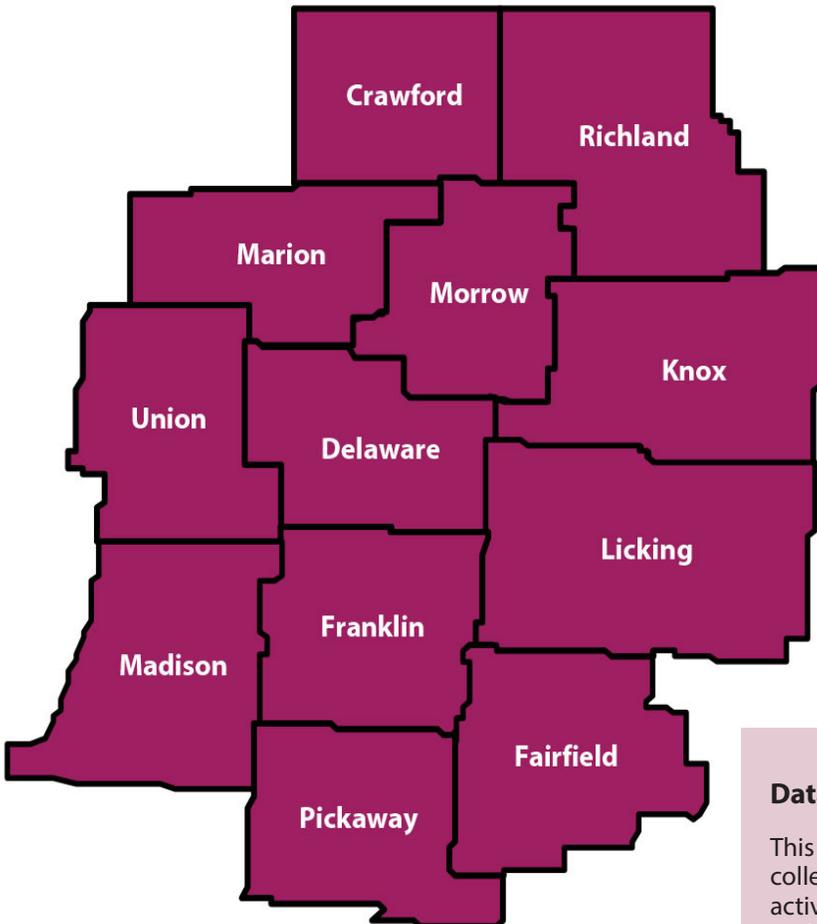




## Drug Abuse Trends in the Columbus Region



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### Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin 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 Columbus Fire Department, Fairfield County Municipal Court, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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

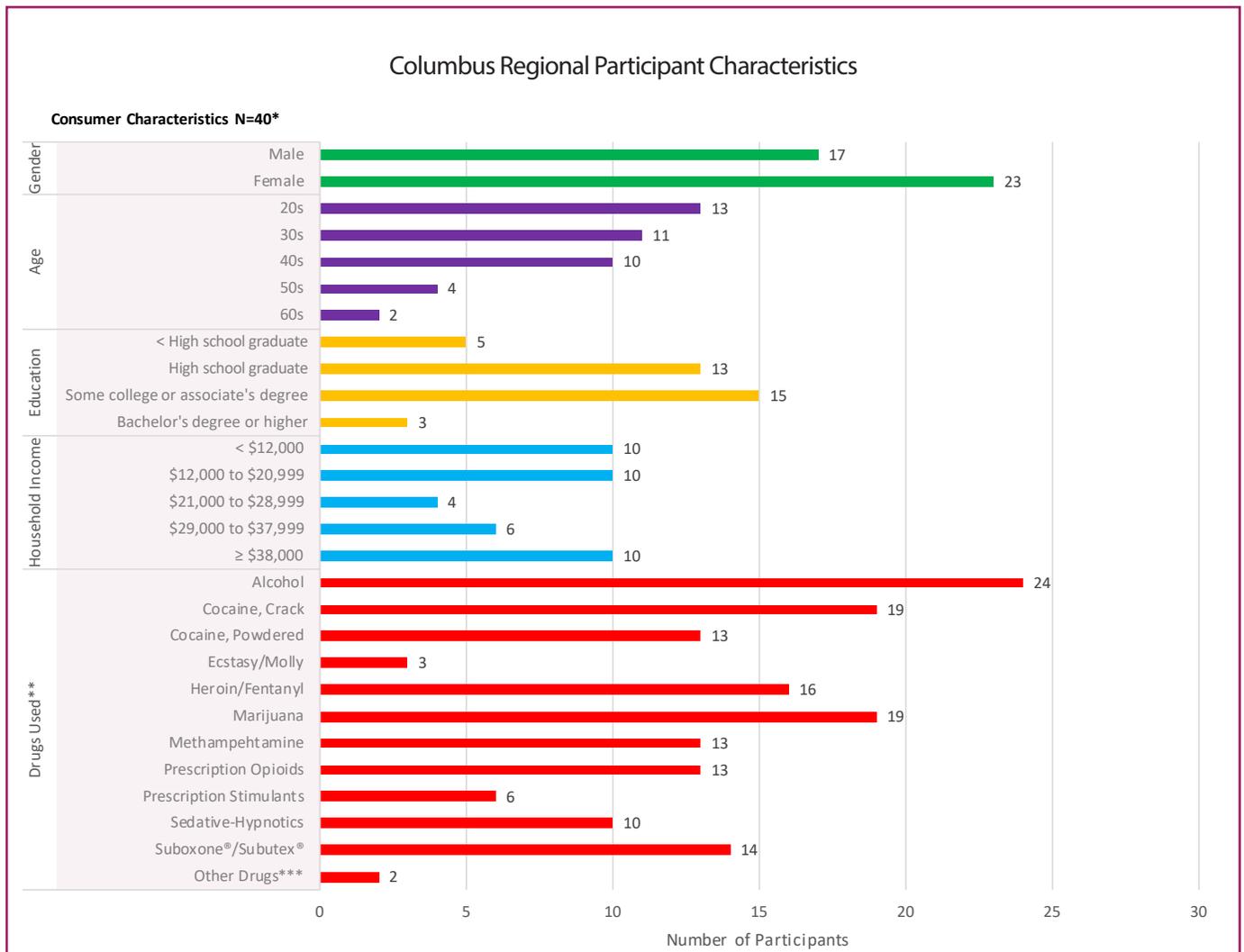
Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,302,790	40
Gender (female), 2017	51.0%	50.6%	57.2%
Whites, 2017	82.2%	77.8%	67.5%
African Americans, 2017	12.9%	15.2%	30.0%
Hispanic or Latino Origin, 2017	3.8%	4.0%	0.0% <sup>2</sup>
High School Graduation Rate, 2013-17	89.8%	90.7%	86.1% <sup>3</sup>
Median Household Income, 2013-17	\$52,407	\$59,694	\$21,000-\$24,999 <sup>4</sup>
Persons Below Poverty Level, 2017	14.0%	13.2%	42.5%

<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: June 2018 - January 2019.

