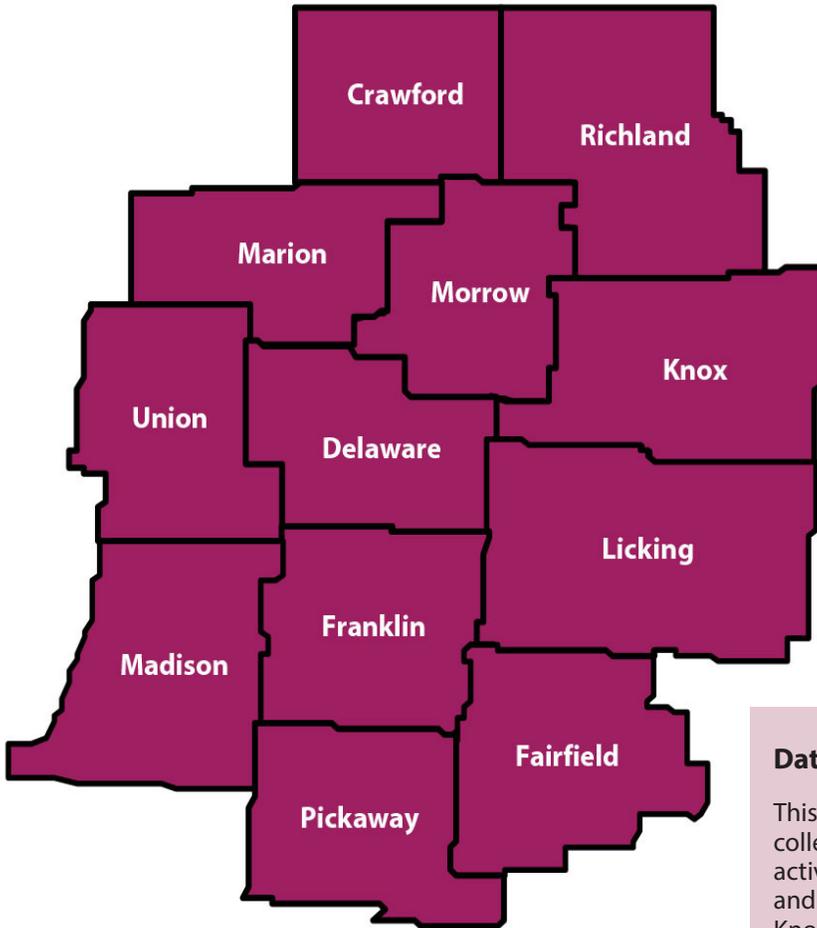




### Drug Abuse Trends in the Columbus Region



**Regional Epidemiologist:**  
**Jennifer Olejownik, PhD**

**OSAM Staff:**

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

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

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

**Data Sources for the Columbus Region**

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Fairfield, Franklin, Knox, Madison 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 Fire Department, the Columbus Police Crime Lab, Fairfield County Municipal Court, the Ohio Bureau of Criminal Investigation (BCI) 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 July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	2,696,353	43
Gender (female), 2016	51.0%	50.6%	51.2%
White, 2016	82.5%	78.4%	76.7% <sup>2</sup>
African American, 2016	12.8%	14.9%	11.6% <sup>2</sup>
Hispanic or Latino Origin, 2016	3.7%	3.8%	0.0%
High School Graduation Rate, 2012-16	89.5%	90.5%	65.1% <sup>3</sup>
Median Household Income, 2012-16	\$50,674	\$57,021	\$12,000-\$15,999 <sup>4</sup>
Persons Below Poverty Level, 2016	14.6%	14.0%	58.1% <sup>5</sup>

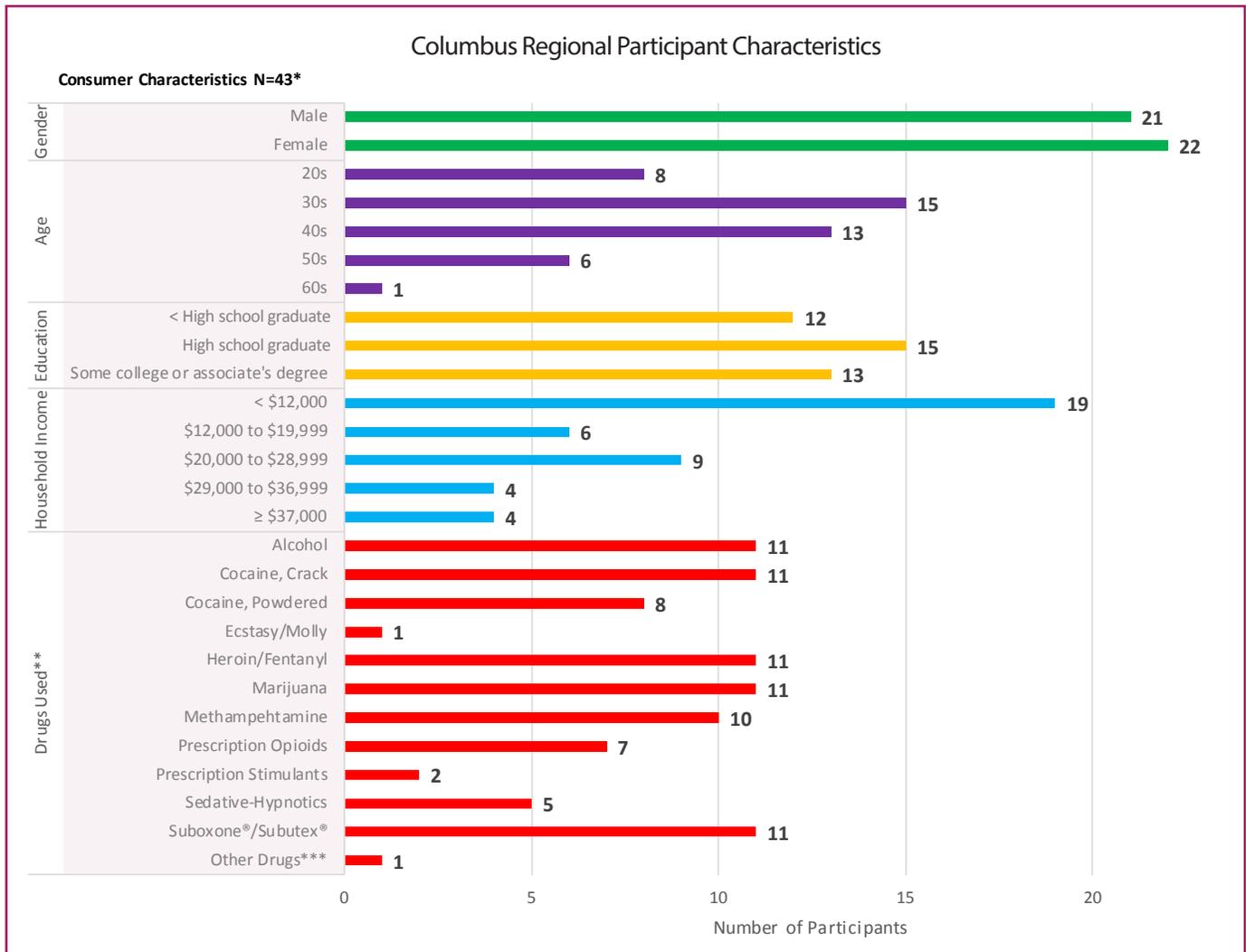
<sup>1</sup> Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2018.

<sup>2</sup> Race was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>3</sup> Education level was unable to be determined for 3 participant due to missing and/or invalid data.

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

<sup>5</sup> Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



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

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

\*\*\*Other drugs included: Lyrica®.

## Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remained highly available in the Columbus region; also highly available were fentanyl and powdered cocaine. Changes in availability during the reporting period included: 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 increased during the reporting period, while participants reported increased availability for crack cocaine only. Treatment providers stated that the increases were likely due to decreasing prices and the perception that cocaine is safer when compared to heroin and fentanyl. They also cited that some users receiving medication assisted treatment for opiate use disorder (Suboxone® and Vivitrol®) continued illicit drug use with cocaine. All respondent groups discussed increased popularity of using both heroin/fentanyl with stimulant drugs (cocaine and methamphetamine) to “speedball” (concurrent or consecutive use of depressant and stimulant drugs for an up and down effect). Reportedly, some heroin users used cocaine to alleviate opiate withdrawal. Participants reported that cocaine in the region was most often adulterated (aka “cut”) with other substances, including fentanyl.

