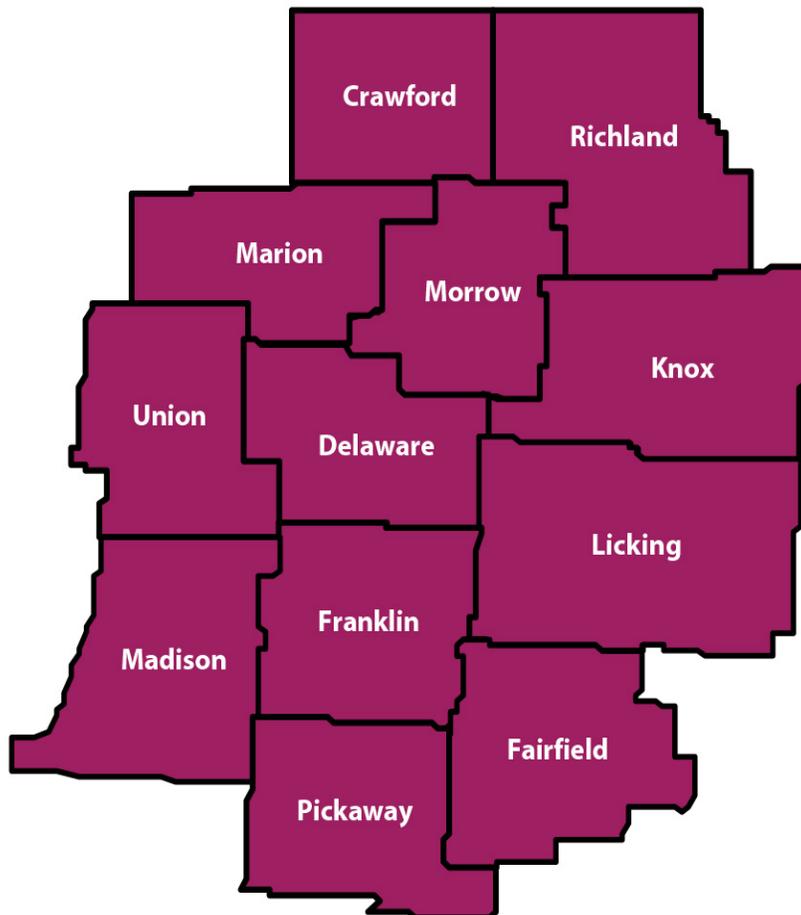


## Drug Abuse Trends in the Columbus Region



**Regional Epidemiologist:**

**Jacob T. Spellis**, MSW

**OSAM Staff:**

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

**Kathryn A. Coxe**, MSW, LSW  
OSAM Coordinator

**Jessica Linley**, PhD, MSW, LSW  
OSAM Quantitative Data Analyst

### 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 Franklin, Licking and Marion 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 Columbus Police Crime Lab and the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio. In addition, data were abstracted 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 January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

*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 <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%
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>2</sup>
High School Graduation Rate, 2014	82.6%	74.8%	85.0% <sup>3</sup>
Median Household Income, 2014	\$49,349	\$55,565	\$20,000 to \$29,999 <sup>4</sup>
Persons Below Poverty Level, 2014	15.3%	14.4%	42.9% <sup>5</sup>

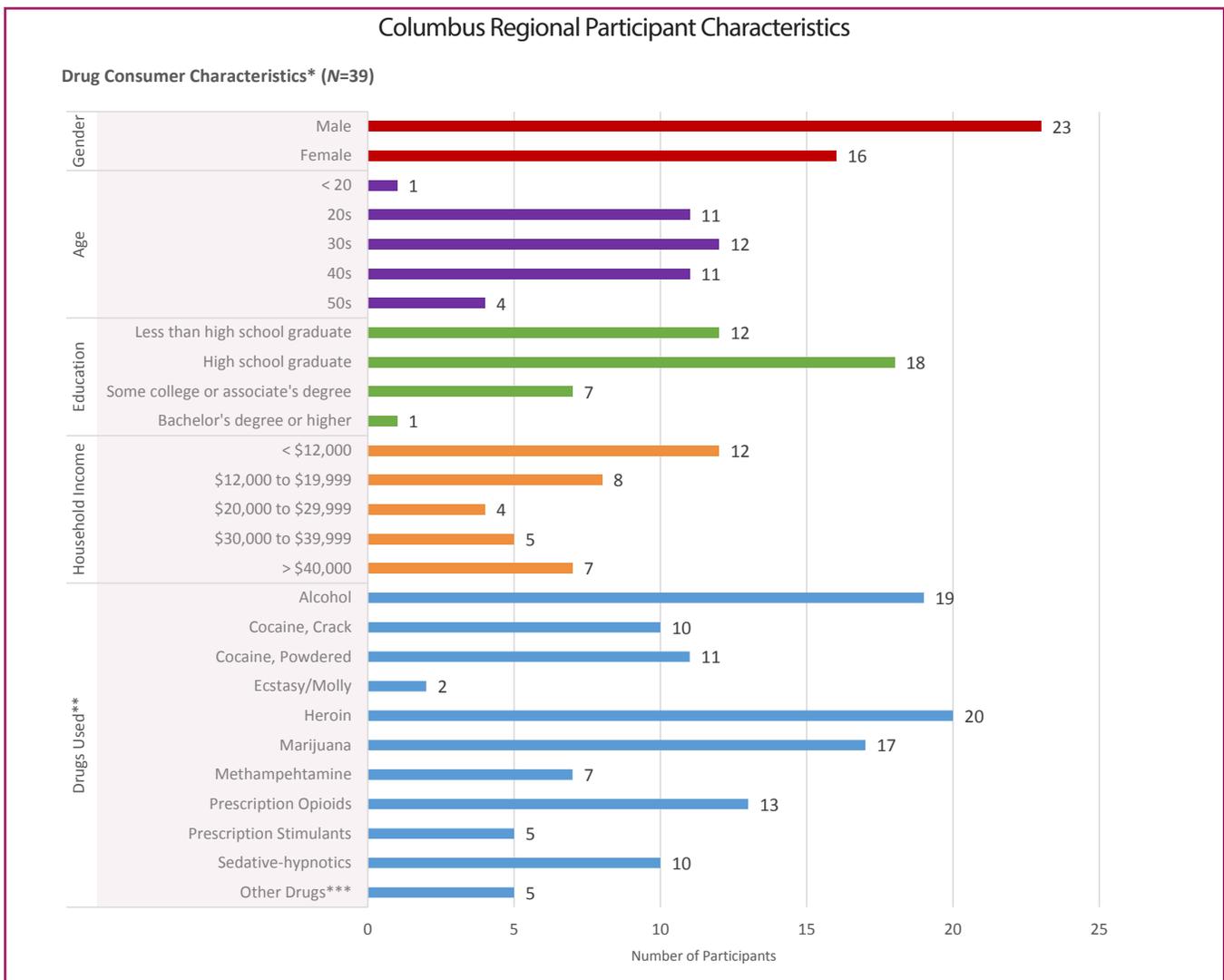
<sup>1</sup> Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July - December 2016.

