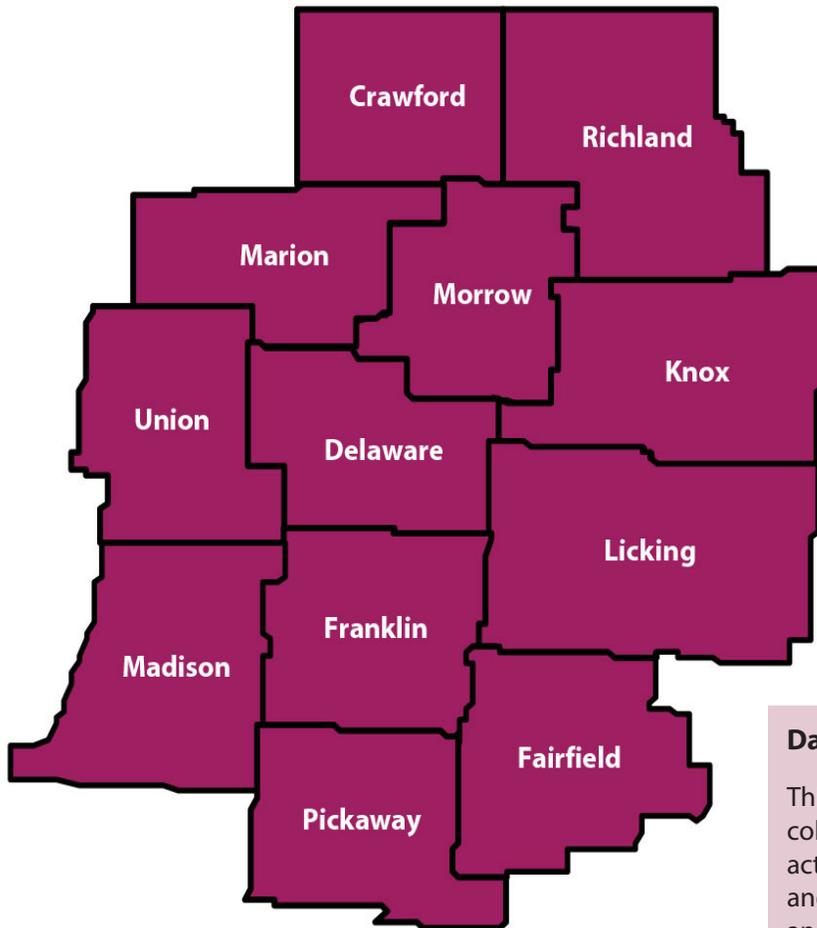




Drug Abuse Trends in the Columbus Region



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Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Fairfield and Franklin 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 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 through June 2019. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2019.

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

Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2019	11,689,100	2,348,936	41
Gender (female), 2019	51.0%	50.6%	61.0%
White, 2019	81.7%	76.9%	85.0% ²
African American, 2019	13.1%	15.6%	12.5% ²
Hispanic or Latino Origin, 2019	4.0%	4.2%	4.9% ³
High School Graduation Rate, 2014-18	90.1%	91.1%	80.0% ⁴
Median Household Income, 2018	\$54,533	\$62,423	Less than \$12,000 ⁵
Persons Below Poverty Level, 2018	13.9%	13.0%	69.2% ⁶

¹Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.

²Race was unable to be determined for one participant due to missing and/or invalid data.

³Hispanic or Latino Origin was unable to be determined for two participants due to missing and/or invalid data.

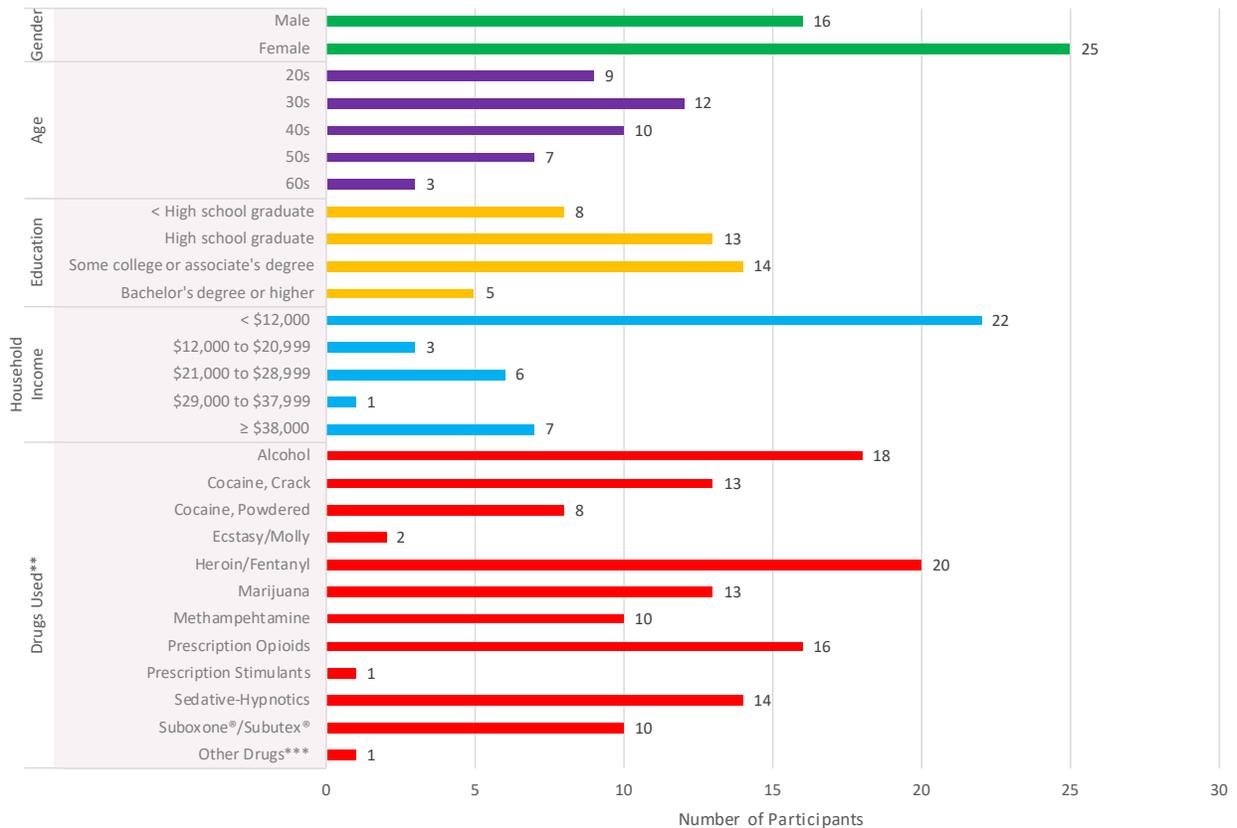
⁴Education level was unable to be determined for one participant due to missing and/or invalid data.