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

<sup>3</sup> Education level was unable to be determined for 4 participants 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.



\*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

\*\*\*Other drugs included: lysergic acid diethylamide (LSD) and psilocybin mushrooms.

## Historical Summary

In the previous reporting period (January - June 2018), crack cocaine, heroin, marijuana and Suboxone® (buprenorphine) remained highly available in the Columbus region. Changes in availability during the reporting period included: 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 in the area. Participants discussed being able to find heroin "anywhere."

Participants and community professionals reported that fentanyl was moderately to highly available in the region. The moderate availability scores were reflective of the participant view that unadulterated fentanyl was not as available as various fentanyl mixtures. Participants remarked that users typically did not seek fentanyl but obtained it mixed with heroin. Treatment providers viewed the availability of fentanyl as high given the high number of positive drug-screens they were recording for the drug. One treatment provider commented, "*They're putting it in everything.*" Law enforcement reported low availability of "straight fentanyl."

Participants and community professionals reported that the availability of fentanyl had increased during the reporting period. Respondents attributed the ease in which dealers could cut other drugs with fentanyl to expand their sales as the reason for increased availability. In addition to reporting 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 processed from this region had increased during the reporting period; in addition, the Columbus Police Crime Lab reported that the incidence of carfentanil cases it processed had also increased.

Methamphetamine was moderately to highly available in the region. The moderate availability scores for

methamphetamine reflected the respondent viewpoint that the drug was not as available as other drugs in the region (heroin and marijuana) and the continued belief that methamphetamine was more prevalent in rural communities and not as easily found in the city of Columbus where reportedly, a user needed connections to obtain the drug.

While methamphetamine was available in crystal and powdered forms throughout the region, respondents continued to report crystal methamphetamine as more prevalent. Participants and law enforcement indicated that the availability of methamphetamine had increased during the reporting period. Participants cited methamphetamine's lower price and longer-lasting high compared to crack cocaine as reasons 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 who receive 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 processed from the region had increased during the reporting period.

Lastly, participants and law enforcement reported that the availability of marijuana extracts and concentrates (aka "dabs") had increased during the reporting period. Columbus Police Crime Lab reported that the incidence of marijuana and marijuana extracts and concentrates cases it processed had increased.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '4' and '7'. Treatment providers most often reported the current availability of powdered cocaine as '8', while law enforcement most often reported it as '6'; the previous most common scores were '9' and '7', respectively.

Treatment providers stated: *“By the sounds of referrals, it sounds very common; You can pretty much walk into any bar in Mansfield [Richland County] and there’s somebody that’ll set you up [with powdered cocaine].”*

Corroborating data indicated that powdered cocaine is available in the Columbus region. Ohio Department of Public Safety (ODPS) reported seizing 114.4 kilograms (252.2 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. As part of an investigation of cocaine trafficking in Whitehall (Franklin County), the Whitehall Division of Police Narcotics Unit executed a search warrant of a residence in New Albany (Franklin County) and seized 6,720 grams of cocaine, 732 grams of marijuana and a large amount of cash; officers arrested a man for possession and trafficking in cocaine and marijuana ([www.nbc4i.com](http://www.nbc4i.com), Aug. 4, 2018). The Whitehall Division of Police Narcotics Unit and other area special response units executed four search warrants that resulted in the seizure of 44 grams of cocaine, 13 grams of heroin, four firearms, a large amount of cash and the arrest of one man for drug possession ([www.10tv.com](http://www.10tv.com), Aug. 24, 2018). Whitehall Police executed a search warrant and arrested two men known by police to be drug traffickers, charging them with trafficking in and possession of drugs after seizing 80 grams of cocaine, 85 grams of heroin, 115 prescription pills, several firearms, two of which were stolen, and cash ([www.abc6onyourside.com](http://www.abc6onyourside.com), Nov. 7, 2018). Deputies with the Franklin County Sheriff’s Office executed a search warrant and seized 949 grams of cocaine, 214 grams of heroin, two firearms and cash from a west Columbus residence; officers arrested two men for possession of cocaine ([www.nbc4i.com](http://www.nbc4i.com), Dec. 14, 2018).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants remarked: *“There are other [drugs] people are doing now; You can make more money if you cook [powdered cocaine] and resell it as ‘crack’ (crack cocaine). So, it is harder to find [cocaine] in its pure (powdered) form.”* Treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported that availability has increased. A treatment provider noted, *“It’s pretty consistent.”* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during

the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘4-5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’. Participants discussed adulterants that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxatives, benzodiazepines, No-Doz® (caffeine supplement) and over-the-counter nutritional supplements (creatine, whey). Participants did not reach a consensus on whether the quality of powdered cocaine has changed during the past six months. Participants explained: *“It’s more laced (adulterated); You don’t know what you are getting.”*

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

Current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants did not indicate whether the price of powdered cocaine has changed during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$50
	A gram	\$60
	1/16 ounce	\$80-100

Participants reported that the most common route of administration for powdered cocaine is snorting. A participant commented, *"They're cooking crack [to smoke] or they're snorting it ... and there's a very small percentage that are 'shooting' (intravenously injecting) it."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical users as across the board. Participants discussed: *"Young, old; It could be anyone; College kids; 20s; Late 30s and up; Third-shift factory worker."* One community professional added, *"All walks of life ... white, black, Mexican. It's young users, old users, car salesmen and hipster kids."*

### Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"It's everywhere; Kids are selling it."* Community professionals most often reported the current availability of crack cocaine as '6'; the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider remarked, *"When you get into the really low-income neighborhoods, you see a lot more 'hard' (crack cocaine) than you do 'soft' (powdered cocaine)."*

Corroborating data indicated that crack cocaine is available in the Columbus region. ODPS reported seizing 574.9 grams (1.3 lbs.) of crack cocaine from this region during the past six months.

Participants reported that the availability of crack cocaine has increased during the past six months. Participants commented: *"Easier, because almost anyone that sells heroin sells crack; It continues to get easier; It's everywhere now.... I was just sitting out here, and somebody walked by and said, 'Yo, I got 'work' (crack cocaine)."* However, a few participants reported that the availability of crack cocaine has decreased during the past six months. A participant observed, *"I would say, if anything, maybe it's gone down a little bit because of the rise (increase in availability) of 'meth' (methamphetamine)."*

Treatment providers did not report on availability change of crack cocaine during the past six months, while law enforcement reported that availability has decreased. BCI crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. One participant explained, *"Just in the middle because [quality] can go either way [good or bad]."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: benzodiazepines and methamphetamine. Participants shared: *"I've had it cut with baking soda and 'benzos' (benzodiazepines); If it has a yellow tint to it, kind of like butter [appearance], that's a better quality; I ended up in the hospital, and the only thing I had been doing was smoking crack and smoking 'weed' (marijuana) and [my toxicology results] came out positive for methamphetamines."*

