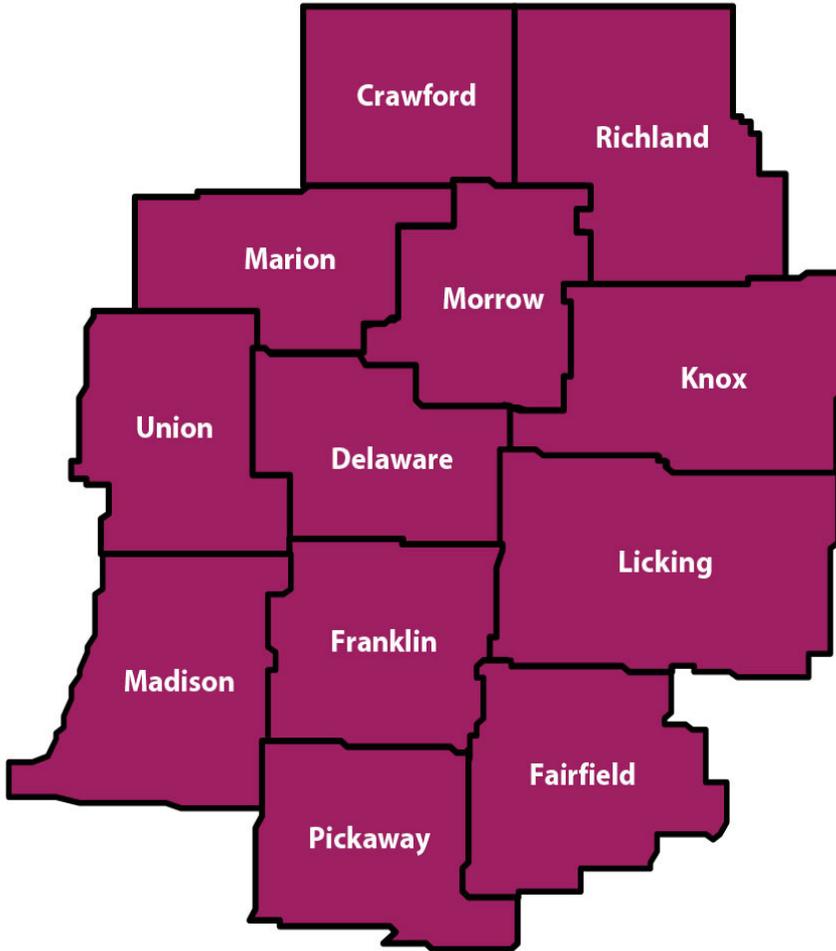




Drug Abuse Trends in the Columbus Region



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Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Fairfield, Franklin 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 Columbus Police Crime Lab, the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures

from across the state. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2017.

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

Regional Profile

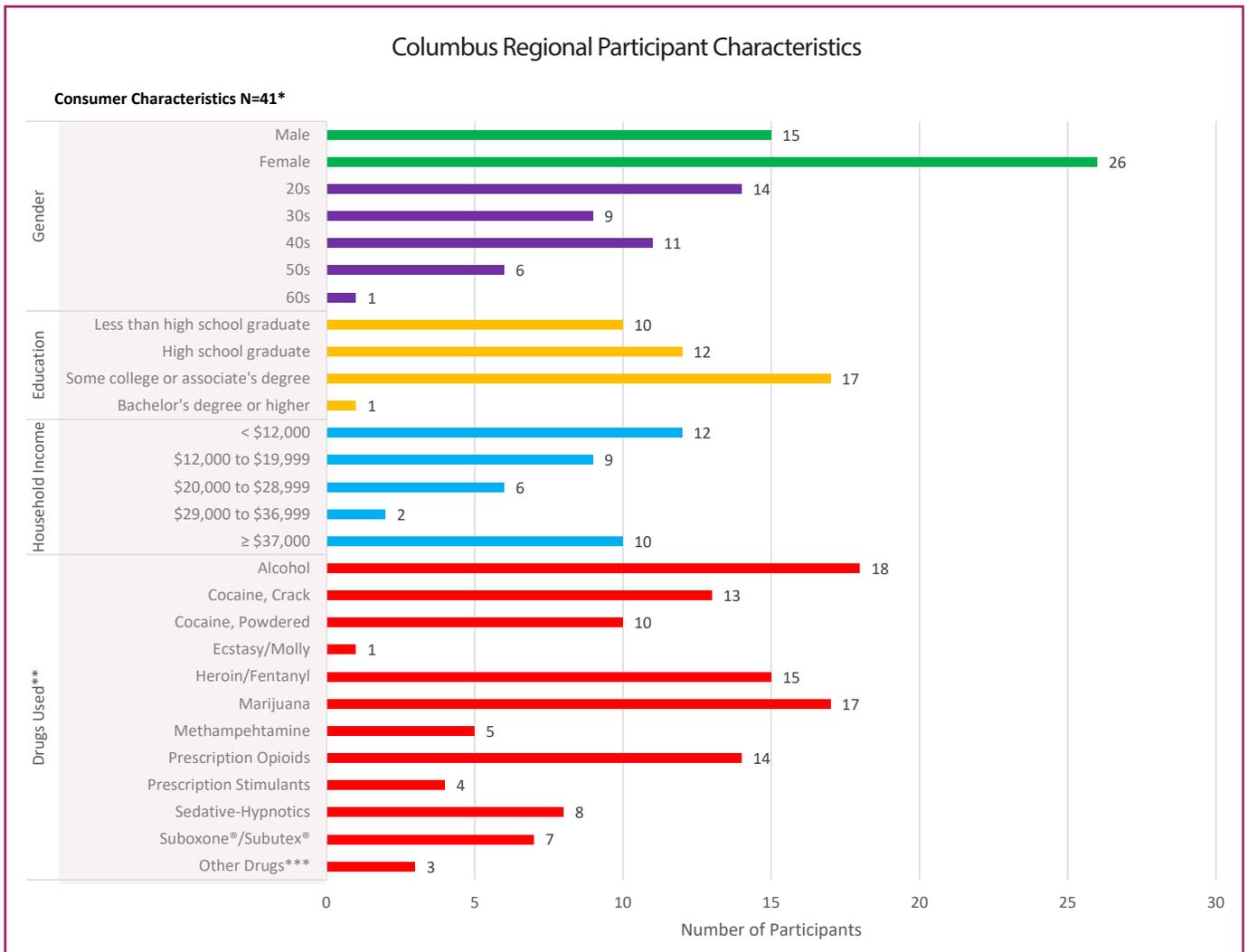
Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	2,696,353	41
Gender (female), 2016	51.0%	50.6%	63.4%
Whites, 2016	82.5%	78.4%	85.4%
African Americans, 2016	12.8%	14.9%	4.9%
Hispanic or Latino Origin, 2016	3.7%	3.8%	2.4%
High School Graduation Rate, 2012-16	89.5%	90.5%	75.0% ²
Median Household Income, 2012-16	\$50,674	\$57,021	\$16,000-\$19,999 ³
Persons Below Poverty Level, 2016	14.6%	14.0%	51.3% ⁴

¹ Ohio and Columbus region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

² High school graduation status was unable to be determined for 1 participant due to missing and/or invalid data.

³ 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 2 participants due to missing and/or invalid data.

⁴ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



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

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

***Other drugs included: bath salts, Neurontin® (gabapentin) and synthetic marijuana.

Historical Summary

In the previous reporting period (January - June 2017), crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), sedative-hypnotics and Suboxone® remained highly available in the Columbus region; also highly available were prescription opioids. Changes in availability during the reporting period included: increased availability for heroin, fentanyl, marijuana and methamphetamine; likely increased availability for crack cocaine and Suboxone®; and decreased availability for ecstasy.

While many types of heroin were available in the region, participants and community professionals agreed that black tar and white powdered heroin were equally available. Participants reported that the top cutting agents (adulterants) for heroin included: fentanyl and carfentanil. Law enforcement also discussed these substances as commonly used to cut heroin or as substitutions for heroin.

Overall, participants reported that the general quality of heroin increased during the reporting period due to an increase in carfentanil and fentanyl as cuts. Several participants reported that fentanyl could be purchased via the Internet and shipped to one's home. The Columbus Police and the BCI London crime labs reported that the number of carfentanil, fentanyl and fentanyl analogue cases they process increased during the reporting period.

The most common route of administration for heroin remained intravenous injection. Participants discussed the high prevalence of Hepatitis C among intravenous drug users, and acknowledged that sharing injection needles was a common practice. Participants described typical heroin users as white people, both males and females, although they reported an increase in heroin use among young African-American people.

Participants and law enforcement reported that the availability of crystal methamphetamine increased during the reporting period. The Columbus Police and the BCI London crime labs reported that the number of methamphetamine cases they process increased during the reporting period; the BCI London Crime Lab reported processing crystal methamphetamine, as well as brown and white powdered methamphetamine. Participants mentioned bath salts and fentanyl as cuts for methamphetamine.

A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 637 methamphetamine cases reported during the reporting period (an increase from 492 cases during the previous reporting period). Participants and community professionals continued to describe typical methamphetamine users as young, white people. In addition, law enforcement indicated that many heroin users also used methamphetamine.

