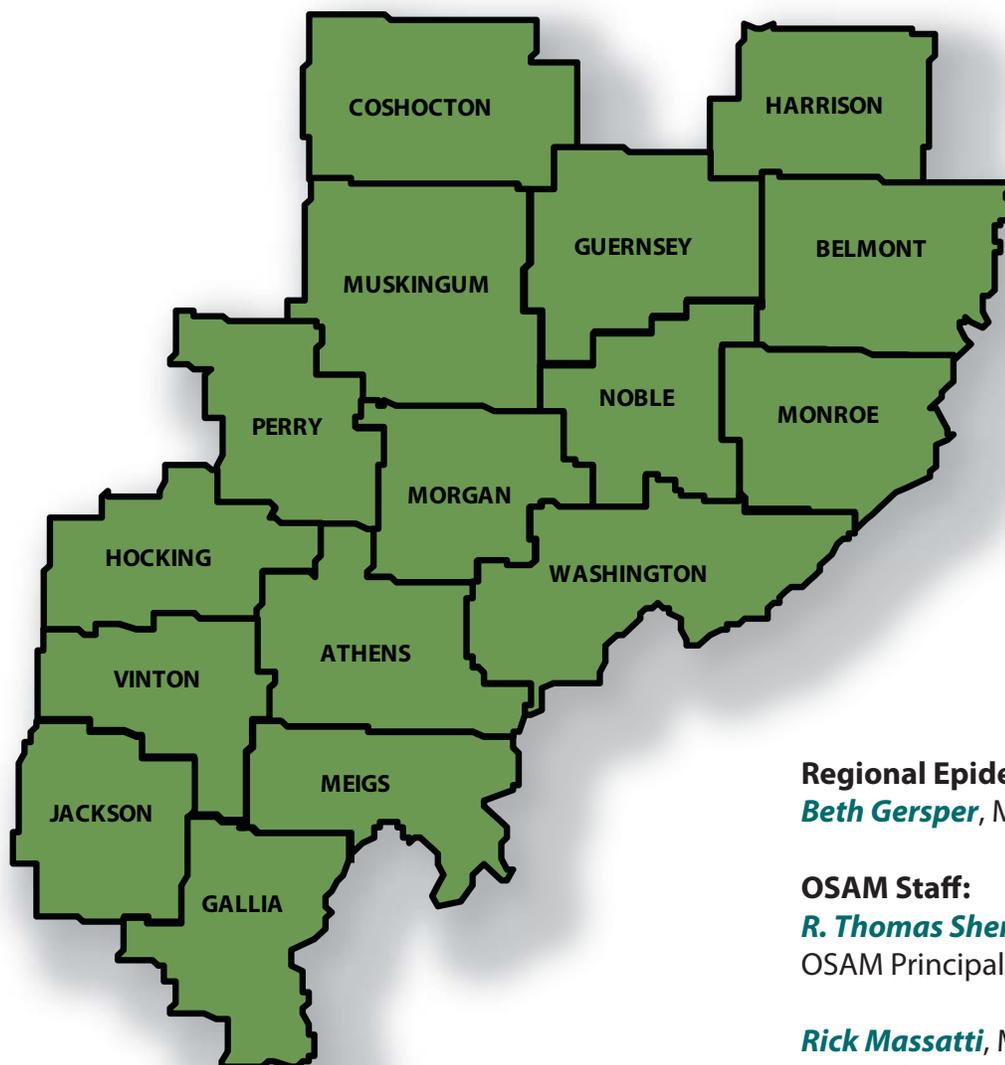


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Athens Region

June 2011-January 2012

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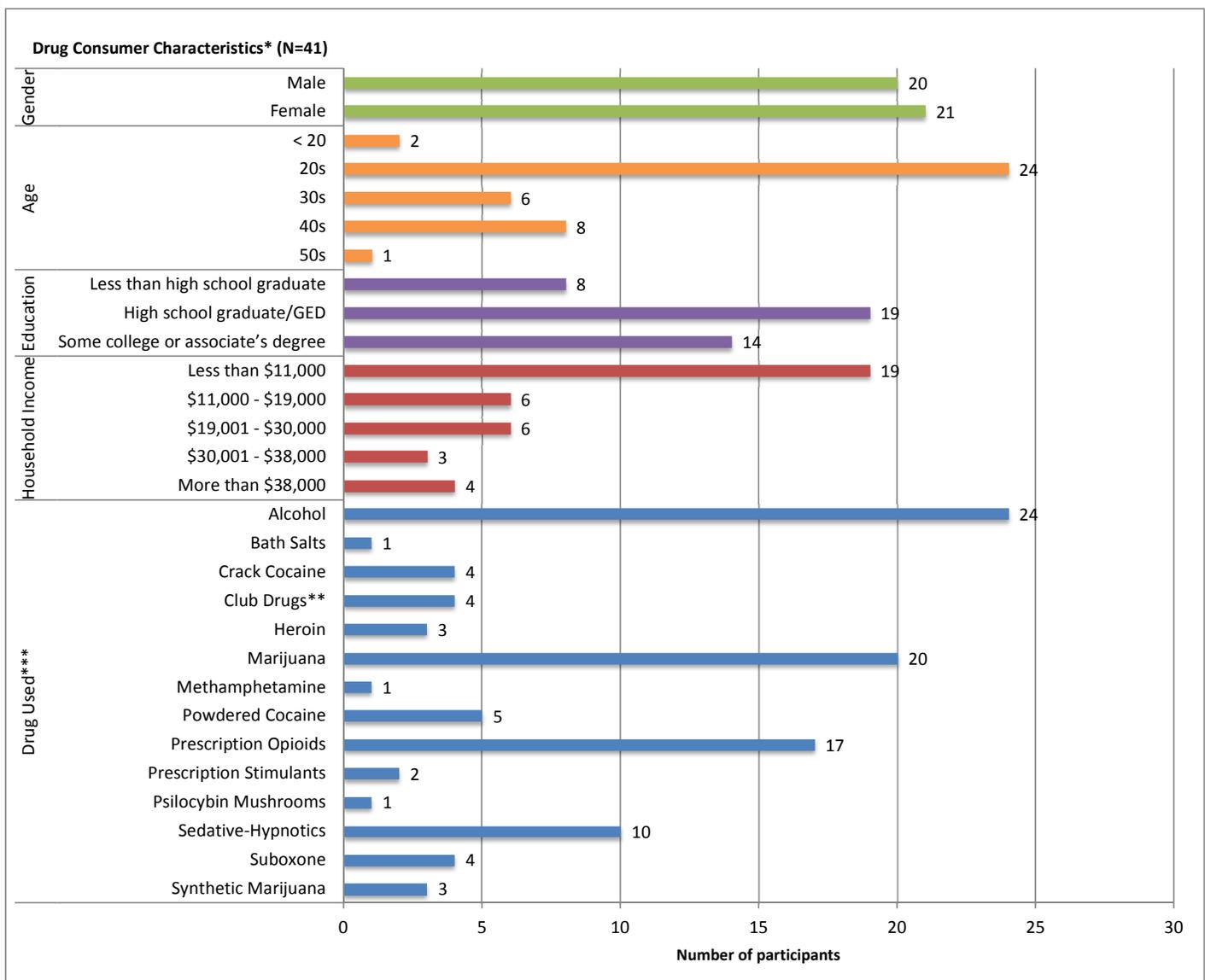
# Athens Regional Profile

Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	41
Gender (Female), 2010	51.2%	50.4%	51.2%
Whites, 2010	81.1%	94.7%	85.4%
African Americans, 2010	12.0%	2.1%	2.4%
Hispanic or Latino Origin, 2010	3.1%	0.8%	4.9%
High school graduates, 2009-2010	84.3%	92.9%	80.5%
Median household income, 2010	\$45,151	\$37,381	Less than \$19,000 <sup>2</sup>
Persons below poverty, 2010	15.8%	18.2%	68.4% <sup>3</sup>

Ohio and Athens statistics are derived from the U.S. Census Bureau.<sup>1</sup>

Respondents reported income by selecting a category that best represented their household's approximate income for 2011. Income status was unable to be determined for three respondents due to missing data.<sup>2</sup>

Poverty status was unable to be determined for three respondents due to missing or insufficient income data.<sup>3</sup>



\*Not all participants filled out forms; therefore, numbers may not add to 41.

