**Ohio Office of Criminal Justice Services**

**2015 Semi-Annual Performance Report**

**Ohio Multi-Jurisdictional Drug Task Forces**

Subgrant Number:

Project Title:

Implementing Agency:

Commander Name:

Commander Cell Phone:

Commander E-mail:

Person(s) responsible for report:

Email for this person:

Office Phone:

Project Start Date:

Project End Date:

Reporting Period for 2015:

January 1—June 30 (due by July 31)

July 1—December 31 (due by Jan 22)

**Non-Pharmaceutical Drug Questions**

1. Provide the following information regarding your non-pharmaceutical task force activities during the reporting period.

A. Number of new **cases** initiated during the reporting period:

* **A case is defined as having a significant potential for prosecution. Cases are based on individuals, not charges.**

B. Number of search warrants executed during the reporting period, including 1) court ordered search warrants to search people, places, and things, 2) for GPS attachment, 3) for cell phone analysis, 4) searches completed on people, places, and things based upon probable cause and/or consent wherein drugs or other contraband may be located during task force investigative activity:

C. Number of people indicted (non-federal) during the reporting period:

D. Number of people indicted federally during the reporting period:

2. Indicate the number of persons indicted for drug or drug-related crimes by level. **Use the highest felony level for which the person is indicted**. *Note that the total number of felonies indicated here should equal the sum of questions 1C and 1D.*

Felony 1\*:

Felony 2:

Felony 3:

Felony 4:

Felony 5:

\* If a person is indicted federally, count as an F1.

3. Indicate the number of persons indicted (do not include misdemeanors) by each type of drug during the reporting period.

* **Do not use the hierarchy rule here--include all drugs for which the individual was indicted.**
* **Any indictments for pharmaceutical drugs should be recorded in Table 7 under the “Pharmaceutical Diversion Questions” section.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Drug** | **Cultivation** | **Manufacturing/**  **Chem Assembly** | **Trafficking** | **Possession** |
| **Cocaine** |  |  |  |  |
| **Crack** |  |  |  |  |
| **Heroin** |  |  |  |  |
| **Marijuana** |  |  |  |  |
| **LSD** |  |  |  |  |
| **Ecstasy** |  |  |  |  |
| **Synthetic Hallucinogen (K2, Spice)** |  |  |  |  |
| **Methamphetamine** |  |  |  |  |
| **Psilocybin mushrooms** |  |  |  |  |
| **Bath salts** |  |  |  |  |
| **Alpha-PVP** |  |  |  |  |
| **Other Non-Rx drugs**  **(specify)** |  |  |  |  |

4. Indicate the type and amount of non-pharmaceutical drugs removed by the task force during the reporting period. Include the estimated street value.

* **Any pharmaceutical drugs seized or diverted by the task force should be recorded in Table 8 under the “Pharmaceutical Diversion Questions” section**.
* **Please record the estimated street value per unit of measure rather than value of total amount seized**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Drug** | **Preferred Unit of Measure** | **Amount of Drug**  **(indicate unit of measure used)** | **Estimated Street Value**  **(per unit of measure)** |
| **Cocaine** | Grams |  |  |
| **Crack** | Grams |  |  |
| **Heroin** | Grams |  |  |
| **Marijuana (processed)** | Pounds |  |  |
| **Marijuana (plants)** | Number of plants |  |  |
| **LSD** | Dosage units |  |  |
| **Ecstasy** | Dosage units |  |  |
| **Synthetic Hallucinogen (K2, Spice)** | Grams |  |  |
| **Methamphetamine** | Grams |  |  |
| **Psilocybin mushrooms** | Grams |  |  |
| **Bath salts** | Grams |  |  |
| **Alpha-PVP** | Grams |  |  |
| **Other non-Rx drugs**  **(specify)** | Grams |  |  |

5. How many meth labs did you have during this reporting period?

Of these, identify:

The number of active “one pot” meth labs located:

The number of discarded “one pot” labs found at crime scenes:

The number of another type of active meth lab discovered (and briefly explain):

**Pharmaceutical Diversion Questions**

*Note: Diversion is defined as any criminal act involving a prescription drug.*

Does your task force have a devoted diversion unit or diversion officers (i.e., individuals who spend a majority of their time investigating diversion cases)?  Yes  No

If ‘Yes’, give the number of full-time diversion officers who work specifically for the task force:

Identify the manner in which the Rx staff is funded. Mark more than one if the officer is funded from multiple sources.