Cutting Agents Reported by Crime Labs	
Crack Cocaine	 levamisole (livestock dewormer)
	 local anesthetics (lidocaine and procaine)
	 phenacetin (banned analgesic)
	 triacetin (triglyceride)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants commented: *"[Price] all depends on who you go to; You can get a \$2 hit if you want."* Overall, participants reported that the price of crack cocaine has increased during the past six months. A participant remarked, *"It went up."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	1/2 gram	\$60
	A gram	\$75-80
	1/16 ounce (aka "teener")	\$110-135
	1/4 ounce	\$350
	An ounce	\$600

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants discussed: *"It is pretty much just smoking; I don't think a lot of people are sniffing (snorting) it."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. Participants stated: *"Someone carrying a book bag (a student), a [woman] with the kids in the backseat of the car, I mean it could be anybody. I don't really think there's one (a typical user); I used to feel there was a definite stereotype for what you would consider a [habitual crack cocaine user] but as I get older ... I've seen [crack cocaine users] that have good jobs; I've seen all ages, all races, everybody; Black and white; I've seen Mexicans, I've seen Asians."*

Community professionals described typical crack cocaine users as African-American people. A treatment provider commented, *"I've noticed the majority of my African-American clients, their drug of choice is crack. But, I do have Caucasian clients who are also addicted to that ... I would say a majority of [crack cocaine users] are of African-American descent."*

## 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.' One participant shared, *"I just had two overdoses [due to heroin] by my house."* However, participants

acknowledged that a lot of heroin contains fentanyl or is fentanyl substituted for heroin. They said: *"Heroin is not readily available in Columbus, Ohio [Franklin County]. Fentanyl is readily available in Columbus, Ohio; When my friend's dad died, he had been clean for a year and a half, and he relapsed on heroin. It was supposed to be heroin, but it was fentanyl, mostly fentanyl that they found in his system; It used to be, when I would buy 'dope' (heroin), [I would think], 'I know this is heroin, I know how this is gonna make me feel.' Now, if I went to buy a bag [of heroin], I'd be like, 'I might die, can you sit here with me while I do this 'cuz I don't want to die?'"*

Treatment providers most often reported the current availability of heroin as '10,' while law enforcement most often reported it as '7;' the previous most common scores were '10' and '8,' respectively. Treatment providers commented: *"I would say pretty common; Readily available."* A treatment provider noted, *"Actually, heroin in Mansfield [Richland County] is pretty sparse, but there are certainly a lot of other opiates (fentanyl) that are being passed off as heroin."* A law enforcement officer stated, *"It seems to be very accessible."*

Corroborating data indicated that heroin is available in the Columbus region. ODPS reported seizing 15.8 kilograms (34.9 lbs.) of heroin from this region during the past six months. In addition, the Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 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. Columbus Police stopped a reported stolen car, and when they approached the vehicle, they found the driver attempting to swallow two baggies of suspected heroin and the passenger unconscious; the passenger was administered six doses of Narcan® (naloxone) before being transported to the hospital, and the driver was charged with receiving stolen property and obstructing official police business with drug charges pending lab results ([www.nbc4i.com](http://www.nbc4i.com), July 2, 2018). Ohio State Highway Patrol (OSHP) seized over four pounds of heroin during a traffic stop along Interstate 70 in Madison County; officers arrested a man for possession of heroin ([www.wkbn.com](http://www.wkbn.com), Oct. 4, 2018). During an investigation of a drug ring, Columbus Police recovered more than 8,000 grams of heroin and arrested

eight people allegedly involved in the drug ring ([www.myfox28columbus.com](http://www.myfox28columbus.com), Dec. 7, 2018). The Franklin County Prosecutor’s Office indicted seven people on multiple charges including trafficking in heroin and trafficking in cocaine; the case involved more than 17 pounds of heroin with multi-million-dollar bails set for those involved in the alleged drug ring ([www.nbc4i.com](http://www.nbc4i.com), Dec. 20, 2018).

While many types of heroin are currently available in the region, participants were not in agreement as to which type of heroin, powdered or black tar, is most available. Participants commented: *“Of all of it, I think the most common one I’ve seen is the ‘tar’ (black tar heroin). It’s the easiest to cut (adulterate); It looks like balled-up tar, literally, and it almost reminds me of a Tootsie Roll®, but it has a glossy look to it; I’ve seen tar in Mansfield [Richland County] ... brown, light brown, dark brown; You can get tar as well but not as easily as the powder; People actually want powder. There’s more powder than tar.”*

Community professionals reported black tar and brown powdered heroin as most available. A treatment provider observed, *“I hear about black tar. Brown powder. Very rarely, ‘china’ (white powdered heroin).”* A law enforcement officer added, *“We see kind of the brown color, like an off-white, brown color. [Color] depends on the cutting agents.”*

Participants reported that the availability of heroin has decreased during the past six months. Participants discussed difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. Participants shared: *“It’s been getting harder [to find just heroin]... [Heroin is] my drug of choice and Delaware’s [Delaware County law enforcement has] been poppin’ (arresting) a lot of people [that sell heroin], they have had a lot of busts ... [availability has] been going down; There is definitely more fentanyl than heroin; It’s almost all fentanyl; Finding actual [black] tar heroin, you have to seek that out.”*

Treatment providers did not report on change of availability of heroin, while law enforcement reported that the availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as ‘3-4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ Participants discussed: *“Heroin right now is a joke. That’s why people don’t really want it. It’s so dirty (adulterated). It’s so cut up (adulterated) now ... especially tar; I feel like a lot of heroin you buy on the street is just ‘stepped on’ (adulterated) too much ... tolerance is a major thing... Since so much fentanyl is around [users’ tolerance to opiates has increased], the heroin’s not good (potent enough).”*

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported the top cutting agent for the drug as fentanyl. Participants stated: *“Most of it is cut with fentanyl; It’s only 25 percent heroin. The rest is cut; You don’t even know what you are buying. I mean, it’s hard to distinguish between fentanyl and heroin ... you can’t tell a difference when you use it for the most part. And, it doesn’t always look different.”* An additional cut for black tar heroin mentioned is soda. A participant remarked, *“And soda. Coca-Cola®, Dr Pepper®, I’m not playing (joking). Cook it in the saucepan. It looks just like dope.”*

Overall, participants reported that the general quality of heroin has increased during the past six months. A participant noted, *“When my son’s dad died I was like, ‘where did he get his dope at?’ ‘Cuz I know all his drug dealers ... it’s stupid but ... if you’re dying off it, it must be good. That’s how you think.”* Another participant agreed with this reasoning, sharing he found out a friend had overdosed before coming to group. This participant stated, *“Well, obviously it’s good ... the Narcan® or whatever didn’t bring him back.”*

Heroin	Cutting Agents Reported by Crime Labs	
		<ul style="list-style-type: none"> <li>● acetaminophen</li> <li>● caffeine</li> <li>● cocaine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl</li> <li>● inositol (dietary supplement)</li> <li>● lidocaine (local anesthetic)</li> <li>● mannitol (diuretic)</li> <li>● methamphetamine</li> <li>● quinine (antimalarial)</li> <li>● sorbitol (artificial sweetener)</li> <li>● tramadol</li> </ul>

Current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram or a gram. One participant shared, "Every time I've been in a 'trap house' (place where illicit drugs are bought and used), it's like every other customer in front of me, it's the same thing ... [they're buying] either 20 (\$20 1/10 gram) or a gram."

