



Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Faith M. Kelleher, MSW

Data Sources for the Athens 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 (AOD) treatment programs in Athens, Belmont and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and hospital medical staff) via focus group interviews, as well as to data surveyed from the Athens County Coroner and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

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.

OSAM Staff:

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

Beth E. Gersper, MPA
 OSAM Coordinator

Regional Profile

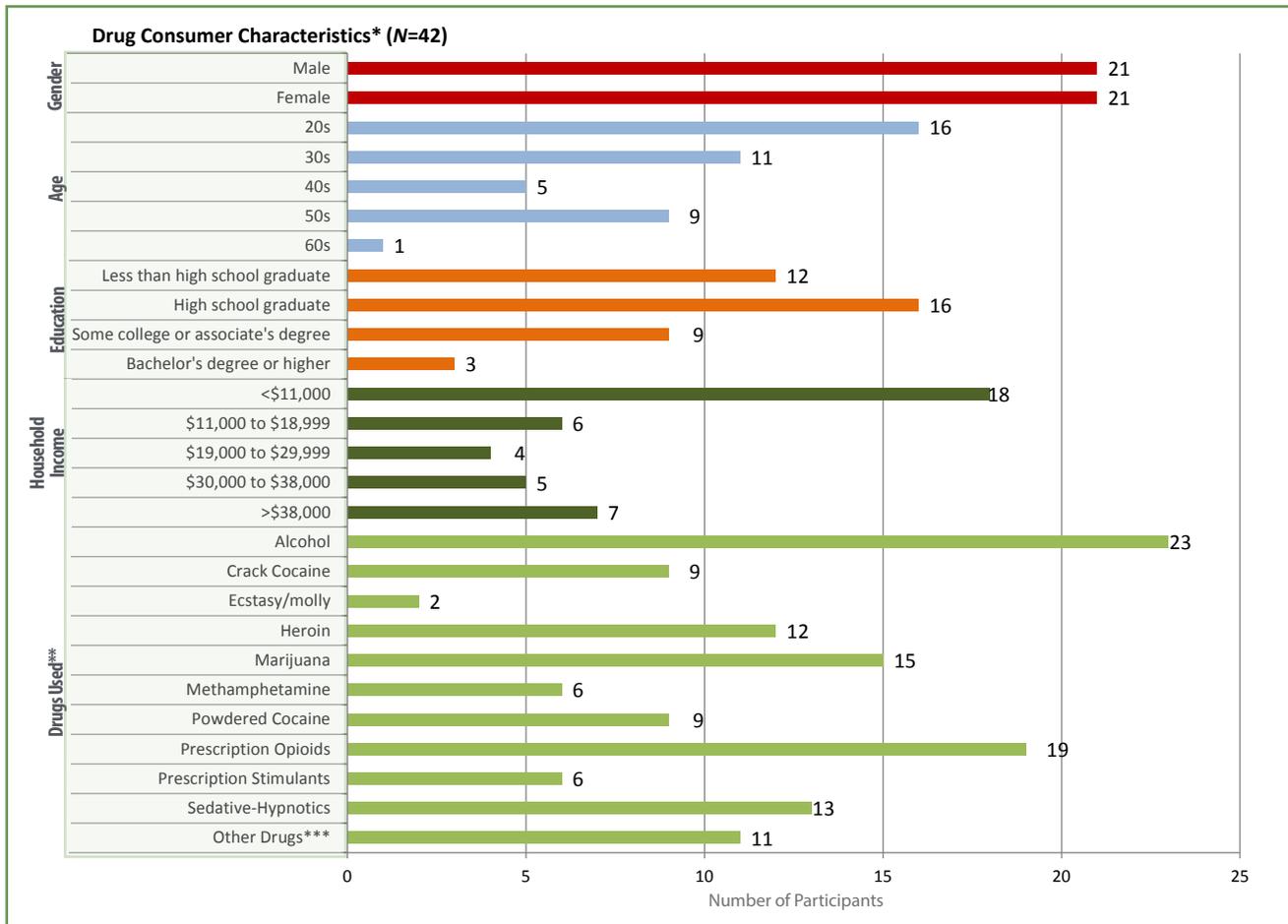
Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	42
Gender (female), 2010	51.2%	50.4%	50.0%
Whites, 2010	81.1%	94.7%	88.1%
African Americans, 2010	12.0%	2.1%	7.1%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0%
High School Graduation Rate, 2010	84.3%	92.9%	70.0% ²
Median Household Income, 2012	\$46,873	\$38,955	\$11,000 to \$14, 999 ³
Persons Below Poverty Level, 2012	16.3%	19.8%	57.5% ⁴

¹Ohio and Athens region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January - June 2014.

²Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 4 participant due to missing and/or invalid data.

³Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Athens Regional Participant Characteristics



*Not all participants completed forms completely; therefore, numbers may not equal 42.

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

***Other drugs: hallucinogens, molly (powdered MDMA) and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2014), heroin, marijuana, prescription opioids and Suboxone® remained highly available in the Athens region; also highly available were crack cocaine, methamphetamine and sedative-hypnotics. Increased availability existed for methamphetamine and Suboxone®; decreased availability existed for bath salts and synthetic marijuana. Data also indicated possible increased availability for sedative-hypnotics and possible decreased availability for ecstasy.

Participants reported that methamphetamine was available in powdered (aka “shake-and-bake”) or crystal forms. Participants identified methamphetamine as the second most available drug in the region after heroin. Participants and community professionals reported an increase in methamphetamine availability. In addition, participants from Athens and Muskingum counties noted that crystal forms of the drug (aka “ice”) had infiltrated the region during the previous six months. The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes had increased during that same time period. Reportedly, a box of pseudoephedrine could be traded for 1/4 gram of powdered methamphetamine. Participants and community professionals had a difficult time describing typical methamphetamine users and reported them as adult males and females.

Participants most often reported street availability of Suboxone® as ‘10’ (highly available). Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts who used the drug to prevent experiencing withdrawal symptoms. Reportedly, many individuals with Suboxone® prescriptions would use some of their medication and sell some to other users. The most common route of administration for illicit use of Suboxone® was snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. Participants explained that this method of administration was performed by dissolving the tablet or strip in water and then snorting the liquid as one would a nasal spray.

Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals reported that the availability of sedative-hypnotics had increased. Treatment providers said that doctors in the region commonly prescribed sedative-hypnotics to

their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes had increased during the previous six months. Participants estimated out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow these drugs. Community professionals described typical illicit users of these drugs as opiate addicts, aged 15-60 years and more often female than male. Treatment providers reported knowledge of heroin users who use heroin and other opiate along with sedative-hypnotics.