<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. Note income categories have been collapsed in the table below.

<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: Bath salts, lean (promethazine hydrochloride with codeine), Suboxone® and Subutex®.

## Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, Neurontin®, prescription opioids and Suboxone® were highly available in the Columbus region. Changes in availability during the reporting period included: increased availability for methamphetamine and decreased availability for bath salts.

Participants discussed that heroin remained extremely easy to get given that dealers offered delivery to users; due to home delivery, one participant stated that it was easier to obtain heroin than aspirin. Treatment providers reported that most of their current clients were heroin users.

While many types of heroin were available in the region, participants and community professionals agreed that black tar heroin was most available. The BCI London and Columbus Police crime labs reported that the number of heroin cases they process had increased during the reporting period; along with black tar heroin, the labs reported processing beige, brown, tan and white powdered heroin. Additionally, a participant indicated the presence of “blue drop” (heroin containing fentanyl with a bluish tint) in the region.

Participants continued to include fentanyl as one of the top adulterants for heroin. Both the BCI London and Columbus Police crime labs processed cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin during the reporting period; the Columbus Police Crime Lab also noted heroin-methamphetamine mixtures as becoming more common.

Methamphetamine remained highly available in the region. One participant stated that methamphetamine use was becoming an epidemic. Participants shared that some individuals started using methamphetamine to lose weight and that methamphetamine use was becoming socially acceptable and less stigmatized. 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 was 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 reporting period, 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 was 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 had increased during the reporting period. Treatment providers described typical methamphetamine users as white, 20-30 years of age, and unemployed and/or involved with the legal system.

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

## Current Trends

### Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often 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 remarked, “*Nobody wants to sell you ‘powder’ (powdered cocaine). It’s better for them to ‘cook it up’ (manufacture crack cocaine out of powdered cocaine) ‘cause they make more money [selling crack cocaine].*” Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported it as '4,' the previous most common score among community professionals was '2-6.' One treatment provider reported, “*What I have noticed is, when people are doing opiates and they are trying to stop the opiates ... they are using powder and crack [cocaine].*”

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 933 cocaine cases reported during the past six months, of which 69.7 percent were Franklin County cases (an increase from 735 cases for the previous six months, of which 63.7 percent

were Franklin County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested two individuals in Madison County from California after pulling them over for speeding and discovering 15 pounds of powdered cocaine in their vehicle ([www.nbc4i.com](http://www.nbc4i.com), Aug. 9, 2016). Pickaway County Sheriff's Office, Circleville Police, the Ohio Attorney General's Heroin Unit and the Bureau of Criminal Investigation's Special Operations and Criminal Intelligence Unit collaborated on a 6-month long investigation which ended in the arrest of 26 individuals responsible for trafficking powdered cocaine and heroin from Columbus to Pickaway County ([www.patch.com](http://www.patch.com), Aug. 12, 2016). Detectives with an interagency drug task force arrested two individuals after executing a search warrant and seizing 622 grams of cocaine and 319 grams of heroin from a home in Marion Township (Marion County); back in February, the task force executed a search warrant of the same home and seized 84 grams of crack cocaine, four grams of cocaine, 50 grams of marijuana and 39 grams of heroin ([www.otfca.net](http://www.otfca.net), Aug. 12, 2016).

Participants and law enforcement reported that the availability of powdered cocaine has decreased during the past six months, while treatment providers reported that availability has remained the same. A participant reported, "That's gone down a lot because they're turning it all into crack." Another participant stated, "The reason cocaine has gone down was due to the up rise in methamphetamine use." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same; the labs do not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '2-4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant commented, "Sometimes you get really good stuff, and other times you get really bad stuff." Participants reported that the top cutting agents (adulterates) for powdered cocaine include: acetone, baby laxative, baking soda and creatine. Other adulterates mentioned include: drywall, ether and inositol (dietary supplement). Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant stated, "I would say down ... by the time it gets here it's 'stomped on' (adulterated) so much."

Powdered 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>	

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	\$30-75
	1/16 ounce	\$60-75
	1/8 ounce	\$100-200
	An ounce	\$1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants described typical powdered cocaine users as individuals ranging from 21-60 years and professionals with higher socio-economic status. Community professionals described typical users as anyone. One treatment provider stated, "Doesn't matter if they're professionals, poor, rich, rural or urban." A law enforcement officer stated, "I would say white males early 20s to early 50s [in age]."

## 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 remarked: *"For those of us that go to Columbus to get it, you can find it everywhere ... like you can find crack and heroin like damn near anywhere; You can trip and fall and find crack cocaine in Columbus; It's everywhere ... and it's good."*