Heroin	Current Prices for Heroin	
	<b>Powdered:</b>	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-65
	A gram	\$90-100
	An ounce	\$900-1,500
<b>Black tar:</b>		
	1/10 gram	\$10

Participants reported that the most common route of administration for heroin is intravenous injection (aka "shooting"). Participants observed: "Injecting's gotten more popular; I think people start with sniffing (snorting) it and then they go to injecting it, and I feel like that's just a natural progression for heroin because eventually, sniffing, it is not gonna do it for you; Most of the people are shooting up."

A profile of a typical heroin user did not emerge from the data. Participants described typical users as anyone.

Participants shared: "It's everybody; It doesn't discriminate in terms of who it hits; You've got 14-year olds, 70-year olds; Rich, poor, black, white." Participant noted that typically heroin users are former prescription drug users. They discussed: "[I was injured and prescribed opioids], and it was all downhill from there, and I think that happens to a lot of people regardless of their stature in the community; I always looked at prescriptions as the gateway drug [to heroin]; Once everything gets dried up, your avenue gets dried up (you can't obtain prescription opioids), you're gonna do what you gotta do."

Community professionals described typical heroin users as white people in their 20s and 30s. One treatment provider commented, "I'd say Caucasian, more Caucasian." Law enforcement confirmed: "Just from reviewing the cases, male, white, probably in their 30s; Slightly lower socio-economic status. But, that line's blurring between what it used to be and what it is now. There are people from different classes and ethnicities who are struggling with [heroin]."

### Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' Participants reiterated what they reported in their discussion of heroin that it is difficult to discern fentanyl from heroin as a lot of heroin contains fentanyl or is fentanyl substituted for heroin. Participants stated: "[Fentanyl is] everywhere and in everything; I thought I was getting heroin for the longest [time], and then I went into detox ... there was no heroin [present in my toxicology report] ... it was all fentanyl.... I didn't know it; It's hard to say 'cuz you never know if you're getting fentanyl or what you're getting." However, one participant reported, "Nowadays, people [selling drugs] are open about their stuff. They're like, 'hey, this has 'fetty' (fentanyl) in it.'"

Community professionals most often reported the current availability of fentanyl as '10'; the previous most common scores were '10' for treatment providers and '4' for law enforcement. Law enforcement noted: "You don't need a poppy field at this point, and you don't need to harvest ... you don't need to do any of this. You can make fentanyl in really large amounts or carfentanil [synthetic opioid

significantly more potent than fentanyl] *in really large amounts in a very small space and transport it very easily ... it's very easy to conceal; There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl]. But, ... the average user from what I can tell ... they don't know carfentanil, they don't know all the [fentanyl] analogues and how strong they can be; They're even going so far as to have Narcan® on hand; I think the users are trying to get as close to that death line where they're able to ride that line as best they can...."*

Corroborating data indicated that fentanyl is available in the Columbus region. ODPS reported seizing 725.2 grams (1.6 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. An autopsy report revealed that the late Kirkersville Police Chief (Licking County) died of fentanyl overdose in his home; officers found a plastic bag of cocaine and two syringes at the scene; one syringe tested positive for fentanyl and appeared to have come from the Kirkersville Police evidence room ([www.dispatch.com](http://www.dispatch.com), July 13, 2018). Columbus Police recovered 35 kilograms of suspected heroin/fentanyl from a vehicle abandoned by its driver who fled police during a traffic stop; officers recovered an additional 6 kilograms of suspected heroin/fentanyl from the suspect's residence and issued warrants for the man's arrest ([www.abc6onyourside.com](http://www.abc6onyourside.com), July 25, 2018). Several local law enforcement agencies in coordination recovered 22 pounds of fentanyl from a residence in east Columbus; officers arrested four men at the residence for conspiracy to distribute fentanyl, methamphetamine and heroin ([www.dispatch.com](http://www.dispatch.com), Aug. 12, 2018). A judge in Franklin County sentenced a woman who was found guilty of involuntary manslaughter and drug trafficking to eight years in prison; a 12-year-old boy in the woman's care fatally overdosed from fentanyl exposure ([www.10tv.com](http://www.10tv.com), Aug. 24, 2018). Columbus Police, responding to a surge in overdoses in the city, conducted a raid of a Columbus residence and seized a kilogram of fentanyl and a large amount of cash; officers arrested four people ([www.dispatch.com](http://www.dispatch.com), Sept. 2, 2018). In September, the Franklin County Coroner reported an unusually high rate of fentanyl overdoses that included five fatalities over a 24-hour period and 18 fatalities in the duration of a week's time ([www.fox8.com](http://www.fox8.com), Sept. 6, 2018). U.S. Marshal's and local law enforcement arrested a man with a murder warrant from his Mansfield (Richland County) apartment and seized about 500 grams of

fentanyl, 400 grams of heroin, two firearms, cash and drug trafficking paraphernalia including pill presses and cutting devices ([www.wmfd.com](http://www.wmfd.com), Sept. 12, 2018). A U.S. District Court Judge sentenced a man to serve 15 years in prison for selling fentanyl-laced heroin to a woman in Whitehall (Franklin County) that caused her fatal overdose ([www.dispatch.com](http://www.dispatch.com), Sept. 13, 2018). The U.S. District Court in Columbus indicted a Delaware (Delaware County) man on charges including distribution of crack cocaine, fentanyl and heroin that resulted in the fatal overdose of at least three people ([www.nbc4i.com](http://www.nbc4i.com), Sept. 27, 2018). Marion County Common Pleas Court filed an indictment against a man for aggravated possession of drugs and possession of marijuana after crime lab results revealed that the baggie of suspected heroin recovered by OSHP from man was determined to be 20.6 grams of fentanyl ([www.marionstar.com](http://www.marionstar.com), Nov. 29, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants remarked: *"Definitely an increase in fentanyl; It's everywhere."* Treatment providers commented: *"We're seeing more and more fentanyl and less and less heroin; We're also seeing fentanyl laced in other substances."* Law enforcement shared: *"It's a little bit higher ... we're seeing more of the analogues; There's hundreds of different analogues."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Participants explained: *"It can't be poor; Look at how many people are dying."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as

heroin. Additional cuts were not reported. Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *"I know people that have mixed fentanyl with heroin and it still costs the same [as heroin]; A common amount is like a gram."* Participants did not indicate whether the price of fentanyl has changed during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$35-65
	A gram	\$80-150

Participants continued to report that the most common route of administration for fentanyl remains intravenous injection (aka "shooting"). One participant added, *"Snort and shoot. I don't know anyone that smokes fatty."*

Participants and community professionals described typical fentanyl users as heroin users. A participant remarked, *"A lot of heroin addicts out there are the ones mostly using fentanyl."* However, participants also noted: *"Anybody can fall victim to it; Could be anybody."* Treatment providers discussed: *"Most of these people aren't going out looking for fentanyl, they want heroin or whatever their concept of heroin is and they're getting fentanyl because that's what's available; Same demographic [as heroin]."* Law enforcement commented: *"I don't know that it's any different than the typical heroin user; Anywhere from 20s to 50s..."*