⁵Participants 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 two participants due to missing and/or invalid data.

⁶Poverty status was unable to be determined for two participants due to missing and/or invalid data.

Columbus Regional Participant Characteristics

Consumer Characteristics N=41*



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

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

***Bupropion (Wellbutrin®).

Historical Summary

In the previous reporting period (January – June 2019), crack cocaine, heroin, marijuana, methamphetamine 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; and decreased availability for prescription opioids.

While participants and community professionals continued to report high availability for heroin, there was agreement among respondents that fentanyl was more available and preferred than heroin. Participants noted some dealers selling only fentanyl and many users seeking only fentanyl. Treatment providers discussed increased tolerance to heroin as a reason for heroin users switching to fentanyl use. Corroborating data indicated that fentanyl was highly available in the region. Ohio Department of Public Safety (ODPS) reported seizing 59.9 kilograms (132.1 lbs.) of fentanyl from this region during the reporting period.

Respondents discussed increased demand for fentanyl was due to user tolerance to heroin and user preference for a more potent drug. However, respondents noted that fentanyl had replaced “pure” heroin, so oftentimes, there was no choice but to buy fentanyl. A treatment provider stated, *“Whether you want [fentanyl] or not, you’re getting it.”* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region had increased during the past six months.

Participants and law enforcement reported high and increasing availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants explained that more dealers/users were producing dabs and that dabs were becoming increasingly popular due to the ease in which a user could obtain a high in public, as concentrates in cartridges administered through vaping do not emit an odor. Law enforcement reported interdicting shipments of THC oils and vape cartridges coming into the region from “legal states,” states where medicinal/recreational use of marijuana was permitted by law. BCI crime labs reported that the incidence of concentrated THC (oils, dabs) cases

they process from this region had increased during the past six months.

Crystal methamphetamine remained highly available in the region. Respondents identified a number of reasons for increased availability of the drug during the reporting period: high profitability for drug dealers as the drug was inexpensive; heroin users fearful of fentanyl overdose switching to crystal methamphetamine because it was widely available and “cheap;” heroin withdrawal was “so bad” that many users were switching to methamphetamine or using methamphetamine to alleviate withdrawal symptoms; and heroin users receiving MAT (medication-assisted treatment) were using methamphetamine to continue their drug use. While participants discussed methamphetamine as a “safer drug” than fentanyl, many reported fentanyl as an adulterant for methamphetamine.

Lastly, participants and treatment providers indicated high availability for synthetic marijuana (synthetic cannabinoids). Participants reasoned that persons on probation were using the drug because standard urine drug screens often did not detect synthetic cannabinoid use. Community professionals described typical synthetic marijuana users as young and male.

Current Trends

Powdered Cocaine

Powdered 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.’ Treatment providers most often reported the current availability of powdered cocaine as ‘5,’ while law enforcement most often reported it as ‘10;’ the previous most common scores were ‘8’ and ‘9-10,’ respectively. A treatment provider stated, *“I think I’ve had three clients in the last six months talk about [powdered cocaine use] ... it’s not popular now.”* However, a law enforcement officer who works undercover commented, *“I can go out and buy [powdered cocaine] in the next fifteen minutes ... I would consider that a ‘10’ (highly available).”*

Corroborating data indicated that powdered cocaine is available in the Columbus region. Ohio Department of Public Safety (ODPS) reported seizing 20.6 kilograms (45.5 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. Ohio State Highway Patrol (OSHP) arrested two West Virginia women during a traffic stop in Pickaway County after detecting the odor of marijuana and conducting a probable cause search of the women’s vehicle; troopers seized marijuana along with four pounds of cocaine worth \$200,000 and charged the women with possession and trafficking in drugs (www.10tv.com, July 25, 2019). Whitehall Police (Franklin County) arrested a man during the execution of a search warrant; officers seized 1,296 grams of cocaine, 80 grams of marijuana, a stolen semi-automatic rifle (AR-15) and \$53,710 from the man’s residence (www.abc6onyourside.com, Aug. 5, 2019). Whitehall Police executed a search warrant at an apartment as part of an investigation into drug trafficking in and around Whitehall and seized 13 grams of cocaine, seven grams of methamphetamine, 27 doses of heroin/fentanyl, 150 grams of marijuana, \$2,083 and 73 firearms, including five stolen guns (www.abc6onyourside.com, Oct. 27, 2019).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants explained: “[Powdered cocaine] is harder to get because people are selling [cocaine as] ‘crack’ (crack cocaine) instead of the powder; Dealers are monopolizing [powdered cocaine], so that they can make the crack ... and make more money.” Another participant added, “Due to some of the [recent law enforcement drug] busts, [powdered cocaine] is not as available as it was.”

Treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement thought that it has remained the same or decreased. A law enforcement officer commented, “Right now, powdered cocaine is a little bit harder to find than it was previously just because there’s been a couple of major busts on the streets.” However, another officer observed, “[Availability of powdered cocaine] has not changed in the higher socio-economic brackets ... it’s just as available now as it was six months ago in those areas.” 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	No consensus
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘4.’ However, participants discussed varying quality of powdered cocaine. A participant remarked, “Some got ‘fire’ (high quality powdered cocaine), some ‘cut’ (adulterate) it [with other substances] too much.” Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxatives, baby powder, fentanyl and methamphetamine.

Other adulterants mentioned included: baby formula (Similac®), baking soda, ether, lidocaine (local anesthetic), powdered coffee creamer, prescription opioids, prescription stimulants (Adderall®) and sedative-hypnotics (Xanax®). Participants commented: “You should have asked what it’s not being cut with; I overdosed and [the drug test] came back with 13 different types of drugs in it; They’re starting to put fentanyl in it to make people come back for what they think is cocaine; There’s no telling what’s in it.” Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented, “I didn’t get high like I wanted to get....”