Treatment providers most often reported the current availability of crack cocaine as '8-9', while law enforcement most often reported it as '2-4' in rural areas and '8' in inner-city communities; the previous overall most common score was '2-4'. A treatment provider stated, *"I'd say high, though it seems to be a secondary to methamphetamine ..."* A law enforcement officer stated, *"Locally, we haven't seen a lot ... but we have found a lot of crack paraphernalia."* Another officer commented, *"You just don't see a lot of it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Franklin County Sheriff's officers arrested two men during the execution of a search warrant after seizing one ounce of crack cocaine and more than one ounce of heroin ([www.nbc4i.com](http://www.nbc4i.com), July 13, 2016). Columbus Police arrested a man after executing search warrants at two different properties owned by the man and seizing 32.8 grams of crack cocaine, 28.5 grams of marijuana and a cocaine press from one location; 27.5 grams of heroin was found at the second location ([www.nbc4i.com](http://www.nbc4i.com), Sept. 28, 2016).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants remarked: *"I mean every other ... house in the hood is a crack house; They're turning it [powdered cocaine] all into crack."* Treatment providers reported that the availability of crack cocaine has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider stated, *"What I have noticed is, when people are doing opiates and they are trying to stop the opiates ... they are using powder [cocaine] and crack."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '6-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. A participant stated, *"Compared to the stuff I used to get seven years ago, this shit is garbage."* Another participant remarked, *"It's getting 'stomped on' (adulterated) a lot."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Participants reported: *"They say I got the 'fire' (high quality crack cocaine), but it's all baking soda; [Quality] basically depends on if the person (dealer) is getting greedy and just wants to make more [money] or cares for their customers to come back; Yeah, baking soda, it's cut ... a lot, a lot."* Other cuts mentioned for crack cocaine include: acetone, baby laxative and ether. 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 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 crack cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$5
	A gram	\$50
	1/16 ounce (aka "teener")	\$75-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. One participant stated, *"I shot it one time and I'll never shoot it again."* A treatment provider reported, *"I have noticed that people have been shooting up crack."*

Participants described typical crack cocaine users as white people and older African-American males. One participant stated, *"I've smoked with a lot of old black people."* Community professionals described typical users as individuals around 30 years of age and more often males. A law enforcement officer remarked, *"White males are what we have dealt with."*

## 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'. Participants reported: *"It's everywhere, falling from the sky; You can get heroin in Newark (Licking County) like you can get crack [cocaine] in Columbus."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer stated, *"Yeah, maybe even more [than '10' on the availability scale]. It's like water."*

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 1,051 heroin cases reported during the past six months, of which 52.3 percent were Franklin County cases (a decrease from 1,173 cases for the previous six months, of which 40.7 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police issued a warning to Central Ohio citizens after responding to eleven heroin-related overdoses in less than 24 hours in Franklin County, two of which resulted in death ([www.10tv.com](http://www.10tv.com), July 10, 2016). A news source in Franklin County reported on the emergence of carfentanil, often sold as heroin, on the streets of Columbus; the

report stated the drug is often sold online from Chinese companies; law enforcement arrested a man responsible for the rash of heroin-related overdoses in Franklin County which were reportedly laced with carfentanil ([www.yahoo.com](http://www.yahoo.com), July 28, 2016). The Franklin County Drug Task Force arrested two men after raiding their home in Columbus and seizing an undisclosed amount of brown powdered heroin and powdered cocaine ([www.nbc4i.com](http://www.nbc4i.com), Aug. 3, 2016). Paramedics in Franklin County administered Narcan® (naloxone, medication to reverse opiate overdose) to save 31 individuals from heroin-related overdose in one weekend ([www.nbc4i.com](http://www.nbc4i.com), Aug. 23, 2016). Upper Arlington Police (Franklin County) arrested a woman after learning she provided heroin to a man whom they found dead in his home of an overdose ([www.nbc4i.com](http://www.nbc4i.com), Sept. 22, 2016). Officers from the Franklin County Sheriff's Office and the Franklin County Prosecutor's Office (part of the Heroin Overdose Prevention and Education [HOPE] Task Force) worked together to arrest a woman for involuntary manslaughter and drug trafficking after learning she provided heroin to a woman who was later found dead from overdosing in a public restroom on the West side of Columbus ([www.nbc4i.com](http://www.nbc4i.com), Sept. 23, 2016). A news source in Franklin County reported two individuals died from heroin-related overdoses in one week in September ([www.dispatch.com](http://www.dispatch.com), Sept. 25, 2016). Columbus Police and the U.S. Drug Enforcement Agency (DEA) collaborated to arrest three individuals after learning they sold heroin that resulted in seven overdoses in one weekend; police seized 14 grams of heroin from their Columbus home ([www.therepublic.com](http://www.therepublic.com), Sept. 29, 2016). The Franklin County Coroner's Office reported 21 heroin-related overdoses in 24 hours ([www.dispatch.com](http://www.dispatch.com), Sept. 30, 2016). Columbus Police arrested two women after executing a search warrant and seizing 79 grams of heroin; the heroin caused 48 people to overdose over the course of a few weeks ([www.dispatch.com](http://www.dispatch.com), Oct. 7, 2016). A Franklin County Grand Jury indicted two men on separate occasions for selling heroin to people who subsequently overdosed from the drug; one man sold heroin to a 25-year-old who overdosed in June, and the other man provided heroin to his 20-year-old girlfriend who overdosed in July; in both cases, EMS used Narcan® to save the two lives ([www.10tv.com](http://www.10tv.com), Oct. 7, 2016). A news source in Richland County distributed a report issued by the Mansfield Police Department, reporting six overdose deaths in the county in a few days; the Montgomery County Coroner's Office confirmed four of these deaths were due to carfentanil ([www.wmfd.com](http://www.wmfd.com),

Oct. 10, 2016). Whitehall Police (Franklin County) arrested two individuals after executing a search warrant and confiscating 100 grams of heroin ([www.nbc4i.com](http://www.nbc4i.com), Oct. 14, 2016). Reynoldsburg Police (Franklin County) administered four doses of Narcan® to a man after responding to a call that he overdosed in his car; police arrested him for drug possession and an OVI (operating a vehicle impaired) ([www.nbc4i.com](http://www.nbc4i.com), Oct. 27, 2016). Law enforcement in Marion County responded to 12 heroin overdose calls in two days and arrested several people for trafficking the drug; police identified the heroin source, raided the home, and found hundreds of forged credit cards, gift cards and a credit card imprinter; one key suspect in the arrest had 32 bags of heroin hidden in his rectum ([www.nbc4i.com](http://www.nbc4i.com), Nov. 1, 2016). Crawford County Sheriff's Office, Galion Police along with a regional drug task force arrested a man in Galion (Crawford County) after seizing 23 bundles of heroin from his home ([www.otfca.net](http://www.otfca.net), Nov. 17, 2016). Regional drug task forces worked in conjunction with Mansfield Police (Richland County) to execute a search warrant and seize an undisclosed amount of heroin from a Mansfield home where two men were trafficking drugs ([www.wmfd.com](http://www.wmfd.com), Dec. 12, 2016). Law enforcement in Franklin County arrested five men with connection to a Mexican heroin cartel after seizing 18 kilograms of the drug and an undisclosed amount of marijuana ([www.nbc4i.com](http://www.nbc4i.com), Dec. 2, 2016). The Racketeer Influenced and Corrupt Organizations (RICO) Act helped to indict a Columbus couple for possession of heroin and for advertising prostitution over the Internet ([www.nbc4i.com](http://www.nbc4i.com), Dec. 28, 2016).