## Prescription Opioids



Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2.' Participants explained that high

availability relates to users who actively seek the drugs and have established connections for obtaining them. They discussed: *"Once you find somebody that actually has what you want, it's easy to get ... but actually getting to that point of finding them can be kind of difficult because doctors are cracking down (placing limits on prescribing opioids); I think if you're looking ... it's '10.'"*

Community professionals did not report on the current street availability of prescription opioids; the previous most common scores were '7' for treatment providers and '5' for law enforcement. A law enforcement officer shared, *"We've only had 28 cases this year involving oxycodone, compared to 266 fentanyl cases."*

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified oxycodone and Percocet® as most popular. A treatment provider remarked, *"We see 'oxys' (oxycodone) and Percocet®."* Law enforcement observed: *"I'd say oxycodone's probably the most prominent; We see a lot of oxycodone; Actually, I'm seeing Percocet® a lot at [crime] scenes now."*

In addition, a few participants also discussed the prevalence of pressed pills made to look like prescription opioids, but these clandestine pills actually contain illicit substances such as fentanyl. Participants stated: *"Sometimes they look perfect (just like prescription opioids); I was getting these [pressed pills] called 'K-9s,' and there's actual K-9s (oxycodone) you get from a pharmacy but those are a little bigger than the ones people are pressing and the only time you could even tell is if you were actually looking at it because it wasn't as wide but it was thicker ... as far as the pill went it was a perfect press. It was a professional press. Whoever made it didn't make it quite as big. And, they were always a little bit darker than the real ones ... it's just a crazy time for pills; A lot of them mostly are fentanyl but ... quality control isn't there. So, one 'perk' (Percocet® lookalike) you may take and be faded (high) all day, but then the next day they take one and, 'Oh, what was wrong with that one? I didn't feel anything.'"*

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants added: *"It's not as available as it used to be. At least not with the people I know; It's harder to get and fill [prescriptions for opioids] because they're pretty much cracking down on what you can get; I couldn't get [a*

prescription] filled in one pharmacy. I was advised to just leave it alone 'cuz I was on Suboxone®, so that little system (OARRS, Ohio Automated Rx Reporting System) they have is working; The demand is way higher than the supply I feel."

Treatment providers reported that the street availability of prescription opioids has remained the same, while law enforcement did not comment on whether availability has changed during the past six months. A treatment provider commented, "I'd say it's been pretty constant." BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has decreased or remained the same during the past six months. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Current street prices for prescription opioids were reported by participants with experience buying the drugs. A participant summarized pricing, "People pay for what they want. Don't matter how much it is. If they want it, they're gonna buy it. And, if it's the only place they can get it, they're definitely gonna buy it." Overall, participants indicated that the price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Roxicodone®	\$20-25 for 15 mg
		\$30-45 for 30 mg
Vicodin®	\$6-9 for 5 mg	

Participants reported obtaining prescription opioids for illicit use most often from drug dealers, doctors and relatives/friends with prescriptions. Participants shared: "I

have mine from my physician; Somebody that's sick; Sibling." In addition, participants commented: "There's people that'll drive all the way to Tennessee and get a 500 'script' (prescription) of 'perk 30s' (Roxicodone®); The people that get them are traveling [out of state]."

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption. Participants remarked: "Swallowing; I've heard of people snorting them." A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anybody. A participant observed, "They could look 'clean' (drug free) as hell and you'd never even think they'd use it." Treatment providers described typical illicit prescription opioid users as older. They commented: "Referrals wise, with that, I see an older age group coming in, anywhere from 40 to 60 [years of age]. A lot of it ... referrals coming from surgeries, chronic pain, they were prescribed; More middle class."

### Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants stated: "Real easy, real easy [to obtain]; There's [bus] bench advertisements for Suboxone®. I'm gonna say '10; Off the chart." Participants discussed that Suboxone® in sublingual filmstrip (aka "strip") form is more desirable than Suboxone® in pill form. Participants shared: "People just like strips better; Strips are more highly-valued than pills; It's because [the filmstrips] dissolve quicker when you take them ... and they come individually wrapped in paper ... so, you know they're not fake..." In addition, a participant pointed out, "Strips are a lot easier to get into prison."

Treatment providers most often reported the current street availability of Suboxone® as '10,' while law enforcement most often reported it as '6'; the previous most common scores were '10' and '3,' respectively. A treatment provider remarked, "It's readily available." One law enforcement officer commented, "I chair a recovery committee and so I know some of the recovery home providers ... apparently it's easy to get [Suboxone®] and [residents] use it quite a bit to stave off [opiate] cravings

... they're not prescribed it, but they can get it on the street apparently pretty easily."

Participants reported that the street availability of Suboxone® has decreased during the past six months. One participant commented, "It's hard to get strips nowadays. It is really hard." Treatment providers reported that Suboxone® street availability has remained the same, while law enforcement did not report on whether street availability has changed during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, 8 mg Suboxone® filmstrips and pills most often sell for \$10-20 each. Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through doctors, emergency rooms, friends, clinics and recovery centers. Participants mentioned: "They've go to a specific Suboxone® clinic, and then there's the 40 percent that are getting it from the people going to those places; You can buy them from people. There are a lot of for-profit doctors and you can go and 'piss dirty' (screen positive for opiate use on urinalysis testing) [and obtain a Suboxone® prescription]. They don't care as long as you're paying them; People go to counseling and stuff and they get Suboxone® for their addiction and then they sell it or abuse it."

Treatment providers added: "I hear very often from referrals that they are buying [Suboxone®] off the streets. That's normally the main source; Nine times out of 10 ... they're buying it off the streets; Say someone's in a MAT (medication-assisted-treatment program), they're on Suboxone®, MAT's

usually coupled with counseling ... self-help meetings, things like that where they seek out other people [to deal Suboxone® to] ... so, we're seeing them peddle it to each other ... also, there's doctor shopping."

Participants reported that the most common routes of administration for illicit use of Suboxone® filmstrips are oral consumption followed by intravenous injection (aka "shooting"); the most common routes of administration for illicit use of Suboxone® pill form are snorting and oral consumption. Participants shared: "Just put it under your tongue the way you're supposed to; Most of the time with the strips they just put it on their gums. Hits you ten times faster; People melt the strips down and inject them; It made me feel like I was gonna die when I shot it though." Participants described typical illicit Suboxone® users as opiate users. They discussed: "Anyone who uses [opiates]; I was gonna say the NA (Narcotics Anonymous) circle ... The beginners of NA, I don't know how else to describe it. When I was in rehab that's what we always called it, just joking around, the 'NA starter pack,' people on Suboxone®...."

Community professionals described typical illicit Suboxone® users as younger. Treatment providers discussed: "Anywhere from 20s to 40s; I have a couple of new clients that have messed with it and then I also have a very functional construction worker that got hooked on it after an injury and he didn't have insurance...." Law enforcement concluded: "They've usually been younger on the scale. As far as people I've seen come in with it; It's still Caucasian though, by and large ... still male."

### Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6-7.' Participants stated: "It's very easy to get; When I was delivering pizza ... I would say at least one or two times on the weekends someone would offer me some Klonopin®, Valium® or Xanax® as a tip.... People would offer me free Xanax® all the time." Community

professionals did not assign an availability rating for the current street availability of sedative-hypnotics; the previous most common availability scores were '8' for treatment providers and '9' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Columbus region. Fairfield County Municipal Court reported that of the 4,801 positive adult drug specimens it recorded during the past six months, 7.9% were positive for benzodiazepines.

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant confirmed, "Xanax® is the most popular." Treatment providers noted: "Xanax® for sure; Klonopin® and Xanax® are really prevalent. As far as people who use methamphetamine and cocaine, they will also use Xanax® and alcohol. It's a really deadly dangerous combination." A law enforcement officer observed, "Xanax® is number one."

Like prescription opioids, participants reported fraudulent pressed pills sold as Xanax®. Participants shared: "The thing is, some of them, like the Xanax®, I know for sure they're using the same presses that are used in the actual manufacturing plants, the only difference is quality control. So, one Xanax® bar (2 mg) could either be 2 milligrams or it could be 6 milligrams, or it could be 5 milligrams. You didn't know if this one bar would knock you out or get you where you want to be; Here's the other thing. They're actually selling them the actual powder now, that you have to re-form it into the Xanax®. People are ... actually, physically making their own Xanax® bars."

Participants and treatment providers reported that the general availability of sedative-hypnotics for illicit use has decreased during the past six months, while law enforcement reported it has remained the same. Participants observed: "Xanax® used to be easy to get; From what I've seen, yes, it's been harder [to obtain Xanax®]..." However, a few participants disagreed. One participant stated, "It's pretty easy to get Klonopin® prescribed to you." Treatment providers added: "I don't see it very much; I'd say there's a big decrease."

BCI crime labs reported that the incidence of alprazolam (Xanax®) cases they process from this region has increased during the past six months, while the incidence of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases has decreased or remained the

same. BCI labs reported processing very few cases of lorazepam (Ativan®) and carisoprodol (Soma®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1 per milligram. A participant shared, "I'd say anywhere from \$5-25 for the lowest to the highest [milligram pills]." Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Participants reported obtaining sedative-hypnotics for illicit use through Internet purchase and from people with prescriptions. Participants explained: "Online, the 'dark web' (websites operated by criminal enterprises); Off the street ... people go to the doctor and then they sell them. Klonopin® and Xanax® are real big for that; A lot of people are getting them and then trading their 'dope boy' (trading them with a drug dealer for other drugs)."

Participants continued to report that the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants discussed: "Most people snort 'xans' (Xanax®); One of my good friends was doing heroin and Xanax® and she broke down the Xanax® to mix it with the heroin to 'shoot' (intravenously inject) it up and died; You don't smoke them. You don't shoot them. Really, you just orally take them."

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals described typical illicit sedative-hypnotics users as anyone and other drug users. Participants stated: "I would say mostly in their 20s; Older with money; Everybody I know ... the college kids ... older folks, like 60 to 75 [years of age]... My grandparents still get prescribed Klonopin® and Xanax®." Community professionals added: "There's nothing that would really stand out to me; We still find a lot of 'benzos'

(benzodiazepines) in combination with opiate use; I think a lot of the association with those types of medications are that people use it to take the edge of whatever heavy stimulant or opiate they're using."

## 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 stated: "It's everywhere; It's always been off the charts; I walk out the front door and smell it every day." One law enforcement officer added, "From what we see, it's almost everyone coming through (arrested) has cannabinoids, cannabinoids, cannabinoids in their system...."

Corroborating data indicated that marijuana is available in the Columbus region. Fairfield County Municipal Court reported that of the 4,801 positive adult drug specimens it recorded during the past six months, 17.3% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana). In addition, ODPS reported seizing 720.2 kilograms (1,587.8 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Deputies with the Franklin County Sheriff's Office, responding to a call in Prairie Township, noticed a strong aroma of marijuana from the house next door to the house they were called to investigate, which led to a subsequent investigation and seizure of about 500 pounds of marijuana, 100 marijuana plants and 43 cats from the property; the resident was charged with cultivation of marijuana and the cats were turned over to family members ([www.nbc4i.com](http://www.nbc4i.com), Sept. 17, 2018). During a traffic stop in Madison County, an OSHP K-9 officer alerted to the presence of 250 pounds of marijuana inside a rental truck ; officers arrested the driver of the truck, a California man ([www.nbc4i.com](http://www.nbc4i.com), Nov. 20, 2018). A Judge in Marion County Common Pleas Court sentenced a former corrections officer to serve 30 days in jail and a year of probation after he was found guilty of smuggling eight small parcels of marijuana wrapped in electrical tape to inmates ([www.marionstar.com](http://www.marionstar.com), Nov. 20, 2018).

Participants also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of dabs as '10;' the previous most common score was also '10.' Participants noted: "Yeah, the dab stuff is like what everybody wants to do now; 'Cuz it's a 'one-hitter quitter' ... you hit one time (take one inhalation), you're like baked out of your mind (extremely high); With Snapchat and that kind of stuff you generally know who has it on the minute 'cuz as soon as someone gets it, it's on a social media app and ... flaunted everywhere; Colorado and Michigan [marijuana] have kind of been hitting Ohio pretty bad."

Participants and law enforcement reported that the availability of marijuana has remained the same during the past six months. One participant commented, "It's always been the same (highly available), but I think before you used to get shitty weed, like 'brick weed' (low-grade marijuana), and now all you can get is 'loud, kush, OG' (types of high-grade marijuana)." Treatment providers did not report on whether the availability of marijuana has changed during the past six months.

Participants reported that the availability of marijuana extracts and concentrates has increased during the past six months. Participants observed: "That's like a big change for real. It's more available; Everybody has these little pen things (electronic cigarettes/vaporizers, aka 'vape pens'). Two years ago, they had nicotine in them ... but now they [have dabs in them] .... I see people all the time out in public with those; With THC stuff (oils and dabs) it's been getting easier [to conceal marijuana use]." Community professionals did not report on the current availability of marijuana extracts and concentrates. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

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

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: "Depends on what you want, loud is definitely a '10; The cheaper you go, generally the worse it is; You always get what you pay for." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. Participants also discussed the high quality of marijuana extracts and concentrates. They shared: "High potency, very high potency; It's definitely getting better; It's only getting better as they're growing better [marijuana]; It'll put you on your ass."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$50
	<b>High grade:</b>	
	A blunt (cigar)	\$10
	1/2 gram	\$5-10
	A gram	\$20
	1/8 ounce	\$30-50
1/4 ounce	\$75-100	
<b>Extracts and concentrates:</b>		
A brownie	\$8-10	
A cartridge of THC oil	\$20-100	

Participants continued to report that the most common route of administration remains smoking, but they also but mentioned vaping and orally consuming edibles as other routes of administration.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone. Participants commented: "Long hair, hippies; A lot of old people; Young people; It can be skateboarders; From the janitor of your building to the CEO of your building." Treatment providers mentioned: "With the cultural acceptance of marijuana, it's in every population, every demographic; From adolescents to probably 60s." Law enforcement noted: "I think it's pretty ubiquitous; We see it as old as [people aged] 60s and 70s."

### Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get);

the previous most common score was '7.' Participants stated: "[Available] all the time; It's everywhere. It's beyond a '10' (extremely available)... Where I live, that's all there is." Treatment providers most often reported the overall current availability of methamphetamine as '10,' while law enforcement most often reported it as '6; the previous most common scores were '5' and '4-5,' respectively.

Corroborating data indicated that methamphetamine is available in the Columbus region. ODPS reported seizing 21.4 kilograms (47.2 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. Newark Police (Licking County) arrested a man for vandalism; the man allegedly broke the windows to a historic Vietnam War era helicopter at an American Legion because he was high on methamphetamine and someone dared him to do it ([www.nbc4i.com](http://www.nbc4i.com), July 31, 2018). Knox County Sheriff's Office conducted an eight-month long investigation, executing search warrants at multiple locations around Columbus and Marion (Marion County), and seizing an undisclosed amounts of methamphetamine, cocaine, heroin, marijuana, prescription pills, firearms and cash; officers arrested two women for aggravated trafficking in drugs, drug possession and permitting drug abuse ([www.wmfd.com](http://www.wmfd.com), Aug. 9, 2018). Galion Police (Crawford County) were called to investigate a report of a 5-year-old

boy testing positive for methamphetamine at a local hospital following trick-or-treating; the boy had put a pair of fake vampire teeth in his mouth suspected to have been laced with methamphetamine, but after finding no controlled substances detected in the child's candy, officers searched the apartment where the boy lived and found drug paraphernalia, marijuana and methamphetamine; the boy's father was charged with tampering with evidence and drug possession ([www.fox8.com](http://www.fox8.com), Nov. 2, 2018). OSHP conducted a traffic stop in Delaware County and seized one-pound of methamphetamine, four Suboxone® pills and drug paraphernalia from a vehicle that led to the arrest of the driver for operating a vehicle under the influence of drugs and possession of controlled substances ([www.nbc4i.com](http://www.nbc4i.com), Nov. 20, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent. A participant remarked, "I've only ever seen crystal [methamphetamine]." However, a few participants commented on the presence of powdered methamphetamine (aka "shake-and-bake"). They said: "There's 'shake-and-bake.' The difference in methamphetamine is where it's made ... a lab ... or ... in a car; In Licking County, a lot of people make [shake-and-bake]...."

The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of methamphetamine has increased during the past six months. Participants added: "I've heard that it's more available now than anything. I work in a gas station, so I see a lot of things, and that's one of the things I hear a lot about; In the last six months, it has gotten much easier [to obtain methamphetamine]; I know more people now that do methamphetamine now than six months ago; People on Suboxone® or Vivitrol® who still want to be able to get high

... are gonna go toward 'meth' (methamphetamine); Right when the Vivitrol® shot came out, methamphetamine was everywhere."

Community professionals also reported that the availability of methamphetamine has increased during the past six months. A treatment provider confirmed, "I'd say more prominent." Law enforcement added, "I can't speak to the type, but we've seen an increase in meth ... and I'd say it's pretty significant compared to last year." BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '6.' Participants observed: "[Quality] depends on who you know. I mean there's some good going around; I've been to other states and what you're getting is 'shards' (crystal methamphetamine) as big as your finger whereas here it looks 'more shaken' (like shake-and-bake); It depends on what it's made out of...."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: Adderall®, Drano® (drain cleaner), fentanyl and salt. Participants shared: "It's got Adderall® in it; Like adding baking soda to crack cocaine ... salt you add [to methamphetamine]; [Fentanyl], they're putting fentanyl in everything." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. One participant remarked of current pricing, "Cheap, dirt cheap." Participants also discussed trading methamphetamine for other drugs. One participant shared, "Meth was easy to come by out there, so I would just trade meth for [heroin]..." Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

<b>Methamphetamine</b>	<b>Current Prices for Methamphetamine</b>	
	<b>Crystal:</b>	
	A gram	\$40-70
	An ounce	\$500

Participants reported that the most common routes of administration for methamphetamine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would snort and five would shoot the drug. Participants stated: "It depends on the person; I prefer to inject.... But, then there are some users that don't inject [drugs], so they just smoke it; You're addicted to the way you do drugs just as much as you are the drug itself; I always just injected it because I don't want to miss a drop; Or you can 'hot rail' it. Hot railing is taking a broken pipe and snorting [methamphetamine] while the pipe's super hot, which is stupid ... burn your nostrils off."

Participants described typical methamphetamine users as white people, although they discussed the drug as being used by a wide range of people. Participants commented:

*"No matter what the drug is these days, you can't just look at someone and say they're a heroin user or they're a meth user; Everybody uses [methamphetamine]; It doesn't discriminate...."*

Treatment providers described typical methamphetamine users as white people of low socio-economic status. Treatment providers noted: "Low income I'd say; High school or less; Usually not employed." Law enforcement described typical methamphetamine users as white males while also noting methamphetamine use within the lesbian, gay, bisexual, transgender and questioning (LGBTQ) population. Law enforcement said: "Male and Caucasian. It is prevalent in the LGBTQ community; Younger for sure. Early 20s to 30s."

### Prescription Stimulants



Prescription stimulants are moderately available for illicit use in the region.

Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7-8.' Participants stated: "I could get them so fast; I got two nephews that are on Adderall®, and I know [they] don't be taking them like they're supposed to. And, they do get money out of nowhere; I still have multiple friends that are getting prescriptions for that."

Community professionals most often reported the current street availability of prescription stimulants as '6'; the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider remarked, "I don't really have many clients that struggle with that." Law enforcement commented: "We've seen amphetamine a few times [in toxicology reports] ... Adderall®; It's not a huge amount [that we encounter]."

Participants identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. Participants commented: "Adderall® is real big; It's all Adderall® or generic Adderall®." Community professionals identified Adderall® and Vyvanse® as most available. A treatment provider stated, "Adderall® and Vyvanse® and any of the generic names for those."

Participants and community professionals reported that the street availability of prescription stimulants has decreased during the past six months. Participants observed: *"I haven't heard about Adderall® in a long time. Before, I would just be like, 'Oh, I know where to get those;' It's changed a little bit, but I know they're still out there. I can still get them."*

BCI crime labs did not report any cases of methylphenidate (Ritalin®) for this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®).

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

Current street prices for prescription stimulants were reported by participants with experience buying these drugs. Reportedly, prescription stimulants typically sell for \$0.50-1 per milligram. Overall, participants reported that the price of prescription stimulants has increased during the past six months.