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

Current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$40
	A gram	\$45-80

The most common routes of administration for powdered cocaine are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, eight would shoot and two would snort the drug. Participants explained differences: "[Route of administration] depends on what side of town you're on and how long they've been 'on it' (using powdered cocaine). Somebody that's just been on it for a month, two months, they're snorting it, but if they've been doing it longer than that, they're definitely 'banging' (shooting) it; Older people stick to snorting it, the younger crowd is shooting it." Participants described typical powdered cocaine users as anyone, while community professionals described typical users as affluent and white people. Participants commented: "It's people that you would never think; I've met doctors ... that are using it; My old probation officer."

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.' A participant stated, "Every 'dope man' (drug dealer) selling heroin, is selling 'coke' (powdered cocaine) and crack now." Treatment providers most often reported the availability of crack cocaine as '6,' while law enforcement most often reported it as '10,' the previous most common scores were '9' and '6,' respectively.

Corroborating data indicated that crack cocaine is available in the Columbus region. ODPS reported seizing

1.5 kilograms (2.5 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. Columbus Police (Franklin County) shut down a drug ring that was operating out of a home on the east side of Columbus; narcotics officers made several covert purchases of crack cocaine and heroin during the months preceding the boarding up of the house (www.nbc4i.com, Oct. 9, 2019).

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported increased availability. A participant stated, "It's stayed the same ... still readily available." A treatment provider observed, "Every stimulant has increased." Law enforcement commented: "We're still seeing a tremendous number of people telling us they use crack; That's what they use to keep themselves level." 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.

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

Participants most often rated the current overall quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' However, a participant indicated, "[Quality] depends on the dealer and what side of town you're on." Participants continued to report that crack cocaine in the region is most often adulterated (aka "cut") with baking soda and fentanyl. Other cuts mentioned included: baby formula, bleach, ether, heroin, laundry detergent, methamphetamine and prescription stimulants (Adderall®). Several participants related: "[Crack cocaine] goes hand and hand with fentanyl; I've experienced it being cut with fentanyl lately." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. One participant shared, *"The dealers I would deal with, they won't sell nothing under ten dollars."* Overall, participants reported that the price of crack cocaine has increased during the past six months. A participant stated, *"I can get a gram nowadays for like \$80, \$70, where it used to be \$50."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	1/2 gram	\$30
	A gram	\$70-80

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would intravenously inject (aka "shoot") the drug. A participant added, *"I've seen people put it in their cigarettes, I've seen people put it in their 'weed' (marijuana)."*

A profile for a typical crack cocaine user did not emerge from the data. Although participants described typical crack cocaine users as diverse, they identified distinctions when it came to route of administration. A participant explained, *"I feel that most people do smoke. It's not a common thing to shoot it. ... Heroin users are the ones that usually tend to shoot."* Community professionals described typical crack cocaine users as older, long-term drug users, of lower socio-economic status. Community professionals discussed: *"I would consider it a low-class drug. I'm not saying we haven't run into all types of users, but that's typically what we're seeing; It's a lot of your more established users. It's not typically your gateway drug. It's for somebody that's been in [active addiction] for a while and now can't afford [powdered] cocaine anymore."*

Heroin

Heroin is moderately to highly available in the region. Participants most often reported the current availability of the drug as '5' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' A near equal number of participants gave ratings of '5' and '10.' Participants reporting moderate availability responded that heroin without fentanyl has become difficult to find, commenting: *"It used to be so readily available [that] it was ridiculous, but now it's very hard to actually find [unadulterated] heroin; Heroin doesn't exist anymore; It's all fentanyl."* Treatment providers most often reported the current availability of heroin as '10,' while law enforcement most often reported it as '4,' the previous most common scores were '9-10.' Law enforcement commented: *"I don't believe you can find true heroin; Everything we recover anymore is a hodgepodge of drugs when we get the labs (crime lab analysis) back."*

Corroborating data indicated that heroin is available in the Columbus region. ODPS reported seizing 33.1 kilograms (73.0 lbs.) of heroin 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 responded to an alert from ShotSpotter, a gunshot detection system used to track gunshots in some neighborhoods, and arrested two men, both felons, for illegal possession of firearms; officers executed a subsequent search of the home of one of the men and seized five guns, ammunition, 1,254 grams of methamphetamine, 633 grams of black tar heroin, prescription pills and cash (www.myfox28columbus.com, July 19, 2019). Franklin County Sheriff's Office seized six pounds of heroin with an estimated street value of \$277,500 from a residence in west Columbus, arresting two occupants of the home for possession and trafficking of heroin (www.10tv.com, July 30, 2019). A Crawford County grand jury indicted three men on felony drug charges following the raid of a Bucyrus apartment; one man was found in possession of 200 doses of heroin, a second man had 200 grams of methamphetamine, and the third man was arrested for possession and permitting drug abuse in his apartment (www.bucyrustelegraphforum.com, Sept. 11, 2019). A federal grand jury indicted 18 people, 13 of whom were arrested in central Ohio, for distribution of heroin, money laundering and for running a fake immigration identification business; the defendants

allegedly smuggled workers into the United States from Mexico to package and sell heroin throughout central Ohio (www.10tv.com, Sept. 24, 2019). Franklin County Sheriff’s Office arrested two people for heroin possession in Columbus near a large shopping center; officers found 2,150 grams of heroin valued at \$400,000 in the floorboard of the suspects’ car next to two children in the backseat (www.10tv.com, Sept. 30, 2019). Franklin County Sheriff’s Office seized 4,500 grams of heroin with a street value of \$750,000 during a traffic stop in north Columbus; acting on a tip that identified a woman as operating as a drug courier, officers stopped the woman’s vehicle, recovered the large amount of heroin and arrested the woman (www.10tv.com, Oct. 17, 2019). Franklin County Coroner’s Office reported eight overdose deaths during a 24-hour period; authorities noted that heroin and other opiate use has gone up in Columbus, although the coroner’s office reported that four of the eight deaths happened in Whitehall, and three of the Whitehall deaths occurred in one house—the largest single case of deadly overdoses ever recorded in Franklin County (www.10tv.com, Oct. 28, 2019). Delaware County Drug Task Force along with several federal and local law enforcement agencies arrested 13 people during six simultaneous drug raids; those arrested were alleged to have been part of a drug operation that supplied heroin to Central Ohio communities via delivery service (www.abc6onyourside.com, Oct. 30, 2019). The family of a professional football player issued a statement sharing that he died of an apparent heroin overdose on Thanksgiving Day at his Columbus home (www.10tv.com, Nov. 30, 2019). Franklin County Drug Task Force used an undercover agent to purchase more than two kilograms of heroin from two men in west Columbus; officers arrested the men for trafficking in heroin (www.10tv.com, Dec. 11, 2019).