\*\*Club drugs refers to Ecstasy and LSD.

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

### Data Sources

This regional report was based upon qualitative data collected via individual and focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Gallia, Guernsey, Hocking, Jackson and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Scioto County Coroner's Office 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 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, all BCI data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2011.

### Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants reported that powdered cocaine was more easily found in cities (Columbus, Weirton, W.Va., Youngstown or Zanesville). Only participants in Athens County reported perceptions of low availability of powdered cocaine. Treatment providers most often reported availability as '6'. Most participants reported that the availability of powdered cocaine had remained the same during the previous six months. Most participants rated the quality of powdered cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in most powdered cocaine cases. Participants reported that a gram of powdered cocaine sold for between \$50-100, depending on quality. Participants consistently reported that powdered cocaine was cheaper if purchased "in the city," cheaper if bought in larger quantities (an "eight ball," or 1/8 ounce, versus a gram). Reportedly, the most common route of administration for powdered cocaine remained snorting. Some participants commented that using powdered cocaine by intravenous (IV) injection or by smoking (lacing a cigarette or marijuana blunt with powdered cocaine, aka "snow caps") were growing trends, with members of one focus group positing that IV use was

as common as snorting. Many participants continued to describe typical users of powdered cocaine as individuals with income. Many participants commented that it was common to use powdered cocaine with other drugs, more so than to use powdered cocaine by itself, usually to help the user come down from the stimulant high produced by powdered cocaine. In addition, participants reported that powdered cocaine use was common in bars.

### Current Trends

The current availability of powdered cocaine remains variable in the region, with participants reporting differing availability scores by county. However, participants throughout the region most often reported the drug's current availability 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 '10'. Participants in Guernsey and Muskingum counties reported current availability of powdered cocaine as moderate, with a mean availability score of '7', whereas participants in Athens and Jackson counties most often reported current availability as '4'. A participant in Guernsey County reported, "Walk outside; every side of town [powdered cocaine is available]." An Athens County participant reported, "[Powdered cocaine is] nowhere immediately in the Athens area ... it's a drive [to obtain powdered cocaine]." Treatment providers and law enforcement most often reported the drug's current availability as '10' for Muskingum County and '5' for other counties in the region. A Muskingum treatment provider reported, "Never heard a client say they had a problem getting it [powdered cocaine]." Other county professionals suggested that powdered cocaine is not very available. A treatment provider reported, "During the assessment, maybe [a client will say], 'Yeah, I tried it [powdered cocaine] a couple of times' [or] maybe, 'I did [powdered cocaine] a few months ... I did it with some friends', but nobody, really, off the top of my head has had ongoing use."