Finally, participants reported that the popularity of bath salts and synthetic marijuana had declined drastically. Participants had more knowledge of synthetic marijuana than bath salts and reported that synthetic marijuana was not a preferred substance and its quality was generally poor.

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’. One participant noted, *“I could have delivery [of powdered cocaine] in about 30 minutes.”* Another participant discussed that it would be more difficult to obtain and commented, *“Now if wanted it, I could call a certain person and get [powdered cocaine]. But I myself, just going out there [on the street], I couldn’t get it, but if you go to like strip clubs and stuff you could find it up in here.”* Community professionals most often reported low availability of powdered cocaine and rated current availability as ‘3’; the previous most common scores were ‘1’ and ‘6’. A medical professional commented, *“[Availability and use of powdered cocaine] comes down to the cost of it, I think it’s really available, but can our clients really afford it?”*

Participants reported decreased availability of powdered cocaine during the past six months. Participant comments included: *“It ain’t the ‘80s anymore; Nobody’s getting powder (cocaine) anymore now-a-days.”* Other participants explained that availability may have changed for powder cocaine due to an increase in the use of other substances and commented: *“Gone down since the opiate wave; Everybody has like transitioned, you know what I mean? There’s still a market for [powdered cocaine], but I mean opiates are the thing.”*

Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider commented, "There is some that still use [powdered cocaine], but it's not like it was a year ago." A hospital nurse explained, "We're not seeing the cocaine as much as we once did, we are seeing more meth (methamphetamine) users instead." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 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 '5.' Participants reported that powdered cocaine in the region is cut (adulterated) with baking soda, inositol (dietary supplement), laxatives, MSM (horse joint supplement) and Similac®. Participants agreed that the quality of powdered cocaine varied greatly depending on the amount of adulterants used to 'cut' the substance. Participants commented: "Depends on where you get it from; It depends on how bad the [cocaine is that the] person uses if he's cutting it." One participant detailed, "[Powdered cocaine is] two different things: whether you getting ... 're-rock,' or getting 'raw' ... Re-rock, it's 'stomped' (cut with other substances) and pressed."

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented on the change in quality: "[Powdered cocaine] used to be pure, but you can't find that anymore." While the majority of participants reported decreased quality, some participants agreed that the quality varies as one stated, "I hear it goes up and down."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		benzocaine (local anesthetics)
	levamisole (livestock dewormer)	

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$40-50
	A gram	\$80-100
	1/8 ounce (aka "eight ball")	\$250

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

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, seven would intravenously inject, two would snort and one would smoke the drug. A participant reflected on those who snort the drug and commented: "There is not a lot of snorters out there anymore." Another participant admitted, "I would snort [powdered cocaine], but most would be shooting."

A profile for a typical powdered cocaine user did not emerge from the data. Participants described powdered cocaine users as conspicuous consumers and often professionals, such as doctors and attorneys. Participants also mentioned strippers as common users. Several participants commented: "It's the person you don't think it is; No particular race or age. It's just everybody does [powdered cocaine] ... like every race, every age." Likewise, community professionals described typical powdered cocaine users as: "People in business suits; Students, people living off of their parents." Treatment providers discussed that powdered cocaine is often thought of as a "rich man's drug," and explained that for the Athens region, that is "not really our demographic."

Crack Cocaine

Crack cocaine is 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 commented, "[Crack cocaine is] everywhere." Another participant added, "[Crack cocaine availability is] right up there with heroin." Community professionals most often reported current availability as '3'; the previous most common score was '7.' Community professionals suggested cocaine

users are switching to another stimulant, methamphetamine. A nurse said, "I don't think [crack cocaine] is hard to get ... it's just not their drug of choice." Another health professional added, "I think meth (methamphetamine) has taken over."

Participants reported that the availability of crack cocaine has increased during the past six months. A participant commented, "I come from the city, and when I first came here (Belmont County) I couldn't find [crack cocaine] so I was trying to cook it up and was always messin' shit up, but now it's everywhere." Other participants also commented: "I have seen more crack than usual lately; It's everywhere." One participant noted that specific types of crack cocaine may be more difficult to find, "Yeah, it's getting hard to find that 'butter' though. That's what they call the yellow [colored crack], that and 'yellow brick road.'"

Community professionals reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers shared that they are not seeing crack cocaine use in their clients who receive treatment, but that doesn't mean the drug is not available. A nurse explained, "[Change in availability of crack cocaine is] tough to distinguish because you don't know how really available it is because there's not a lot of use of it. I would say the use of cocaine is [low as] compared to methamphetamine. It's easy for us to think that [if] methamphetamine is very available, [crack] cocaine can be just as available." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants noted that quality: "Depends on who you know; Depends on how they do [it]. If they cook [crack cocaine] right, it will take all of the cut out of it." A participant explained that yellow-colored crack is often considered to be higher in quality compared to crack co-

caine that is more white in appearance, but added, "... or it could just be something they put in [crack] to make it look like it's good." Participants reported that crack cocaine in the region is cut with similar adulterants as powdered cocaine. Participants reported that the quality of crack cocaine was variable during the past six months, as a participant emphasized, "Depends on who you go to."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		benzocaine (local anesthetics)
	levamisole (livestock dewormer)	

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Previous reports identified quantities as 1/10 gram for a "10-piece" and 2/10 gram for a "20-piece," but one participant explained, "[The actual amount] doesn't matter, it's whatever [the drug dealer] gives you. The fiend never knows what he's getting." Others agreed that most dealers do not weigh out this drug, but that a 20-piece was the most common amount purchased throughout the Athens region. Another participant explained that crack is often sold solely on how much money the user has to spend: "Whatever you want, like for instance I would just say I want a \$60 rock (piece of crack cocaine)."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	"10-piece"	\$10
	"20-piece"	\$20
	A gram	\$100

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke while two would shoot the drug. Participants noted that Kool-Aid® and vinegar can be used to dissolve crack cocaine to get the drug into an injectable form.

Participants described typical crack cocaine users as "tweakers," and explained that they are poor, steal stuff and try to sell things to get money for their habit. Community professionals described typical crack cocaine users as

individuals who need to stay up all night and often work in prostitution. A treatment provider remarked, "[Crack cocaine] is a prostitute's drug of choice."