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

Many community professionals indicated that some users did not know they were taking fentanyl, while others

indicated that users were actively seeking it. They reported that fentanyl was pressed into pills and sold as prescription opioids. Overall, community professionals shared the belief that fentanyl was widely available because it was showing up in other substances. In terms of its overall quality, participants found it difficult to speak directly about fentanyl quality as it was most frequently combined with heroin.

Participants reported that the availability of marijuana increased during the reporting period. Participants largely attributed increased availability to greater social acceptability for the drug, and the expansion of medical marijuana. In addition, participants and community professionals indicated that the availability of marijuana extracts and concentrates in the form of oils or wax (aka “dabs”) increased, and law enforcement also noted an increase in marijuana “edibles” (food products made with marijuana extracts and concentrates).

Participants reported that the availability of crystal methamphetamine increased during the reporting period. They expressed that there was an increase because more of the drug (originating in Mexico) was 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 used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the reporting period.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘4’ and ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants who reported lower availability commented: *“A lot of people [obtain it to] cook it ... turn it into crack cocaine; More people turn it into crack and smoke it rather than snort it as powder.”* Another

participant remarked, *"I don't think it's as easily available as 'crack' (crack cocaine)."* Treatment providers most often reported the current availability of powdered cocaine as '9,' while law enforcement most often reported it as '7,' the previous most common scores were '8' and '5,' respectively. Treatment providers remarked: *"It's readily available. And you don't necessarily have to get it by money; I would say less available than heroin but still [readily] available."* A law enforcement officer commented, *"You can get it in almost any bar you go into."*

Corroborating data indicated that powdered cocaine is available in the Columbus region. The Ohio Department of Public Safety (ODPS) reported seizing 16.1 kilograms (35.4 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police (Franklin County) arrested three people on multiple felony charges, including conspiracy to possess with intent to distribute cocaine and money laundering; the individuals were allegedly involved in Mexican drug cartel distribution ([www.nbc4i.com](http://www.nbc4i.com), March 8, 2018). Law enforcement in Delaware County arrested three people while executing a search warrant as part of an ongoing investigation in Lewis Center; officers seized 3,080 grams of cocaine, 28 grams of heroin, 20 grams of crack cocaine, firearms and cash ([www.nbc41i.com](http://www.nbc41i.com), April 20, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One participant commented, *"I don't think cocaine has ever really fallen off."* A treatment provider remarked, *"I haven't seen a huge shift,"* while a law enforcement officer stated, *"It's still out there and I think it's starting to make a little bit of a comeback."* The Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased during the past six months; while the Columbus Police Crime Lab reported that the incidence of cocaine cases it processes has decreased. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' A participant stated, *"It's simple to 'cut' (adulterate) and you can't really tell [by sight that it's been cut]."* Participants discussed adulterants that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baby formula, baby laxatives and baking soda. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants remarked: *"The quality is crappy; It's too 'stepped on' (cut)."*

Powdered Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> <li> caffeine</li> <li> levamisole (livestock dewormer)</li> <li> local anesthetics (lidocaine and procaine)</li> <li> phenacetin (banned analgesic)</li> </ul>	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. A participant shared, *"You can do \$5 lines, too. I'd always get a gram ... and then go back and get another one ... and then go back and get another one ... and steal something to get another one."* Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A line (single administration)	\$5
	1/2 gram	\$30-50
	A gram	\$60-100
	1/8 ounce	\$150-175
	1/2 ounce	\$550-600
	An ounce	\$800-1,000

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. One participant commented, “I injected but most people snort it.”

Participants described typical powdered cocaine users as wealthy individuals, people who work labor-intensive jobs and drug dealers. Participants discussed: *“Dope boys’ (drug dealers) use it so they can stay up all night; It’s a rich man’s drug; People who have money and think they are better; It’s a yuppie drug; I would say there are more street people using crack and more executives and stuff using [powdered] cocaine; Doctors ... lawyers; A lot of construction workers, roofers, stuff like that.”*

Community professionals described typical powdered cocaine users as middle to upper socio-economic status and white people. Treatment providers commented: *“More affluent; Middle class as far as parties go.... They go out and drink and then they use cocaine; Middle to upper class, especially college students; Caucasian, mostly business professionals; White-collar professionals.”* Law enforcement reported: *“Middle class, white, more towards affluent. It’s still pretty expensive; You’re still gonna get your sampling from all your groups but it’s more of a businessman, businesswoman, upper echelon, more affluent.”* In addition, treatment providers noted heroin users as transitioning from heroin to powdered cocaine. A provider said, *“Typically, it’s the ones coming off heroin that turn to cocaine. So, the rise in cocaine use is ... after about 30 days being clean from heroin, they turn to cocaine.”*

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants stated: *“A phone call away; To find crack ... I know easily four or five dealers [who sell it] within a five-mile radius; You can get it anywhere ... wherever there’s heroin, they usually sell crack, too ... I think there’s more crack out there than heroin; You can really find crack with anybody, anywhere ... that’s a quick money maker.... So, it’s easy to get crack and it’s not hard to sell it.”* Treatment providers most often reported the current availability of crack cocaine as ‘10’; while law enforcement most often reported it as ‘8’; the previous most common scores were ‘8’ and ‘9’, respectively. Treatment providers remarked: *“It’s readily available; That’s what they’re looking for....”* A law enforcement officer reported, *“Our guys who do the raids get it every night....”*

Corroborating data indicated that crack cocaine is available in the Columbus region. ODPS reported seizing 914.8 grams (2.0 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Local authorities in Franklin County announced a court order to board up a home on the west side of Columbus that Columbus Police determined to be a site of drug trafficking activity; undercover officers purchased crack cocaine and heroin and seized 69 grams of crack cocaine, 18 grams of heroin, seven grams of marijuana, semi-automatic weapons and two digital scales ([www.nbc4i.com](http://www.nbc4i.com), March 2, 2018). The Columbus City Attorney’s Office condemned and boarded up another house also on the west side of Columbus that was allegedly the site of frequent drug activity; Columbus Police made three arrests and seized 21 grams of crack cocaine, 16 grams of heroin and two firearms ([www.nbc4i.com](http://www.nbc4i.com), Jan. 29, 2018).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Participants commented: *“Definitely the same. Maybe not the same quality, but you can get it; It’s always been pretty easy to get.”* BCI crime labs reported that the incidence of cocaine cases they

process from this region has slightly increased during the past six months; while the Columbus Police Crime Lab reported that the incidence of cocaine cases it processes has decreased. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3-8'. However, participants discussed that the quality of crack cocaine is variable. They remarked: "You just never know what you're gonna get ... bad, good or in between; It's like a box of chocolates." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: baby powder and creatine. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants commented: "It's gone down; Not as good as it used to be; They don't know how to cook it ... it's junk; They're putting more baking soda in it, and that's all you can taste ... they're putting way more and it's nasty."

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities of purchase are 1/10 gram and a gram, although several participants discussed purchasing the drug for whatever amount of money they had at the time of purchase. Participants commented: "I've always bought it by \$20 or \$50 worth; I told

them how much I had and they'd get it; You just call them up, they ask what do you want to spend and they'd bring it over." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	1/2 gram	\$30-40
	A gram	\$50-90
	1/16 ounce	\$90-150

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and a two would intravenously inject (aka "shoot") the drug. Participants remarked: "I've seen a couple people shooting it when I went to a party; I would say for crack, smoking, but if you just break it down to cocaine maybe there's more people injecting it."

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users anyone. Participants commented: "It really doesn't discriminate; Where I work, there's this older lady. I'm talking late 60s, early 70s, who comes in there. She opens her little change purse and she's got friggin' crack pipes in there. You can never really tell. They act just the same as everybody else does; I know an attorney that ... he's really very well known, high-paid attorney in Columbus and he smokes tons of crack."

Community professionals described typical crack cocaine users as of low socio-economic status and African-American people. Treatment providers stated: "I'd say low-income; I would probably say lower economic status. I don't think it discriminates with race or age, but maybe more women. I see more women; I would say African-Americans, older.... Older African-Americans, like 40 to 70 years of age; Factory workers...." Law enforcement remarked: "Urban, low-income, African-American ... mostly middle age because they grew up with it. And, it is still really popular with the street prostitutes because it keeps them going...."

## Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"You can find it on any side of town; It's everywhere; You can be at the court house and it's there. You can be at the police station and it's there.... If you ain't even looking for it, you're still gonna find it; It'll find you."*

Treatment providers most often reported the current availability of heroin as '10', while law enforcement most often reported it as '8'; the previous most common scores were '10'. Treatment providers discussed: *"It is as readily available as the next breath; Depending on where you are, what part of town, you may be approached. Someone will straight up ask you [if you want heroin]." Law enforcement commented: "Pretty much anywhere you go [you can find heroin]; Very available; I'm approached sitting on the street, people knocking on my [car] window, depending on the neighborhood, offering testers ... a little fold [of paper] with a tenth of a gram and a phone number."*

Corroborating data indicated that heroin is available in the Columbus region. ODPS reported seizing 62.2 kilograms (137.1 lbs.) of heroin from this region during the past six months. In addition, the Columbus Fire Department reported administering 2,423 total doses of naloxone to 1,599 individuals in the city of Columbus during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Worthington Police (Franklin County) when provided false information by two women regarding their identity during a traffic stop, searched the women's vehicle and found syringes containing a heroin and methamphetamine mixture ([www.thisweeknews.com](http://www.thisweeknews.com), Feb. 6, 2018). A grand jury in Franklin County indicted a woman for possession of heroin; her indictment was accompanied by the indictment of four other people allegedly involved in a human trafficking organization ([www.nbc41.com](http://www.nbc41.com), March 14, 2018). Detectives of the Whitehall Division of Police

Narcotics Unit (Franklin County) arrested a man while executing a search warrant of his home in Whitehall as part of a month-long drug trafficking investigation; the search resulted in the seizure of 2,957 grams of heroin, 415 grams of marijuana and an assault rifle ([www.10tv.com](http://www.10tv.com), March 16, 2018). The Whitehall Division of Police Narcotics Unit seized 1,724 grams of heroin and 750 grams of methamphetamine, cocaine, cash and firearms while executing a search warrant that led to the arrest of a man for heroin and methamphetamine possession as well as drug trafficking ([www.abc6onyourside.com](http://www.abc6onyourside.com), June 27, 2018).

While many types of heroin are currently available in the region, participants and treatment providers indicated white powdered heroin as most available. Participants reported: *"White powder is what I see the most of; I see the white 'china' (white powdered heroin, aka 'china white')...."* A treatment provider commented, *"I am seeing (hearing client reports of) a lot more powder. I don't know if that has to do with fentanyl, but I am seeing a lot more powder ... white powder...."*

Law enforcement reported brown powdered and black tar heroin as the most available heroin types in the region. Law enforcement stated: *"We're seeing a lot of brown powder heroin; Black tar has been more prevalent recently. White [powdered heroin] that came out of New York ... kind of went by the wayside a while back."* Participants and treatment providers also discussed black tar heroin as available. A participant shared, *"It depends on what side of [Columbus] I was on as for what was more available. Like the south end I saw more black tar. On the west side ... I saw more brown powder. On the east side, I saw more like china, white, grayish heroin."*

Participants and community professionals reported that the availability of heroin has increased during the past six months. A participant commented, *"I would say more available.... You can get it no matter where you go ... you can find it anywhere."* Treatment providers commented: *"The only time it decreases is when there's a big bust; Just looking at ... our admissions wait list into a detox facility speaks for itself."* A law enforcement officer reported, *"The investigative units ... are taking in kilos [of heroin] at a time which used to be unheard of."* BCI crime labs and the Columbus Police Crime Lab reported that the incidence of heroin cases they

process from this region has decreased during the past six months. The labs reported processing beige, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

Heroin	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 heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-8.' Participants commented: *"It depends where I'm at. If I'm in the [inner-city], odds are I could probably get stronger stuff, which, I mean, is probably like a '6' or a '7' ... where I live ... they take it and 'step on' (adulterate) it, so in the south end it's probably like a '3'; It seems to go through phases. For a couple weeks in a row, it will be really good and then it will be crappy and everything you're buying is junk, and then all of a sudden, it'll be really good again and everyone will be OD'ing (overdosing) on 'dimes' (1/10 gram amounts); It's really who you get it from to be honest."*

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents for the drug as fentanyl and sedative-hypnotics. Participants commented: *"Ninety-nine percent of what we buy as heroin has fentanyl; When I came in here (to treatment), I had straight fentanyl in my system. I didn't even have heroin in my system a couple months ago. It was straight fentanyl. I was actually shocked because I thought I was doing heroin."* Additional cuts for heroin mentioned included: brown sugar, carfentanil, coffee, over-the-counter medications and melatonin. Participants stated: *"It is really hard to tell anymore if it's good or not because it's all cut with fentanyl or carfentanil; Brown sugar is a big one right now.... It depends on what you're getting, too ... with china, they're using anything that's white ... Advil®, Tylenol®...."* Overall, participants reported that the quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Labs	
		acetaminophen
	caffeine	
	cocaine	
	diphenhydramine (antihistamine)	
	dipyrone (banned analgesic)	
	fentanyl	
	inositol (dietary supplement)	
	lidocaine (local anesthetic)	
	mannitol (diuretic)	
	methamphetamine	
	quinine (antimalarial)	
	sorbitol (artificial sweetener)	
	tramadol	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram and 1/2 gram. Participants commented: *"It depends on how good it is. China can be \$15-20 a 'point' (1/10 gram). Tar heroin you can get cheaper; You pretty much tell somebody how much you want and they're gonna ... make it for the money you have."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	<b>Black tar and brown powdered:</b>	
	1/10 gram	\$10
	1/2 gram	\$40-50
	A gram	\$80-100
	1/4 ounce	\$250-275
	An ounce	\$1,000-1,400
<b>White powdered:</b>		
	1/10 gram	\$15-20
	1/2 gram	\$60
	A gram	\$120

Participants reported that the most common route of administration for heroin is intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would smoke or snort the drug. Participants discussed: *“It also depended on who I was around. If I’m chilling with a bunch of homeless people, odds are most of them are shooting it up. If you’re around a younger crowd, they’re probably smoking it; Anybody that I’ve known, they’ve started out snorting it and ended up injecting it.”*

Participants reported that injection needles are most available from drug dealers. Additionally, participants reported obtaining needles from people with diabetes, needle exchange programs, other drug users and big box stores. Participants commented: *“I just got mine from dealers and people who were diabetic; About a year and a half ago, Safe Point (a needle exchange program) came to town. That’s the free needle giveaway; I’d buy a bottle of insulin and with a bottle of insulin you can go into the pharmacy and buy needles.”* Reportedly, the most common price for needles on the street is \$2.50 per needle. Participants observed sharing needles as common. Participants remarked: *“Yeah, I’ve shared a few times; People don’t want to admit it, but more of us have shared than haven’t.”*

A profile for a typical heroin user did not emerge from the data. Participants described typical users as anyone. One participant commented, *“I’ve seen all ages. I’ve seen 16 [year-olds use heroin]. I’ve seen 71 [year-olds use heroin] ...It really does not discriminate.”* Community professionals described typical heroin users as young people and people of low to middle socio-economic status. A treatment provider remarked, *“I would say as early as 15 [years of age], so early high school ... definitely, where in the past it might have been people starting in their 30s instead of their teens.”* Law enforcement reported: *“Lower to middle class; It seems like it’s a younger crowd.... Heroin is trendy.... With a lot of them, I don’t think they completely understand how quickly it’s gonna screw up everything in their life.”*

## Fentanyl



Fentanyl is moderately to highly available in the region. Participants most often reported the current availability of the drug as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ The moderate current availability score is reflective of the participant viewpoint that unadulterated fentanyl is not as available as various fentanyl mixtures. A participant remarked, *“I never actually went out and sought fentanyl. It was usually mixed in with [heroin] and that’s how I overdosed twice.”*