Lastly, Neurontin® remained highly available for illicit use in the region. Participants and treatment providers discussed the drug as often prescribed to people in recovery for opiate addiction. Participants reported obtaining the drug from doctors or from people in treatment who had a prescription. They described typical illicit Neurontin® users as people addicted to heroin who misused the drug because, reportedly, the drug was not usually screened for by treatment providers and drug courts.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. Participants commented: *"You can pretty much get it any time; If you know one drug dealer, you're gonna be able to get whatever; I know people who sell it ... and they can't keep it; I know people who will do it as though they were smoking a cigarette ... it's an everyday thing ..."*

Treatment providers most often reported the current availability of powdered cocaine as '8'; while law enforcement most often reported it as '5'; the previous most common scores were '8' and '7'; respectively. Treatment providers remarked: *"It is available as ever ... they are doing it with opioids to wake them up or bring them down; My clients who get it are on Vivitrol®, which stops them from using the opioids ... they are using [cocaine]; We have a lot of people taking Vivitrol® now, and when they relapse,*

a lot of times it is with cocaine.” Law enforcement stated: “If somebody wants it, they can get it. We just don’t see a lot of it; I haven’t seen much lately. Doesn’t mean it’s not out there. It’s just not the drug of choice now, but I am pretty sure ... it is available.” Although law enforcement reported overall moderate availability of the drug in the Columbus region, a few law enforcement officers discussed the drug as highly available in more affluent suburbs near Columbus. A law enforcement officer remarked, “You can use cocaine recreationally ... [but] it’s really expensive ...”

Corroborating data indicated that powdered cocaine is available in the region. The Ohio Department of Public Safety (ODPS) reported 32 drug task force seizures of powdered cocaine in the Columbus region during the reporting period (31.3% of the seizures were made in Richland County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Federal prosecutors in Franklin County charged four Ecuadorian men with the intent to distribute cocaine after the U.S. Coast Guard and the U.S. Drug Enforcement Agency (DEA) intercepted 1,584 pounds of cocaine and arrested the men on a speedboat in the Pacific Ocean; the case is being tried in Ohio since the prosecutor reported the high likelihood that the cocaine seized could have ended in distribution in Columbus (www.10tv.com, Sept. 20, 2017). The Mansfield Police Chief (Richland County) addressed law enforcement agents at a luncheon and reported that powdered cocaine and methamphetamine were on the rise, while heroin was on the decline; the crime lab director for the Mansfield Police Department also spoke and reported a recent trend in cocaine mixed with fentanyl (www.mansfieldnewsjournal.com, Oct. 10, 2017). An investigation lead by the Federal Bureau of Investigation (FBI), U.S. DEA, Gahanna Police, Westerville Police (Franklin County) and an Assistant United States Attorney lead to the arrest and indictment of two people for conspiracy to kidnap a man for not paying them after he received cocaine; the two people told the main supplier in Mexico of the situation, who told the couple to kidnap the man until ransom money was paid; after the two drove the kidnapped man to the specified location in Columbus, they were met by police who arrested them (www.justice.gov, Oct. 19, 2017).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Several participants explained that there is a

steady demand for the substance. Participants shared: *“It’s coming from lots of different sources, so there’s no shortage; There’s a high demand for it. It is always around. It’s always been a constant ...”*

Treatment providers reported that the availability of powdered cocaine has increased during the past six months, while law enforcement indicated that availability has remained the same. Treatment providers stated that the increase is likely due to decreasing prices and the perception that cocaine is safer compared to other substances. Treatment providers discussed: *“[Powdered cocaine is] ... increasing because ... of the move toward Vivitrol® and the way that the courts have placed so much emphasis on [opiate use]; It’s more in demand because of Vivitrol®. Their drugs of choice are gone, so the dealers are going to provide them with something else.”*

The perception that cocaine is safer than heroin was also cited as a reason for increased availability. One treatment provider explained, *“There’s a rash of overdose deaths recently and I’ve seen people turn to ‘coke’ (powdered cocaine) because they say it is safer. Not to mention, three of my clients in the last month relapsed on cocaine. They didn’t use heroin, they used cocaine.”*

The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months, while the BCI London Crime Lab reported that the number of cocaine cases it processes has increased; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3’. Participants discussed that the quality of powdered cocaine in the region varies dependent on where and from whom one purchases the drug. They commented: *“It can vary. It just depends on who*

you get it from. It could be garbage or be, 'This is the best stuff I've ever had;' I think it depends on where you're getting it from. If you're getting it in the 'hood' (inner city) it's probably better than the suburbs where it's 'stepped on' (adulterated) too much; It's all about who you get it from; They can make it potent, or if they bought a smaller package and they want to make more money off it ... they're gonna 'cut' (adulterate) it more ..."

Participants reported the top cutting agents for powdered cocaine as baby formula and creatine. Other adulterants mentioned included: Adderall®, baby aspirin, baby powder, Carpet Fresh® and NoDoz®. In addition, a participant explained that there are cutting agents manufactured for the purpose of cutting drugs readily available on the Internet: *"There's literally something you can purchase online, and it's basically meant to cut cocaine. I don't know what it is called, but it's a tiny bottle. It's a white powder and it looks just like coke. It's got crystals in it and everything."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant explained, *"It's gone down because there's a higher demand for it, and so when people don't get as much, and people want it, [dealers] have to cut it more to get it out to all the customers."*

Powdered Cocaine	Cutting Agents Reported by Crime Labs	
	●	caffeine
	●	local anesthetics (benzocaine, lidocaine, and procaine)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$60-100
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$450-700
	An ounce	\$650-1,300

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 smoke or intravenously inject (aka "shoot") the drug. A few participants reported that powdered cocaine may also be administered by eating it, rubbing it on the mouth or lips, adding it to coffee and "parachuting" (wrapping the drug in tissue paper and swallowing it). A participant explained why some users prefer different routes of administration: *"People feel like they're better if they snort it instead of smoke it ... people with no money like to smoke it."*

Participants described typical powdered cocaine users as professional, wealthy, middle to upper class, and aged 25-50 years. Participants commented: *"I've seen plethora's [of users], but the majority of people who use it ... make a lot of money because it is an expensive habit. So, when they can't afford that, they go to crack; White people use coke more ... lawyers, doctors ... people with decent jobs. It's a rich person's drug."* Community professionals described typical powdered cocaine users as affluent, white people and professional. A treatment provider commented, *"They are similar to opioid users [but] maybe a little younger and more Caucasian, more affluent."* Another provider also noted powdered cocaine use among heroin users: *"Heroin users will sometimes use it as a pick-me-up ... so someone that's opiate dependent may have co-occurring cocaine abuse."*

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 '9'. Participants commented: *"It's ridiculously available; It's everywhere ... just like heroin. It goes hand-in-hand with heroin Nine out of 10 heroin dealers sell 'crack' (crack cocaine), too."* Treatment providers most often reported the current availability of crack cocaine as '8,' while law enforcement most often reported it as '9,' the previous most common scores were '10' and '9,' respectively. Treatment providers commented: *"In alcoholics, it is the next most abused substance [after alcohol]; Where I work is close to a homeless shelter ... I have seen the sale of crack just by walking across the parking lot ... if someone wants it, there's no worries on trying to get it."*

Corroborating data indicated that crack cocaine is available in the region. ODPS reported 40 drug task force seizures of crack cocaine in the Columbus region during the reporting period (35.0% of the seizures were made in Marion County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police (Franklin County) arrested a man after observing him leave a known drug house in the city run by 'Fetti Nation' gang members; upon searching him, police found crack cocaine, methamphetamine, heroin and fentanyl in the man's underwear (www.abc6onyourside.com, Aug. 9, 2017). A school superintendent plead guilty in Franklin County Drug Court for drug possession after Columbus Police saw him stopped in his vehicle in an alley and asked what he was doing; officers searched his car, found crack cocaine and arrested him (www.nbc4i.com, Oct. 5, 2017). Circleville Police (Pickaway County), Chillicothe SWAT (Ross County), and Ohio State Highway Patrol (OSHP) arrested three individuals while executing a search warrant at an apartment complex in Circleville; law enforcement had received numerous reports from people who overdosed that they had purchased drugs at that complex; officers seized unspecified quantities of crack cocaine, heroin and drug paraphernalia during the search (www.circlevilleherald.com, Oct. 6, 2017).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants commented: *"I've seen it more often. More people that I didn't know (wouldn't have thought to be using crack cocaine) are using it; Most heroin dealers, or any drug dealers ... are selling some type of 'speed' (stimulant) with heroin. It just goes hand-in-hand; Everyone sees the money in it, so everybody's selling crack."*

Treatment providers reported that the availability of crack cocaine has increased during the past six months, while law enforcement reported decreased availability. Treatment providers discussed: *"It's making a comeback because you can use it while you're on Suboxone® and still get high. You can get off heroin and still have fun smoking crack; I think drug dealers are basically good salesmen. I have this product, but I also happen to have this. This would go well with this ... why not try this?; I had a client yesterday who said her drug dealer ... how he remembered her birthday, I don't know ... but literally called her and said, 'I've got some crack for your birthday if you want some;' I think some people really are trying to get off heroin [and] ... I don't think they're as afraid of*

crack [as they are of overdose with opiates]. It's not as scary ... and you can still party and use your Suboxone®."

