tint to it.

Participants continued to include fentanyl as one of the top adulterants for heroin. Both the BCI London and Columbus Police crime labs noted processing cases of

heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months; the Columbus Police Crime Lab also noted heroin-methamphetamine mixtures as becoming more common.

Methamphetamine remains highly available in the region. One participant stated that methamphetamine use is becoming epidemic. Participants shared that some individuals start using methamphetamine to lose weight and that methamphetamine use is becoming less stigmatized and socially acceptable. Treatment providers also discussed the high prevalence of methamphetamine and attributed its increased use and availability to more users producing the drug.

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 464 methamphetamine cases reported during the past six months, of which 46.7 percent were Licking County cases, 26.7 percent were Fairfield County cases and 13.7 percent were Franklin County cases.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants reported crystal as the most prevalent form of the drug. Participants reported that the availability of crystal methamphetamine has increased during the past six months. Treatment providers described typical methamphetamine users as white, 20-30 years of age, and unemployed or involved with the legal system.

Lastly, participants indicated that the availability of Neurontin® (gabapentin, an anticonvulsant) has increased during the past six months. Participants and treatment providers reported that Neurontin® is easily prescribed and often obtained from those with prescriptions. Participants described typical illicit users of the drug as people who use heroin, opiates or Suboxone®. Reportedly, Neurontin® lessens opiate withdrawal symptoms. Treatment providers also noted Neurontin® use with Suboxone®.