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall 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'. A participant commented, "Route 33 is called 'Heroin Highway.'" That participant also disclosed being caught trafficking heroin from Columbus into the Athens region up to four trips and up to 12 grams of heroin per day. Community professionals most often reported the drug's current availability as '10'. A treatment provider commented, "I have people that smoke weed (marijuana) every day and I'm telling you heroin is right up there with it." Another treatment provider reflected, "Most of my clients, their issue is with heroin."

While many types of heroin are currently available in the region, participants and community professionals alike reported black tar and brown powdered heroin as most available. One participant commented, "[Black tar availability is] higher than the level you can count." A treatment provider shared, "I have heard them talk about the tar ... the black tar I have heard [is] more common than the brown." A medical professional commented, "There is a lot of the brown [heroin] around here and it's very prevalent and cheap, cheap, cheap." Participants also mentioned high availability of powdered heroin they call "blow back" and explained: "blow back is usually the easiest to get a hold of; blow back is just like powder and if you just like blow on it ... it will harden it up [like tar heroin]." Availability ratings for white powdered heroin remained variable ('3,'7' and '10'); the previous most common scores ranged '1-6'. However, Guernsey County participants reported high availability of white powdered heroin ('10').

Corroborating data also indicated the presence of heroin in the region. The Athens County Coroner reported that two of the five drug overdose deaths it processed during the past six months involved heroin and a third involved fentanyl (a noted cut or substitute for heroin).

Media outlets focused on local efforts to mitigate effects of the opiate epidemic throughout the region this reporting period. Several Athens County officials and treatment

providers joined in state efforts at the Ohio Judicial Symposium on Opiate Addiction; discussion centered around the prescription opioid and heroin epidemic ravaging Ohio (www.athensnews.com, July 27, 2014). The growing need for drug treatment and recovery services, especially for the opiate epidemic, in the Athens region is becoming visible as the Genesis Behavioral Services building was opened to serve additional care to those in the Zanesville (Muskingum County) area; the new facility utilizes state of the art technology and will house 20 adults and 10 children/adolescents (www.zanevilletimesrecorder.com, July 9, 2014). A grant was also awarded to an Athens-based recovery center to assist heroin-addicted mothers reduce the number of babies being born addicted to heroin; this is one of four funded pilot programs and is expected to reach more than 90 births over the period of the grant (www.woub.org and www.athensohiotoday.com, Aug. 19, 2014; www.athensnews.com, Aug. 20, 2014). An Athens man was sentenced for heroin trafficking and possession of cocaine and methamphetamine (www.nbc4i.com, Jan. 16, 2015). The Vinton County Sheriff's Drug Task Force and Jackson County Major Crimes Unit arrested a Hamden (Vinton County) resident after executing search warrants and finding heroin, cocaine and marijuana at the time of the search; law enforcement reported that this man was part of a major heroin trafficking ring (www.wsaz.com, Jan. 21, 2015). In other news, a Gloucester man (Athens County) was sentenced for trafficking heroin in exchange for sexual activity, thereby taking advantage of addicts (www.nbc4i.com, Jan. 28, 2015).

Participants reported the general availability of heroin has remained the same during the past six months. However, one participant commented, "Most of the harder drugs you have to take a trip up to the city (Columbus). That's what most people do so they get more of a better price and it's less stomped on (adulterated with other substances), so it's purer." Community professionals also reported no change in general availability of heroin in Athens County, while professionals in Muskingum County reported an increase during the past six months. A medical professional commented, "[Heroin is] everywhere." The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants commented: "White china (white powdered heroin) is supposed to be good, but I have junk; [White heroin] rocked my world." Another participant explained, "They have this stuff called 'scramble,' too. It's like heroin and morphine mixed and you cut it down and it's like pure heroin. It takes off the edge. It's more like a city drug ... it's cheaper and will take off the edge if you can't get anything else." The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Participants most often reported moderate quality of black tar heroin ('4' or '6-7'); the previous most common score for black tar heroin was '4'. A participant remarked, "[Black tar heroin is] not as good." Participants reported that brown and white powdered heroin are cut with fentanyl, Dormin® (diphenhydramine, an antihistamine) and Xanax®. Participants reported that black tar heroin is cut with coffee, dark colas and marijuana resin. Participants suggested that the general quality of heroin has varied during the past six months, as one participant commented, "It's fluctuated a little bit."

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  diphenhydramine (antihistamine)  fentanyl  mannitol (diuretic)  quinine (antimalarial)  triacetin (glycerin triacetate, a food additive) 	

Reports of current street prices for heroin were reported by participants with experience buying the drug. Although prices for heroin were consistent for small amounts (aka "bags, balloons, berries, stamps"), pricing was variable for larger amounts. Participants commonly reported obtain-

ing heroin for less money by traveling out of the region to larger cities like Columbus. Community professionals commented on how inexpensive heroin is compared to other drugs, as a medical provider shared, "People start out on pills (prescription opioids) a lot of times, but they end up on heroin because they can't afford pills ... heroin is so cheap."

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram	\$20-25
	A gram	\$140-300

While there were a few reported ways of using heroin, generally, the most common routes of administration remain snorting and intravenous injection (aka "shooting" or "banging"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Many participants noted that when they first began to abuse heroin they snorted the substance, but as their use continued they eventually switched to shooting. One participant shared, "I was getting badass tar, that's when I started shootin' 'cause you can't snort it."

Reportedly, injection needles (aka "rigs, points, darts") are primarily obtained throughout the region from heroin dealers, select pharmacies and medical supply stores. A participant from Athens County reported, "I've heard of people going ... and getting 22-gauge (veterinary) needles because it was Sunday and they couldn't get any other needles." Reportedly, needles obtained from a dealer or fellow heroin user tend to be more expensive than needles purchased from stores. Needles on the street sell for \$1-5 each depending on the size and how desperate the user appears. According to several users, pharmacies or store-bought needles are typically \$.60 each or bag of 100 for \$13.86.