The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months, while the BCI London Crime Lab reported that the number of cocaine cases it processes has increased; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants commented: *"It just depends on where you get it. It could be really crappy and be a '3'; or it could be really good and be a '9'; There's 'drop dope' and there's 'whipped'. 'Whipped dope' is lesser quality because of how it's made [with more adulterants]. Then, there's 'drop dope' which is like the purest, most potent, least cut."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: baby laxatives, fentanyl and heroin. Overall, participants reported that the quality of crack cocaine has varied during the past six months. A participant remarked, *"It's up and down."*

Cutting Agents Reported by Crime Labs	
Crack Cocaine	 caffeine
	 local anesthetics (benzocaine, lidocaine, and procaine)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants stated: *"Most crack is [sold] in smaller quantities; You can get a 'fifty rock' (\$50 amount of crack cocaine)."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$70-100
	1/16 ounce	\$125-150

Participants reported that the most common route of administration for crack cocaine remains smoking. However, participants reported that some people also intravenously inject (aka "shoot") the drug. Participants commented: *"I've only seen people smoke it; I'd say the majority of people smoke it, but you'd be surprised, a lot of people shoot, too."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone, while community professionals described typical users as older, African-American and white people, and of lower socio-economic status. Treatment providers commented: *"Poor African-Americans, low education; I don't think we see it with young kids ... it's more 20s and up; Mostly it's Caucasian ... some Hispanic [people]."* Law enforcement reported: *"We don't really have a lot of young people [who use crack cocaine]; I know the people we see going in and out of our crack houses seem to be 30s and 40s or older. If they do work, they work day labor ... construction, roofers, painters."*

Heroin

Heroin 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: *"You can get it really anywhere. It's everywhere. My 'weed' (marijuana) dealer went from selling that to selling heroin because there was such a high demand. That's what people wanted; Right off the top of my head, [there are] several places you could walk to right now [to buy heroin]. It's very available."* A treatment provider remarked, *"Anyone can get heroin ... there's a lot of it."* Law enforcement commented: *"It is very available ... very easy to get. Almost up there with marijuana; If you know one person who has it, you know 10; Fifteen years ago ... 15-20 people in Fairfield County were dealers ... now there are*

hundreds of people selling it. They can go right to Columbus, the source city, to get it."

Corroborating data indicated that heroin is available in the region. ODPS reported 69 drug task force seizures of heroin and/or fentanyl in the Columbus region during the reporting period (24.6% of the seizures were made in Marion County); drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Delaware Police (Delaware County) detained two people after responding to an overdose call, where emergency crews found on person overdosed face down in water and used Narcan® (naloxone, an opiate overdose reversal medication) to revive him; the other person attempted to swim away, but crews used a rope to capture him; officers took both people to the hospital before arresting them (www.nbc4i.com, July 9, 2017). Undercover officers in Knox County arrested a woman after United State Postal Service (USPS) workers noticed a strange package and alerted police, who worked undercover to direct the woman to pick up the package at a USPS location in Gambier; officers arrested the woman after she arrived to collect the package containing heroin (www.nbc4i.com, July 18, 2017). Columbus Police Criminal Investigations Unit (Franklin County) executed a search warrant at two residences in Columbus and arrested six people for their involvement in drug trafficking; officers seized heroin, pills, marijuana and firearms (www.nbc4i.com, July 28, 2017). The Columbus City Attorney's Office planned to shut down a known drug house after Columbus Police investigated the residence and made several covert drug buys; in January 2017, officers executed a search warrant at the residence and seized 8.5 grams of heroin, 500 pills, 47 grams of marijuana, Suboxone®, cash, several firearms and ammunition; in February 2017, detectives executed another search warrant and seized 28 grams of crack cocaine; 20 grams of marijuana, pills, cash, firearms and ammunition (www.nbc4i.com, Aug. 4, 2017). A Columbus special agent worked with the Heroin Overdose Prevention and Education Task Force to arrest a man responsible for supplying a heroin-fentanyl mixture that resulted in the overdose death of two people; the man was sentenced to 20 years in prison for these deaths (www.abc6onyourside.com, Aug. 10, 2017). Columbus Police and The Ohio State University Police rescued a

three-year-old child from a running vehicle parked near an alley after noticing a small hand under a pile of broken glass and debris; officers found the child's father in the nearby alley and arrested him for heroin possession and child endangerment (www.nbc4i.com, Aug. 15, 2017). Columbus Police responded to three heroin overdoses that occurred at a restaurant in Whitehall (Franklin County), one of which resulted in a death (www.abc6onyourside.com, Sept. 20, 2017). Mansfield Police, Richland County Sheriff's Office, Federal Bureau of Investigations (FBI) and U.S. DEA agents arrested 39 people for trafficking heroin during a drug sweep in Mansfield (Richland County); in a separate case, Richland County prosecutors indicted 21 people in Mansfield for trafficking heroin, crack cocaine, powdered cocaine and marijuana (www.fox8.com, Oct. 25, 2017). Franklin County Prosecutors indicted a man on multiple felonious drug trafficking charges after Columbus Police searched his home and six other residences, seizing undisclosed amounts of heroin, cocaine, four cars and three firearms; the man and four accomplices smuggled drugs from Mexico to Columbus (www.abc6onyourside.com, Oct. 18, 2017). Safe Point Needle Exchange Program administered by a treatment program in Columbus reported providing 1.5 million free needles to intravenous drug users since its opening in January 2016; consumers of the program are offered health assessments, Narcan® and drug treatment referrals (www.nbc4i.com, Nov. 20, 2017). Columbus Police arrested a man during a traffic stop after discovering black tar heroin, fentanyl and cocaine in his vehicle; officers linked the vehicle back to an apartment, where they seized additional drugs, totaling 66 pounds of black tar heroin, fentanyl and cocaine (www.newsjammedup.com, Nov. 23, 2017). OSHP and the U.S. DEA conducted an investigation of a Connecticut man that lead to his indictment in federal court for attempting to distribute over 1,000 grams of heroin in Ohio (www.justice.gov, Dec. 14, 2017). A Columbus police officer reported to a local news source that he administers Narcan® nearly as often as he writes tickets, and never leaves for patrol in the Hilltop area (neighborhood of Columbus) without the medication; the officer reported he has saved 25 lives with Narcan® (www.10tv.com, Dec. 15, 2017).

While many types of heroin are currently available in the region, participants and community professionals reported powdered and black tar heroin as equally available in the region. Participants stated: *"I can get 'china white' (white powdered heroin) or black tar easily. Tar and china white ... and it's all fentanyl-laced these days. So, it's*

the shit that kills you; I've seen tar, white china, the brown stuff that's laced with fentanyl; When I was getting it, it was tar or that gray stuff, which was carfentanil."

Treatment providers discussed: *"There are more people talking about 'china,' so white powder ... secondarily, black tar; I hear them talking about the 'gray death' (gray powdered heroin) and the white china; It seems like the synthetics are easier to get than the real heroin ... they'll say there's heroin ... it's all fentanyl or carfentanil; I don't know that I hear about one being more available than the other ... I don't hear about the black versus white or brown."* A law enforcement officer remarked, *"We see tar, we see brown powder. The brown powder usually comes from Mexican sources ... same with tar ... and any white powder is usually a mixture of many different variables."*

Participants reported that the availability of heroin has increased during the past six months. Participants commented: *"I personally have friends who are dealers and they can't 're-up' (obtain more batches of the drug) fast enough. They run around all day long because within two hours they could be completely sold out; I've seen situations where people supplying it are pushing their dealers to move it faster and faster and faster. It's crazy."* Community professionals reported that the availability of heroin has remained the same during the past six months. A treatment provider stated, *"It's been readily available for a while now."*

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

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

Participants most often rated the current overall quality of heroin as '6-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.'

A participant shared, *"I don't think it is that good. I know in recent days when I went to 'shoot it up' (intravenously inject the drug) ... my arm will get all puffy and blown up from whatever they're cutting it with ... it's reacting badly."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for heroin as fentanyl and carfentanil. Participants discussed: *"The heroin itself is not that great at all, but they get the heroin and they cut it with fentanyl and that's what's dropping (overdosing) everybody; The dealers are actually putting [fentanyl] in. They'll make 20 'balloons' (1/10 gram amounts packed in balloons) and put [fentanyl] in two balloons so two people 'OD' (overdose) so that way everyone will come down and buy it ... so, they're trying to kill off somebody 'cause that's the 'fire' (potent drug). That's what everybody wants to get."*

Additional cuts for heroin mentioned included: baby food, baby formula, brown sugar and dark sodas (Coca Cola®, Pepsi®). Overall, participants indicated that it was difficult to comment on a change in quality during the past six months due to the potency of fentanyl added to heroin. A participant remarked, *"I don't think the purity's increased. I just think they're putting other stuff in it."*

Heroin	Cutting Agents Reported by Crime Labs
	<ul style="list-style-type: none"> ● acetaminophen ● artificial sweeteners (lactose and sorbitol) ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● dipyron (banned analgesic) ● fentanyl/fentanyl analogues ● mannitol (diuretic) ● quinine (antimalarial)

Current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/2 gram. Participants commented: *"[Price varies] with who you mess with. A half a gram will range anywhere from \$30-50; It just depends on who you've been going through and how long you've been going through them; The more you buy, the cheaper it gets; In my experience, you can get whatever you want. If you want [to spend] \$10, you can get \$10 [worth of heroin]; Up in Columbus it's cheaper ... they bring it down here (Fairfield County) and it's more expensive ..."*

Heroin	Current Prices for Heroin	
	Black tar or brown powdered:	
	1/10 gram	\$10
	1/2 gram	\$30-50
	A gram	\$70-100
	1/4 ounce	\$350-400
	An ounce	\$1,500
	White powdered:	
	1/10 gram	\$20