While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. A participant stated, "I'd say 'tar' (black tar heroin) is more available than 'china' (white powdered heroin, aka 'china white')." Reportedly, white powdered heroin is also available in the region.

Participants reported that the general availability of heroin has increased during the past six months. Participants stated: "It's increased, 10 plus; They want to make more money; 'Cause people want it more; Less money, a longer high [compared to prescription opioids]." Community professionals also reported that the general availability of heroin has increased during the past six months.

The BCI London Crime Lab reported that the number of heroin 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; 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. In addition, the BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

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

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 also '10'. Participants reported that white powdered heroin in the region is most often adulterated (aka "cut") with fentanyl and tranquilizers (carfentanil, aka "elephant tranquilizer"). Additional cuts mentioned include: baby laxative, NoDoz®, Sleepinal® and prescribed sleeping pills. Reportedly, the most common adulterates for black tar heroin are soda and coffee. Additional cuts mentioned include: coffee, brown sugar, dietary supplements, resin and vinegar. Participants reported: "You can take Coke (Coca-Cola™) or Pepsi™ and whip it up in the microwave and it will look just like heroin; Yeah, it cooks it into a syrup and you can stick it into the freezer or something; You can top that off with a little bit of vinegar or coffee and not even an experienced addict will taste it!"

Overall, participants reported that the general quality of heroin has decreased during the past six months. However, participants across the region reported increased quality if fentanyl is used to cut the heroin. Participants remarked: "It's gone up ... but that's the fentanyl; I'd say you never know anymore what you're getting especially when it comes to 'china' (white powdered heroin, aka 'china white') 'cause it's not even 'dope' (heroin), it's fentanyl, 'elephant tranquilizer' (carfentanil) and all this other crazy stuff; The quality's not changing, what they are cutting it with is changing ... we go out seeking the fentanyl ... we're

going in search of the best; I don't care where you are in Ohio ... it won't be pure; Now [fentanyl] is clandestine, like made in a lab ... not in the little patch (pharmaceutical fentanyl patches)." A treatment provider stated, "[Fentanyl is] what they are using to cut the heroin. A lot of the times our clients aren't even aware that they did it, and when we test them, they see it [in their drug test results]."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/10 of a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

<b>Heroin</b>	<b>Current Prices for Heroin</b>	
	<b>Black tar or powdered heroin:</b>	
	1/10 gram	\$10
	A gram	\$50-80

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, nine would shoot and one would snort the drug. A participant reported, "I started shooting it. And if you came to me personally, I would try to get you to shoot it because you're wasting it any other way." Few participants also described snorting heroin through a method referred to as 'mud puddling': "It's when you get like a cap ... I would use a chap stick lid ... and put your heroin inside it ... add water and shake it 'till it dissolves, and then you snort it."

In addition to obtaining injection needles from dealers, participants reported obtaining them from pharmacies and big box stores. Reportedly, needles from retail stores cost \$1.29 for 10 needles. If a needle is obtained through

a local drug dealer, the cost per needle is typically \$1. Participants also discussed that used needles are not often disposed of safely; they described coming across needles or needle remnants on the streets: "You always see the little orange needle caps everywhere, at a gas station, anywhere, at the shelter where I stay; I live next to a church and my daughter came in one day and she was like, 'Mom there's a needle ... you know those things grandma uses to take her medicine with ... there's a whole bunch of them laying over there in the church parking lot.'" Participants also noted needle sharing among users as a common practice.

Participants described typical heroin users as white people of upper socio-economic status. However, participants also observed an increase in African-American males using heroin. Community professionals most often described typical heroin users as anyone; however, a few professionals insisted that heroin is still predominantly used by white males. A treatment provider stated, "Doesn't matter if they're professionals, poor, rich, rural or urban." A law enforcement officer stated, "You name it. I mean the ones that we have encountered generally have been white males ... about 20s to 30s [years of age]."

### Prescription Opioids

Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. A participant commented, "The ones that are 'hospital hoppers' (aka 'doctor shoppers') ... they have multiple prescriptions from multiple doctors; I mean [prescription opioids] are out there, but people aren't buying them [users are buying heroin instead]."

Community professionals most often reported the current street availability of prescription opioids as '10'; the previous most common scores were '6' for treatment providers and '8-9' for law enforcement. A treatment provider stated, "We hear grandmas are selling it ... the newspapers are talking about it. 'I had to have surgery that's how I began, and then they got so expensive ... I went to heroin' ... we see that often with the women [in treatment]."

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS)

for the counties which comprise the Columbus region returned 651 prescription opioid cases reported during the past six months, of which 11.8 percent were fentanyl/ acetyl fentanyl cases; 44.2 percent of these fentanyl/acetyl fentanyl cases were Franklin County cases (there were 642 prescription opioid cases for the previous 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).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Marion Police (Marion County) arrested a couple after responding to two Percocet® overdoses by their 18-month-old daughter in one week ([www.nbc4i.com](http://www.nbc4i.com), July 27, 2016). Hilliard Police (Franklin County) arrested a husband and wife after executing a search warrant and confiscating prescription opioids and marijuana from their home ([www.nbc4i.com](http://www.nbc4i.com), Aug. 26, 2016.) A man jumped over the counter of a retail pharmacy in Columbus, holding a knife he demanded the pharmacist open the safe; the man escaped with an undisclosed amount of narcotics ([www.nbc4i.com](http://www.nbc4i.com), Aug. 26, 2016). A news source reported another man jumping the counter at another Columbus retail pharmacy, pointing a gun at pharmacy employees and escaping with an undisclosed amount of prescription drugs ([www.nbc4i.com](http://www.nbc4i.com), Sept. 6, 2016). Galion Police (Crawford County) arrested a man after seizing several packages containing 200 oxycodone pills that were sent to him via the U.S. mail ([www.wmfd.com](http://www.wmfd.com), Oct. 27, 2016).