Treatment providers most often reported the current availability of fentanyl as ‘10,’ while law enforcement most often reported it as ‘4,’ the previous most common scores were ‘9’ and ‘4,’ respectively. Treatment providers remarked: *“It’s everywhere. They’re putting it in everything; Sometimes when we screen somebody, they’ll light up the whole screen with ‘meth’ (methamphetamine), cocaine and fentanyl; I’m not hearing that it’s being sold by itself. It’s usually in something; [Fentanyl] is mixed with all kinds of different drugs.... I’ve heard of it being placed in capsules, replacing whatever the medicine was in it; I’d say it’s highly available. I’m hearing more folks saying they’re actually seeking the fentanyl, specifically.”* Law enforcement continued to report low current availability of “straight” fentanyl. They discussed: *“If you just went out looking for it on the street, I think it’d be hard to get; [For drug dealers availability is] ‘7’ to ‘8’ because they already have their pipeline and they’re already dealing heroin. I’m sure they have a source that they can get their fentanyl as well.”*

Corroborating data indicated that fentanyl is available in the Columbus region. ODPS reported seizing 3.6 kilograms (7.9 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Joint Eastside Tactical Response Team shot and killed a man suspected of dealing fentanyl and heroin while executing a search warrant of his home in Whitehall (Franklin County) ([www.nbc4i.com](http://www.nbc4i.com), Jan. 5, 2018). Columbus Police responded to a domestic violence call that led to the arrest of a man holding a woman against her will at gunpoint; officers recovered over 600 grams of fentanyl, 10 grams of heroin, an industrial pill press, cash and firearms from the Columbus residence ([www.nbc4i.com](http://www.nbc4i.com), March 2, 2018). A federal grand jury

indicted a man on charges related to conspiracy and intent to possess and distribute fentanyl and possession of child pornography; the man allegedly received illicit packages ordered from the dark-web at his residence and workplace in Marion (Marion County) ([www.nbc4i.com](http://www.nbc4i.com), March 14, 2018). Richland County Sheriff's officers arrested a man who was later charged with several felonies relating to trafficking and possession of drugs after seizing suspected heroin that was later confirmed to be fentanyl ([www.mansfieldnewsjournal.com](http://www.mansfieldnewsjournal.com), June 1, 2018). Federal agents arrested four men and charged them with conspiracy to possess with the intent to distribute fentanyl, methamphetamine and heroin after seizing 10 kilograms of fentanyl, one kilogram of methamphetamine and 10 ounces of heroin while executing a search warrant at a Columbus residence ([www.nbc4i.com](http://www.nbc4i.com), June 29, 2018).

In addition to reporting current fentanyl availability, participants and community professionals reported carfentanil as available as well. Treatment providers remarked: *"There was a lot of ODs (overdoses) [and] it was carfentanil; I just went to the coroner's office, and when I read the coroner's reports, I see carfentanil and fentanyl intoxication almost with every death ... they're both really contributing to local overdoses."*

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. A treatment provider remarked, *"I think it's becoming more popular. Dealers can easily cut their stuff with it ... expand their product..."* A Law enforcement officer observed, *"Everybody's got it in their system, so I'd have to say it's more prevalent."* BCI crime labs and Columbus Police Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months. In addition, BCI crime labs reported that the incidence of carfentanil cases they process from this region has decreased during the past six months, while the Columbus Police Crime Lab reported that the incidence of carfentanil cases it processes has increased.

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. A participant remarked, *"I feel like almost everybody's 'cutting'*

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

*(adulterating) their heroin with fentanyl or vice versa, cutting fentanyl with heroin."* In addition, a treatment provider shared, *"I've only heard of one account that someone's dealer was selling [fentanyl] ... that's all he had left, so that's what she was using. It showed up on her [toxicity] screen in detox.... I asked how often she was using heroin, and she said, 'At the end I was just using fentanyl because that's all my dealer had.' But, I think more often than not it's being cut into something. It's not just being used as straight fentanyl."* Overall, participants were unclear about whether the quality of fentanyl has changed during the past six months. One participant stated, *"I mean, you can't tell...."*

Participants were also unable to report on the current pricing of fentanyl because, as indicated above, their experience with the drug was in its combination with heroin. No participant reported having made purchases of unadulterated fentanyl. Participants commented: *"I don't know many people that just have straight fentanyl or are selling it that way; I don't even think your dealer would tell you if they got straight fentanyl. They might not even know."*

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. One participant stated, *"People would be injecting it ... just like heroin. I snorted or injected, depending on how sick I was [from withdrawal]."* Participants and community professionals described typical fentanyl users as heroin users. A treatment provider explained, *"I don't know if there's a demographic for it. Anybody's dealer could be putting it in [other drugs] at any given time."* A law enforcement officer added, *"Someone who is looking for that better high."*

## Prescription Opioids



Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs 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 '8.' Participants commented: *"I don't think they're easy to get; I could probably track some down but it would take some major work; They're harder to get and they're expensive and it's gonna take all day to find them.... That's why everybody's doing heroin; I can't find them anywhere, and they shut down going to Florida to get them. They're pretty hard to find."*

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 also '7' and '5,' respectively. Treatment providers remarked: *"They're more expensive to buy off the street so they just go buy heroin; I would say it's available. Everybody's grandma or auntie or somebody got it ... [and are] giving it away. They don't even know they're drug dealers; People are prescribed this stuff all the time. To be able to find it is pretty easy. To be able to continue with it is the challenging part and that's why people switch to heroin."* Law enforcement reported: *"They put more regulations on the doctors which has made it helpful on our end; We participate in the drug take back ... and sometimes you see people that have a relative that has passed away from cancer and they will bring in boxes of pain meds that ... if it gets in the wrong hands, there's a lot of money to be made."*

Participants identified Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant remarked, *"In my experience, 'Percocet® 30s' (Roxicodone® 30 mg, aka 'perk 30s') [are most available] ... then maybe Vicodin®."* Community professionals identified OxyContin®, Percocet®, Roxicodone® and Vicodin® as most popular. Treatment providers remarked: *"Perk 30s are still coming through ... Detroit from Canada; I've seen a lot more Vicodin®...."* One law enforcement officer commented, *"The 'perks' (Percocet®) are definitely still out there. Oxycodone's are definitely there ... [and] Vicodin®."*

In addition, a few law enforcement officers also discussed the prevalence of pressed pills made to look like prescription opioids, but these clandestine pills actually contain illicit substances such as fentanyl. Law enforcement reported: *"We took off some 'oxys' (oxycodone) ... what we thought were oxys, were meth and fentanyl pills pressed. So, the 'meth' (methamphetamine pills) comes from black market or dark web purchases ... typically in bulk ... the pills look good (real), but you just never really know what you're getting until you get them to a lab; Anecdotal, I've heard of reports of pills that were looking to be one thing and then turned out not to be ... oxy being the main one that people thought they were buying...."*

Participants and community professionals continued to report that the street availability of prescription opioids has decreased during the past six months. Participants commented: *"Doctors are cutting back on [prescribing] them; They're barely sending you home with a 'script' (prescription) after surgery anymore; When that pill bill got signed, it messed us all up."* Treatment providers remarked: *"The pills (opioids) are down that's why the heroin and fentanyl and cocaine are all up; They're trying to regulate [prescribing opioids] better because of the opiate epidemic and the rate of diversion; [Clients are] not gonna go through all those hoops to get a prescription of pain killers for three days. They're gonna go buy heroin that's right down the street...."* A law enforcement officer reported, *"It's still out there but it's decreased a little bit. That's actually why I think you're seeing a big jump in heroin ... the pills are getting a little bit harder to get."*

BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®), methadone and morphine cases they process have decreased or remained the same. BCI labs processed very few cases of hydromorphone (Dilaudid®) and oxymorphone (Opana®) during the past six months. The Columbus Police Crime Lab reported that the incidence of hydrocodone and tramadol cases it processes have increased during the past six months, while the incidence of oxycodone cases it processes has decreased. The Columbus Police Crime Lab processed very few cases of hydromorphone, methadone and morphine 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 reported by participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-1.50 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants commented: "They're expensive now; It's higher than a dollar a milligram now."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Pharmaceutical fentanyl	\$12-15 for 12 mcg \$25 for 25 mcg
	OxyContin® OP	\$30 for 40 mg \$60 for 60 mg
	Percocet®	\$5-7 for 5 mg \$9-10 for 7.5 mg \$10-15 for 10 mg
	Roxicodone®	\$25-45 for 30 mg
	Vicodin®	\$3 for 5 mg \$7-10 for 7.5 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors, emergency rooms, pain clinics and family members. Participants remarked: "I could probably go to the hospital if I wanted to and say my pinky hurts and they'll probably give me Norco®; Someone from their family ... a lot steal them from their family; I personally know somebody who has nine kids ... and she sells all her kids' medicines."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10

illicit prescription opioid users, seven would snort, two would orally consume and one would intravenously inject the drugs.