Participants reported that the most common routes of administration for heroin are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 heroin users, five would shoot and five would smoke the drug. Participants' comments revealed that users' routes of administration tend to evolve over time. Participants stated: *"It'll range from snorting, smoking, shooting. If you got a heavy user, they'll shoot it ... that's how you get the best high; If we're at a party and people are doing heroin, they're going to be snorting it because real people who shoot heroin aren't going to be going to parties ... they're going to be shooting heroin; You use it a few times and as your tolerance builds ... a seasoned user, they're gonna be shooting."*

Participants reported that injection needles are most available from pharmacies and drug dealers. Additionally, participants reported obtaining needles from needle exchange programs and family members who have diabetes. Participants discussed: *"People get needles from the streets. I usually got them from my dealer, but as I was quitting heroin, a new clinic opened up where [you] could go [to exchange needles]; When I first started, you could go to [a retail store] and buy boxes [of needles], but they passed a law so most people are trying to find people that are diabetic so they can buy them off of them; I used to get them at work because I worked in the medical field; I went to the clinic to get them. I even went so far as to take a diabetes test after eating candy so I could be diagnosed with diabetes Whatever I had to do to get them, I got them."* Reportedly, needles on the street sell for \$1-2 per needle. A participant added, *"Sometimes [dealers will] just give it to you 'cause they want you to shoot it."*

A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as anyone. Participants commented: *"I know lawyers around here who do heroin, housewives, it varies; You got professionals ... doctors, lawyers. There's really no way to tell; I've seen pretty much everyone ... people of all races, all ages; It could be anybody. Top dog lawyers to bottom down in slums ... it doesn't matter."* Some participants also described how using pain medication leads to heroin use. A participant added, *"You can't look at anybody and say, 'Oh, yeah, they fit the description.' It's just a build up to how they get there. Some people just start off with heroin but some people ... their pain management ended, and they needed something because they were addicted to pills, so they go with what's cheap."*

Community professionals described typical heroin users as white people. Treatment providers commented: *"They tend to be white; I don't think it discriminates across socio-economic status ... and they may be the ones who start with pills and then progress to the heroin; It really is across the board. [I have seen] 50, 60, 70-year-old heroin addicts ... there's been an overall increase, there's no group that stands out ... I would say that if it were increasing in any group ... I would say it's ... 40 to 60-year-olds who started on prescription meds and moved on to heroin."* Law enforcement added: *"Primarily we see people in their 20s and 30s; Evenly split between men and women; I can't think of one black or Hispanic [heroin user] we've run into. It's predominately Caucasian; I guess if I am going to generalize, it would be someone after high school. Maybe 19 to 50 years old ... I don't know that it has any other definers other than that."*

Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants reported: *"It's '10,' but no one goes out there like, 'I'm gonna buy some fentanyl. You go to buy heroin; For me, I can't find heroin ... I couldn't. It's always been that carfentanil stuff, and to be honest, the first time I tried it I didn't even get two-thirds of it in ... and I passed out. If I had gotten all of it in, I probably wouldn't have woken up."* One participant

remarked difficulty in obtaining fentanyl alone: *"It's very hard to get because they're mixing it ... a lot of people are accidentally doing fentanyl because it's mixed with the heroin."*

Treatment providers most often reported the current availability of fentanyl as '9', while law enforcement most often reported it as '4'; the previous most common scores were not reported. The lower availability score assigned by law enforcement echoes the above participant sentiment that unadulterated fentanyl is somewhat difficult to obtain. An officer said, *"I don't think people are going to seek fentanyl. But I think they're going to seek who has that strong 'dope' (heroin) ... knowing it probably has fentanyl in it. But, they're not seeking fentanyl!"* Many community professionals indicated that some clients do not know they are taking fentanyl, while others indicated that clients are actively seeking it. Treatment providers explained: *"Many people do not know they have it in their system; A lot of the blood (drug) tests come back with fentanyl in them ... Most of the time if they test positive for heroin, it's coming back with fentanyl as well; None of my clients ask for fentanyl, it's just there. It's something they stumble into, and hopefully they survive."*

Community professionals shared that they believe fentanyl is widely available because it is showing up in other substances, such as prescription opioids. Treatment providers commented: *"It's showing up in deaths. It's showing up in a lot of different forms, in pills. There's marijuana laced with it. It's gotta be readily available if they're using it in all those ways; I have heard about some of the marijuana having fentanyl in it ... I don't know if that's because of the [low quality of marijuana], or if they have another reason ... people who overdose are supposedly smoking marijuana, but they're really smoking fentanyl."* A law enforcement officer stated, *"[Clients say], 'You know that's the good stuff, it must have fentanyl in it.' I had one client tell me that marijuana is being laced with it now."*

Other community professionals looked to death statistics to explain the high availability of fentanyl. They reported: *"I think out of the 12 overdose deaths we've had in Delaware [County] this year, seven of them were fentanyl; A trend I'm starting to see [is] when people describe to me how many overdoses they've had, I hear people almost starting to brag about how many Narcan® [administrations] they had to have done. That's really incredible. That tells me the tolerance is getting way up there."*

Corroborating data indicated that fentanyl is available in the region. ODPS reported 69 drug task force seizures of heroin and/or fentanyl in the Columbus region during the reporting period (24.6% of the seizures were made in Marion County); drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Franklin County grand jury indicted a man for involuntary manslaughter and drug trafficking for providing fentanyl to a man in a nursing home which resulted in his overdose death (www.nbc4i.com, July 7, 2017). A Union County grand jury indicted 16 people responsible for trafficking fentanyl, heroin and prescription drugs in Union County following a 10-month investigation completed by Union County Multi-Agency Drug Enforcement officers; in one case, a woman did not call emergency medical crews after seeing her roommate overdosing on fentanyl, heroin and alprazolam (Xanax®); in another case, a woman stole hydrocodone pills from her husband while he was under medical care for a fentanyl and diazepam (Valium®) overdose; both overdose victims died from their overdoses (www.abc6onyourside.com, July 31, 2017). Franklin County prosecutors in Columbus charged a woman with involuntary manslaughter in the death of a 12-year-old boy, who overdosed due to fentanyl while at a sleepover for his cousin's birthday party; the woman had left five children at home unsupervised when the boy overdosed on the drugs (www.nbc4i.com, Oct. 14, 2017). A Franklin County grand jury indicted three California men after drug task force officers arrested the men in a hotel parking lot in Columbus after finding 4.5 pounds of fentanyl in the trunk of their car (www.abc6onyourside.com, Nov. 3, 2017). A Bucyrus (Crawford County) woman was sentenced to 59 months in prison for providing heroin laced with fentanyl that resulted in four non-fatal overdoses; the woman's boyfriend also plead guilty for his involvement and was sentenced to 30 months in prison (www.bucyrustelegraphforum.com, Dec. 6, 2017). A Franklin County Common Pleas Court judge sentenced a man to 10 years in prison after he plead guilty to involuntary manslaughter for selling fentanyl that resulted in a fatal overdose of a man in Bexley and a near-fatal overdose of the man's girlfriend; the man will serve this sentence immediately following a four-year sentence for providing drugs to a Baltimore man that resulted in his fatal overdose (www.dispatch.com, Dec. 18, 2017). Columbus

Police seized five kilograms of fentanyl and cash while responding to a domestic violence call after the victim agreed to let officers search her home; officers arrested the perpetrator following the seizure (www.nbc4i.com, Dec. 26, 2017).

Participants reported that the availability of fentanyl has increased during the past six months. Participants attributed increased availability to dealers being able to acquire the drug inexpensively, which has resulted in dealers substituting fentanyl for other drugs and in cutting other drugs in addition to heroin with fentanyl. Participants commented: *"It's so much cheaper than real heroin. [Dealers] are gonna make more money off of that; Some people out there selling heroin add the fentanyl to try to make their [heroin] better than the next person; With the dark web and stuff it's just easier to get. China's got a surplus of this shit, and it's dirt cheap to get online. You can literally get it sent to your house in a box."*

Treatment providers reported that the general availability of fentanyl has increased, while law enforcement reported that it has remained the same during the past six months. Treatment providers discussed: *"I think the more you can mix it with [other drugs] ... to make them stronger ... people will keep coming back; From a business aspect, it's the next new thing. It's bringing in new people. The people using heroin now want the next new thing. I'm sure after fentanyl it will be something else as well. People are drawn to it and prefer to have something laced with fentanyl now; It's more available based on seeing it more in the drug screening; I think it's more available because they can purchase it on the Internet. It can get sent to them. It's cheaper ... and it's higher quality [than heroin] ... so, they're mixing it with other things."* Law enforcement commented: *"We started seeing it about a year ago, so in that time it hasn't changed; A lot of the fentanyl we hear about ... usually comes through toxicology [reports] after the fact."*

The Columbus Police and the BCI London crime labs reported that the number of fentanyl and fentanyl analogues cases they process have increased during the past six months. In addition, the Columbus Police Crime Lab reported that the number of carfentanil cases it processes has decreased during the past six months, while the BCI London Crime Lab reported that the number of carfentanil cases it processes has increased.