In addition, participants from across the region reported a concern over the availability of clean, unused needles and sharing needles. Participants expressed: "[The needle] gets dull and people try to sharpen them their selves ...; I have seen people clean [needles] with bleach; There needs to be easier access to them ... they need to just face that and make [needles] available." Disposal of used needles is another concern, as participants shared: "I find [needles] in my yard all the time. People just throw them out their [vehicle] window; I took my kids to the park and [needles] were laying [sic] in the park; [Needles] just get tossed when [users are] done [shooting their drug(s)]." Many participants suggested a

community needle exchange program to help address their needle concerns. One participant commented, *"Needle exchange. I mean, that would help people not get hepatitis and stuff."*

A profile of a typical user of heroin did not emerge from the data. Participants remarked: *"Anyone, [a heroin user] could be a co-worker, next door neighbor; [Heroin addiction] starts with pills (prescription opioids) ... I went from pills to coke (powdered cocaine) to crack to heroin."* Community professionals also had difficulty in describing typical heroin users, but commented that most were prescription opioid users first: *"Somebody who previously used opioid pills; People who can't get the pain pills anymore. That's pretty typical, [heroin users] say 'I wanted pain pills, but I couldn't get them and heroin was cheaper.'" A medical professional said there is no such thing as a typical heroin user anymore and that heroin addiction crosses many occupational and economical boundaries.*

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant commented, *"It's easy [to get opioids] if you have a good doctor [who will write a prescription]."* Some participants noted that although prescription opioids are available, many users' drug of choice has switched to heroin: *"I don't waste my time [with prescription opioids], I could eat like 15 of them; Opana[®]s - that's what led me to heroin. I started doin' 30s [30 mg pills] of Opana[®]s and then when ... I was already spending so much on 30s - I was doing like five [at a time] - and then I was like, 'Well, heroin's cheaper ... So ... I graduated.'" Community professionals most often reported prescription opioid current availability as '10'; the previous most common score was '9-10'.*

Participants and community professionals identified Dilaudid[®], Percocet[®], Roxicodone[®], Ultram[®] and Vicodin[®] as the most popular prescription opioids in terms of widespread use. Participants commented: *"Dilaudid[®] is real popular right now; People are switching [from Vicodin[®]] to tramadol!"*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A huge drug ring was brought down during the reporting period.

Media covered the events as they unfolded, beginning with the discovery, arrest and sentencing of a former law enforcement agent in Athens County who had established a marijuana grow operation and was an integral part of a multi-state prescription drug ring (www.athensnewsnow.com, July 13, 2014; www.nbc4i.com, Jan. 16, 2015). The story continues as several others were arrested and ended with the apprehension and arrest of a former Detroit police officer as the major kingpin of the operation; this drug ring brought millions of dollars' worth of prescription opioids into the Athens region (www.thepost.ohio.edu, July 25, 2014; www.athensnews.com, July 30, 2014). The Athens County Sheriff's Office arrested a man during a traffic stop in which a K-9 deputy alerted to the vehicle; 48 prescription opioids, syringes and heroin were found in the vehicle (www.nbc4i.com, Aug. 12, 2014). Police arrested a substance abuse counselor who worked in Gallipolis (Gallia County) for selling over 2,000 morphine pills and 30 milligrams of liquid morphine to an undercover drug task force officer in Pomeroy (Meigs County); the investigation of the woman began after a tip that she offered to sell morphine to one of her clients (www.cleveland.com, Jan. 20, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participant comments included: *"[Prescription opioids availability] depends on who you know; They are pretty easy to get, but it's getting harder."* A participant said doctors are not prescribing these drugs to patients as much anymore and commented, *"A lot of people are getting kicked off of them."* Several participants explained: *"You know, they were used to getting pills [prescribed from a doctor] and whatever and if you don't get them anymore that's when a lot of people are going to heroin or even Suboxone[®] now; It's gotten a lot harder [to get prescription opioids]; I used to do perks (Percocet[®]) ... and then you couldn't find 'em, so I did heroin."* A participant specifically mentioned that Vicodin[®] is *"Getting harder to get."* However, several participants suggested that tramadol (a non-narcotic pain reliever, generic form of Ultram[®]) is becoming more available due to an increase in doctors prescribing this particular drug as opposed to other opioids.

Community professionals reported that the availability of prescription opioids has remained the same during the past six months. A treatment provider commented on an increase in use of tramadol in the region: *"Tramadol, we're hearing more people talk about that."* A medical profession-

al added, "The doctors are making it pretty easy [to get tramadol]. Some of the doctors think it's okay and that it's not going to hurt them and it's not addictive." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased during the past six months, with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

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

Reportedly, many different types of prescription opioids (aka "candy" or "Tic-Tacs") are currently sold on the region's streets. Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$5 for 2 mg \$30-60 for 8 mg
	Percocet®	\$6-7 for 5 mg \$12 for 10 mg
	Roxicodone®	\$20 for 15 mg \$40 for 30 mg
	Tramadol/ultram®	\$7 for 5 mg \$10 for 7 mg
	Vicodin®	\$3-5 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have a prescription (often family or friends) or via Internet purchase. Participants commented: "Have to have a prescription, or know someone who does; You can get [prescription opioids] from overseas." One participant disclosed, "I was on the pain pills because my mom had them prescribed and they were there for free. She got the 15s (15 mg Roxicodone®) ... I was on the 15s and then I went to the 30s (30 mg Roxicodone®)."

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration are snorting and smoking off of foil. One participant explained, "When you smoke it, you're only getting 18% of that pill. When you snort them, you get roughly 87-90%. When you eat them, that's obviously the best way other than to shoot (intravenously inject) them."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described users as everybody. A participant remarked, "Same as a heroin users." A provider added, "Everybody is vulnerable."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: "Suboxone® is everywhere; [Suboxone® is the] most accessible [of all prescription opioids] because all you need is an addiction." A participant further explained, "There's a lot of abuse involved. Not so much in using it, but in selling it. To me that's where the abuse sets in ... it's not so much using [Suboxone®], but selling it for the money to get your drug of choice ... just keep a few back for when you run out [of your drug of choice]."

Likewise, community professionals most often reported the current street availability of Suboxone® as '10'; the previous most common score was also '10'. A treatment provider reported, "Suboxone® is available everywhere and I know it's prescribed, but it's on the streets more than anything." Another treatment provider agreed, "It's been easy to get Suboxone®."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant reasoned, "Cause a lot of people are getting [Suboxone® prescribed] now." Community professionals reported no change in availability during the past six months. A treatment provider clarified, "I am not saying [Suboxone® is] not easy to get, I am saying it's been that way for the last six months to year or so." Community professionals suggested that Subutex® may be more challenging to obtain than Suboxone® and commented: "Subutex® is more difficult to get." Participants agreed and explained: "[Subutex®] is not that easy to get because they don't want to come off of it [and do not sell their prescription]; There

is certain criteria for the Subutex® and most insurance companies won't pay for it unless you're pregnant." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant noted that the demand for Suboxone® may inflate the price and commented, "I've seen [Suboxone®] go for as much as \$50 a strip. If someone is sick and they can't get dope, they'll pay it."