Participants and community professionals described typical illicit prescription opioid users as people with the means to buy them and people managing pain. Participants commented: "People with injuries; People who are self-medicating. It makes them have a certain mood ... gets them out of depression; They have a job because it's expensive." Treatment providers remarked: "People with pain management problems. Maybe the older populations who have gotten into car accidents or have military injuries or back problems; They've got to have the money to pay for it. They're expensive; Higher socio-economic status." Law enforcement reported: "A lot of them are experiencing pain of some sort. Every teenager of course is trying stuff, but I think it's like your heroin group ... using the pills, asking for and getting them illegally; The kids get it ... taking it out of grandma's cabinet, and then when they get older [they realize], the heroin's cheaper...."

### Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants commented: "From my experience, mostly the pills [are available] because people like myself who are on the medical card, they only cover those. They're cheaper so they cover those instead of the 'strips' (sublingual filmstrips); When I was in prison, everyone was doing strips; [Users] sell their Suboxone® strips to get heroin."

Treatment providers most often reported the current street availability of Suboxone® as '10'; the previous most common score was also '10'. Treatment providers discussed: "It's a '10' and it's increasing, it's out of control; It's one of the top trafficked and abused medicines now at this point, next to cocaine, heroin and meth; They're trading it, and a lot of times it's trading for 'dope' (heroin), and usually it's to manage withdrawals between their next use; It's the pay (cash only) doctors ... they go and they give them 120 of them and they pay them \$275. They'll give them three a day and then ... they're just out on the street; You can get a

month's prescription at a time on an outpatient basis, and you only have to see a doctor or counselor once."

Law enforcement most often reported the current street availability of Suboxone® as '3,' the previous most common score was '10.' The low current availability score reflects limited law enforcement seizures of the drug. Officers explained: "It's definitely there.... A lot of the ones we'll hit (arrest), regardless of the drug type, they're using Suboxone® strips ... they're trading them to get another drug ... not in high volumes ... You'll see them with a couple in their wallet ... just in case [of opiate withdrawal]. They don't want to be sick; There's a lot of it out there but it's not trafficked; We get a ton of reports from people who report theft of drugs, and that's one of the big ones.... 'I let a friend of mine stay with me for a few nights because he had nowhere to go and now my Suboxone® is missing;' I think it just goes hand-in-hand with the heroin thing. The more available heroin is the more Suboxone® is going to be available."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A grand jury indicted one man and five inmates of the London Correctional Institution (Madison County) on charges of conspiring to possess with intent to distribute narcotics; the man had allegedly been smuggling in Suboxone®, cocaine, methamphetamine and marijuana ([www.daily-jeff.com](http://www.daily-jeff.com), April 20, 2018).

Participants reported that the availability of Suboxone® in filmstrip and pill form has remained the same during the past six months. A participant commented, "Suboxone® pills are always easy to get." Treatment providers reported that the overall availability of Suboxone® has remained the same during the past six months, while law enforcement reported it has increased. Law enforcement commented: "I think it's increased.... Plus, everybody is stealing it from each other according to our people; We occasionally get reports from rehab centers ... and they'll say, 'We're being told that so-and-so is walking right out of the clinic and selling in the parking lot.'" BCI crime labs reported that the incidence of Suboxone® cases they process from this region has decreased during the past six months, while the Columbus Police Crime Lab reported that the incidence of Suboxone® cases it processes has increased.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$5-6 for 2 mg \$8 for 4 mg \$15-20 for 8 mg
	Pill	\$10-25 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through clinics and friends. Participants commented: "Usually you go to a 'sub' (Suboxone®) doctor or you buy them from somebody who goes to a doctor; Usually heroin dealers have Suboxone®."

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption. Participants also discussed intravenous injection (aka "shooting") and snorting of the drug. They said: "Putting it under your tongue [is most common].... I've seen people shoot them; I would say sublingual ... out of 10 people, I'd say seven might do it sublingually, two might snort and one might shoot; I would say mainly under the tongue ... I only know one person who stuck it up their nose." Participants and community professionals described typical illicit Suboxone® users as heroin users or people who want to stop using heroin. Participants commented: "Ex-heroin addicts or current heroin addicts who can't find [heroin]; Someone that's withdrawing from pills or heroin, or trying to get off of it."

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '6-7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants commented: *"I'd say pretty available ... easier to get than prescription opioids; Doctors now ... they're not watching ... how much they're prescribing the muscle relaxants as much as the pain killers; I went in a couple weeks ago because I was having really bad back pain, and I wasn't trying to get any pain killers, I just wanted to make sure nothing was seriously wrong, and they said, 'This is a muscle straining and I'm gonna prescribe [a muscle relaxant]."*

Treatment providers most often reported the current street availability of sedative-hypnotics as '8', while law enforcement most often reported it as '9'; the previous most common scores were '8'. Treatment providers remarked: *"I feel like 'benzo' (benzodiazepine) prescriptions aren't as hard to get these days because today's shift is more toward anxiety, depression. ... A lot of people go to seek treatment for it, so I think a lot more people, especially 30 [years of age] and under, are getting diagnosed and treated for anxiety with benzodiazepines; Sometimes I do think it's surprising the amount of folks that are prescribed it. ... 'Oh, you think you need Xanax®? Here you go.'" A law enforcement officer remarked, "There's a lot out there, we just don't see it until it becomes a large problem typically."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Columbus region. The Fairfield County Municipal Court reported that of the 3,704 positive adult drug specimens it recorded during the past six months, 10.1% were positive for benzodiazepines.

Participants identified Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Treatment providers identified Klonopin® and Xanax® as most available, while law enforcement identified Xanax® as most available. Law enforcement remarked: *"Xanax® is huge; Xanax® is what we see; I think doctors are more apt to prescribe Xanax® than they are anything else."*

Participants reported that the street availability of sedative-hypnotics has decreased during the past six months, while community professionals reported that it has remained the same. Participants commented: *"It's harder to get. Most of the people who get them are using them ... to come off their other [drugs]; Doctors have cut back on [prescribing] them...."*

BCI crime labs reported that the incidence of diazepam (Valium®) and zolpidem (Ambien®) cases they process from this region have increased during the past six months, while the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and lorazepam (Ativan®) cases have decreased or remained the same. BCI labs processed very few cases of carisoprodol (Soma®) from this region during the past six months. The Columbus Police Crime Lab reported that the incidence of alprazolam cases it processes has increased during the past six months. The Columbus Police Crime Lab processed very few cases of clonazepam, diazepam, lorazepam, zolpidem and carisoprodol during the past six months.

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

Reports of current street prices for sedative-hypnotics were reported by participants with experience buying the drugs. Overall, participants indicated that the price of sedative-hypnotics has increased during the past six months. Participants commented: *"They're a lot more expensive now than what they were; 'Footballs' (Xanax® 1 mg) ... are damn near up to \$5 a piece now. I used to get them for \$2 and now I am paying \$5."*

Current Street Prices for Sedative-Hypnotics	
Klonopin®	\$10 for 2 mg
Xanax®	\$3-4 for 1 mg \$8-12 for 2 mg \$12-15 for 3 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and friends with prescriptions for them. Participants commented: *"Someone you know; I got them a lot from my friends' moms."*

Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally consume the drugs. Participants remarked: *"Through the mouth or snort. I'm just going by what I see; Most people snort them."*

Participants described typical illicit sedative-hypnotics users as middle aged and older and those who suffer from mental health issues and are self-medicating. One participant commented, *"I know a lot of middle-age women [who abuse the drugs]."* In addition, a participant remarked, *"People who like 'speed' (stimulants) [use sedative-hypnotics] to come down."* Treatment providers described typical illicit sedative-hypnotic users as aged 18-30 years. Treatment providers stated: *"Thirty and under ... party scene ... are buying them and mixing them with alcohol."* Law enforcement reported: *"I think it's 35 [years old] and younger, teens [using sedative-hypnotics] because of anxiety issues or just to kind of mellow them out.... People who can't cope with the real world; Middle-age ... anybody; Housewives, businessmen ... it doesn't matter."*

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"Easy to get; There's all different kinds [of marijuana] you can pick from; I would say there's more people growing [marijuana]."* Treatment providers reported: *"Too available; Very, very, very highly available."* Law enforcement stated: *"Through the roof; I'm sure there's a half a dozen people out here (outside of the focus group location) who are smoking up right now."*