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

In terms of current overall quality, participants found it difficult to speak directly about fentanyl's quality as it is most frequently combined with heroin. Thus, participants were unclear about whether the general quality of fentanyl has changed during the past six months. A participant remarked, "I've never bought fentanyl by itself. It's always been with heroin and usually it's not advertised as fentanyl. You don't even really know you're doing it." Another participant shared, "The purity of fentanyl's not really gonna change because it is a synthetic opiate anyway. So, just like morphine, there's only one grade of morphine. With fentanyl, there's only one grade of it. [Quality] just depends on how much you are doing."

Participants were unable to report on the current pricing of fentanyl because, as indicated above, their experience with the drug has been in its combination with heroin. No participant reported having made purchases of unadulterated fentanyl.

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka "shooting"). A profile for a typical fentanyl user did not emerge from the data. Community professionals described typical fentanyl users as people addicted to opiates. Law enforcement commented: "[Fentanyl users are typically] white, aged 25-45 [years], and socio-economically challenged. Same as opiate demographic; People who use fentanyl ... they're long-term addicts. If you have the tolerance with heroin to go to fentanyl, you've been doing [opiates] for a while."

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 '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 also '8'. Participants commented: "They're available but people are losing interest ... heroin is cheaper and easier [to obtain]; I could get it delivered to my house right now." Treatment providers most often reported the current street availability of prescription opioids as '7', while law enforcement most often reported it as '5'; the previous most common scores were '10' and '8', respectively. A treatment provider stated, "They're still obtainable, but I see less people coming in [for treatment] with that ... more have moved on to heroin." Law enforcement shared: "The availability is less than heroin; It's available, but we're ten times more likely to see needles (evidence of heroin use) in a car."

Corroborating data indicated that prescription opioids are available for illicit use in the region. ODPS reported 69 drug task force seizures of prescription opioids in the Columbus region during the reporting period (44.9% of the seizures were made in Marion County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was sentenced in Franklin County to 22 years in prison for operating a multi-state oxycodone trafficking ring; the man organized and paid for trips for people to travel to Florida to obtain prescriptions for oxycodone to later sell in Columbus (www.nbc4i.com, Aug. 13, 2017). A Fairfield County prosecutor indicted a pharmacist and his son after the Ohio Board of Pharmacy received an anonymous tip that the pharmacist's son stole oxycodone from the pharmacy in Lancaster where his father worked; the pharmacist was accused of attempting to conceal his son's theft since he did not report it (www.abc6onyourside.com, Sept. 26, 2017). A Franklin County grand jury in Columbus indicted the parents of two young children for involuntary manslaughter on two separate occasions; the couple's three-year-old son died by gun wound after unintentionally shooting himself with their gun in September in Madison Township (Franklin County), and the couple's newborn daughter died by unintentional overdose from a combination of methadone and cocaine intoxication in April (www.vindy.com, Dec. 7, 2017).

Participants and community professionals identified Oxycodone®, Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. Participants remarked: "I could get those right now; Honestly, I could get any of them ... my family messes with them." A treatment provider commented, "Patients use Oxycodone®

and Percocet® interchangeably. 'Perk 30s' (Roxicodone® 30 mg) are the most valued. It is not really Percocet® but rapid release oxycodone."

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants explained: "They're trying to cut people off, so I would say less because the law changed so it is a little harder [to get a prescription for opioids]; Slightly less ... I had three dealers [who dealt prescription opioids], now I have two." A law enforcement officer stated, "They are less available because heroin and other opioids are more available and affordable."

Both the Columbus Police and the BCI London crime labs reported that the number of hydrocodone (Vicodin®), oxycodone (OxyContin®) and oxycodone/acetaminophen (Percocet®) cases they process have increased during the past six months, while the number of hydromorphone (Dilaudid®) and tramadol (Ultram®) cases have decreased or remained the same. In addition, the BCI London Crime Lab reported that the number of methadone, morphine and oxymorphone (Opana®) cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported the number of cases it processes for these medications has decreased or remained the same during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 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. Overall, participants indicated that the price of prescription opioids has varied during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$30-40 for 30 mg \$50-90 for 80 mg
	Percocet®	\$2-7 for 5 mg \$5-10 for 7.5 mg \$7-10 for 10 mg
	Vicodin®	\$5-8 for 5 mg \$10-13 for 10 mg \$25-40 for 30 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors, family members, other people with prescriptions and through Internet purchase. Participants commented: "I used to go to the pharmacies and sit outside and wait for people to come outside and try to buy their pills off of them; A lot of people are buying them online from other countries; I got them from my doctor, but once the doctor stopped giving them to me, I got them from my mother-in-law."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, five would snort, three would smoke, and two would orally consume the drugs. Participants remarked: "Smoking is newer within the past three years; The people I party with, I would see more smoking."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit prescription opioid users as anyone. Participants commented: "I don't think it really matters what you do for a living, or your race or age. I think it's everywhere from 20s all the way up; There's no classification on that at all ..."

Treatment providers described typical illicit users as aged late teens and 40-50 year olds, white people, restaurant workers, construction workers, landscapers and professionals. A treatment provider reported: "A lot of times I see a bimodal peak: late teens to early 20s and another peak in the 40s and 50s who had an injury. Pretty even male/female, majority Caucasian ... most common occupations include the restaurant industry, construction, landscaping ... jobs where you are paid in cash." Law enforcement described typical illicit prescription opioid users as 20-45 years old and white people. A law enforcement officer added, "[They are] similar to heroin users. Typically, 20-30 years old ... predominately white ..."

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants stated: *"It's easy to get your hands on; It's very available. It's everywhere; It's the go-to-drug for people to get off other stuff; Anybody can go to the doctor and get it ... most people get it off the street because you have to pass drug tests if you go to a doctor; The Suboxone® that's available is from people not doing their program ... they sell it and get their fix (drug of choice)." A treatment provider remarked, "It's readily available. It has a good street value to it. Sometimes they'll sell Suboxone®, so they can get heroin."* Law enforcement commented: *"All heroin arrests have Suboxone®; Suboxone® is common. We usually find it on arrestees. They usually have 'strips' (Suboxone® filmstrip form) in their wallet ..."*

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while law enforcement reported increased availability. Treatment providers were not able to agree whether street availability of Suboxone® has remained the same or increased during the past six months. Treatment providers commented: *"Same or more ... I've seen more clinics pop up around there ... just little hole-in-the-wall clinics ... I don't know if that means there's more prescribers out there or what, but I'd say it's gotta be increasing; Probably the same or more because there are more prescribers, or more advertising."*

Law enforcement reported: *"I would say we're seeing more and more Suboxone®, but the majority of them have a prescription for it, so there's nothing you can do about it ... It can be traded for other drugs; More people are trying to get into medically assisted treatment programs and it's available to them."* The Columbus Police and the BCI London crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-20 for 8 mg
	Pill	\$15-20 for 8 mg
	Subutex®	\$30-35 (unspecified dose)

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through doctors. Participants reported: *"People go to treatment to get them and instead of using them, they sell them. Some may trade them; I'd say fifty-fifty between street and doctor; The people who are going to the doctor are selling them."* Law enforcement shared: *"[Users are] getting it from whoever they get heroin from now [since] a lot of clinics require patients to take it on site; It is prescribed a lot, too, and then abused or sold on the street; You find it in prisons."*

Participants reported that the most common routes of administration for illicit use of Suboxone® are snorting and intravenous injection (aka "shooting"). A participant commented, *"Most people I know shoot them or snort them. The strips you have to put under the tongue, or shoot them."*

Participants and community professionals described typical illicit Suboxone® users as people addicted to opiates. Participants commented: *"Someone who claims to be a recovering addict; People who aren't using them to get clean. They're selling it to buy other drugs. They are not trying to do their program."* A treatment provider commented, *"They're obviously heroin users for the most part ... that aren't just doing Suboxone®."* A law enforcement officer reported, *"The majority of Suboxone® [illicit users] you run*

into are heroin addicts. And the reason we come into contact with them is they're stealing to go buy heroin, and they have Suboxone® on them until they can buy the heroin."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain 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 also '10'. Treatment providers and law enforcement most often reported current street availability as '8'; the previous most common scores were '8' and '10', respectively. Law enforcement stated: "Usually that's something we'll get out of a traffic stop ... they're out there; You see that a lot with marijuana ... you see it a lot." Participants and community professionals continued to identify Xanax® as the most available sedative-hypnotic in terms of widespread illicit use.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. ODPS reported 34 drug task force seizures of benzodiazepines in the Columbus region during the reporting period (38.2% of the seizures were made in Marion County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police responded to a call regarding a woman passed out behind the wheel of her vehicle with her 19-month-old daughter with her; the woman admitted to snorting Xanax® and heroin immediately prior to overdosing in the car; during the woman's arrest, officers observed her immediately swallow 2.5 Xanax® bars (Xanax® 2 mg) to avoid officers finding the drugs (www.nbc4i.com, Dec. 5, 2017).

Participants and law enforcement reported that the street availability of sedative-hypnotics has remained the same during the past six months, while treatment providers were not able to agree on whether street availability of sedative-hypnotics has remained the same or increased during the past six months. Treatment providers stated: "Availability hasn't changed for any of them; None of them have decreased in availability; Xanax® and Klonopin® are going up."

Both the Columbus Police and the BCI London crime labs reported that the number of clonazepam (Klonopin®) and diazepam (Valium®) cases they process have increased, while the number of zolpidem (Ambien®) cases has decreased during the past six months. In addition, the BCI London Crime Lab reported that the number of alprazolam (Xanax®), carisoprodol (Soma®), and lorazepam (Ativan®) cases it processes have increased, while the Columbus Police Crime Lab reported that the number of cases for these medications has decreased or remained the same. In addition, the BCI London Crime Lab reported that it has seen an increase of designer benzodiazepine cases during the past six months.