Suboxone®	Current Street Prices for Suboxone®	
	Tablet	\$20 for 8 mg
	Sublingual film	\$30 for 12 mg
	Subutex®	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers and people selling their prescriptions, participants also reported getting it prescribed by doctors. However, participants reported that the most common way to obtain Suboxone® is from individuals who sell their prescription. One participant explained, "People are selling their scripts (prescriptions) for Suboxone® to go buy heroin." Participants also noted that it was easy to obtain a prescription for Suboxone®, but several participants added that it is difficult to get an appointment with a doctor due to waiting lists and the cost of treatment. A participant explained that users will often buy Suboxone® off the street, and stated, "That's what I had to do ... before I got in [a treatment facility] and I got in really quick because I was pregnant ...". Other participants noted a Suboxone® cash clinic in the area, as one participant shared, "\$250 a month and you got to take cash in."

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). However, participants explained that most illicit Suboxone® users would snort the drug. Participants

explained that Suboxone is snorted similar to a nasal spray; users dissolve the pill or strip in water and snort the liquid. Participants also shared that the method of administration depends upon how the user administers other drugs, particularly their drug of choice. A participant commented, "I know people who will shoot anything, even an Ultram®." Some participants shared that Suboxone® is often used as directed, sublingually, and commented: "Strips - just put 'em on your tongue; Just let it absorb."

Participants described typical illicit Suboxone® users as: "Anyone who is an [opiate] addict; Someone who is trying to get better." A participant explained, "If I'm doing Suboxone®, it's because I'm already dope sick." Community professionals could not offer a profile of a typical illicit user.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current 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 '9'. A participant noted, "[Availability of sedative-hypnotics] depends on who you know and how often you go to the doctor." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider reported, "[Sedative-hypnotics] are pretty easy to get."

Participants and community professionals identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant shared, "It seems like most people, even me, if you want benzos (benzodiazepines), you want Xanax®." A treatment provider noted, "All my clients were on [Ativan®] when they came in."

Corroborating data also indicated illicit sedative-hypnotics use in the region. The Athens County Coroner reported that two of the five drug overdose deaths it processed over the past six months involved Xanax® combined with other substances.

Participants reported an increase in general availability of sedative-hypnotics during the past six months. However, several participants suggested a decrease in more popular sedative-hypnotics: "Overall I think it's getting harder [to find Xanax®]. [Doctors] seem more reluctant to prescribe Xanax® or Valium® or Klonopin® because of the abuse; I feel like [availability of Xanax® has] gone down, but I don't really do them any-

more, you know. People graduate from one drug to another. [Xanax® is] still available though."

Community professionals reported the availability of sedative-hypnotics has remained the same during the past six months. A treatment provider remarked, "It's always been easy [to obtain sedative-hypnotics]." However, a social work intern commented, "I think for younger people on campus [availability of sedative-hypnotics has] gone up for sure because I never used to hear about it." The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

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

Reportedly, many different types of sedative-hypnotics (aka "slow jams," "sleep walkers" and "Zs") are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were variable among participants with experience buying the drug.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$0.50-1 for 1 mg \$2-3 for 10 mg
	Xanax®	\$0.50-2 for 0.5 mg \$4-5 for 1 mg \$8-10 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from family members or prescribed by doctors. A Participant stated "I get them for free because my mom has a whole script." Treatment providers discussed how some doctors in the region are known to prescribe sedative-hypnotics and that users know exactly who and where to go to get a prescription.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting (aka "bumps"). A

community professional noted, "[I] hear people (clients in treatment for substance abuse) talk about doing bumps of 'k-pins' (Klonopin®)."

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as anyone. A participant commented, "People you would think use drugs ... use benzos." Likewise, community professionals reported typical illicit users of sedative-hypnotics as everyone. A treatment provider from Athens County said clients often think, "Well the doctors are giving it to them, so it's ok." An intern at a behavioral health agency described illicit use of sedative-hypnotics with college students and commented, "On campus I have seen [illicit use of sedative-hypnotics] go up so much ... So many students are doing [Xanax®] now."

Marijuana



Marijuana 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 commented, "Yeah, [marijuana is] the easiest thing you can get."

Community professionals continued to rate current availability of marijuana as '10'; the previous most common score was also '10'. A treatment provider commented, "You can always get [marijuana]." Another professional shared, "You can smell [marijuana when you're] walking down the streets." Treatment providers shared their client's perspectives when asked about marijuana use: "You would be surprised at the people who say 'no drug use' [upon intake], but then say, 'Yeah, I smoke marijuana.' They don't think marijuana is a drug; I'll do an assessment and I'll ask about marijuana and they will say 'Well yeah, [I use marijuana] everyday, but I'm not here for marijuana.' I think they actually believe it's acceptable and it's getting more and more that way."

Media outlets reported on law enforcement seizures in the region this reporting period. The high availability of marijuana is evidenced in the number of marijuana plants that have been confiscated in the region; by August 14, 2014 Athens and Meigs counties led the state with over 2,500 plants seized (www.athensnews.com, Aug. 20, 2014). A speeding violation in Clermont County (Cincinnati OSAM region) led to the arrest of a major marijuana dealer from

Gallia County when an OSHP K-9 officer alerted to the vehicle and 651 pounds of marijuana were discovered (www.wsaz.com, Jan. 30, 2015).

Participants reported that the availability of marijuana has increased during the past six months. A participant remarked, “[Marijuana is] everywhere, especially this time of the year, harvest was just a month or two ago.” Community professionals reported that availability of marijuana has remained the same during the past six months, but indicated a slight increase around the time of the interview because of “harvest season.” In addition, community professionals noted an increase in marijuana extracts and concentrates (aka “dabs”), often in the form of an oil or wax, are becoming more prevalent in the region. A treatment provider specifically spoke about dabs and explained, “Dabs are around here. I have heard of people talking about that. Dabs are ... you take butane to separate the THC (tetrahydrocannabinol) from the marijuana and it’s like a dangerous thing to do, but it turns [the THC] like an almost liquid form ... or a sticky paste form and they use that in the e-cigarettes. It’s pure THC, so it’s real strong ... it was actually adolescents that told me about it.” The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participant 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’. Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants explained: “There’s different grades (qualities of marijuana), but it’s all good; Yeah, it just depends on what you want to spend; Mids (mid-grade marijuana) are over. People want quality - even for beginner smokers.”