Corroborating data indicated that marijuana is available in the Columbus region. ODPS reported seizing 611.2 kilograms (1,347.4 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law

enforcement seizures and arrests in the region this reporting period. Several law enforcement agencies in Crawford, Marion and Wyandot counties collaborated in an investigation of three marijuana-grow operations; officers arrested a man and seized 168 marijuana plants, 4.3 grams of cocaine, marijuana wax, cash and a firearm ([www.thecourier.com](http://www.thecourier.com), March 15, 2018). The Ohio State Highway Patrol (OSHP) collaborated with a regional drug task force in the seizure of 75 pounds of marijuana and the arrest of two men charged with possession and trafficking of marijuana after officers observed the men moving the marijuana from a car into a Bellville (Richland County) home ([www.richlandsource.com](http://www.richlandsource.com), April 29, 2018). A high school student in Reynoldsburg (Franklin County) became unconscious after eating a cookie sold to him by another student which allegedly contained marijuana; a resource officer at the school called police and an ambulance ([www.nbc4i.com](http://www.nbc4i.com), May 22, 2018). Detectives of the Whitehall Police Department (Franklin County) seized 150 marijuana plants, 30 pounds of marijuana, psilocybin mushrooms and cash while executing a search warrant of a Whitehall residence that led to the arrest of one man for possession of marijuana ([www.nbc4i.com](http://www.nbc4i.com), June 1, 2018).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was '8'. Neither treatment providers nor law enforcement rated the current availability of marijuana extracts and concentrates. However, one law enforcement stated, *"You can walk into a lot of these smoke shops ... gas station carry-outs and buy the vape products with THC in them...."*

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. However, participants and law enforcement reported that the availability of marijuana extracts and concentrates has increased during the past six months. Participants commented: *"Definitely more available; The dabs and oils are [becoming more popular] because people are using them for pain and anxiety and different medical treatments; The 'edibles' (food products containing cannabis) are getting more popular."* Law enforcement remarked: *"I see a lot more hash, dabs, butter, all the different kinds of THC extractions; The concentrates have gotten more widespread."*

BCI Crime Labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, “dabs”) they process from this region has decreased during the past six months. The Columbus Police Crime Lab reported that the incidence of cannabis and concentrated THC cases it processes has increased during the past six months.

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

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 discussed: *“Everyone’s got high grade mostly; It’s been high quality for a while now.”* Overall, participants indicated that the quality of marijuana has increased during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. 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, seven would smoke and three would orally consume the drug in edibles. One participant commented, *“I think most everybody who uses ‘weed’ (marijuana) smokes it, but they eat it, too. They do both.”*

A profile for a typical marijuana user did not form from the data. Participants and community professionals described typical marijuana users as everyone. A participant remarked, *“There’s not a demographic you can find that doesn’t smoke ‘pot’ (marijuana) ... or at least hasn’t tried it once.”* In terms of the typical user of marijuana extracts and concentrates, one participant said, *“Dabs and liquids and edibles and all that ... the age [of the typical user] is probably 18 to 28 [years]. We’re talking high-ends ... college kids and young corporates.”* Treatment providers commented: *“ From high school to your 90-year-old person [uses marijuana]; The ones that are diagnosed with anxiety; A lot of people that suffer from anxiety are saying that’s the only thing that will actually*

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	1/8 ounce	\$15-25
	1/4 ounce	\$50
	<b>High grade:</b>	
	A gram	\$15-20
	1/8 ounce	\$60-80
	1/4 ounce	\$60-100
	An ounce	\$270-300
	<b>Extracts and concentrates:</b>	
	1/2 gram	\$25-50
	A gram	\$50-100

*help; The younger people are more into the concentrates and stuff like that.”* Law enforcement reported: *“I’d almost say everybody because it’s almost [universally] accepted now; The young kids are into extracts and the concentrates and ‘vaping’ (vaporizing). Your middle-aged people still want to roll one up (smoke a joint).”*

## Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the current availability of the drug as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants commented: *“It’s pretty easy to get. It’s making a huge comeback; I know quite a few people who sell it.”*

Treatment providers most often reported the current availability of methamphetamine as ‘5’; while law enforcement most often reported it as ‘4-5’; the previous most common score was ‘6’ for treatment providers and ‘2’ and ‘10’ for law enforcement. Treatment providers commented: *“I had a client today who informed me that it is*

*becoming more readily available; It's available in some kind of circles ... definitely nowhere near [as available as] heroin or cocaine or marijuana... But I think it's readily available if you know the right people." Law enforcement commented: "I think you could find it if you went looking for it; Right now, it's a little harder. You've got to know the right people to get it, whereas 'weed' (marijuana) or 'pills' (prescription opioids) you can ask anybody on the street."*

The current moderate availability scores for methamphetamine reflect the respondent viewpoint that the drug is not as available as other drugs in the region (heroin/fentanyl and marijuana) and the continued belief that methamphetamine is more prevalent in rural communities. Law enforcement discussed: *"It still doesn't seem like it's as available here in an urban environment... If you were to go to Portsmouth (Scioto County) or Chillicothe (Ross County) ... I know that sounds like a stereotype but it's the truth. It's more prevalent there than it is here; In Columbus I'd give it one rating... In a rural, small town, I'd give a different [higher availability rating]."*

Corroborating data indicated that methamphetamine is available in the Columbus region. ODPS reported seizing 18.0 kilograms (40.0 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP attempted a traffic stop on Interstate 70 in Madison County which led to a police chase and eventual arrest of two men; officers seized 10 pounds of methamphetamine from the men and charged them with possession of methamphetamine, carrying a concealed weapon and failure to comply with arresting officers ([www.nbc4i.com](http://www.nbc4i.com), Feb. 7, 2018). Ross County Sheriff's Office deputies responded to a suspicious vehicle at a gas station in Bainbridge and found two men with methamphetamine, fentanyl, prescription drugs, cash, drug paraphernalia and a firearm ([www.nbc4i.com](http://www.nbc4i.com), Feb. 22, 2018). Law enforcement in Hilliard (Franklin County) arrested a man while executing a search warrant of his residence, seizing undisclosed amounts of methamphetamine, marijuana, pills and drug paraphernalia ([www.abc6onyourside.com](http://www.abc6onyourside.com), March 29, 2018). Columbus Police administered Narcan® (naloxone, opiate overdose reversal medication) to a fellow officer exposed to a substance that was thought to be methamphetamine possibly mixed with fentanyl while arresting the woman in possession of the substance ([www.nbc4i.com](http://www.nbc4i.com), April 13, 2018).

A judge in the Licking County Common Pleas Court sentenced a woman to 17 years in prison after hearing a guilty plea to charges of possession and trafficking in heroin and methamphetamine as well as possession of hydrocodone; law enforcement seized 113 grams of methamphetamine and 64 grams of heroin from her home in Newark ([www.newarkadvocate.com](http://www.newarkadvocate.com), April 25, 2018). A detective with the Central Ohio Drug Enforcement Task Force arrested a man for possession of drugs during a traffic stop in Buckeye Lake (Licking County) after finding 600 grams of methamphetamine in his vehicle along with firearms ([www.newarkadvocate.com](http://www.newarkadvocate.com), June 12, 2018). Law enforcement seized 96 grams of methamphetamine while executing a search warrant at a residence in Buckeye Lake; a woman at the residence was charged with drug trafficking ([www.newarkadvocate.com](http://www.newarkadvocate.com), June 12, 2018). A five-month investigation led to the indictment of ten people for their involvement in a methamphetamine trafficking organization in Fairfield and Licking counties with ties to a Mexican drug cartel; authorities seized three pounds of methamphetamine, firearms and cash during the investigation ([www.wishtv.com](http://www.wishtv.com), June 27, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as most prevalent. Participants remarked: *"Crystal is everywhere now; 'Ice' (crystal methamphetamine) is the most common."* A treatment provider added, *"Right now, it's all the 'glass' (crystal methamphetamine) ... the pure (potent form)."* A law enforcement officer commented, *"What we've been seeing has been crystal ... half kilos and kilos coming in .... We've been seeing a lot of that."*

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.