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

Participants were unable to provide current street prices for sedative-hypnotics. However, a law enforcement officer reported, "You can get a 'xanie' bar (Xanax® 2 mg) for five bucks." Participants reported that these drugs are obtained for illicit use from physicians, people with prescriptions and through Internet purchase. Participants discussed: "The people who I know who are abusing them have a prescription; It's who you know, you have to know somebody [who has a prescription]; You can order legal 'benzos' (benzodiazepines) off the Internet ..."

Generally, the most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs.

Participants described typical illicit sedative-hypnotics users as anyone and people addicted to opiates. A participant reported, "All over the board ... 25 to 50 years old. Occupation isn't a factor. Xanax® users are people trying to get off heroin by replacing it with something not as deadly." Community professionals described typical illicit sedative-hypnotic users as young people, white people and female. A treatment provider commented, "Female

... many are currently or previously prescribed and have higher mental health co-morbidity ... higher percentage of Caucasian; Young white girls in their 20s; Women use benzos more than men." Law enforcement reported: "Prescription users, heroin users; We find them with younger people more than anything."

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 provided many reasons why marijuana is highly available including: proximity to other states that have legalized medical marijuana, a lack of recreational activities available in the area, and the fact that marijuana is more socially acceptable and "safer" when compared to other substances. Participants reported: "It is highly available. I can get it anywhere, any time of day. It's nothing for me to get a hold of some really high-grade stuff ... I know people who grow it; I think it is high because there are bordering states that are carrying it medicinally, and I know for a fact that it's coming across the borders because a lot of what I've been able to get are things that are only medicinal such as the THC (tetrahydrocannabinol, the psychoactive component of marijuana) pens and things of that nature; There's nothing else to do ... the skating rink closed down ... ain't nothing to do, so everybody turns to drugs."

Community professionals most often reported the current availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers reported: "It's probably Ohio's number one cash crop; You can probably go to that coffee shop right there and buy some; It's socially acceptable. It's really down played. No one overdoses on marijuana. You can buy magazines about marijuana in the store. Technology ... you can just text and say, 'Hey, I need some marijuana,' and they'll come to your door; I think social norms are changing ... [marijuana use is depicted] in the movies [and] it's in TV shows now. It's just widely more acceptable." Law enforcement commented: "[It is] widely available ... less commercial-grade marijuana from cartels, and more high-quality, medical-grade marijuana from other states, like Colorado; A lot of people are growing their own 'pot' (marijuana) right now."

Corroborating data indicated that marijuana is available in the region. ODPS reported 70 drug task force seizures of marijuana in the Columbus region during the reporting period (24.3% of the seizures were made in Marion County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A state senator is urging lawmakers to change the Schedule I drug classification of marijuana to a Schedule II or III substance to allow for additional research, prescribing rights, and patient use than what is currently allowed under Schedule I drugs; the senator hopes that this will, in turn, help for scientific advancements of the drug since researchers will be better able to study it under the different drug schedule laws and not be confined to laboratory grown marijuana, which often differs from street marijuana (www.cleveland.com, July 20, 2017). OSHP in Richland County arrested two individuals during a traffic stop on Interstate 71 after finding the driver had a suspended license; during the towing of the vehicle, officers learned the car had over 100 pounds of marijuana in it (www.nbc4i.com, July 21, 2017). OSHP in Somerford Township (Madison County) arrested a California man during a traffic stop after officers smelled raw marijuana coming from his vehicle and conducted a probable cause search; officers confiscated 198 pounds of marijuana edibles (www.statepatrol.ohio.gov, Aug. 28, 2017). An investigation by the Ohio High Intensity Drug Trafficking Area (HIDTA) led to the indictment of five individuals responsible for trafficking marijuana in Pickerington (Fairfield County); during these arrests, officers seized several hundred pounds of marijuana and thousands of dollars in cash (www.lancasterreaglegazette.com, Oct. 6, 2017). A Franklin County judge sentenced a man to 36 months in prison, which the judge offered out of pity for the man's three children and sick wife, for his involvement in trafficking 3,000 pounds of marijuana each trip from Arizona to Columbus using his semi-truck; the man first transported the drug after he purchased his semi-truck and realized what was inside; he claimed he wanted to leave the gang forcing him to transport the drugs, but he was coerced into two additional transports before he found a replacement driver; the group transported thousands of pounds of the drug each trip (www.dispatch.com, Oct. 17, 2017). The U.S. 23 Major Crimes Task Force, and officers from Pickaway, Ross and Fayette counties arrested a man during a traffic stop in Pickaway County during an "Interdiction Ride Training" after criminal indicators and a K-9 officer alerted officers to search the man's vehicle; officers found six pounds of marijuana packaged in vacuum-sealed bags and a white powdery

substance weighing one ounce (www.circlevilleherald.com, Oct. 28, 2017). OSHP in Madison County arrested a man during a traffic stop on Interstate 70 in Deer Creek Township after noticing the smell of marijuana coming from the vehicle and conducting a subsequent search; officers seized 92 pounds of marijuana (www.nbc4i.com, Dec. 8, 2017). Portland Police in Oregon arrested a Portland man for attempting to smuggle more than five pounds of marijuana through the airport to Ohio; the man admitted to frequently shipping the drug to other states to sell, including Ohio (www.koin.com, Dec. 11, 2017). Whitehall Narcotics Detectives (Franklin County) recovered a package containing eight pounds of marijuana left at an apartment leasing office after apartment staff alerted police to a suspicious package they received wrapped in Christmas paper (www.10tv.com, Dec. 20, 2017).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of these alternative forms of marijuana as ‘8;’ the previous most common score was ‘10.’ Participants reported: *“For people who don’t like to smoke, and they want to know what it’s like to do marijuana, they will definitely do the ‘edibles’ (food products made with marijuana extracts and concentrates); People that kind of want to hide [their marijuana use] turn to edibles.”* Law enforcement most often reported current availability of marijuana extracts and concentrates also as ‘10;’ the previous most common score was not reported.

Participants reported that the availability of marijuana has increased during the past six months. Participants largely attributed increased availability to greater social acceptability for the drug, and the expansion of medicinal marijuana into other states. Participants reported: *“People are just more relaxed anymore since it’s legal in so many more states; I’ve noticed it’s increased. I think just because a lot of what I’m seeing is coming from Michigan, medicinal; I think a lot is coming available with all these laws and stuff they’re putting in place [legalizing marijuana use] and people across the country are thinking, ‘Oh yeah, it’s ok,’ even though it might not be legal in their state. They feel that it is coming . . . it’s going that way. I think it makes them more prone to grow it and makes it attainable for a lot of people.”*

Community professionals reported that the current high availability of marijuana has remained the same during the past six months. A treatment provider commented, *“I think it’s*

always been accessible . . . nobody thinks it’s bad. It’s all natural!” Law enforcement discussed: *“There’s such an abundance [of high-grade marijuana]. Michigan has dispensaries, Colorado [does also]. It seems a lot of their excess ‘weed’ (marijuana) is shipped to Ohio; A lot of it is already clipped buds, high-grade that’s being shipped in the mail, coming out the back door of a dispensary. We see a lot of that . . .”*

Participants and community professionals indicated that the availability of marijuana extracts and concentrates have increased during the past six months. A participant remarked, *“Way more available. There’s been times when I can’t even find regular weed, but I can find edibles.”* Treatment providers commented: *“Most pot has stayed the same [in availability], but I’m hearing more about the dabs and the oils and stuff like that; We’ve had an increase in dabs because six months ago I didn’t even know what that was, and now we have several people using [dabs]; We’re starting to see more of the oils and dabs.”* Law enforcement shared, *“I’ve seen more marijuana in edible form . . . suckers, candies . . . those kinds of things.”*

The Columbus Police and the BCI London crime labs reported that the number of marijuana and marijuana extracts and concentrates (oils, “dabs”) cases they process have increased during the past six months.