Participants reported that the availability of powdered cocaine has remained the same during the past six months. A participant commented, "My dad does a lot of it [powdered cocaine]. He's been going to the same guy [dealer] forever." Participants indicated that a user has to get powdered cocaine before dealers "rock it up" (manufacture the drug into crack cocaine). A participant reported, "You can get hard [crack cocaine] easier than you can get soft [powdered cocaine] because a lot of people [dealers] want to take it [powdered cocaine] and cook it [manufacture crack cocaine] ... they make more money off it that way." Treatment providers and law enforcement reported that availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' Participants reported that the quality of powdered cocaine has varied during the past six months: *"Sometimes [powdered cocaine] it's weak quality, and sometimes it's high quality."* Guernsey County participants reported quality to be low while participants in Athens, Jackson and Muskingum counties reported variability in quality. One participant said, *"It [quality] depends on who you're getting it from really ... like how long you're willing to wait or if you want it right then ... because if you call somebody and you're rushing them or whatever and you really ain't trying to spend that much with them, most likely they're taking some GNC® product or something and they're cutting [adulterating] it down. So you're only getting like half of what you're paying for it ..."* Participants reported that powdered cocaine in the region is cut with aspirin, baby laxative, baby vitamins, baking soda, bath salts, caffeine pills, GNC® products, lidocaine (local anesthetic), NoDoz®, Orajel®, prescription opioids and vitamin B12. A participant commented, *"Really any white powder that looks like it [powder cocaine] [can be used as a cutting agent]."* The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the cutting agent in virtually every sample of powdered cocaine it processes, while also citing the following substances as occasionally used to cut powdered cocaine: caffeine, inositol (B vitamin), lactose (disaccharide sugar), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "coke," "powder" and "snow." Participants listed the following as other common street names: "blow," "cold weather," "cousin ya-yo," "girl," "Mexican Flu," "powder," "soft," "weather," "white," "white girl," "white lady," "winter" and "ya-yo." Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Participants reported that a 1/2 gram sells for \$50; a gram sells for between \$80-100, depending on the quality; 1/16 ounce, or "teener," sells for \$120; 1/8 ounce typically sells for \$150, but can sell for up to \$225 depending on quality; 1/4 ounce sells for \$275. Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately eight would snort and the other two would either smoke or intravenously inject. A participant reported, *"Maybe two people who might put it [powdered cocaine] on a cigarette and smoke it; [I have] only known two people to shoot it [inject powdered cocaine]."* Guernsey County participants reported more intravenous use than did participants in Athens, Jackson or Muskingum counties. The consensus among participants was that there is a graduated way of using drugs

in general. A participant explained, *"At first I started snorting it [powdered cocaine], then I smoked it, and then I shot [sic] it. About every three or four years I went to something different ... to find a better way to get high."*

Although a general profile for a typical powdered cocaine user did not emerge from the data, there were two comments worth noting. Several participants mentioned people with occupations that require them to work long shifts might use powdered cocaine to help them stay awake. Some occupations mentioned included construction workers, doctors, iron workers and truck drivers. A participant reported, *"My dad and his friends, they're iron workers, and they mix [powdered] cocaine and meth [methamphetamine]. I think it keeps them awake on the job."* Community professionals described the typical user of powdered cocaine as primarily White: *"White crowd is more powder[ed] cocaine user – inhaling and snorting; Blacks [are] more of the crack [cocaine] users."* A couple of treatment providers mentioned hearing about powdered cocaine use among restaurant servers: *"The servers, you know, you got to be out there and happy and active and moving ... they can't stay home at night, so they go out and party, and then the way they stay awake is to do the cocaine so they can work all day."* A representative from a coroner's office suggested use by professionals and people of all ages: *"You'd be surprised. There are people in their older adult ages that are using it [powdered cocaine] that I'm just totally blown away by. Professionals, lawyers, people with degrees that I just totally wouldn't expect that behavior."* Law enforcement described typical powdered cocaine users as, *"upper-class and college kids."*

Reportedly, powdered cocaine is used in combination with alcohol, bath salts, heroin, marijuana, methamphetamine, prescription opioids and sedative-hypnotics. A participant reported, *"I just always had to drink [alcohol when using powdered cocaine] because that would always bring me down to go to sleep ... if not, I would be wired. I wouldn't be able to sleep. My eyes wouldn't be shutting for nothing."* Depressant drugs are often used to help users come down (sober up) from the stimulant high produced by powdered cocaine. A participant reported, *"Every time I've ever did coke, I've had either heroin or Xanax® to come down off with."* According to another participant, *"Some people are lacing their cocaine with opiates [crushing pills and snorting with powdered cocaine]. That's mostly the [drug] dealers that do that."*

### Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a

scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Athens reported difficulty obtaining the drug, but said users would often travel to urban areas if they could not find it locally. Treatment providers in Athens and Belmont counties could not provide availability ratings for crack cocaine because few of their clientele abused the drug. The most common participant quality score for crack cocaine was '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine was most often cut with other substances. According to the BCI London Crime Lab, levamisole (livestock dewormer) was used as a cutting agent for crack cocaine. Participants reported that a gram of crack cocaine sold for between \$80-100. However, the majority of crack cocaine users reported buying the drug in small quantities selling for between \$10-50. By far, the most common route of administration was smoking, with a minority of users reporting intravenous injection. Participants and treatment providers could not come to a consensus regarding a profile for the typical crack cocaine user.

### Current Trends

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'. However, within the region, availability is variable. Participants in Gallia, Guernsey and Muskingum counties reported higher availability of crack cocaine than did participants in Athens, Hocking and Jackson counties. Participants in Guernsey and Muskingum counties, respectively, commented, "About every fourth house [on] every street [is a 'crack house']; There are times where I could find no marijuana, but I could find coke [powdered cocaine] and crack [cocaine]." A participant in Athens commented, "I don't really hear about it [crack cocaine] much," and a participant in Hocking County said, "I think in this area, people aren't doing either [crack or powdered cocaine] it's pain pills, Suboxone®, Subutex® [and] heroin." Law enforcement and public health professionals most often reported the drug's current availability as '8'. A director of a youth educational program reported, "[Crack cocaine] seems readily available as a drug of choice for clients along with bath salts; [I] hear [about] crack and bath salts more than marijuana right now."

Participants reported that the availability of crack cocaine has remained stable during the past six months. A participant in Guernsey County stated, "Never heard of anybody not being able to get crack." Several participants mentioned variability in the presence of crack cocaine. A participant explained, "[The availability of crack cocaine] has

*its ups and downs when people get busted, but someone else comes right back ... someone steps up and takes that spot."* Public health professionals reported that the availability of crack cocaine has remained stable, or might have actually decreased during the past six months. A treatment provider commented, "I'm seeing less crack use. They [clients] may have tried it, but they went into something else besides that." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Most participants rated the quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Most participants reported that the quality of crack cocaine varied during the past six months depending on location. A participant reported, "Sometimes [crack cocaine quality] it's better in town, sometimes it's better out there [in the country] – just depends on what kind of stuff [cutting agents] they [dealers] get in." Participants reported that crack cocaine in the region is often cut with baking soda and can also be cut with bath salts, candle wax, dry wall, Orajel® and powdered soap. Guernsey County participants commented on the amount of "dummy dope" being made in the area: "Everybody's making the dummy dope now. I know people that melt candle wax down and put a little Orajel® and stuff with it." The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the primary cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "crack," "hard" and "rock." Participants listed the following as other common street names: "boulders," "dope," "Hard Rock Cafe®," "stones" and "yea." A participant explained the naming differences between powdered cocaine and crack cocaine: "You can call crack everything you can call coke [powdered cocaine] except 'soft.'" Current street prices for crack cocaine were somewhat consistent among participants with experience buying crack cocaine. A participant reported, "You can buy it [crack cocaine] by the 10s [\$10 increments]." Another participant explained that there are discounts for larger quantities: "Once you start getting into weight, half grams and stuff like that, the price will come down and you'll get more [crack cocaine] for your price." Participants reported 1/10 gram of crack cocaine sells for \$10 (aka 'one hit' or a 'blast,' consisting of one rock a bit smaller than an eraser on the end of a pencil); 1/2 gram sells for \$50; a gram sells for between \$50-100; 1/16 ounce sells for \$80-140; 1/8 ounce sells for between \$150-300 (typically sells for \$250). While there were a few reported ways of using crack cocaine, generally, the most common routes of administration were smoking and intravenous injection. Participants mentioned several ways of smoking crack cocaine: "Throw it [crack cocaine] on the char [coarse scrubbing pad used as a screen] and smoke it; chasing the dragon [using