Participants reported several types of heroin as available in the region, but most participants noted that current heroin is not “true heroin.” Types of heroin mentioned included: blue, brown, gray and white powdered as well as black tar heroin. Participants explained, *“Black tar’ is dark brown like instant coffee, ‘blue magic’ (blue-colored powdered heroin) is grayish blue; It’s getting harder to find [black tar heroin] because everybody’s moving to the fentanyl; Sometimes you think you’re getting heroin, and you’re really getting fentanyl.”* Community professionals reported black tar heroin as most available. A treatment provider shared, *“When we do see heroin, we hear a lot of people saying they use ‘tar’ ... those are folks actively trying*

to avoid fentanyl.” Additional types of heroin mentioned included: tan and white powdered. BCI crime labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin from this region during the past six months.

Participants and law enforcement reported that the availability of heroin has decreased during the past six months, while treatment providers reported that availability has remained the same. Participants discussed that heroin has been mostly supplanted by the cheaper and more potent drug fentanyl. They said: *“[Availability] has definitely gone down, like, dramatically; [Availability has gone down] because of the fentanyl...”* A law enforcement officer reported: *“It’s cheaper for drug dealers to get fentanyl and cut it with everything.”* BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ However, participants discussed variability in quality by heroin type and by dealer. They shared: *“I find tar is more likely to be what it’s supposed to be, so ‘8’ as far as that goes, but anything else, it’s subject to question; There was one [drug dealer] that I would prefer that had the best [heroin] and it would be ... ‘8’ or ‘9’ (high quality), and then others would be ‘4’ or ‘5’ (lower quality).”*

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported the top cutting agents for the drug as coffee and fentanyl. Additional cuts mentioned included: blood pressure medication, brown sugar, ketamine (anesthetic typically used in veterinary medicine), hot chocolate mix, mannitol (diuretic), Neurontin® (gabapentin), rat poison, Seven Star (a retail cutting agent available at head shops), sleep medication, sugar, Sweet ‘N Low® (sugar substitute), vinegar and vitamin E. A participant reported, *“When they did my blood*

test, I tested positive for two different kinds of blood pressure medicine, and I'm not on (prescribed) blood pressure medicine." Overall, participants reported that the general quality of heroin has decreased during the past six months. A participant commented, "The problem is you get these fly-by-night dealers and they're mixing it (adulterating the heroin), but they don't know what they're doing."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Participants discussed: "I haven't seen a 'balloon' [containing 1/10 gram of black tar heroin] in a long time ... capsules [filled with approximately 1/10 gram of heroin] are coming around a little bit; I don't know grammages, weight and all that. I just say, 'Hey, bro! I just want a little. You can have \$100;' Everything in Delaware's double [the cost than in Columbus]." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram	\$10
	1/2 gram	\$40-50
	A gram	\$60-100
	1/4 ounce	\$350

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. A profile for a typical heroin user did not emerge from the data. Some participants reported typical users as young white people, but others disagreed and saw no age or race distinction. Community professionals also noted typical heroin use among young white people but noted that the profile is changing. A treatment provider explained, "When you look at the [clients] that come in and ask us for help, I think we're ... at 88% white and 12% minority and that has changed over the last six months. We were 5-6% minority for the longest time and now we are starting to see an uptick, specifically in the African-American community that are coming in for help ... they are using a stimulant that has been laced with heroin and that gets them hooked."

Fentanyl



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

the previous most common score was '9.' Participants discussed the high prevalence of other drugs adulterated with fentanyl. One participant shared, "I didn't even know I was on it (taking fentanyl) ... I overdosed three times in a week and a half." Community professionals most often reported the current availability of fentanyl as '10'; the previous most common score was also '10.' A law enforcement professional reported, "It's so easy for people to get fentanyl and the majority of people we deal with are looking for fentanyl. ... We had a triple overdose here ... three people are dead, didn't scare people, it actually brought people that don't even live in our city here because that's what they want, they want the strong [fentanyl]. They just buddy up with Narcan® (naloxone, opioid overdose reversal medication)."

Corroborating data indicated that fentanyl is highly available in the Columbus region. ODPS reported seizing 17.4 kilograms (38.3 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. After recording nine overdose deaths in a 48-hour time period, Franklin County Coroner's Office put out a warning of fentanyl being

mixed into other drugs such as cocaine and methamphetamine; reportedly, one of the overdose victims was a 73-year-old intravenous drug user (www.10tv.com, July 9, 2019). Franklin County Coroner's Office issued an alert after six overdose deaths in Columbus over a two-day period; the coroner stated that overdose deaths continued to be fentanyl related and urged residents to obtain naloxone and fentanyl testing strips (www.nbc4i.com, Aug. 12, 2019). Columbus Police arrested nine people while executing a search warrant of a west side home; officers seized six grams of cocaine, three grams of heroin and 43 grams of fentanyl, enough fentanyl to kill 14,000 people (www.cleveland19.com, Sept. 13, 2019). Ontario Police (Richland County) confiscated 1,500 fentanyl-laced pills disguised as oxycodone and an unspecified amount of methamphetamine while recovering a stolen vehicle; officers arrested a Kentucky man in connection to the fentanyl, which reportedly was worth over \$22,000 and the amount to be enough to kill over 168,000 people (www.cleveland19.com, Sept. 25, 2019). Franklin County Coroner's Office issued an alert after 10 overdose deaths within 26 hours; the coroner warned that fentanyl can be mixed with cocaine and methamphetamine, making deadly combinations (www.abc6onyourside.com, Sept. 29, 2019). Whitehall Police (Franklin County) arrested a suspect in connection with a fatal triple overdose for involuntary manslaughter, trafficking in drugs and corrupting another with drugs; when officers went to the suspect's home to make the arrest, the suspect swallowed a bag of suspected fentanyl and was hospitalized under medical watch (www.10tv.com, Oct. 29, 2019). Hilliard Police (Franklin County) along with Franklin County Sheriff's Office raided a south Columbus home and arrested two people for drug possession and trafficking after seizing enough carfentanil (synthetic opioid more potent than fentanyl) to kill up to 1.2 million people; officers also recovered marijuana, guns and cash during the raid (www.10tv.com, Nov. 7, 2019). Franklin County Sheriff's Office arrested a 28-year-old man in northeast Columbus after seizing approximately 450 grams of suspected fentanyl; Franklin County Drug Task Force agents made several undercover fentanyl buys from the suspect through the course of their investigation (www.abc6onyourside.com, Nov. 15, 2019). A staff member of a correctional institution in Madison County responded to an incident in the institution's transitional program unit and was exposed to fentanyl; the staff member along with two inmates exhibited signs of