Reports of current street prices for marijuana were provided by participants with experience buying the drug. Participants said the price of marijuana depends on the quality and quantity desired. Participants reported lower prices for higher quantities purchased and added the higher the quality, the higher the price. A medical professional commented, “You would think with all the marijuana busts that they have had, because they are confiscating so much it, that the prices would be outrageous” Participants were unable to provide pricing for dabs.

Current Street Prices for Marijuana		
Marijuana	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$10
	1/8 ounce	\$25-30
	1/4 ounce	\$60
	An ounce	\$100-150
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$10
	A gram	\$20
	1/8 ounce	\$50
1/4 ounce	\$100	
An ounce	\$350	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all would smoke the substance. Although participants did discuss an increase of vaporizing marijuana, few had personal experience with that method of use. One participant commented, “I hear about [vaporizing marijuana], but I don’t see it.”

A typical profile of a marijuana user did not emerge from the data. Participants described typical users of marijuana as everyone. Community professionals described typical users of marijuana also as everyone from adolescents to older adults. A treatment provider remarked, “Every one of our clients [is a typical marijuana user] really.” A social work

intern responded, *"This is a college town and I haven't been to a party where there isn't weed (marijuana).*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug 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'. Reportedly, methamphetamine is most available in powdered (aka "shake-and-bake") form; crystal form is moderately ('7-8') available. A participant reported, *"[Crystal methamphetamine is] coming through the pipeline (workers – those coming into the region installing natural gas pipeline)."*

Community professionals most often reported current availability of methamphetamine as '10'; the previous most common score was '8'. Treatment providers commented: *"Meth (methamphetamine) is the drug of choice right now; I live in Hocking County and it seems like every day there is a meth lab busted."* Another treatment provider added, *"Shake-and-bake (powdered methamphetamine) is what's prevalent. Yeah, it's everywhere."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Six people were charged in Meigs County in connection to meth labs discovered by the County Sheriff's Office in Rutland Township (www.athensohiotoday.com, Aug. 1, 2014). A woman was arrested in Crooksville, when Perry County Sheriff's Deputies responded to numerous complaints regarding drug activity at the residence; methamphetamine was found on the premises (www.nbc4i.com, Aug. 20, 2014). Hocking County Sheriff's Office arrested two individuals after following up on an anonymous tip regarding a home in Laurelville; a methamphetamine lab was discovered in a garage (www.nbc4i.com, Aug 21, 2014). Athens County Sheriff's deputies were called to a carry-out where they found a woman passed out in her vehicle; the woman was taken to the hospital and deputies found a small amount of methamphetamine in her car (www.nbc4i.com, Jan. 6, 2015). Two women were arrested in Buchtel (Athens County) for manufacturing methamphetamine, as well as possession of the drug; the charges were elevated because the residence was within 1,000 feet of a school (www.athensnews.com, Jan. 7, 2015). Executing an arrest

warrant, Meigs County deputies and Gallia-Meigs Major Crimes Task Force agents went to apprehend a man and discovered 30 methamphetamine labs on the property (www.wsaz.com, Jan. 24, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants specifically commented about the increasing production of "one-pot" or "shake-and-bake," which means users are producing powdered methamphetamine 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 (typically found in some allergy medications), individuals can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. One participant reported *"You can just walk around certain areas and just smell [methamphetamine production]."* Another participant commented *"Everybody is making [methamphetamine]."*

Community professionals also reported an increase in methamphetamine availability during the past six months. A medical professional, referring to bottles used in one-pot labs, commented, *"Anymore you see a bottle [lying around] - I am not about to touch it. Those things can explode literally."* The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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 '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. One participant noted differences in quality between the two forms of methamphetamine and commented, *"You can get some good 'shake-and-bake'*

(powdered methamphetamine), but it's nothing compared to some 'ice' (crystal methamphetamine)." Another participant shared, "It depends on who's making [the methamphetamine]" Overall, participants reported that the quality of methamphetamine has increased during the past six months. A participant explained, "People are learning new methods and refining the process (of methamphetamine production)."

Reports of current street prices for methamphetamine were variable among participants with experience buying the drug. Several participants discussed alternative methods of obtaining the drug and often mentioned trading a box of Sudafed® in exchange for 1/4 gram of powdered methamphetamine.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot")	\$10 for 1/10 gram \$100-120 for a gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking and intravenous inject (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would smoke and three would shoot the drug. One participant remarked, "Most [methamphetamine users] do both [smoke and shoot the drug]." A participant from Athens County went into further detail "Everybody I know always smoked [methamphetamine], but a few of us shot it." Community professionals reported an increase in intravenous injection of methamphetamine and commented: "I have seen more people who are shooting up meth; I learned a lot more people are getting into shooting meth up and in rural areas. I mean that's where it's made and ... I have even seen ... remnants of it."

A profile of a typical methamphetamine user did not emerge from the data. However, community professionals described typical methamphetamine users as coming from more rural areas. Participants and community professionals gave examples of physical characteristics to describe methamphetamine users. Community professionals

commented: "Weight loss, and then they gain 40 pounds once they're off it; They come in looking like the walking dead and by the end of our program they're nice and plump; Teeth problems ... the nurses have to review health history and we review dental history and [identify methamphetamine use]."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported prescription stimulants 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 '2-3'. However, participants commented on the low availability of Ritalin®: "You don't hear of Ritalin® a whole lot; I think they made a new drug to replace Ritalin®." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A medical professional reflected, "I don't think [Ritalin® is] as popular. Adderall® and Vyvanse® is typically what's prescribed, so that helps with availability." Participants and community professionals identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, although a few participants suggested availability varied by location. Community professionals also reported that availability has remained the same during the past six months. A medical professional noted that while prescription stimulants are highly available, other stimulants are more commonly abused in the region: "I think that meth outrides all of it because it gives them all the energy they want." An intern at a substance abuse treatment facility and college student in the region suggested "I think those types of drugs ... have like a cycle of how often people use it on campus at least, it's more midterms and finals ...". The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants reported that Vyvanse® pricing is similar to Adderall®, but did not provide specific pricing for this particular stimulant.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$3-5 for 5 mg \$4-5 for 15 mg \$6-7 for 30 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from someone they know who has a prescription. Community professionals reported that parents of children who are prescribed prescription stimulants commonly take the pills from their children, and one professional speculated, "Doctors are going to have to start registering [prescription stimulants] because of the parents taking it from the kids."