*crack with heroin.*” A few participants mentioned intravenous use: *“Shoot it [inject crack cocaine] with vinegar or lemon juice.”* Only one participant mentioned snorting crack cocaine. A Guernsey County participant reported users parachuting crack cocaine, *“I’ve seen a couple people parachute it ... like wrap it up in toilet paper and swallow it. Some people say it does [increase the buzz]. I just say it’s a waste of money.”* A participant recognized a difference in methods due to age, *“Younger [less-experienced users] smoked it [crack cocaine], older [more-experienced users] shoot it.”*

A profile of a typical crack cocaine user did not emerge from the data. Participants commented that all ages are represented: *“I know teenagers that are smoking crack, and I’ve seen 60-year-old men that are still smoking crack.”* A participant noticed a difference in race when purchasing crack cocaine: *“Most the people I’ve ever bought crack off of have been Black, African-American.”* However, community professionals developed a different profile; public health professionals and law enforcement agreed that prostitutes tend to use crack cocaine more frequently. A law enforcement officer explained, *“Prostitutes tend to be involved with crack cocaine. It’s a reward and a way they tolerate their job.”*

Reportedly crack cocaine is used in combination with alcohol, heroin, marijuana, prescription stimulants and sedative-hypnotics. Except for prescription stimulants, most participants agreed that crack cocaine is used with, *“anything that will bring you down [from the stimulant high produced by crack cocaine].”* A participant spoke about using marijuana after using crack cocaine: *“I know people who smoke a joint [marijuana] after they run out [of crack cocaine] because they say it helps kill the cravings for wanting more [crack cocaine].”* A participant mentioned using crack cocaine as a substitute for prescription stimulants when they weren’t available: *“I’ve done it [crack cocaine] two different times in my life and it’s because I was doing a bunch of Ritalin® and Adderall® like through the whole day, and then the dude that was selling that to me left town and so I was like freakin’ out, and so I just decided like to keep the speed going I was going to do some crack.”*

## Heroin

### Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). However, it was also often stated that heroin was more readily available in cities (Columbus and Zanesville) than in other areas in the region. Participants and community professionals reported that heroin

availability had increased during the previous six months. In addition, treatment providers noted an increase in requests for detoxification services from intravenous heroin users. Treatment providers reported reasons for increased heroin availability and use to include: *“It [heroin] is cheaper [than prescription opioids]; It’s harder to get pills [prescription opioids].”* While there were different forms of heroin available in the region, participants continued to report the availability of black tar heroin as most available. Most participants generally rated the quality of heroin as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants commonly noted that heroin found in cities was more pure than heroin found in rural areas. The BCI London Crime Lab continued to report that heroin was “very pure” in the region. Participants reported that the most common way to purchase heroin was by individual packets (1/10 gram, aka “bag,” “ball,” “balloon” or “stamp”) for \$20-50; participants also reported buying heroin in “bundles” (10-12 small packs of heroin, approximately a gram) for \$80-120. Reportedly, heroin was cheaper if purchased in Columbus. The most common way to use heroin remained intravenous injection. Participants reported that there was less stigma with drug injection than there once was; hence, more people from different backgrounds were “shooting” heroin. Participants and treatment providers also continued to report that heroin use was very common among young people, including high school-aged youth.

### Current Trends



Heroin remains highly available in the region. Participants most often reported overall heroin 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 Jackson County participant reported, *“[Heroin is] more available than marijuana.”* Another participant reported, *“[Heroin] that’s all I hear people talking about.”* While many types of heroin are currently available in the region, participants continued to report the availability of black tar heroin as most available. A participant reported, *“Main thing around here is tar [black tar heroin] and some brown powder [heroin]; Heroin around here is black tar ... heard of powder [heroin] but have not seen it.”* Although participants had heard of white powdered heroin, no one claimed to have seen it in the region during the past six months. Community professionals most often reported current availability of heroin as ‘8’. A public health professional working in both Athens and Vinton counties commented, *“Heroin is incredibly available. It’s the most popular drug in this area right now.”* However, community professionals in Muskingum County had very little to comment on heroin and