fentanyl exposure, all were transported to a hospital for treatment (www.10tv.com, Dec. 6, 2019).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants shared: *"It went from like really hard to find good fentanyl to it's everywhere; You can get it at [a fast-food] drive thru; I was getting a pizza delivered and it was taped to the top of the pizza box."* Treatment providers discussed increased demand as driving up the supply of fentanyl in the region. A treatment provider said, *"I think the word goes around that fentanyl is like the ultimate high...."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil (synthetic opioid more potent than fentanyl) cases has decreased and remains low.

		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 '8.' Community professionals also discussed the high potency of fentanyl, particularly noting the lethality of the drug. Treatment providers shared: *"[Users] go to these heroin-fentanyl parties. They have Narcan® available close by ... if one of their cohorts is going to 'OD' (overdose), they immediately give him some Narcan®; Those kinds of parties are called 'Lazarus parties' because they bring them back from the dead."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl varied widely among participants with experience purchasing the drug. Participants commented: *"[Price] would vary; When I was getting it, it was like \$180 a gram."* Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$45-80
	A gram	\$80-180

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, seven would shoot and three would snort the drug. A participant stated, "I snorted it, but pretty much everyone I knew was injecting it." Another participant added, "I've seen people smoking it."

A profile for a typical fentanyl user did not emerge from the data. Participants and community professionals continued to describe typical fentanyl users as heroin users. Community professionals commented: "I wouldn't say there's any difference in race, it's kind of across the board; I think the big thing that we're seeing is ... [fentanyl users] are getting younger."

Prescription Opioids

Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-5.' A participant commented, "People don't buy them like they used to." Community professionals most often reported the current street availability of prescription opioids as '10'; the previous most common score was '5.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Mansfield (Richland County) man during a traffic stop after they observed criminal indicators and brought in a K-9 officer to search the man's car; Troopers found marijuana debris along with 469 oxycodone pills worth \$7,500 (www.fox8.com, July 25, 2019). The Ohio Attorney General announced the indictment of 59 people in Central Ohio as the result of an undercover drug task force operation; law enforcement seized 109 hydrocodone pills,

95 ounces of methamphetamine, an unspecified amount of Suboxone®, cocaine, fentanyl, heroin and eight stolen guns (www.10tv.com, Nov. 21, 2019).

Participants and community professionals identified OxyContin® and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Other prescription opioids mentioned included: Dilaudid®, Opana® and Vicodin®. Participants and law enforcement reported that the street availability of prescription opioids has remained the same during the past six months, while treatment providers reported decreased availability. Treatment providers noted: "I just know that when I do intakes that a lot of time they graduate to heroin or fentanyl because of the price, which usually means to me that [prescription opioids] are not readily available; I wonder if they're less available just due to the price."

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 hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases they process has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®) and oxymorphone (Opana®).

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, prescription opioids sell for \$1-1.50 per milligram. A participant shared, "You can get pills now, but they're like high, high dollar... \$45 is a good number [for Roxicodone® 30 mg]." Participants and law enforcement indicated that the price of prescription opioids has increased during the past six months. A law enforcement officer commented, "The crazy thing about it is the price has gone up over the last three months ... right now [Roxicodone® 30 mg] are going between \$40-50 a pill and six months ago they were \$30."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$6 for 5 mg \$12 for 10 mg
	Roxicodone®	\$30-45 for 30 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, emergency rooms and persons with prescriptions for them. Participants discussed: *"Either the emergency room or ... you may find somebody on the street [selling their prescribed opioids]; You can actually go on the Internet and [research] symptoms and go to a doctor and [feign pain to] get what you want."*

The most common route of administration for illicit use of prescription opioids is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would intravenously inject (aka "shoot") the drugs. Participants commented: *"I would shoot Dilaudid® because it dissolves completely in water; It all depends on how long you've been on the drugs and what high are you chasing."*

A profile of a typical illicit prescription opioids user did not emerge from the data. Participants shared: *"Everybody at one point in time that I knew, even people you wouldn't think, was using pills; Especially, if they get alcohol and they want to get a little 'buzz' (high), they take the [opioids] and drink alcohol."* However, law enforcement noted people of middle to high socio-economic status as illicit users given the high street prices for prescription opioids. They stated: *"[Illicit opioid users] have money. These people have some kind of insurance ... they're not homeless.... It has to do with having enough money or wealth [to afford them]."*

Suboxone®



Suboxone® (buprenorphine) is highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '6-8,' respectively. A treatment provider commented, *"Clients always mention buying [Suboxone®]*

to 'keep well' (avoid experiencing opiate withdrawal symptoms) when they're on the street." A law enforcement officer shared, *"People are prescribed Suboxone® and they take them to their [drug] dealers and [trade Suboxone® to] get heroin...."*

Participants and community professionals reported that the availability of Suboxone® for illicit use has increased during the past six months. Participants discussed: *"There's so many clinics out here now that are giving it out; A lot of people are going to treatment to get Suboxone® and selling it to get fentanyl."* Treatment providers reported: *"It seems like that's on the rise. It's always readily available [on the streets]; A general [Suboxone®] clinic doesn't have the accountability that [a treatment program] does for its clients."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants discussed: *"[Price] depends on if somebody's desperate; Pills are cheaper because you can't shoot (intravenously inject) 'em."* Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-25 for 8 mg
	Pill	\$15-20 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported obtaining Suboxone® for illicit use through people with prescriptions and through a clinic or treatment center. One participant shared, *"You can go to any treatment or*

rehab center, for real, tell them you're coming off of heroin ... and they'll be like, 'Oh, here you go.'"