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. Treatment providers identified oxycodone as most popular, while law enforcement identified Percocet® and oxycodone as most prevalent.

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants reported: "Yeah, it's harder to get now, 'cause they don't just give them out; You ain't lookin' 'cause it's harder for people to get them ... it's getting more expensive and it's harder to get them prescribed because they are starting to get strict on them." Community professionals reported that the general street availability of prescription opioids has remained the same during the past six months.

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases for these substances has remained the same. The BCI London Crime Lab also reported that the number of Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased, while the Columbus Police Crime Lab reported that the number of cases of these substances has remained the same.

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

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. Participants reported that, in some areas, dealers place a \$1-2 "tax" on each pill. A participant stated, "Most of your pills go for a dollar a milligram, except for Vicodin®, if you buy five, you pay \$3."

Participants reported obtaining these drugs from hospitals, doctors, elderly people and through Internet purchase. One participant stated, "Well, you got the bright ones that are hospital hoppers." Another participant stated, "Or most of them are buying 'scripts' (prescriptions) off the elderly."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$10-15 for 10 mg
	Percocet®	\$7 for 5 mg
	Opana®	\$8 for 5 mg \$30-35 for 40 mg \$55 for 50 mg
	Roxicodone®	\$30-40 for 30 mg
	Vicodin®	\$3 for 5 mg

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, seven would snort, two would orally consume and one would intravenously inject (aka “shoot”) the drugs.

Participants described typical illicit prescription opioid users as white, middle-aged males. Community professionals described a broad range of people who use prescription opioids illicitly. A law enforcement officer stated, “All walks of life ... could be anybody.”

### Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of 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 reported: “Yeah, you can get those easily; People that sell pills and heroin have them because [users] go and trade them ... their Suboxone® ... they get the heroin and pills.”

Community professionals most often reported the current street availability of Suboxone® as ‘10’; the previous most common score was ‘4-6’. Treatment providers stated: “Suboxone® clinics are popping up everywhere. You just give [them cash] ... it’s just really, really crazy, so anybody can get it now; The trend that I am seeing is, that these people aren’t even offering treatment in these ‘pop-up shops’ [clinics which seem to appear overnight] ... that is creating a bigger problem than I think the system was ready for; I think a lot of people are getting it but are not using it .... They are just keeping enough of it to test positive on the day that they are screening ... but they are still using heroin ... they are just selling the Suboxone®, so you have a lot of people who are buying the Suboxone® on the street.”

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 202 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months, of which 50.5 percent were Franklin County cases (an increase from 163 cases for the previous reporting period, of which 31.9 percent were Franklin County cases).

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while the availability in pill form has decreased. A couple of participants remarked on the increasing availability of Suboxone® filmstrip: “I would say it’s gone up. A lot of people are getting them; ‘Cause everyone is on heroin here.” Other participants remarked on the decreased availability of Suboxone® pills: “For a while Subutex® were really popular here ‘cause it don’t have the ‘opiate blocker’ (naloxone) in it; But now they only give it to pregnant woman who were on heroin.”

Treatment providers reported that the availability of Suboxone® overall has increased during the past six months, while law enforcement reported decreased availability. Law enforcement officers remarked: “It’s gone down ... it has definitely gone down; It seemed like it has decreased a bit, it’s just a little harder to get now.” The BCI London Crime Lab reported that the numbers of Suboxone® and Subutex® cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the numbers of Suboxone® and Subutex® cases it processes have remained the same.

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

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

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$20 for 8 mg
	pill	\$30 per pill (unspecified dose)

In addition to obtaining Suboxone® for illicit use on the street from dealers and other users, participants also reported getting the drug through clinics. Participants remarked: “Nine times out of 10, they will sell them (Suboxone®) to buy heroin or trade them to get heroin. And a

lot of times, they won't give you the packet because they have to give them back to the doctor to get more; You have to go to Columbus to get them ... all the junkies are going to get them."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips remain sublingual. However, participants also continued to report illicit use of Suboxone® through intravenous injection (aka "shooting").

Participants described typical illicit Suboxone® users as white people and someone addicted to opioids. Community professionals described typical illicit users as individuals addicted to opioids. Treatment providers commented: "Anybody who is an opiate addict ... I don't know how else to say that; Anyone ranging from 18 to ... haven't seen as many older lately ... 30 or 35 [years of age]; White mostly from what I've seen." A law enforcement officer remarked, "Same as the heroin user."

## Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use 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 '7'. A participant stated, "All you have to do is go to your doctor and tell them you can't sleep and they just give them to you." Community professionals most often reported the current street availability sedative-hypnotics also as '10'; the previous most common score was '3' for treatment providers and '9' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 280 benzodiazepine cases reported during the past six months, of which 50.0 percent were Franklin County cases (an increase from 231 cases for the previous six months, of which 42.9 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dublin Police (Franklin County) arrested a man after responding to

calls that he was lying naked in the middle of a grocery store aisle; the man had smoked marijuana and taken an undisclosed number of Xanax® pills earlier that night ([www.nbc4i.com](http://www.nbc4i.com), Aug. 30, 2016).

Participants identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Participant comments included: "I was actually sitting in the pharmacy yesterday and there was like three other people in there getting their Suboxone®. They were literally sitting there making drug deals ... 'I'll trade you some Xanax® for some 'subs' (Suboxone®); People that sell pills and heroin have them (Xanax®) because they go and trade them (Xanax®) with everybody else." Treatment providers also identified Xanax® as the most available sedative-hypnotic, while law enforcement identified both Xanax® and Klonopin® as most available. Treatment providers stated: "It's rare that we get a female that doesn't have Xanax® as a prescription ... and of course they can't take that here (in treatment program)." Law enforcement officers stated: "Xanax® is the new 'oxy' (oxycodone, pill of choice); They are using it (Klonopin®) to come down from other drugs."

Participants and community professionals reported that the general availability of sedative-hypnotics has increased during the past six months. A treatment provider stated, "I think it's an increase for the Xanax® ... I have seen an increase with them among the kids, the teenagers." A law enforcement officer stated, "Definitely an increase as hydrocodone has gotten harder to get ... ." The BCI London Crime Lab reported that the numbers of Ativan®, Valium® and Xanax® cases it processes have increased during the past six months, while the numbers of Klonopin® and Restoril® cases have remained the same. The Columbus Police Crime Lab reported that the numbers for all sedative-hypnotics cases have remained the same during the past six months.