While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants explained: "You crush the beads [inside the capsules]; You have to chase [the beads] all over the table for about five minutes because they are rolling everywhere [and then you] snort them." Participants had difficulty describing typical illicit users of prescription stimulants and reported, "It could be anybody." Community professionals described typical illicit users as parents of children who are prescribed the drug, as well as college students who abuse it for "performance enhancement."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported due to limited encounters with the drug. Most participants discussed availability of synthetic marijuana while simultaneously indicating a decrease in the availability of the drug. Participants commented: "[Synthetic marijuana] came out and everyone was trying it, but it's died down; Not very many people smoke [synthetic marijuana] around here; Some people still do it though." Participants spoke of synthetic mari-

juana as a previous drug they might of tried, which ended in a negative experience for most, as they reported: "[Synthetic marijuana] gives you a headache from hell; I thought I was going to die; [Synthetic marijuana is] terrible; It scared me."

Community professionals most often reported the drug's current availability as '1'; the previous most common scores were '10' for treatment providers and '6' for law enforcement. Community professionals commented: "I mean I know [synthetic marijuana is] available, but we don't hear about it; Not so much anymore, we used to have it a lot [in clients]; [Synthetic marijuana availability] would be low, but I just had somebody last week and the week before - she jumped through a window because she smoked K2." A treatment provider reported, "I hear about [synthetic marijuana use] over there (in-patient services), more than I do here (outpatient services)." Another treatment provider similarly reflected, "On the in-patient side I do hear of people using K2 (synthetic marijuana)."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant reported, "[Synthetic marijuana is] harder to get now, but I know people making it in their house now." Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. A treatment provider reported, "They actually have a new synthetic marijuana, and it's all liquid form . . . and people are using those e-cigs and put the juice in them and they are using them." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that synthetic marijuana sells for \$25 (5 gram bag). Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and tobacco stores. A participant added, "You can still get [synthetic marijuana] at some head shops."

Participants described typical synthetic marijuana users as “pot heads” and younger people. Community professionals described typical users as marijuana smokers and those who are still young and experimenting with drugs. Several community professionals commented: “[Synthetic marijuana users are] *younger people; Younger people who don’t realize that it’s worse [than actual marijuana]; People in high school.*”

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability remains variable in the region, depending on the form of the drug. Participants most often reported the current availability of ecstasy (pressed tablet form) 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 ‘4.’ One participant replied, “*Haven’t seen [ecstasy] in a long time,*” while other participants reported: “*Everybody is doing [ecstasy] in Steubenville (Jefferson County); I could get it from my dealer.*” Participants most often reported the current availability of “molly” (often considered the “pure,” powdered form of MDMA) as ‘10;’ the previous most common score was also ‘10.’ Participants commented on the ease of access to molly: “*I know several people who deal with molly; Molly is pretty fairly easy to get, too; I can get molly.*”

Community professionals were unable to report ecstasy’s current availability, but the previous most common score was ‘8;’ however, they most often reported the current availability of molly as ‘3.’ Treatment providers commented: “*I’m sure they can get [molly]; Molly is huge; It’s huge on campus.*” Another professional reasoned the popularity of the drug is reflected in and encouraged by pop culture: “*[Molly is mentioned] in every rap song, so that ought to tell you something.*”

Participants reported that the availability of both ecstasy and molly has decreased during the past six months. One participant explained, “*[The availability is] going down. The [ecstasy] pills are getting more scarce and the ‘shards’ (molly) have things being passed off as them. There’s a worldwide shortage of MDMA. So now people are passing off bath salts or whatever [for molly].*” A Belmont County participant disagreed with others’ reports of decreased availability and reasoned, “*We are so close to Pittsburgh (Pennsylvania), it’s just so easy to get anything they have.*” Community profes-

sionals reported that availability of molly has remained the same during the past six months. However, a treatment provider commented, “*[Molly] used to be more popular...*” The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Participants and community professionals mentioned that molly is often cut with other substances. A participant shared, “*I would say it’s just as much bath salts as it is molly.*” A treatment provider remarked, “*... but now they are cutting [molly] with more things like meth so ... a lot of people on campus are worrying.*”

Reports of current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported an ecstasy tablet sells for between \$20-25 unless you buy more than one tablet at a time. Reports of current street prices for molly were varied among participants with experience buying the drug. Several participants with experience using molly had difficulty reporting prices because the drug is often given away, as one participant explained, “*I always get mine free.*” Reportedly, molly sells \$10 for /10 gram and \$125 for a gram.

While there were a few reported ways of consuming ecstasy and molly, generally the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy users, nine would orally consume and one would anally administer the drug. As participants explained the ecstasy tablets were typically swallowed like a pill, molly can be taken in a capsule, sublingually or parachuted. Participants explained: “*Parachute it. You put [molly powder in] a little piece of toilet paper and swallow it; People put [molly] in capsules too, fill up a capsule that way you don’t have to eat toilet people; I put [molly] under my tongue.*”

Participants described typical ecstasy users as dealers, those who like to have fun and often attend clubs or raves (dance parties), as well as “*preppy, nerdy looking college kids.*” A participant remarked, “*It’s a college thing.*” A treatment provider described typical molly users as, “*adoles-*

cents so far, but some adults do talk about it." A healthcare worker similarly reported, "We hear a little about [molly] from the kids."

Other Drugs in the Athens 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: bath salts, hallucinogens (DMT [dimethyltryptamine], LSD [lysergic acid diethylamide] and psilocybin mushrooms), inhalants (nitrites), Seroquel® and over-the-counter (OTC) medication.

Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants have not been able to rate the availability of bath salts this cycle or the past cycle due to lack of personal experience with the drug, however, they continue to report that the substance is still available in the region, especially via Internet purchase. Community professionals were also unable to rate the current availability of bath salts, but the previous most common scores for treatment providers was '7-8,' while probation officers rated previous availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported few encounters with clients who abuse bath salts. One treatment provider reflected, "I heard of two people do [bath salts], but ... I don't think it's that common." Community professionals reported that the availability of bath salts has decreased during the past six months. A treatment provider commented, "I think it's going down." A healthcare worker reported, "About a year ago it was really big, but not now." The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Hallucinogens

Hallucinogens are highly available in the region, although DMT is reportedly rare in the region. Participant comments included: "Very rare; Hard to get, all the time." However, a participant with experience purchasing the drug reported that DMT sells for \$150-175 a gram.