rated its current availability as '3' or '4'; these professionals view prescription opioids as a greater problem than heroin in their county. One community professional said, "Prescription opiates are number one, and they [users] will get heroin if they can't get the pills ... and then it's back to the pills." Participants reported moderate availability of brown powdered heroin, rating its availability as '5'. Only participants in Guernsey and Muskingum counties reported actually seeing brown powdered heroin. Participants described powdered heroin as, "brown powder; tan colored." A participant commented, "[Powdered heroin] looks like sand." Media outlets in the region reported on significant heroin seizures and arrests during this reporting period. In December, two Marietta (Washington County) residents were arrested for possession of heroin, trafficking in heroin and possession of cocaine following a traffic stop in Morgan County; the arrests were part of an ongoing investigation into drug trafficking from Columbus into the region ([www.mariettatimes.com](http://www.mariettatimes.com), Dec. 13, 2011).

Participants reported that the availability of black tar heroin has increased during the past six months. The reasons provided for the increase included, "Word is getting around and more people are selling it [black tar heroin]; More people are doing it [black tar heroin] ... pill people [prescription opioid users] are switching over because [heroin] it's cheaper and a better high; [Heroin is] cheap, easy to sell, and easy to get people hooked to it." Community professionals also reported that the availability of heroin has increased during the past six months. A public health professional reported, "[Heroin availability has increased] because of the use of the [prescription opioids] ... heroin is the back-up plan. It's increased because the demand has increased." Participants reported that the availability of brown powdered heroin has also increased during the past six months. A Guernsey County participant reported, "Powder [heroin] is a little bit easier to get." Community professionals reported that the availability of powdered heroin has either remained the same or has increased during the past six months. Athens County law enforcement and coroner's staff reported that availability of powdered heroin has remained the same, while professionals in other counties were split with half of professionals reporting unchanged availability and half reporting an increase in availability. A drug court representative reported, "What we've seen is a steady increase in the use of heroin ... at least we're detecting more of it." The BCI London Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months, while noting that the type of powdered heroin most processed is usually beige in color.

Participants most often rated the current quality of black tar heroin as '5' on a scale of '0' (poor quality, "garbage") to

'10' (high quality), while they rated the quality of brown powdered heroin most often as '4'. Participants most often reported that the quality of heroin has remained the same during the past six months, although there were a couple participants that reported a decrease because, "people [dealers] got busted; dealers are cutting it [heroin] with [more] stuff." Participants reported that black tar heroin in the region is cut with bath salts, coffee, fentanyl, hot cocoa and Tootsie Rolls®. According to the BCI London Crime Lab, heroin is, "typically pretty pure." However, when heroin is cut, the lab reported the following substances as cutting agents occasionally used: caffeine, diphenhydramine (antihistamine) and local anesthetics (lidocaine and procaine).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "H." Participants listed the following as other common street names: "bag," "ball," "balloon," "dog food," "haron," "raisin" and "tar." Participants reported that black tar heroin is available in different quantities: a balloon sells for between \$20-50, or two balloons for \$50, depending on quality. The amount of heroin in a balloon (1/10 gram) was discussed and finally agreed upon in one focus group as being, "maybe a little bigger than a Skittles® [candy], about the size of a Gobstopper® [candy];" a gram sells for \$100. A participant clarified a difference between prices for dealers and prices for buyers, "So it [price of heroin] depends on who you are ... if you're the dealer or you're the buyer. Dealer [pays] like \$10 a tenth [of a gram], but they [dealers] usually sell you a tenth for \$20. They double their money." Participants reported that brown powdered heroin is available in paper and foil packs and sells for between \$20-30. A participant clarified that when discussing heroin, "A pack of heroin is powder, and a balloon is tar." A couple of participants mentioned hearing about capsules of heroin being sold, but neither of them had actually seen them in the Athens region. Heroin is reported as coming from outside the region including Columbus, Dayton and New Philadelphia. However, there is some heroin that seems to be coming from Washington County. A participant reported, "[Heroin] balloons more likely the tar from Columbus and stamp bags from Marietta." Participants reported that the most common way to use heroin remains intravenous injection. Reportedly, users also smoke and snort the drug. A participant explained, "If they [users] don't have a needle, they'll snort it [heroin]." However, reportedly, most users continue to prefer injection: "When you snort it [heroin], you waste 40 percent of it; There are ways to snort tar. You can put tar in a nasal spray bottle mixed with hot water ... not very common, but it's done."