The most common routes of administration for illicit use of Suboxone® are oral consumption (sublingual) and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would orally consume and five would snort the drug. Participants and community professionals continued to describe typical illicit Suboxone® users as heroin users. A participant stated, *"Anybody on heroin is going to need it at some point [when they cannot obtain heroin]."* Community professionals discussed illicit Suboxone® use among people who cannot access treatment through legal channels. A treatment provider said, *"The bulk of the people getting Suboxone® on the street are doing it just to alleviate the withdrawal [symptoms]."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8.' Community professionals most often reported the current availability of sedative-hypnotics as '10'; the previous most common scores were '4' for law enforcement and not reported for treatment providers. A law enforcement officer indicated, *"There's so many treatment providers still using 'benzos' (benzodiazepines) for treatment of anxiety, and then people ... figure out it's profitable [to sell their medication] ... they keep getting [the prescription] filled, and then sell it."* A treatment provider shared, *"We're having a whole lot more people that are coming in [to treatment] and saying, 'One of my drugs of choice is Xanax®.' Last week it was almost half the people walking in the door."*

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A law enforcement officer reported, *"There are bags full of Xanax® in these drug dealers' houses. They're all over the place ... 'xanie bars' (Xanax® 2 mg) are all over the place."* Other types of sedative-hypnotics mentioned included: Ativan®, BuSpar® (buspirone, an anxiolytic), Klonopin®, Soma® and Valium®.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while treatment providers reported that availability has remained the same, and law enforcement did not provide consensus on availability change. BCI crime labs reported that the incidence of carisoprodol (Soma®), clonazepam (Klonopin®) and lorazepam (Ativan®) cases they process from this region has increased during the past six months, while the incidence of alprazolam (Xanax®), diazepam (Valium®) and zolpidem (Ambien®) cases has decreased or remained the same.

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

Reports of current street prices for sedative-hypnotics were varied among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1.50-5 per milligram. Participants reported that Xanax® 2 mg sells for \$5-10. Overall, participants indicated that the price of sedative-hypnotics has remained the same during the past six months.

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers and people who have prescriptions for them. In addition, several participants reported fraudulent (counterfeit) sedative-hypnotics. They said: *"Every person that I know that sells Xanax® bars right now ... they're fake. And, I know that because I've taken a drug test here and [Xanax®] did not show up; if you're getting it from a dealer, it's fake, usually. If you get them from somebody that has them prescribed, you get the real ones."*

Participants reported that the most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would swallow and four would snort the drugs. Participants discussed: *"I injected them once or twice. ... Everybody I've ever really seen [taking sedative-hypnotics] normally just 'pops' (swallows) them; [Snorting] probably, or just swallowing them."*

A profile for a typical illicit sedative-hypnotic did not emerge from the data. However, treatment providers noted typical illicit use among trauma victims and females, while law enforcement indicated illicit use among younger people and those looking for a different type of high. A treatment provider reflected, *“I probably see more females than men [that illicitly use sedative-hypnotics].”*

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.’ A participant commented, *“It’s a very, very common drug.”* Another participant shared, *“It’s kind of been decriminalized. My neighbor had 180 plants in their basement and didn’t step foot in jail.”* Treatment providers attributed the high current availability of marijuana to greater societal acceptance for the drug, saying: *“It’s due to ... society normalizing it; It’s so normalized that ... [clients] treat it as if it’s not illegal ... and it’s not that big a deal [to use marijuana].”*

Corroborating data indicated that marijuana is available in the Columbus region. ODPS reported seizing 287.5 kilograms (633.9 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. Columbus City Attorney’s Office announced that it would no longer prosecute misdemeanor marijuana cases and was dropping any pending cases (www.10tv.com, Aug. 7, 2019).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘7;’ the previous most common score was not reported. A participant reported, *“I’m in a domestic violence shelter and 90 percent of the people there have vape pens [used with marijuana extracts and concentrates].”* Community professionals did not report on the current availability of marijuana extracts and concentrates.

Participants and law enforcement reported that the availability of marijuana has remained the same during the past six months, while treatment providers reported that availability has increased. Participants indicated that the availability of marijuana extracts and concentrates has remained the same or increased during the past six months. A participant explained, *“It’s a little more socially acceptable [to use dabs], so people are really going all in with the whole weed thing.”* BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has remained the same during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ Participants discussed: *“[Quality] depends on what you’re willing to pay; I remember my last ‘blunt’ (marijuana-filled cigar) knocked me off my feet. I don’t know what was in it ... but it had me ‘nodding out’ (in an opioid-induced trance-like state), like I was on some other drugs.”* Overall, participants indicated that the quality of marijuana has increased during the past six months, while the quality of marijuana extracts and concentrates has remained the same. A participant commented, *“Quality has gone up since legalization came into play. Lots of people are going to dispensaries or know people that are growing [marijuana].”*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants reported that the most common quantity of purchase for marijuana is a gram, while the most common quantity of purchase for marijuana extracts and concentrates is 1/2 gram. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	A blunt (cigar) or a gram	\$10-20
	1/2 ounce	\$150-250
	An ounce	\$200-400
	Extracts and concentrates:	
	1/2 gram	\$40-45
	A gram or a cartridge	\$50-60

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, eight would smoke and two would orally consume the drug in edibles (food products made with marijuana). A participant shared, *"I smoke it almost always. Some eat it or bake with it. ..."* Participants estimated that out of 10 marijuana extracts and concentrate users, all 10 would vape the drug. A profile for a typical marijuana user did not emerge from the data. However, participants and community professionals indicated that younger people (under 40 years of age) are vaping marijuana extracts and concentrates. Participants commented: *"The older generation smokes weed, and the younger generation smokes (vapes) the cartridges; I've never seen anybody over 40 use dabs."*

Methamphetamine



Methamphetamine 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 '10' and '7-9,' respectively. Participants commented: *"When I think about getting high, that's the drug that comes to mind first; When I was searching for 'coke' (powdered cocaine), everybody always had 'meth' (methamphetamine)."* A treatment provider observed, *"People are afraid of fentanyl and heroin, so they go with meth."*