In speaking about powdered methamphetamine, a treatment provider stated, *"You've got some people who are doing your 'bathtub' version (powdered methamphetamine), but right now, they don't have to do the cheaper version"*

*because the pure is around everywhere." A law enforcement officer commented, "I think you still have them out there ... those doing your 'one-pot labs' (cooking powdered methamphetamine) ... [however] drug cartels ... they're just flooding the market right now with [crystal] meth from super labs."*

Participants reported that the availability of methamphetamine has increased during the past six months. Participants remarked: "[Methamphetamine is] cheaper and it lasts longer [than crack cocaine]. You put a \$20 piece of crack in a pipe [and] it's gone in two seconds.... You put a \$20 piece of meth inside of the 'bubble' (methamphetamine smoking device) ... that lasts for at least about an hour or so; [People are] trying to get off heroin [with methamphetamine]; Everybody I know, including myself, who went to Vivitrol® got straight on meth ... Klonopin® and meth. It's crazy; I think it's more available 'cause more people are using it, more people are selling it, more people are figuring out that it's better than crack; About six months ago I had 'dope boys' (drug dealers) that were selling crack who now have meth."

Treatment providers reported that the availability of crystal methamphetamine has remained the same during the past six months, while law enforcement reported that it has increased. Law enforcement discussed: "I would say just on the numbers we're seeing from the lab [number of cases submitted to BCI], it's gone up, especially in Central Ohio ... Franklin, Licking, Fairfield counties ... a high number of cases in the last six months; Now it's returning ... [the drug cartels] started to say, 'Hey, here's a kilo of heroin and a kilo of meth, see what you can do with it,' and that has taken full effect and methamphetamine is everywhere." BCI Crime Labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months, while the Columbus Police Crime Lab reported that the incidence of methamphetamine cases it processes has decreased.

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

Participants most often rated the current overall quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-10'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following cutting agents for methamphetamine: battery acid, bleach, drain cleaners, isotol (dietary supplement), rock salt, sea salt, sleeping pills and sulfuric acid. One participant remarked, "Pretty much anything that resembles [the appearance of the drug]." Overall, participant reported that the quality of crystal methamphetamine has increased during the past six months. Participants commented: "I would say it's probably getting better because more dealers are starting to realize if they're 'cutting' (adulterating) their shit they're not gonna have any customers; People are making it better."

Methamphetamine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> <li>● dimethyl sulfone (dietary supplement)</li> <li>● magnesium sulfate (Epsom salts)</li> </ul>	

Reports of current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants remarked: "You can buy for whatever [amount of money] you got in your pocket; It's cheaper than 'coke' (cocaine)."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	A gram	\$30
	<b>Crystal:</b>	
1/2 gram	\$30-75	
A gram	\$40-80	
1/16 ounce	\$110-170	
1/8 ounce	\$150	

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, five would smoke, four would intravenously inject (aka "shoot") and one would snort the drug. Participants commented: *"Most people smoke it; From my experience, who I've been around, everyone would be smoking; They'd be smoking it and shooting it up; I shoot up but a lot of people smoke it."* Participants also discussed other ways to use methamphetamine. Other methods reported included "parachuting" (wrapping the drug in a piece of tissue paper and swallowing) and "hot railing." A participant described hot railing the drug: *"Hot railing ... it's where you get a pipe really hot and you have a line and you do it like that (suck up the smoke through a straw) and blow it out of your mouth."*

A profile for a typical methamphetamine user did not emerge from the data. Participants described typical users as African-American and white people, aged 18-55 years. Participants commented: *"I'd say white and black. Ethnicity doesn't really matter; I've seen a lot of Mexican people and construction workers use it; I'd say between 18 and 55 [years of age]; I see a lot of 16-year-olds, too; 20s to 40s; Everybody ... If you do coke and can't find no good coke, you go straight to meth because meth is the next step after coke."*

Community professionals described typical methamphetamine users as young to middle aged, white people and of low-income. Treatment providers remarked: *"I would say Caucasian ... lower class; I think it is your low income, low education. More of the people you'd see on the street, in my opinion."* Law enforcement stated: *"I would say white people ... maybe lower income, versus heroin [which] does affect everybody no matter what your status is. Meth is a little bit more on the lower end of society ... blue collar; It affects guys who are pretty old. I'd say up to 60s and all the way down to young kids. It's a dopamine release in your brain so the teens are all over dopamine being dumped as fast and as much as possible."*

## Prescription Stimulants

Prescription stimulants remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7-8' on a scale of '0' (not available, impossible to get) to

'10' (highly available, extremely easy to get); the previous most common scores were '5' and '10.' Participants commented: *"Definitely available; It depends on who you know ... or if you have kids, or if you know somebody who has kids [that are prescribed medication for attention-deficit hyperactivity disorder]."*

Treatment providers most often reported the current street availability of prescription stimulants as '10,' while law enforcement most often reported it as '8,' the previous most common scores were '8-10' and '6-7,' respectively. Treatment providers reported: *"Very available, especially in college; I don't think doctors are afraid of [prescribing] that right now ... It's out there; Even if they're not being prescribed it, they're abusing it through their children."* A law enforcement officer remarked, *"We see it because people are prescribed it ... if you're at high school, you'll find a high school kid that has access to a bottle of it, or a college kid."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 144 Adderall®, 146 tramadol and 95 clonazepam pills from a vehicle during a traffic stop on U.S. 23 in Pickaway County that resulted in the arrest of a man for OVI (operating a vehicle under the influence of alcohol or drugs); the man was also charged with possession and trafficking in drugs ([www.statepatrol.org](http://www.statepatrol.org), Feb. 2, 2018).

Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A treatment provider reported. *"Adderall® is rampant in college communities."* Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) from this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were reported by participants with experience buying these drugs. Participants reported that Adderall® sells for \$2-5 a pill (dose unspecified). Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Participants reported obtaining prescription stimulants for illicit use from drug dealers and physicians. However, one participant remarked, *"The only way you get them is through the doctor."* Participants reported that the most common routes of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs.

Participants and community professionals described typical illicit prescription stimulants users as college students. Participants commented: *"College students; The kids who have been on them ... their parents put them on. They're grown up now and they're getting it on their own. My cousin's kids, she put them on it and kept them on it and just gave them enough ... and sold the rest. Now they do that."* A treatment provider stated, *"If you're a student, you want it to study all night."* A law enforcement officer observed, *"Most of the people we run into are students ... college or high school."*

## Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2' and of "molly" (powdered MDMA) as '2' and '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for ecstasy was '9-10' and for molly was not reported. Participants commented: *"Pretty low for both [ecstasy and molly]; Somewhat available. [Ecstasy is] not everywhere; I see more molly than I do ecstasy; Yeah, you gotta do some research [to find ecstasy and molly]."*

Treatment providers most often reported the current availability of ecstasy and molly as '8,' while law enforcement most often reported availability as '2' and '7,'

respectively; the previous scores were '3' for both ecstasy and molly. Treatment providers commented: *"It's out there; While maybe some people are using, they're not reporting it when they come in. They're not seeking treatment for it."* Law enforcement remarked: *"It's somewhat available.... If they smoke 'weed' (marijuana) there's a much greater chance they'll have access to ecstasy; If you know where to look in the [downtown Columbus] and the campus area, there's no shortage of it ... it's there; I think it's still out there.... Molly there for a while, you heard about it everywhere, but it has kind of quieted down."*

Participants reported the availability of ecstasy and molly has decreased during the past six months. Participants commented: *"People are more into wanting to do heroin and 'ice' (crystal methamphetamine) now ... and smoke weed; It's just more difficult to find. It's not as popular as heroin and crack so you have to do a little more searching."* Treatment providers reported that the availability of ecstasy and molly has decreased during the past six months, while law enforcement reported that the availability of these drugs has remained the same or increased. One treatment provider stated, *"Maybe the opiate epidemic increasing has something to do with [decreased availability].... We're just hearing less and less about it."* BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this regions has remained the same during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the overall quality of both drugs as '2-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not reported. One participant discussed: *"It just all depends on what's in the ecstasy. It could be anything. With the molly, now, it's becoming easier to cut it ... sell fake molly ... but if you get it [the] real [molly], it's pretty good."* Participants reported that molly is cut (aka "adulterated") with heroin and methamphetamine. Overall participants reported that

the quality of ecstasy and molly has decreased during the past six months. A participant remarked, *“Not very good.”*

Reports of current prices for ecstasy and molly were reported by participants with experience buying the drugs.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka “single stack”)	\$10
	Medium dose (aka “double stack”)	\$15
	<b>Molly:</b>	
1/2 gram	\$50	

Participants indicated that molly is obtained through drug dealers. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would either snort or orally consume the drugs. A participant commented, *“You can snort it, you can eat it ...”* Participants also reported that a few ecstasy and molly users intravenously inject (aka “shoot”), smoke or anally insert (aka “plug”) the drugs.