		Reported Availability Change during the Past 6 Months	
Sedative-Hypnotics	 Participants	Increase	
	 Law enforcement	Increase	
	 Treatment providers	Increase	

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics sell for \$0.50-2 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 1 mg \$5 for 2 mg
	Valium®	\$5 per pill (unspecified dose)
	Xanax®	\$0.50 for 0.5 mg \$2 for 1 mg \$7-8 for 2 mg

Participants reported obtaining these drugs from doctors, family members, friends and dealers. A participant stated, *"In my town, you can get any 'benzo' (benzodiazepine) prescribed from a doctor ..."* Generally, the most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally ingest, three would snort and one would intravenously inject (aka "shoot") the drugs.

A profile for a typical illicit sedative-hypnotics user did not emerge from the data. Participants described illicit users as people of all ages, races and genders. Treatment providers noted adolescents as typical illicit users. One provider stated, *"I have seen an increase with them among the kids, the teenagers ... I think that they are getting it from their parents who are getting prescriptions ... before it was just smoke a little 'weed' (marijuana) and drink a little wine. The dynamics have really changed ... now it's like they had a party and they are like, 'we are just going to do all of it.'"*

## 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: *"This time is harvest time ... its [now] prime in Ohio. Once the corn comes down, the [marijuana] plants come*

*down, too; Man, you just go to Michigan and get it (medical marijuana)."* Community professionals most often reported the current availability of marijuana as '10'; the previous most common score was also '10'.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A marijuana advocacy group in Newark (Licking County) is pushing for lawmakers to legalize marijuana; the group obtained enough signatures to get a spot on the next ballot; their proposal would allow people to possess 200 grams of marijuana without legal ramifications ([www.abc6onyourside.com](http://www.abc6onyourside.com), July 13, 2016). Mansfield Police (Richland County), along with a couple of regional drug task forces, conducted a door-to-door drug sweep in Richland County which resulted in the arrest of 29 people linked to an indoor marijuana grow operation; law enforcement also seized 10 grams of heroin and numerous prescription medications ([www.otfca.net](http://www.otfca.net), Aug. 3, 2016). Crawford County Sheriff's Office, along with other county law enforcement agencies, and the Ohio BCI collaborated in executing a search warrant at the home of two individuals suspected of trafficking marijuana; law enforcement arrested the men after seizing 47 marijuana plants and finding a methamphetamine laboratory ([www.otfca.net](http://www.otfca.net), Aug. 12, 2016). Gahanna Police (Franklin County) executed a search warrant of a couple's home after learning that two high school students purchased THC (tetrahydrocannabinol)-laced candy and were later transported to an area hospital due to overdose symptoms; the police confiscated several batches of THC-laced candy from the couple's home ([www.nbc4i.com](http://www.nbc4i.com), Aug. 30, 2016). Law enforcement in Madison County arrested a man during a traffic stop, confiscating 32 pounds of marijuana from the man's vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Dec. 15, 2016).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often rated the current availability of extracts and concentrates as '10'; the previous score was either '2-3' and '10'. Participants across the region remarked: *"It's everywhere; Yes, all you do is take an iron and put it (marijuana) between wax paper and put the iron over it and then you've got dabs; The wax is being used cause you can't smell it."* Community professionals most often reported current availability of marijuana extracts and concentrates as '10'; the previous score was '8-10'.

Participants reported that the availability of low-grade marijuana has decreased; the availability of the high-grade marijuana has increased; and the availability of marijuana extracts and concentrates has remained the same during the past six months. A participant remarked on the availability of extracts and concentrates: *"All those places (U.S. states where marijuana use is legal) are shipping it out. Like whenever I've seen it, it has been from those places."*

Community professionals reported that the availability of marijuana overall has increased during the past six months, including availability of extracts and concentrates. Law enforcement officers stated: *"It's all high grade; It's coming from Colorado in vacuum sealed bags instead of the bricks; California or Colorado mail shipments."* 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.

Marijuana	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 marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4' for low-grade marijuana and '10' for high-grade marijuana. A participant stated, *"Man, it's so strong it had me hallucinating."* A treatment provider stated, *"It's adulterated with so many different substances to make it more potent that you end up with ... them smoking not just marijuana."* Overall, participants indicated that the quality of low-grade marijuana has decreased during the past six months, while the quality of high-grade has increased.

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A gram	\$5
	1/4 ounce	\$10
	1/2 ounce	\$25-35
	<b>High grade:</b>	
	A blunt (cigar)	\$20
	A gram	\$15-20
	1/8 ounce	\$30-50
	1/4 ounce	\$100
	An ounce	\$250-300
	A pound	\$2,500
	<b>Extracts and concentrates:</b>	
A gram	\$60-100	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, a few participants also reported eating the drug in baked goods (aka "edibles").

A profile of a typical marijuana user did not emerge from the data. A participant stated, *"From 10 to death (10-year olds and up) ... and any race or gender."* Community professionals also described typical marijuana users as anyone. Treatment providers stated: *"Any one, any race or gender who is over the age of 12 [years]; I have seen the trend in the entire family [using marijuana] from the kids to the parents to the grandparents."* Law enforcement officers reported: *"Anybody breathing; There's no discrimination for that here."*

## 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 '9'. Participants stated: *"It's available everywhere. If you can't get it at one trap house (a residence that is used for the sole purpose of narcotics distribution), you can get it at another. All you gotta do is walk next door and there's another trap house; Newark [Licking County] is like the 'meth' (methamphetamine) capital in Ohio; Nine times out of 10, all I could get my hands on was meth."* Treatment providers most often reported the current availability of methamphetamine as '10', while law enforcement most often reported it as '3' and '7'; the previous most common score was '9-10' for both treatment providers and law enforcement.