Participants reported high availability of LSD (aka "acid") and most often rated 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 '5.' Participant comments included: "I know a lot of people who have [LSD]; Acid's pretty easy to get." Participants shared that hallucinogens are most available at music festivals. Community professionals did not report current availability of LSD; the previous most common score was '7-8.' Referring to the overall availability of hallucinogens, a treatment provider noted "[LSD is] really common on campus." Participants and community professionals indicated that the availability of LSD has remained the same during the past six months. Current prices for LSD were consistent among participants with experience buying the drug: \$10 for one hit/dose, \$200-300 for one sheet (approximately 100 doses). The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months.

Participants also reported high availability of psilocybin mushrooms (aka "shrooms") and most often reported current availability as '8,' the previous most common score was '5-10.' However, it seems availability varies throughout the region as a majority of those with experience using this drug agreed, "Mushrooms are really easy to get," several other participants commented: "Unless you grow them, [psilocybin mushrooms are] not available; You have to go out of town to get that; [Psilocybin mushrooms are] hard for me to find." Community professionals did not report on current availability of psilocybin mushroom; the previous most common score was '3-4' or '7-8' (bimodal). A treatment provider clarified, "[Psilocybin mushrooms] are around, but people aren't seeking treatment for it."

Participants and community professionals indicated no change in availability of psilocybin mushrooms during the past six months. Participant comments included: "[Availability of psilocybin mushrooms] really just depends on who you know; You got to find one of them hippie looking people." The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has decreased during the past six months. Reports of current street prices for psilocybin mushrooms were consistent among participants with experience buying the drug: \$5 for a single cap (top of a mushroom); \$25 for 1/8 ounce; \$50 for 1/4 ounce and \$125 for an ounce. Oral consumption remains the most common route of administration for both LSD and psilocybin mushrooms, while smoking and intravenous

injection are most common for DMT. Participants shared: *"Put [psilocybin mushrooms] on sandwiches and stuff; On pizza; make 'shroom tea."*

Participants continued to describe typical hallucinogen users as hippies and those who use a lot of marijuana. Participants explained: *"You can tell when someone is burnt out on [hallucinogens]; Not old school, but hippie kind o' people and stuff like that. [People] that go to raves (dance parties) and things of that nature; Metal people (who like heavy metal music)."*

Inhalants

Inhalants, such as nitrous oxide, are reportedly most available at music festivals or adult book stores throughout the region. A participant reported that although he has access to nitrous oxide, it is not generally available in the Athens region. The participant commented, *"I am a big nitrous oxide fan. I will mix that with anything."* This participant further stated, *"It's hard to get medical-grade nitrous, but you can get industrial grade. I have a catering license, so I can just go get them (commercial-grade nitrous canisters). I will go and take them to festivals and just bury them [in the ground to hide from authorities]."* A community professional explained: *"We don't see a whole lot of [inhalant use] here. I haven't had one client. I mean, I'm sure there is some that have tried [inhalants], but it's [not] something they are seeking treatment for."* Other professionals added that users might use inhalants when they, *"Can't get anything else"* or *"At the end of the month, maybe when there is no money."*

Seroquel®

Community professionals reported current availability of Seroquel® (psychiatric drug) as high, most often rating current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A treatment provider shared, *"Seroquel® is the rehab drug of choice."* Participants reported higher availability of Seroquel in jails. One participant divulged, *"In prison or whatever, I would mix tramadol and Seroquel® and then juice. Take a little bit of Kool-Aid® or whatever and then shake it up real good - and you have to drink the whole thing and it's really gross, but it gives you a buzz and then you just sleep for days."* Participants explained that these concoctions are called "foxies." Outside jail settings, Seroquel® is often used with heroin to enhance the high.

OTCs

Over-the-counter medication is highly available in the region, as treatment providers commented: *"I mean it's been available because you can get [these medications] at the store; You can buy it right off of the shelf."* However, OCT medication is reportedly not a popular choice for drug users. Only two treatment providers reported having had clients during past six months who sought treatment for OCT abuse such as cough syrups. A participant commented, *"It's a high school thing."* Community professionals described typical illicit OCT users as most often young (adolescents) and high school aged.

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Athens region; also highly available in the region are prescription stimulants. Changes in availability during the past six months include increased availability for marijuana and methamphetamine, as well as likely decreased availability for bath salts and ecstasy.

Participants and community professionals continued to report that marijuana is extremely easy to obtain in the region. Both respondent groups reported that the availability of marijuana has increased during the past six months. In addition, community professionals noted an increase in marijuana extracts and concentrates (aka "dabs"), often in the form of an oil or wax, which are becoming more prevalent in the region. Participants discussed an increase in vaporizing marijuana, although few had personal experience with that method of use. The BCI London Crime Lab reported that the number of marijuana cases it processes has also increased during the past six months. Community professionals described typical users of marijuana as everyone from adolescents to older adults.

Treatment providers commented that methamphetamine is a drug of choice currently in the region and reported "shake-and-bake" (powdered methamphetamine made in mobile labs) as the most prevalent type. Participants reported that the availability of methamphetamine has increased during the past six months, specifically "shake-and-bake" due to increasing production. Participants also noted the presence of the imported crystal form of the drug which they believed to be coming into the region

through the pipeline (workers installing natural gas pipelines). The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine. Community professionals described typical methamphetamine users as coming from more rural areas.

Prescription stimulants are highly available in the region, although participants commented on the low availability of Ritalin®. Participants and community professionals identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. While a medical professional noted that prescription stimulants are highly available, other stimulants are more commonly abused in the region, such as methamphetamine. The BCI London Crime Lab reported an increase in Adderall® cases and a decrease in Ritalin® cases it processes during the past six months. Community professionals reported that parents of children who are prescribed prescription stimulants commonly take the pills from their children, describing typical illicit users as parents of children who are

prescribed the drug, as well as college students who abuse for “performance enhancement.”

Participants reported that the availability of both ecstasy and molly has decreased during the past six months, citing a shortage of MDMA as the reason for decreased availability. Participants and community professionals reported that other substances, such as bath salts and methamphetamine, are often sold as molly; respondents mentioned that molly is often cut with these substances as well. The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months. Participants described typical ecstasy/molly users as drug dealers, those who often attend clubs or raves (dance parties), as well as college students.

Lastly, participants had no personal experience with bath salts and community professionals reported few encounters with clients who abuse bath salts. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.