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 also ‘10.’ Participants commented: *“It’s a bit surprising how good it is nowadays . . . regular weed’s been good for a while now, but [high-grade marijuana] has been better and better. They keep cranking it up; I think a lot of people are getting medicinal stuff that they don’t even know is medicinal . . . it used to be hit or miss, but lately I’ve noticed that everyone is getting a hold of top quality.”* Law enforcement reported: *“It is not your grandma’s weed anymore . . . it’s good stuff; Back in the day, you were looking at 6% THC, now you’re looking at 24% THC.”*

Overall, participants indicated that the quality of marijuana, as well as that of marijuana extracts and concentrates, has increased during the past six months. Participants commented: *"In the last six months it has gotten so unbelievably good You'll have a seizure; It seems like it's definitely kicked up in the last six months. It's gotten stronger; You would think after years of smoking it, it wouldn't have that big an effect, but it's so potent now . . ."*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$10-15
	1/4 ounce	\$75-100
	1/2 ounce	\$70-150
	An ounce	\$300
	High grade:	
	A gram	\$10-50
	1/4 pound	\$1,000-1,200
	Extracts and concentrates:	
	Brownies, cookies, suckers	\$5 each
	Gummy bears	\$20 for 10
	THC pills	\$20 for 3
	THC pen	\$50

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, nine would smoke and one would eat the drug. In addition, participants described other methods for using marijuana: *"People are putting the oils on their finger and putting it on their mucus membranes and it's being absorbed; I've ingested it . . . I've done all kinds of stuff. I've done a hookah of it. I've smoked it out of an apple. I've*

tried it every possible way . . ." In terms of eating marijuana, a participant stated, *"Nowadays, a lot of kids under 20 [years of age] are getting into edibles more than smoking. I've seen a lot of that and it's growing and growing [in popularity]."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone. Participants commented: *"I've smoked with any race, different financial classes. Nowadays, it doesn't have a face; I was kind of surprised by all the people that smoke weed. There's not a specific . . . like I know people my dad's age who smoke. I know people super young in middle school who smoke. There's really not a specific face anymore."*

Community professionals described typical marijuana users as teens to elderly. Treatment providers discussed: *"Pretty much across the board . . . high and low socio-economic status. Old and young; I don't think it is a specific kind of person. It's male and female, Caucasian, African American, Hispanic, Latino . . . it doesn't matter. I don't feel it has a very specific profile; 12 to 40 [years of age], sometimes as young as 8 years old . . . all socio-economic levels."* Law enforcement added: *"It's all the way across the board; 14 to 65 years old and all over the place; Everybody's smokes weed. You can walk down the street and smell people smoking weed. It's everywhere. It doesn't matter age, race, sex. It's all over; We still get plenty of 40 plus (40-year olds and older) users, but the highest number (most prevalent) would probably be kids, 15-30s."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant remarked: *"It's about an '11' on a scale of '1' to '10' for me . . . Super available. It's everywhere."* Treatment providers most often reported current availability as '6,' while law enforcement most often reported it as '2' and '10'; the previous most common score for both treatment providers and law enforcement was '6'. A treatment provider commented, *"Historically, it was confined to certain regions, like southeast Ohio had a ton of 'meth' (methamphetamine), but now, I'm seeing more in Columbus."* Law enforcement reported conflicting accounts of the availability of methamphetamine in the Columbus region.

Some law enforcement indicated that methamphetamine is highly available, while others stated it is less available. Law enforcement stated: *"Methamphetamines are widely available; Apparently, it's very available because it's the number one drug submitted to Ohio [crime] labs. But I can tell you outside of traffic stops in Delaware County, we haven't seen it in a while."*

Corroborating data indicated that methamphetamine is available in the region. ODPS reported 45 drug task force seizures of methamphetamine in the Columbus region during the reporting period (35.6% of the seizures were made in Knox County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Licking County Sheriff's officers arrested a man during a traffic stop on Interstate 70 in Harrison Township when the man was found to be in the country without documentation and his vehicle's tire had a hidden compartment; the man agreed to allow officers to search his hotel room, where they found 13 gallon-sized baggies containing methamphetamine; officers arrested two other men with him responsible for trafficking drugs (www.nbc4i.com, July 12, 2017). An investigation by the Madison County Drug Task Force led to the arrest of four individuals after officers executed search warrants at two residences and seized 14 grams of methamphetamine, 1.6 pounds of heroin, 3.8 ounces of marijuana and eight ecstasy tablets (www.richmondregister.com, Aug. 9, 2017). Hilliard Police (Franklin County) arrested a woman after executing a search warrant at her home and finding methamphetamine, injection needles and other drug paraphernalia; officers visited the home 16 times previously for drug-related incidents (www.myfox28columbus.com, Aug. 25, 2017). The Columbus bomb squad, fire crews and police responded to a call at a motel after fire alarms went off and staff members evacuated patrons; officers arrested a man at the scene after he admitted to manufacturing methamphetamine in a room, which set off the fire alarms (www.nbc4i.com, Sept. 20, 2017). Grove City Police (Franklin County) arrested a man after the Jackson Township Fire Marshal called officers to assist at the scene of a hotel where the fire marshal was completing routine fire code inspections; upon entering the room of the man, the fire marshal found a loaded firearm and cash in plain site; officers later searched the room and confiscated 442 grams of methamphetamine, 61 grams of cocaine and 24 grams of heroin ready for distribution (www.abc6onyourside.com,

Sept. 28, 2017). OSHP reported to a local news source that they made 12,802 drug-related arrests in Ohio between January-September 2017, which is a 25% increase from 2016; officers reported making major arrests on highways in New Albany, Gahanna and Worthington (all Franklin County); officers specifically reported that, compared to 2016, officers saw an 82% increase in methamphetamine, 39% increase in crack cocaine, and a 54% increase in marijuana seizures (www.10tv.com, Oct. 20, 2017). OSHP in Madison County arrested a man during a traffic stop after a K-9 officer alerted to the presence of drugs in the man's vehicle; officers seized two pounds of methamphetamine and a stolen firearm (www.nbc4i.com, Dec. 8, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as most prevalent. A participant commented, *"There's more of it [generally] ... less 'shake-and-bake' and more 'ice' (crystal methamphetamine.)"* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce 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 methamphetamine has increased during the past six months. Participants expressed that there is an increase because more of the drug is coming from other places such as California and West Virginia. One participant remarked, *"It's more available. Bikers and everybody are bringing it ..."* Ease of obtaining ingredients is another reason why participants thought methamphetamine to be increasing in the region. A participant explained, *"You can get the ingredients off the Internet. They're making it in a bottle in their house ... in 10 minutes."*

Treatment providers indicated that the availability of methamphetamine has increased during the past six months, while law enforcement reported that availability has increased in some areas while it decreased in others. Treatment providers commented: *"I believe it's increasing. What I've seen is more positive drug screens for it. If I had to guess, it would be because the fentanyl being laced in the heroin ... maybe people are ... moving on to other"*

substances because of their fear of overdosing and dying; I've seen an increase. I've had more people present [for treatment] that are using meth; I think it's been on an increase. I see a lot of it in people's systems."

A law enforcement officer who reported that methamphetamine has decreased in availability said, "You can drive to Newark [Licking County] and get all the meth you want, but in our area, I'd have to [say] it's low." A law enforcement officer who reported increased availability stated, "Methamphetamines are increasing because the Mexican cartel is bringing in 'ice.'"

The Columbus Police and the BCI London crime labs reported that the number of methamphetamine cases they process have increased during the past six months; the labs reported processing blue, clear, pink and white crystal methamphetamine as well as 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 '2-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants discussed the inconsistency of methamphetamine quality in the region. One participant reported, "There's so many factors involved ... where it comes from ... you can get meth from somebody one day and it's a '10,' and the next day, get the same meth, from the same guy, and it's a '2.'"

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following cutting agents for methamphetamine: baby aspirin, Epsom® salt, "molly" (powdered MDMA) and powdered cocaine. In addition, a participant commented, "The 'dope boys' (drug dealers), some of them will take a half gram [of methamphetamine] and throw half a gram of salt in there." The BCI London Crime Lab reported dimethyl sulfone (dietary supplement) as a cut for methamphetamine.

Overall, participants reported that the quality of methamphetamine has been variable during the past six months. Participant stated: "It varies ... you've got people who will mix (adulterate) it, and then it's junk ... then you've got high quality; I would think that across the board, if you took the good and the bad and put together, the potency has gotten stronger over the last six months, but it is not consistent."

Current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/10 gram. However, a participant shared, "Whatever money you got, they'll sell you meth." Other comments focused on trading material goods for methamphetamine. Participants added: "We used to go boost (shoplift) from stores and bring [stolen merchandise] to the dope boys ... from clothes to shoes to jewelry to flashlights to TVs. People trade huge TVs for a gram [of methamphetamine]; People just going out and stealing stuff and bringing it to [drug dealers] ... tools, household items, guns, knives, lawn ornaments. I know people who would trade their kids to get stuff (methamphetamine); It's a whole bartering system out here. We don't have \$20 to give, but I've got these really cool bracelets, you know?"

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/2 gram	\$10-25
	A gram	\$20-60
	An ounce	\$500-700

Participants reported that the most common route of administration for methamphetamine remains snorting. A participant remarked, "10 out of 10 would be snorting lines." Participants also reported smoking and intravenously injecting (aka "shooting") methamphetamine. Participants shared: "I started off snorting it, then I started smoking it, then everybody I ran with 'IV' (intravenously) used [methamphetamine]; I've literally never snorted it. I've always shot or smoked it." Participants described a few novel ways to administer methamphetamine including: "parachuting" (wrapping the drug in a piece of tissue paper and swallowing) and drinking it in coffee.

A profile for a typical methamphetamine user did not emerge from the data. Participants described typical

methamphetamine users as anyone. Participants commented: *"It's anybody; I know 70-year olds that use, that are shooting up now; I think it doesn't discriminate; There's no certain type of person who does it, but you can tell once they're on it."*

Community professionals described typical methamphetamine users as aged 20-30 years, and working-class males. Treatment providers explained: *"Just based on the ones I'm working with now, [I see] men in the range of late 20s to mid-30s that have a long history of legal issues, and drug-related legal issues ... for dealing [drugs] and all that; [Methamphetamine] users tend to be younger, more Caucasian, male, often homosexual."* A member from the law enforcement community added, *"25-45 [years of age], sometimes 50s ... white, poor people ... not much difference between males and females ... seeing more who were opiate users."*

Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant remarked, *"I can get it if I tried."* Treatment providers most often reported the current street availability of prescription stimulants as '8-10'; while law enforcement most often reported it as '6-7'; the previous most common score for both treatment providers and law enforcement was '2'. A law enforcement officer stated, *"We don't see too much of it. People might use it, but we just don't know unless you take too much of it. We don't see Adderall® in overdoses."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The U.S. Attorney for the Southern District of Ohio voiced his concerns over the rise in prescription stimulant abuse; he reported concerns that people who abuse prescription stimulants will eventually move to stimulant street drugs (i.e. cocaine and methamphetamine), which have increased in availability, particularly in Columbus (www.myfox28columbus.com, Oct. 25, 2017).