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 492 methamphetamine cases reported during the past six months, of which 34.6 percent were Licking County cases, 29.5 percent were Fairfield County cases, and 19.9 percent were Franklin County cases (there were 464 cases for the previous 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).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. New Albany Police (Franklin County) arrested a man at a traffic stop after finding he was using his car as a mobile methamphetamine laboratory ([www.nbc4i.com](http://www.nbc4i.com), July 13, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form in the region. Participants stated: *"This is the 'cartel shit' (imported crystal methamphetamine trafficked by the Mexican drug cartels) around here; You can't really buy 'shake-and-bake' (locally produced powdered methamphetamine) around here anymore ... people won't sell it because people won't buy it; If you got shitty shit, meth users are not coming back to you, ever."*

Powder methamphetamine is typically referred to as "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 powdered methamphetamine has decreased during the past six months, while the availability of crystal methamphetamine has increased. A participant reported on the availability of crystal methamphetamine: *"It's almost as popular as heroin ... more [popular] than crack ... [the region] is flooded."* Treatment providers reported that the availability of methamphetamine has increased during the past six months, while law enforcement reported that availability has either remained the same or has increased. A law enforcement officer who reported increased availability stated: *"I mean it's coming in just like the heroin from Mexico. They got the 'super labs' (large-scale methamphetamine labs), and they can produce it cheaper than they can produce heroin."*

The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same; 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 consensus
	 Treatment providers	Increase

Participants most often rated the current overall quality of methamphetamine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant stated, *"Whenever I would go [to purchase methamphetamine] ... I would bring back 'glass' (crystal methamphetamine) and would have to 'cut' (dilute) it ... because no one would be able to tolerate that potency."* Participants mentioned: bath salts, fentanyl, pool shock and red Sulphur as adulterates (aka "cuts") for methamphetamine. A participant stated, *"Pool shock, it's a chemical they sell at Walmart to shock your pool."* Overall, participants reported that the quality

of methamphetamine has increased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/16 gram.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Crystal:</b>	
	A gram	\$40-60
	1/16 ounce	\$80-100
An ounce	\$600-1,200	

Participants reported that the most common route of administration for methamphetamine is snorting. Participants estimated that out of 10 methamphetamine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants described typical methamphetamine users as white people aged 20-50 years. Treatment providers described typical users as white males.

## Prescription Stimulants



Prescription stimulants are moderately to highly available for illicit in the region. Participants most often reported the current street availability of these drugs as '6-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4'. A participant stated, "They are easy to get prescribed ... you just go in there (doctor's office) and say, 'I have ADD (attention-deficit disorder) and I can't focus' and boom there you go."

Community professionals most often reported the current street availability of prescription stimulants as '6'; the previous most common score was '10'. A law enforcement officer stated, "It's pretty much always been some kid in high school or junior high that has a prescription and wants to make some money so he starts selling it to his buddies." Participants and community professionals identified

Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants and treatment providers reported that the general availability of prescription stimulants has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: "It's just not in that high of demand; I think because ... not that many people are getting it prescribed ... it went down." The BCI London Crime Lab reported that the numbers of Adderall® and Ritalin® cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the numbers of Adderall® and Ritalin® cases it processes have remained the same.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. In general, prescription stimulants sell for \$0.50-1 per milligram.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 5 mg \$10 for 30 mg

Participants reported obtaining these drugs from doctors or from people who have prescriptions. One participant stated, "Everybody's kids are getting them, then they are taking them or selling them." Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally consume and two would snort the drugs.

Participants described typical illicit prescription stimulants users as white people and/or college students.

A participant stated, "I've seen a lot of kids in college; people you wouldn't think you would see [illicitly use prescription stimulants]." Community professionals also described typical illicit users as college students. One treatment provider remarked, "I think that is more of a college scene."

### Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of ecstasy and "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1-4' and '5-8,' respectively. One participant explained, "I mean it has been going down for the last 15 years but now it's making a bigger come back. The people who are using heroin are liking to do it." Community professionals most often reported the current availability of ecstasy as '5' and of molly as '7-8'; community professionals did not rate availability of either drug during the previous six months.

Participants reported the availability of ecstasy and molly has remained the same during the past six months. A participant stated, "You only see an increase when school (college) is back in session." Community professionals also reported that the availability of ecstasy and molly has remained the same during the past six months. However, a law enforcement officer added, "We are finding that it's coming back as MDA not MDMA, meaning it's a synthetic from china. So, when we get lab results back that's typically what it is."

The BCI London Crime Lab reported that the number of ecstasy 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; the labs do not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules.

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$10
	Medium dose (aka "double stack")	\$15
	High dose (aka "triple stack")	\$25
	<b>Molly:</b>	
	1/16 gram	\$10
3.5 grams	\$90	

Participants indicated that molly is obtained through dealers, Internet purchase, at head shops and at "raves" (dance parties). Participants stated: "You can get it at raves and stuff like that; It's seasonal, we have this [head shop], that's where like the molly, the LSD (lysergic acid diethylamide) ... that's where it's abundant."

Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, nine would use orally consume and one would snort the drugs. Participants described typical ecstasy and molly users as hippies and young African-American males. Community professionals described typical ecstasy and molly users as younger people and people with higher socio-economic status. A treatment provider reported, "Younger ... don't know anyone over 30 [years of age] doing it!"

### Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '5-7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-3' and '10.' Only one community professional reported on the current availability of synthetic marijuana, rating it as '10'; the previous most

common score was '6-7'. The treatment provider stated, "Its everywhere, head shops, gas stations and they keep changing the formula so it's legal."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants attributed decreased availability to state laws making compounds within synthetic drugs illegal. Community professionals also reported a decrease in availability during the past six months. A treatment provider stated, "Most people who were using it were doing so that they were passing a drug test, but when they came out and tested for that, they were caught. Now, they just go ahead and smoke marijuana." A law enforcement officer remarked, "It's been a while since I've seen it around here ...". The BCI London and Columbus Police crime labs reported that the numbers of synthetic marijuana cases they process have decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a 3.5 gram bag for \$20.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available on the street and through Internet purchase. The most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants described the typical synthetic marijuana user as a younger person who is on probation and has a cannabis addiction. Community professionals described typical users as younger people in treatment or on probation who get drug tested. A treatment provider observed, "I don't get a lot of older women, or men [in treatment who report synthetic marijuana use like] ... younger women, [aged] early 20s."

## 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: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (gabapentin, an anticonvulsant) and promethazine (antihistamine, a neuroleptic).

### Hallucinogens

Hallucinogens remain moderately available in the region. Participants most often reported current availability as '5' for LSD and '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 scores were '5' for LSD and '4-5' and '10' for psilocybin mushrooms. A participant reported, "Mushrooms' (psilocybin mushrooms) are very available, more so than 'acid' (LSD)."