Corroborating data indicated that methamphetamine is available in the Columbus region. ODPS reported seizing 6.9 kilograms (15.2 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. While under the influence of methamphetamine, and driving the wrong direction on Interstate 71 in Morrow County, a man crashed his car head-on into an OSHP vehicle; the driver and an OSHP trooper were hospitalized in critical condition (www.10tv.com, July 12, 2019). Bucyrus Police (Crawford County) arrested two people after a search of the pair's vehicle and home led to the discovery of a kilogram of methamphetamine valued at \$140,000, large amounts of heroin and prescription drugs, THC oils, several pounds of marijuana and other drug-related items (www.bucyrustelegraphforum.com, July 18, 2019). Whitehall Police (Franklin County) arrested a Columbus man for methamphetamine trafficking in and around Whitehall; officers executed a search warrant of the man's apartment and recovered 1,885 grams of methamphetamine, 97 grams of cocaine and \$1,300 (www.abc6onyourside.com, July 24, 2019). Responding to information that a Columbus woman was transporting a large amount of methamphetamine to a restaurant in Heath (Licking County), detectives with the Central Ohio Drug Enforcement Task Force watched for and then arrested the woman with 470 grams of methamphetamine (www.newarkadvocate.com, Sept. 26, 2019). Franklin County Sheriff's Office arrested two people during a traffic stop on Interstate 70 in Columbus for possession of methamphetamine; officers conducted a probable cause search of the stopped vehicle and found indicators of a mobile methamphetamine lab (www.nbc4i.com, Oct. 12, 2019). Circleville Police (Pickaway County) arrested a Columbus man during a traffic stop after they found the man in possession of over a quarter ounce of methamphetamine and a half ounce of heroin; police estimated the street value of the drugs as \$10,000 (www.abc6onyourside.com, Nov. 8, 2019).

Participants and community professionals reported that methamphetamine is available in crystal and powdered forms; however, crystal methamphetamine remains more prevalent throughout the region. 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 discussed: "All I could get was 'ice' (crystal methamphetamine); I normally buy just 'crystal' (crystal methamphetamine). [Powdered methamphetamine], that's old [news]." Treatment providers commented: "It seems to be crystal; Definitely hear a lot about [crystal methamphetamine] more than anything."

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants commented: "Yeah, I think the availability has definitely gone up; I found that with the heroin epidemic, [methamphetamine] just kind of came in with it." A law enforcement officer also noted, "We had a guy yesterday that does a half a gram of heroin and half a gram of meth to stay level." Another officer observed, "The Mexican cartels are flooding the market right now with meth and they have been for about the last year and a half. ... We've just been getting pounds of meth. So frequent. It used to be ... you got an ounce of meth. ..." A treatment provider shared, "With all the focus on opiates, [methamphetamine] is on the rise, like cocaine." 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 '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7.' However, participants reported variability in the quality of methamphetamine. One participant commented, "It varies. I can remember one time I had some that was like '2' (poor quality) then six hours later I had some that was like '12' (extremely high quality) and it was all from the same guy."

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: bath salts (substituted cathinones; compounds containing

methylone, mephedrone, MDPV or other chemical analogues), fentanyl, MSG (monosodium glutamate), prescription stimulants (Adderall®) and rock salt. Participants stated: "You can cut it with pretty much anything as long as it's white or clear; Fentanyl is the hugest one (most used cutting agent) around here." Overall, participants reported that the quality of methamphetamine has either remained the same or decreased during the past six months. A participant explained, "People cut it a lot more now."

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

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: "[Price] depends. I can get something for \$25, a gram that's no good (poor quality), then you can also get \$50 a gram ... you're paying for what you get; Most people just buy [methamphetamine] in bulk because it's cheap." Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	A gram	\$25-50
	1/8 ounce	\$70
	An ounce	\$300-400

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. Other routes of administration mentioned included: snorting, "hot

railing” (a process whereby the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) and “parachuting” (a process whereby the user places the drug in tissue, bundles the tissue up and swallows the bundle). Participants commented: *“I just did IV (intravenous injection) with everything I did [including methamphetamine]; Some people might ... smoke it and some people might be snorting it while they’re shooting it.”*

A profile for a typical methamphetamine user did not emerge from the data. Participants described typical users as heroin users, business people and people trying to stay awake all night. A participant explained, *“Like third-shift workers [and] if you have to work a lot, or college students.”* Community providers described typical methamphetamine users as people who used to do cocaine and people of lower socio-economic status. A treatment provider shared, *“Generally, no [there is not a typical user], but ... you’ll probably see an increase with lower socio-economic because you can get more bang for the buck; The meth user is the same person who used to do the IV powdered cocaine. It seems like [methamphetamine use] just replaced [cocaine use]. I don’t know why, maybe it’s cheaper.”*

Prescription Stimulants

Prescription stimulants 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 ‘4.’ Treatment providers most often reported the current availability of prescription stimulants as ‘8,’ while law enforcement most often rated it a ‘2’ and ‘4;’ the previous most common scores were not reported. A law enforcement officer reported, *“We hear from college-age kids that it’s available on college campuses.”*

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. A participant said, *“Adderall® is the one ... that I’ve seen on the streets.”* Participants and law enforcement reported that the street availability of prescription stimulants has remained the same during the past six months, while treatment providers reported decreased availability. A treatment provider stated, *“A lot of doctors now are being more*

cautious about prescribing it to people.” BCI crime labs did not report processing any cases of methylphenidate (Ritalin®) from 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	No change
	 Law enforcement	No change
	 Treatment providers	Decrease

Participants were unable to report current prices for prescription stimulants. A participant commented, *“[Street prices] I don’t know, I used to get it for free.”* Participants reported obtaining prescription stimulants for illicit use from doctors, other people with prescriptions and drug dealers. A participant remarked, *“From ‘trap houses’ (drug houses, places where illicit drugs are sold) ... where a drug dealer is.”* The most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 users would snort the drugs.

Participants and community professionals continued to most often described typical illicit prescription stimulant users as college-aged young adults. In addition, participants noted illicit use among females. A participant noted, *“Where I’m from, housewives use Adderall® to lose weight. College kids are ‘speeding’ (using stimulants) to get through exams.”* Community professionals also indicated illicit prescription stimulant use among young people of higher socio-economic status (i.e. young people with the means to afford college). Treatment providers shared: *“I don’t hear about it a lot with the older population; I see a lot of it with a younger population ... I see teenage, young college age, early 20s.”* A law enforcement officer explained, *“The college-age kids take it so they can stay up all night and don’t have to pound (drink) 12 Red Bull® [energy drinks].”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘3’ and ‘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 ‘5.’ Community professionals most often reported the current availability of ecstasy and of molly as ‘5;’ the previous most common scores were not reported. A treatment provider stated, *“It’s not readily available, but it’s out there.”* A law enforcement officer commented, *“Low- to mid- level [drug] dealers have some.... It’s more of a party drug....”*

Participants and community professionals reported that the availability of ecstasy and of molly has remained the same during the past six months. BCI crime Labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has decreased during the past six months.