Local funding:

JAG/Byrne funding:

Drug Law Enforcement (DLEF) funding:

Other funding (describe here:      ):

**EVEN IF YOU DO NOT HAVE A DIVERSION UNIT OR OFFICERS,**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

1. Indicate the total number of pharmaceutical cases initiated during the reporting period:

* ***A case is defined as having a significant potential for prosecution. Cases are based on individuals, not charges.***

1. Out of the total listed above, indicate the number of pharmaceutical cases initiated during the reporting period in which the following individuals were the target of the pharmaceutical investigation.

Physicians:

Physician assistants:

Pharmacists:

Nurses:

Dentists:

Veterinarians:

Pharmacy technicians:

2a. How many of the cases involved healthcare fraud?

1. Indicate the total number of persons indicted for pharmaceutical offenses during the reporting period:
2. Out of the total listed above, indicate the number of persons indicted for pharmaceutical offenses during the reporting period who work in the following health-care capacity:

Physicians:

Physician assistants:

Pharmacists:

Nurses:

Dentists:

Veterinarians:

Pharmacy technicians:

4a. How many of the indictments were for healthcare fraud?

5. Indicate the total number of persons indicted for pharmaceutical crimes during the reporting period by level. **Use the highest felony level for which the person is indicted**.

Felony 1\*:

Felony 2:

Felony 3:

Felony 4:

Felony 5:

\* If a person is indicted federally, count as an F1

1. Indicate the number of persons indicted (do not include misdemeanors) by each type of Rx drug during the reporting period.

* **Do not use the hierarchy rule here--include all drugs for which the individual was indicted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Trafficking or Sale** | **Possession** | **Theft** | **Forged or Altered Prescriptions** | **Doctor Shopping** |
| Alprazolam (Xanax®) |  |  |  |  |  |
| Amphetamine mixture (Adderall®) |  |  |  |  |  |
| Buprenorphine (Subutex®, Suboxone®) |  |  |  |  |  |
| Butorphanol Tartrate (Stadol NS®) |  |  |  |  |  |
| Carisoprodol (Soma®) |  |  |  |  |  |
| Clonazepam (Klonopin®) |  |  |  |  |  |
| Codeine (Tylenol® #3, Tylenol® #4, cough syrup) |  |  |  |  |  |
| Dextroamphetamine (Dexedrine®) |  |  |  |  |  |
| Diazepam (Valium®) |  |  |  |  |  |
| Fentanyl, fentanyl citrate (Duragesic® patches, Actiq®, Fentora® ) |  |  |  |  |  |
| Hydrocodone (Vicodin®, Lortab®, Lorcet®) |  |  |  |  |  |
| Hydrocodone bitartrate (Zohydro ER®) |  |  |  |  |  |
| Hydromorphone (Dilaudid®, EXALGO®) |  |  |  |  |  |
| Lorazepam (Ativan®) |  |  |  |  |  |
| Meperidine (Demerol®) |  |  |  |  |  |
| Methadone (liquid/wafers/pills) |  |  |  |  |  |
| Methylphenidate (Ritalin®) |  |  |  |  |  |
| Morphine (MS Contin®, EMBEDA®, Kadian®) |  |  |  |  |  |
| Oxycodone—Extended Release (ER) (OxyContin®) |  |  |  |  |  |
| Oxycodone—Immediate Release (IR) (Percocet®, Percodan®, Roxicodone®) |  |  |  |  |  |
| Oxymorphone (Opana®, Opana ER®) |  |  |  |  |  |
| Phentermine (Adipex-P®, Fastin®) |  |  |  |  |  |
| Tramadol (Ultram®, Ultracet®) |  |  |  |  |  |
| Zolpidem Tartrate (Ambien®) |  |  |  |  |  |
| Other Rx drugs (specify): |  |  |  |  |  |

1. List the type and amount of pharmaceutical drugs removed during the reporting period. Specify whether the drugs were seized or diverted.