Participants described typical ecstasy and molly users as young people and party goers. Participants commented: *“The party scene ... more people around my age (early 20s) doing the molly and the ecstasy. I’ve been around a lot of gay people who use molly and ecstasy ... high school ... young adults; People in the club; ‘Ravers’ (those who attend dance parties, aka ‘raves’)”* Community professionals described typical ecstasy and molly users also as party goers. Treatment providers remarked: *“I feel it’s more social; Maybe around certain events; Younger crowds.”* Law enforcement stated: *“Young kids; 20s ... college age; That seems to be kind of a college age type of thing that they’re messing with a lot in the bar scene, party scene ... more like underground, like with the raves.”*

## 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.

In addition, secondary data sources reported on other drugs not mentioned by respondents. BCI crime labs reported that the incidence of bath salts (synthetic cathinones; compounds containing methylenedioxymethamphetamine, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) cases it processes has decreased during the past six months. BCI crime labs also reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has remained the same during the past six months.

## Hallucinogens

Hallucinogens remain available in the region. However, participants and treatment providers were unable to rate the current availability of hallucinogens. A participant remarked, *“That’s one of those things where you gotta know a guy ... not too easy to get [psilocybin mushrooms].”* One treatment provider commented, *“I’ve been hearing of more people using it than selling it.”* Law enforcement most often reported the current overall availability of hallucinogens as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores for psilocybin mushrooms reported by law enforcement were ‘2’ and ‘7.’

In terms of change in availability of hallucinogens during the past six months, law enforcement remarked: *“Of the availability, I’d say still the same. It’s still there and you’re able to buy it; We definitely do [see LSD more often than psilocybin mushrooms]. ... When you find the ‘shroom’ (psilocybin mushrooms) connection, you go pretty quick to the source of the grower. ... Once or twice a year we’ll do a ‘shroom case; We definitely can get LSD among the ecstasy groups but ... still the same [in terms of availability]. ...”* BCI crime labs reported that the incidence of LSD cases they process from this region has increased during the past six months, while the incidence of psilocybin mushrooms from this region has slightly decreased.

## Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. Participants and treatment providers most often reported the current availability of Neurontin® for illicit use as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); although a previous most common score was not reported by participants, the previous most common score reported by treatment providers was '8.' Participants commented: *"Neurontin® is very popular. People will eat those [to help with opiate] withdrawal; It's everywhere; Everywhere ... I still take them."*

Treatment providers remarked: *"Everybody's got it; It doesn't show up on our drug screens; It's easy to obtain from a physician; The reason people are abusing it is it helps with withdrawals, and they're using it because they get high."* Treatment providers reported that the availability of Neurontin® has increased during the past six months. A treatment provider explained, *"[I've noticed an increase] among those that are in treatment."*

Reports of current street prices for Neurontin® were reported by participants with experience buying the drugs. Participants reported: *"They're cheap. Like fifty cents a pill; Fifty cents to a dollar a pill ... 800 mg are \$1.50 and 300 mg is like fifty cents."*

Participants and treatment providers described typical illicit Neurontin® users as people in recovery for opioid use disorder. Treatment providers stated: *"I don't see people out there ... on the street using it ... It's when they decide to get clean that they want something else to deal with their pain; The people who are in treatment who are trying to avoid drug screening; I've noticed an increase of people in detox that are asking for it to deal with pain or whatever it is."*

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the current availability of synthetic marijuana as '7' 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 not reported. A participant remarked, *"You can get it online anywhere in the United States and have it shipped. It could be as available as you want"*

Treatment providers most often reported the current availability of synthetic marijuana as '7-8,' while law enforcement most often reported it as '2,' the previous most common score reported by treatment providers was '2' and not reported by law enforcement. Treatment providers commented: *"Somewhat available. It's not at the [beverage] drive-thru like it was a few years ago; I'd say readily available ... You can buy it in certain stores that relabel it as ten thousand different things so they don't get caught; Highly available. It's like, now, it's not out on the shelf. If you know the shop owner, and they know you, or you come with somebody who's bought it from them before [then you can get it] ... like a lot of these gas stations right down the street have it, but you don't see it."*

Law enforcement commented: *"You could probably go down to campus and get it anywhere you want ... but outside of there, haven't really heard a lot about it; Anecdotally, I've heard of more of it. More reports of it than maybe before ... It's still around but I don't think it's talked about as much or we're not focusing on it as much."* BCI crime labs reported that the incidence of synthetic cannabinoid cases they process from this region has decreased during the past six months.

One participant with knowledge of synthetic marijuana rated the current quality of the drug as '7-10' on a scale of '0' (poor quality, garbage) to '10' (high quality); the previous most common score was '10.' A participant reported, *"It almost killed my uncle it was so strong. He had to go to the hospital ..."* Reports of current prices for synthetic marijuana were reported by participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$50-60 for a five-gram bag amount.

Participants reported that the most common route of administration for synthetic marijuana is smoking. Participants described typical synthetic marijuana users as people who regularly use marijuana and people who are on probation and subject to drug screening. Treatment providers described typical users as people on probation, while law enforcement described typical users as young people. Treatment providers added: *"It's used among people who are getting drug tested; I worked in a halfway house, and they use 'K2' (synthetic marijuana) because it doesn't show up [on drug screens] and, unlike THC they couldn't test for it; I work a lot for the courts and ... [probationers] were actually using it because it wasn't on the drug test until we figured out that that's what they were doing."* Law enforcement reported: *"It's the younger crowd ... the vaping crowd; Skateboarders; Under 25 [years of age]; Young and experimenting; College kids."*

## Conclusion

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

When describing the increased availability of heroin, treatment providers noted longer wait lists for detox facilities as an indicator, while law enforcement pointed to police investigative units seizing kilograms of heroin at a time which was previously unheard of. Participants discussed being able to find heroin “anywhere.”

Participants and community professionals reported fentanyl as moderately to highly available in the region. The moderate current availability scores are reflective of the participant view that unadulterated fentanyl is not as available as various fentanyl mixtures. Participants remarked that users typically do not seek fentanyl but obtain it mixed with heroin. Treatment providers viewed the current availability of fentanyl as high given the high number of positive drug screens they are recording for the drug. One treatment provider commented, “*They’re putting it in everything.*” Law enforcement continued to report low current availability of “straight” fentanyl.

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Respondents attributed the ease in which dealers can cut other drugs with fentanyl to expand their sales as the reason for increased availability. In addition to reporting current fentanyl availability, participants and community professionals reported carfentanil as available as well. BCI crime labs and Columbus Police Crime Lab reported that the incidence of fentanyl and fentanyl

analogue cases they process from this region has increased during the past six months; in addition, the Columbus Police Crime Lab reported that the incidence of carfentanil cases it processes has also increased.

Methamphetamine is moderately to highly available in the region. The current moderate availability scores for methamphetamine reflect the respondent viewpoint that the drug is not as available as other drugs in the region (e.g. heroin and marijuana) and the continued belief that methamphetamine is more prevalent in rural communities and not as easily found in the city of Columbus where, reportedly, a user would have to have connections to obtain the drug.

While methamphetamine is available in crystal and powdered forms throughout the region, respondents continued to report crystal methamphetamine as most prevalent. Participants and law enforcement indicated that the availability of methamphetamine has increased during the past six months. Participants cited methamphetamine’s lower price and longer-lasting high compared to crack cocaine as a reason for the expansion of the drug’s use and availability in the region. They discussed more dealers switching from crack cocaine sales to the more profitable sale of methamphetamine, as well as an increase in opioid users receiving Vivitrol® as medication assisted treatment turning to methamphetamine for a high. Law enforcement continued to note drug cartels directing large amounts of methamphetamine along with heroin shipments to the region. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Lastly, participants and law enforcement reported that the availability of marijuana extracts and concentrates (aka “dabs”) has increased during the past six months. The Columbus Police Crime Lab reported that the incidence of marijuana and marijuana extracts and concentrates cases it processes has increased during the past six months.