Community professionals most often reported the current availability of LSD as '7-8'; the previous most common score was reported by law enforcement only as '7'. A treatment provider stated, "I have seen that a lot." One law enforcement officer remarked, "[LSD] is usually not liquid but paper." Community professionals were unable to assign a current availability rating to psilocybin mushrooms.

Participants and community professionals 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 numbers of LSD and psilocybin mushroom cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the number of hallucinogen cases it processes, in general, has remained the same.

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

Reports of current prices for hallucinogens were provided by participants with experience purchasing the drugs during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose (aka "a hit")	\$7
	<b>Psilocybin mushrooms:</b>	
1/8 ounce	\$25-40	

Participants reported that hallucinogens are most often obtained at music festivals and "raves" (dance parties). Additionally, a participant reported ordering LSD through the Internet. One participant stated, "Around here, you have to order it online ... and it's the synthetic stuff, that's pretty much all that's around here." Participants reported that the most common routes of administration for hallucinogens are oral consumption for LSD and smoking for psilocybin mushrooms. Participants and community professionals described typical hallucinogen users as younger (teens to 20s), white people, hippies, college students and/or marijuana users. A law enforcement officer remarked, "the festival kids."

**Neurontin®**

Neurontin® remains highly available for illicit use in the region. Participants most often reported the drug's current street 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 '8-10'. Participants reported: "That is popular; They're free (people give them away) ... there are so many of them; You just go to your doctor and tell them your legs aren't sleeping."

Treatment providers most often reported the current street availability of Neurontin® as '2-3'; the previous most common score was '8-10'. A treatment provider stated, "You have to get a diagnosis for them ... if they are using it, they are probably getting them off the streets through other people's prescriptions ...." Despite most treatment providers reporting low street availability of the drug, two treatment providers commented: "Yeah, it's horrible. In our community, it's really horrible; The VA (Veterans Affairs Hospital) is prescribing Neurontin®; Yes, it's just like ibuprofen ... every woman in our program comes back with a prescription. The

testing costs of it are so prohibitive ... it's a separate urine test. There is no dipstick; you have to send it to a lab. In our lab, it's almost \$200 a test."

Participants indicated that the availability of Neurontin® has increased during the past six months. Participants commented: "You can get them pretty easily; Probably could be a good thing if it's actually helping them get off of their other stuff ... I would rather see somebody doing the 'rot' (street name for Neurontin®) than doing heroin."

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

Reports of current street prices for Neurontin® were provided by participants who had experience purchasing the drug during the past six months. However, most participants reported that Neurontin® is obtained for free through other people in treatment or through a doctor.

Neurontin®	Current Street Prices for Neurontin®	
	600 mg	\$0.50-0.75
	800 mg	\$1

The most common route of administration for illicit use of Neurontin® remains oral consumption. Participants described typical illicit users as people who use heroin, opiates or Suboxone®.

**Promethazine**

Reportedly, promethazine (aka "lean" when mixed with soda) remains available for illicit use in the region. One participant stated, "You can just go to the hospital and tell them your chest hurts and they just give it to you." One treatment provider commented, "Haven't heard that, only had one woman in four and a half years say anything about cough syrup. I don't know if they're not using it or not reporting it." Participants described typical illicit promethazine users as African Americans, rappers,

drug dealers and/or people aged mid-20s to mid-30s. Participants reported that one bottle of promethazine (unspecified number of doses) sells for \$400.

## Conclusion

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

While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. Reportedly, white powdered heroin (aka “china white”) is also available in the region. Participants attributed the overall increased availability of heroin during the past six months to increased demand, more people wanting the drug as more opiate users discover that heroin provides a longer high, and for a lot less money, than prescription opioids.

Participants reported that white powdered heroin in the region is most often adulterated with fentanyl and tranquilizers (carfentanil, aka “elephant tranquilizer”). Participants discussed that the availability and use of clandestine fentanyl has increased during the past six months. Moreover, participants noted that much of the heroin supply is actually straight fentanyl or a fentanyl mixture. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

The most common route of administration for heroin remains intravenous injection. Participants observed that used needles are not often disposed of safely, describing coming across needles or needle remnants on the streets. They also noted needle sharing among users as a common practice. While participants described typical heroin users as white people of upper socio-economic status, they also observed an increase in African-American males using heroin during the past six months. However, a few community professionals insisted that heroin is still predominantly used by white males.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form. Several participants described the current availability of methamphetamine as almost as available as heroin and more available than crack cocaine. Both participants and law enforcement identified crystal methamphetamine as imported (trafficked) by Mexican drug cartels. Law enforcement indicated that this form of the drug is manufactured in “super labs” in Mexico and sent to the U.S. along with heroin shipments. They explained that the cartels can produce methamphetamine more cheaply than heroin.

Participants reported that methamphetamine in the region is most often adulterated with bath salts, fentanyl, pool shock and red Sulphur. Overall, participants noted that the quality of methamphetamine has increased during the past six months. Participants described typical methamphetamine users as white people aged 20-50 years. Treatment providers described typical users as white males.

Participants and community professionals discussed the increased availability of high-grade marijuana during the past six months, including increased availability of extracts and concentrates (aka “dabs”). Both respondent groups indicated the source of much of the available high-grade products as western states where marijuana use is legal in some form (i.e. California and Colorado).

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). One participant explained that high-grade marijuana is so potent that it caused him to hallucinate. A treatment provider discussed that marijuana is sometimes adulterated with other substances to make it more potent, noting that users may be smoking more than just marijuana. Overall, participants reported that the quality of high-grade marijuana has increased during the past six months.

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Both groups of respondents explained that opiate users seek benzodiazepines to help them with withdrawal symptoms. One law enforcement officer likened the wide availability and use of Xanax® to that of oxycodone, referring to the drug as “the new ‘oxy.”” Treatment providers noted an increase in illicit Xanax® use among teenagers; in fact, they described the typical illicit user of sedative-hypnotics as teens.

Lastly, participants indicated that the availability of Neurontin® has increased during the past six months. They reported that illicit use of Neurontin® has become popular and discussed the ease with which one can obtain a prescription from a doctor by feigning the symptoms of restless leg syndrome. Participants continued to describe typical illicit Neurontin® users as people who use heroin, opiates or Suboxone® who seek the drug to help alleviate withdrawal symptoms.