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

Participants discussed the quality of ecstasy and of molly and rated the current overall quality of the drugs as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘6-7.’ Participants reported that an ecstasy tablet usually sells for \$10-15, while a gram of molly typically sells for \$40. Participants indicated that ecstasy and molly are most often obtained through friends.

Participants reported that the most common route of administration for ecstasy remains oral consumption, while the most common routes of administration for molly remain oral consumption and snorting. Participants estimated that out of 10 molly users, five would orally consume and five would snort the drug.

Participants did not provide a profile for a typical ecstasy and molly user, while community professionals described typical users as young and often methamphetamine users. A treatment provider reported, *“I see it in a lot of meth users, actually, because that’s what they ‘cut’ (adulterate) [methamphetamine] with.... The majority of my ‘screens’ (drug screens) that have a positive for meth, have a positive for MDMA.”*

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: hallucinogens (lysergic acid diethylamide [LSD]), kratom (mitragynine), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of substituted cathinones (“bath salts”) cases they process from this region has slightly increased during the past six months.

Hallucinogens

Hallucinogens are available in the region. Treatment providers most often reported the current availability of LSD as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was not reported. A treatment provider stated, *“[LSD] is available, you just need to know where to look for it ... more in the party scene ... it’s not just sold on the street.”*

Treatment providers reported that the availability of LSD has increased during the past six months. A provider said, *“‘Acid’ (LSD) is on the increase with the teenage population ... I see that more as an experimental thing.”* BCI crime labs reported that the incidence of LSD and psilocybin mushrooms cases they process from this region has decreased or remained the same during the past six months. Treatment providers described typical LSD users as young people. A treatment provider commented, *“I see it with younger kids, college-aged.”*

Kratom

Kratom (mitragynine, a psychoactive plant substance) is 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 not reported. A participant noted, "You can get it at the mall. They sell it at that one vape store."

Participants most often rated the current overall quality of kratom as "good." They discussed: "It's good quality because it's checked for metals; It's double checked when it enters the States. The quality's good." Reports of current prices for kratom were reported by only one participant. The participant commented, "[Kratom costs] like \$10 an ounce, but then when you get like 21 ounces, it's about \$80."

Participants reported that the most common route of administration for kratom is oral consumption. A participant recalled, "Snorting it, that killed me. You just [orally] ingest it." While participants did not describe typical kratom users, treatment providers indicated that typical users are those weaning off opiates. A treatment provider explained, "[Clients say], 'Oh, I use it to take the edge off' ... when they're recovering from opiates, typically."

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. While participants did not rate the current street availability of Neurontin®, community professionals most

often reported it as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.' A treatment provider stated, "People with health issues are getting them readily prescribed and then selling them."

Participants and community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. A law enforcement officer commented, "Street availability of gabapentin is skyrocketing ... the gentleman I just screened into [jail] ... if he's struggling to get his heroin, he'll go get some 'gabbies' (gabapentin) to help him, and all that does is take the edge off."

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

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is an 800 mg pill.

Neurontin®	Current Street Prices for Neurontin®	
	100 mg	\$0.25
	300 mg	\$0.50
	800 mg	\$1-2

Participants and community professionals described typical illicit Neurontin® users as opiate users, while community professionals added that users are often middle-aged and older people with insurance. A participant commented, "For the opiate [users], it keeps them from getting 'dope sick' (experiencing opiate withdrawal symptoms)." A law enforcement officer described, "Everybody with insurance and then the heroin-fentanyl user that needs something to take the edge off."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants indicated that the availability of synthetic marijuana has remained the same during the past six months. A participant remarked, "It's been regular (same availability) for a while." BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months and remains low.

Participants most often rated the current overall quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants reported that synthetic marijuana in the region is not adulterated (aka "cut") with anything and its quality has remained the same during the past six months. Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram for \$10. Participants indicated that the only route of administration for synthetic marijuana remains smoking.

Conclusion

Crack cocaine, fentanyl, marijuana, methamphetamine and powdered cocaine remain highly available in the Columbus region; also, highly available are sedative-hypnotics and Suboxone® (buprenorphine). Changes in availability during the past six months include: increased availability for fentanyl, methamphetamine and Suboxone®; and likely increased availability for Neurontin® (gabapentin).

Participants reported moderate current availability of heroin, indicating that heroin without fentanyl has become difficult to find. Law enforcement agreed with the participant assessment of moderate availability of "true heroin." An officer noted, *"Everything we recover anymore is a hodgepodge of drugs when we get the labs (crime lab analysis) back."* Participants and law enforcement reported that the availability of heroin has decreased during the past six months. Both discussed that heroin has been mostly supplanted by the cheaper and more potent drug, fentanyl.

Participants discussed the high prevalence of other drugs adulterated with fentanyl as an indicator of increased fentanyl availability. Community professionals also discussed increased user demand as driving up the supply of fentanyl in the region. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months. All respondent types commented on the high potency of fentanyl, particularly highlighting the lethality of the drug. Treatment providers and law enforcement reported on "Lazarus parties," groups of

people using heroin-fentanyl together with naloxone present to reverse overdoses. A treatment provider stated, *"Those kinds of parties are called 'Lazarus parties' because they bring them back from the dead."*

Participants and community professionals reported that the availability of Suboxone® for illicit use has increased during the past six months. They attributed increased street availability to diversion with a higher number of Suboxone® clinics operating in the region. Reportedly, it is common for some users to obtain a prescription for Suboxone® and sell part or all of the prescription to afford heroin/fentanyl. In addition to selling Suboxone®, participants and community professionals continued to describe typical illicit Suboxone® users as heroin users who use the drug to alleviate opiate withdrawal symptoms. Community professionals also discussed illicit Suboxone® use among people who cannot access/afford treatment through legal channels and want to wean themselves off opiates.

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Respondents continued to attribute the increasing availability of methamphetamine primarily to the high profitability for drug dealers as methamphetamine remains inexpensive, and to heroin users fearful of fentanyl overdose switching to crystal methamphetamine because it is widely available and "cheap." 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 community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. A law enforcement officer commented, *"Street availability of gabapentin is skyrocketing...."* Respondents described typical illicit Neurontin® users as opiate users who use the drug to wean off opiates or to alleviate withdrawal symptoms when opiates are unavailable to them.