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread

illicit use. Participants stated: *"Adderall® is big, but Ritalin® is not anymore; I'd say Vyvanse® is more available than Adderall®, but everyone's prescribed Adderall® now because everyone has ADHD (attention-deficit hyperactivity disorder). That's what they're giving to the kids. And then, when they don't take them, they sell them to other people and pass them along in school."*

Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. A participant commented, *"It's always been pretty easy to get Adderall®."* Treatment providers commented: *"[It's] pretty steady. There will always be prescriptions to people's children. I haven't seen an uptick or a down tick; If people want it, they can get it. I know they're out there, but people aren't using a ton."*

The Columbus Police and the BCI London crime labs reported that the number of amphetamine (Adderall®) cases they process have increased during the past six months. In addition, the Columbus Police Crime Lab reported that the number of methylphenidate (Ritalin®) cases it processes has increased during the past six months, while the BCI London Crime Lab reported that the number of methylphenidate cases it processes has decreased.

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

Participants were unable to provide current street prices for prescription stimulants, other than to say Adderall® sells for \$7 per pill (unspecified dose). Participants commented: *"Honestly, I don't really know people who sell Adderall® They just give it away for free. It's not a very expensive drug to begin with. They usually get it covered by their insurance. They're not selling it for a profit. They're just like, 'Here, have these;' Hook your friends up."*

Participants reported obtaining prescription stimulants for illicit use from physicians, friends and family members. The most common route of administration for illicit use

of prescription stimulants remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort and two would “eat” (orally consume) the drugs.

Participants described typical illicit prescription stimulant users as college students, people aged 18-24 years, and those who use these drugs for weight loss. Participants reported: “College-age students use it to study; Used for weight loss ... to get skinny.” Community professionals described typical illicit users as college students, people aged 18-24 years, and women. A treatment provider shared, “Usually college-aged kids ... it just takes hold of them.” A law enforcement official remarked, “It is mostly women.”

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region; however, only a few participants reported availability of the drug. Participants most often reported the current availability of the pressed tablet form of ecstasy as ‘9-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5-6’. A participant shared, “There’s been a lot of ‘rolls’ (ecstasy) lately.” Participants did not report the current availability of “molly” (powdered MDMA); the previous most common score was ‘1-3’.

Community professionals most often reported the current availability of ecstasy and molly as ‘3’; the previous most common scores for both ecstasy and molly were ‘2’. A treatment provider shared, “[Users of ecstasy and molly] aren’t normally coming into treatment. They’re out with the marijuana users, using club drugs. I haven’t really talked to a patient about [molly] in about six months.” Law enforcement reported: “We see it occasionally; You hear about molly. That’s popular with schools (with students); It’s somewhat available, but I don’t think it’s easy to get; We haven’t seen MDMA in quite a long time.”

Participants reported that the availability of ecstasy has decreased during the past six months. A participant commented, “[Ecstasy is available] around ... festival season [during the summer months]. It was more common, but less so now ... it’s expensive.” Community professionals

reported that the availability of ecstasy and molly has remained the same during the past six months. The Columbus Police and the BCI London crime labs reported that the number of MDMA (ecstasy/molly) cases they process have increased during the past six months.

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

Participants were not able to report on the quality of ecstasy or molly during the past six months. Participants stated: “It varies in terms of quality and purity; Ecstasy is basically not really a drug itself, it’s kind of like a mix. You don’t really know what you’re getting with ecstasy, so every time you take it, you’re going to have a different experience; That’s also why people are avoiding it more and more.” Reportedly, ecstasy sells for \$15-20 per high-dose pill (aka “triple stack”). Community professionals described typical ecstasy and molly users as high school students and young people.

Other Drugs in the Columbus Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: Anabolic steroids, hallucinogens (psilocybin mushrooms), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids).

In addition, secondary data sources reported other drugs not mentioned by respondents. The BCI London Crime Lab reported that the number of bath salts cases

(synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of bath salts cases it processes has decreased to fewer than 10 cases. The BCI London Crime Lab also reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months.

Anabolic Steroids

Reportedly, anabolic steroids are available for illicit use in the region. Participants and law enforcement 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 scores were not reported. Law enforcement commented: *“My uncle is a legit professional body builder, and he can get steroids anywhere. I can go to [a tractor store] ... and go buy steroids if you want; Steroids are huge. You can do steroids anywhere you want. I could walk you down to any gym here [and obtain anabolic steroids]”*

Hallucinogens

Psilocybin mushrooms remain moderately available in the region. Participants most often reported the current availability of psilocybin mushrooms 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 for hallucinogens generally was ‘6.’ A participant commented, *“They come around once in a while at a party.”* Law enforcement most often reported current availability of psilocybin mushrooms as ‘2’ and ‘7’; the previous most common score for hallucinogens generally was ‘6.’ Law enforcement reported: *“Mushrooms and LSD (lysergic acid diethylamide) are kind of big on our [college] campus up here; You can order [psilocybin mushrooms] spores online.”*

The Columbus Police Crime Lab reported that the number of LSD and psilocybin mushrooms cases it processes have increased during the past six months, while the number of PCP (phencyclidine) and DMT (dimethyltryptamine) cases have remained the same or decreased to fewer than three cases. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has

increased during the past six months, while the number of LSD and DMT cases have decreased or remained the same.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. While participants did not report on the availability of Neurontin®, treatment providers most often reported the drug’s current street availability 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 not reported. A treatment provider reported, *“I am seeing it in about one third of all drug screens.”*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Although participants did not rate the current availability of the drug, a participant commented, *“‘Posh’ (synthetic marijuana) is popular because 80% of Mansfield [Richland County] is on probation, and you can’t smoke ‘weed’ (marijuana) on probation. You could buy posh at the store legally”* Treatment providers most often reported the current availability of synthetic marijuana as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was not reported. A treatment provider commented, *“‘Posh’ [is] used more because it doesn’t show up on drug tests.”*

The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months. The Columbus Police Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months, and was fewer than five cases.

Participants most often rated the current overall quality of synthetic marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants added: *“You can either smoke a joint of ‘loud’ (high-grade marijuana) or take one hit of ‘posh’ and feel like you’re completely gone; Regular weed’s been good for a while now, but ‘posh’ has been better and better and better. They keep cranking it up (increasing the potency).”* Reportedly, a gram of synthetic marijuana sells for \$10.

Conclusion

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

Treatment providers reported that the availability of crack and powdered cocaine has increased during the past six months, while participants reported increased availability for crack cocaine only. Treatment providers stated that the increases are likely due to decreasing prices and the perception that cocaine is safer when compared to other substances (i.e. heroin and fentanyl). They also cited that some users receiving medication assisted treatment for opiate use disorder (i.e. Suboxone® and Vivitrol®) continue illicit drug use with cocaine. All respondent groups discussed an increase in popularity of using both heroin/fentanyl with stimulant drugs (i.e. cocaine and methamphetamine) to “speedball” (concurrent or consecutive use of depressant and stimulant drugs for an up and down effect). Reportedly, some heroin users use cocaine to alleviate opiate withdrawal. Participants reported that cocaine in the region is most often adulterated (aka “cut”) with other substances, including fentanyl.

While heroin and fentanyl are both highly available, participants discussed difficulty in obtaining just one of the drugs without the other. Participants reported the top cutting agents for heroin as fentanyl and carfentanil. Both participants and treatment providers reported the current availability of fentanyl as high; law enforcement described current availability of fentanyl as moderate. The lower availability score assigned by law enforcement echoes the above participant sentiment that unadulterated fentanyl is difficult to obtain. Participants attributed increased availability of fentanyl to dealers being able to acquire the drug inexpensively, which has resulted in dealers substituting fentanyl for other drugs and in cutting other drugs with it.

Many community professionals indicated that some clients do not know they are taking fentanyl, while others indicated that clients are actively seeking it. Overall, community professionals shared the belief that fentanyl is widely available because it is showing up in other substances, such as prescription opioids (reportedly, fentanyl is pressed into pills and sold as prescription opioids). In terms of its current overall quality, participants found it difficult to speak directly about fentanyl quality as it is most frequently combined with heroin. Thus, participants were unclear about whether the general quality of fentanyl has changed during the past six months.

Participants reported that the availability of marijuana has increased during the past six months. Participants largely attributed increased availability to greater social acceptability for the drug, and the expansion of medicinal marijuana into other states. In addition, participants and community professionals indicated that the availability of marijuana extracts and concentrates in the form of oils or wax (aka “dabs”) has increased, with law enforcement also noting an increase in marijuana “edibles” (food products made with marijuana extracts and concentrates).

Participants reported that the availability of methamphetamine, specifically crystal methamphetamine, has increased during the past six months. They expressed that there is an increase because more of the drug (originating in Mexico) is coming from other places such as California and West Virginia. One participant stated, “*Bikers and everybody are bringing it in.*” Community professionals described typical methamphetamine users as aged 20-30 years, and working-class males.

Lastly, the BCI London Crime Lab reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months.