* **Do not report a drug as being both seized AND diverted, as this will result in a double-count. Choose the most appropriate category**.
* **Diverted**: reflects the amount of prescription drugs that the investigator has identified as diverted dosage units in an investigation, but never seized. Examples would be cases that involve doctor shopping, forged/altered prescriptions, health facility thefts, and other deceptions where the prescription drugs involved have already been illegally diverted, and are not recoverable.

|  |  |  |
| --- | --- | --- |
| **Type of Drug (brand name in parentheses)** | **Dosage units seized** | **Dosage units diverted** |
| Alprazolam (Xanax®) |  |  |
| Amphetamine mixture (Adderall®) |  |  |
| Buprenorphine (Subutex®, Suboxone®) |  |  |
| Butorphanol Tartrate (Stadol NS®) |  |  |
| Carisoprodol (Soma®) |  |  |
| Clonazepam (Klonopin®) |  |  |
| Codeine (Tylenol® #3, Tylenol® #4, cough syrup) |  |  |
| Dextroamphetamine (Dexedrine®) |  |  |
| Diazepam (Valium®) |  |  |
| Fentanyl, fentanyl citrate (Duragesic® patches, Actiq®, Fentora® ) |  |  |
| Hydrocodone (Vicodin®, Lortab®, Lorcet®) |  |  |
| Hydrocodone bitartrate (Zohydro ER®) |  |  |
| Hydromorphone (Dilaudid®, EXALGO®) |  |  |
| Lorazepam (Ativan®) |  |  |
| Meperidine (Demerol®) |  |  |
| Methadone (liquid/wafers/pills) |  |  |
| Methylphenidate (Ritalin®) |  |  |
| Morphine (MS Contin®, EMBEDA®, Kadian®) |  |  |
| Oxycodone—Extended Release (ER) (OxyContin®) |  |  |
| Oxycodone—Immediate Release (IR) (Percocet®, Percodan®, Roxicodone®) |  |  |
| Oxymorphone (Opana®, Opana ER®) |  |  |
| Phentermine (Adipex-P®, Fastin®) |  |  |
| Tramadol (Ultram®, Ultracet®) |  |  |
| Zolpidem Tartrate (Ambien®) |  |  |
| Other Rx drugs (specify): |  |  |

1. If your task force administers nasal naloxone:

Indicate the number of times during the reporting period your task force has administered nasal naloxone in a drug-related emergency:

Indicate the number of saves you have had after usage of nasal naloxone:

**Additional Questions**

1. Indicate the number and estimated dollar value of criminal assets seized by and/or forfeited to the task force during the reporting period. **For criminal assets forfeited, list only the net amount that was given to the task force.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Criminal Assets Seized** | | **Criminal Assets Forfeited** | |
|  | **Number** | **Estimated value** | **Number** | **Estimated value** |
| **Motor vehicles** |  |  |  |  |
| **Currency** |  |  |  |  |
| **Real estate** |  |  |  |  |
| **Electronics** |  |  |  |  |
| **Other (describe**  **here:**      ) |  |  |  |  |

2. Give the number of new cases the task force assisted in during the reporting period in which drugs were **not** the primary focus of the investigation:

Briefly describe the focus of the investigation(s), e.g., gambling, prostitution, money laundering, etc.:

3. Indicate the number of firearms confiscated by the task force during the reporting period:

1. Indicate the total number of public awareness presentations given during the reporting period, as they relate to drug education, drug abuse, and/or drug trafficking. Also give the number of people who attended the presentations/trainings.

Number of presentations/trainings given:

Number of attendees:

5. Number of unintentional overdose deaths occurring in your jurisdiction during calendar year 2015 (per coroner report):

6. **FOR END OF YEAR REPORT ONLY**: Highlight any especially successful task force activities or programs during the year. Discuss how these activities or programs might serve as a model for “promising approaches” for other task forces in Ohio. Attach additional pages if necessary.