Prescription Stimulants	Current Street Prices for Suboxone®	
	Adderall®	\$3-7 for 20 mg \$5-20 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from people who have prescriptions. Participants explained: *"Other people with prescriptions; You could trade pills for weed, and pretty much anything; Pretty much the kids that are getting them prescribed or their siblings that are stealing it from them; I get 60 [prescribed stimulants] a month ... I can totally see [selling them]. If you had 60 a month and only used 30, what are you gonna do with the other 30?"* Participants reported that the most common route of administration for illicit use of

prescription stimulants is oral consumption. A participant stated, *"I just ate mine. But, I know they snort 'em."*

Participants described typical illicit prescription stimulants users as young, high school and college students. Participants remarked: *"On college campuses it's a huge thing; Age of 13 to 26 [years]; I don't think there are a lot of Adderall® addicts that are in their 60s or 70s, or even 50s ... it's a younger type drug; I don't want to say a rich person, but ... upper class, they're not willing to do the meth or the crack. They want the feel and effect and that's why I say college students because they've got studying and stuff to do and they actually care what people think of them."*

Treatment providers also described typical illicit prescription stimulant users as younger, while law enforcement reported the typical user as of high socio-economic status. A treatment provider noted, *"Mostly still in school."* A law enforcement officer commented, *"I think that you would find people who have used, or abused rather, prescription medications over a long period of time would tend to be people of higher socio-economic status who can afford the legitimate prescribed versions of those medications ... those who fall under lower socio-economic status may seek out alternatives on the street like heroin and opioids and things like that."*

### 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 ecstasy and "molly" (powdered MDMA) 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 '2.' A participant stated, *"'10,' I'm a 'rave' (dance party) girl through and through [and can easily obtain ecstasy/ molly]."*

Treatment providers most often reported the current availability of ecstasy/molly as '6,' while law enforcement most often reported it as '1'; the previous most common scores were '8' and '2,' respectively. Treatment providers and law enforcement did not report on the availability of molly; the previous most common scores were '8' and '7,' respectively. A treatment provider remarked, *"A bit lower*

availability than the others (other drugs)." A law enforcement officer noted, "Pretty low. I mean as far as prevalence."

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. Participants commented: "Ecstasy, it's not [available] like it used to be; I heard more about ecstasy when I was younger; Molly is more available [than six months ago]." Treatment providers did not report on whether the availability of ecstasy and molly has changed during the past six months, while law enforcement reported that the availability of these drugs has remained the same. A law enforcement officer stated, "It is pretty consistent." BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process has slightly increased during the past six months.

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

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

Participants discussed the quality of ecstasy and molly but did not rate current quality on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '2-9.' Participants explained: "With molly, sometimes it's hard to tell if you're actually getting molly; You don't know what it is really. You just don't."

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

sold in 2/10 gram and gram amounts. A participant shared, "I could probably get some good molly for \$60-70 a gram. And, then an ecstasy pill for like \$20-30 apiece."

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	<b>Ecstasy:</b>	
	Medium dose (aka "double stack")	\$20
	High dose (aka "triple stack")	\$30
	<b>Molly:</b>	
	2/10 gram	\$20
	A gram	\$60-70

Participants indicated that ecstasy and molly are obtained through drug dealers. Participants reported that the most common route of administration of ecstasy is oral consumption, while the most common route of administration for molly is snorting. Participants discussed: "You can snort [ecstasy], but it'll make you real sick before you get high. So, most chew it up; Snorting is what I heard or under the tongue; You can inject it, I've injected molly before; You take the whole ecstasy pill and put it in your butt, or you can put it under your tongue."

Participants and community professionals described typical ecstasy and molly users as hippies, 'ravers' (dance party goers) and partiers. Participants discussed: "Hippie-ish kind of people ... people that like to camp out; People who wanna go hard and just party all night ... the college scene; People that think they are like gangster or are from the ghetto or whatever do a lot more molly than they do ecstasy; All the rappers rap about it, they're doing it; I've seen it all around. I don't really see older ... people past 25 [years] ... with molly." In addition, a participant observed, "It's huge in the gay community." Community professionals noted: "Drinkers, bar goers, partiers; I'd even say kids experimenting; Older teenagers, [young] adults."

## Other Drugs in the Columbus Region

Participants reported current availability of hallucinogens (psilocybin mushrooms) in the region; however, these drugs were not mentioned by the majority of people interviewed. In addition, BCI crime labs reported on other substances that were not discussed by participants or community professionals. BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months, while the incidence of synthetic cathinones ("bath salts") and synthetic marijuana (synthetic cannabinoids) cases they process from this region has increased.

### Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens as '3' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. However, one participant commented, "*Shrooms' (psilocybin mushrooms) are very few and far between.*" Participants did not report any further details on hallucinogens.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop along Interstate 70 in Madison County and recovered nearly three pounds of psilocybin mushrooms, 144 doses of LSD (lysergic acid diethylamide), 450 doses of nitrous oxide (inhalant, aka "whippets"), an ounce of cocaine and 70 grams of marijuana; officers arrested the driver of the stopped vehicle for possession of drugs ([www.nbc4i.com](http://www.nbc4i.com), July 17, 2018). BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has increased during the past six months, while the incidence of LSD cases from this region has slightly decreased.

## Conclusion

Heroin, marijuana and Suboxone® (buprenorphine) remain highly available in the Columbus region; also highly available in the region are fentanyl and methamphetamine. Changes in availability during the past six months include: increased availability for fentanyl and methamphetamine; likely increased availability for marijuana ("dabs"); decreased availability for prescription stimulants; and likely decreased availability for prescription opioids and sedative-hypnotics.

While heroin remains highly available in the region, respondents acknowledged that a lot of heroin contains fentanyl or is fentanyl substituted for heroin. In fact, participants reported that the availability of heroin has decreased during the past six months. Participants discussed difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. They also continued to report that the top cutting agent (adulterant) for heroin is fentanyl.

Respondents indicated that fentanyl is higher in availability than heroin, and its availability has increased during the past six months. They attributed increased availability of fentanyl to increased user demand for more potent opiates. Law enforcement discussed: "*There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl]; They're even going so far as to have Narcan® on hand.*"

Corroborating data indicated that heroin/fentanyl is highly available in the Columbus region. Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 individuals in the city of Columbus during the reporting period.

Participants observed high current availability of crystal methamphetamine, with many participants noting methamphetamine as the most available drug in the region. Participants attributed the increase in availability of crystal methamphetamine during the past six months to the drug's low price compared to other drugs, as one participant expressed methamphetamine is, "*Cheap, dirt*

*cheap.*” Participants also discussed that users receiving MAT (medication-assisted treatment) for opioid use disorder have switched to methamphetamine to continue drug use.

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the following as cutting agents for methamphetamine: Adderall®, Drano® (drain cleaner), fentanyl and salt. A participant commented, *“They’re putting fentanyl in everything.”* Respondents described typical methamphetamine users as white people, although they discussed the drug as being used by a wide range of people.

Lastly, participants reported increased availability of marijuana extracts and concentrates, oily and waxy forms of marijuana (aka “dabs”). They discussed that the popularity for these alternative, and more potent, forms of marijuana as increasing due to heightened user demand for potent marijuana and because extract and concentrate use is easily concealed through the use of vape pens. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