There was no participant consensus regarding a profile of a typical heroin user, but one participant explained the economic effects for a typical dealer: *"I know a lot of dealers that don't use it [heroin]. Dealers aren't using it. It's the money. They're more addicted to the money ... I've had close friends that you just can't talk out of it [buying heroin to sell to others]. When their kids are hungry and they get \$100, they've just made rent. You hit the desperation point."* In an indirect way, this goes right along with what the community professionals had to say about a typical heroin user. Community professionals described typical heroin users as young, 18-30 years of age, and, *"not going to college ... not actively pursuing higher education ... we're not hearing [about heroin use] at the colleges ... definitely younger individuals who aren't in school [use heroin] ... those not working to improve their socio-economic status."* A law enforcement professional at the county level made a distinction between college kids and those in the city who are not pursuing higher education: *"Upper-class and college kids [are using powdered cocaine]. [We are] not finding heroin on campus. Heroin is outside [campus]."* Law enforcement also reported a new trend in transporting heroin: *"[There is a] growing trend on taking females for body carry to avoid the detection. Pull them over, a dog detects it [heroin] ... can't find it, [and] there's a female sitting there. I know where it goes, but unless you have probable cause to warrant a body cavity search, you aren't going to get it. That's probably the newest thing in the past six months to a year."* Reportedly, heroin is used in combination with crack cocaine, marijuana, powdered cocaine (speedball), prescription opioids and sedative-hypnotics (most reportedly Xanax®). A participant reported, *"[Heroin is used with] ... a lot of marijuana. Marijuana intensifies the buzz, and you don't get sick."*

### Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants described the obtainment of prescription opioids as follows: *"as easy as going to the store to get a gallon of milk; as easy as taking the trash out."* Participants and community professionals identified OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with participants additionally naming morphine. Participants reported that the availability of prescription opioids had both increased and decreased during the previous six months, depending on specific drugs. The availability and use of OxyContin® and Percocet® was said to be decreasing, while

the availability of Opana® and oxycodone 30 mg (aka "perc 30") was said to be increasing. The BCI London Crime Lab noted increases in the number of Dilaudid®, Opana® and Percocet® cases that it had processed during the previous six months. In terms of street pricing, participants commonly asserted that those drugs that could be used intravenously were more valuable. As a result, the new formulation of OxyContin® (OxyContin® OP) was commonly described as worthless by many users. However, some participants continued to describe means by which OxyContin® OP was able to be used intravenously. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remained snorting and intravenous injection, with most participants continuing to identify snorting as generally the most popular means of using these medications. In addition to obtaining prescription opioids on the street from dealers, participants continued to report also getting them from emergency rooms, pain clinics (said to be found in Canton, Dover and Pittsburg, Pa.), doctors and family members and friends who have been prescribed these medications. A profile of a typical user of prescription opioids did not emerge from the data. Participants commonly held the perception that people from every demographic category were represented among prescription opioid users. Treatment providers continued to note an increase in use among young people (17-34 years).

### Current Trends

Prescription opioids remain highly available in the region. Participants and community professionals 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'. Participants reported, *"I can get them [prescription opioids] at my neighbors; All around town ... I wouldn't have to drive far [to obtain prescription opioids]."* A treatment provider stated, *"What I see is the prescription opiates are number one. If they [users] can't get that, then they'll use the heroin until they can get the prescription. The heroin is the second best."* Participants and community professionals also continued to identify OxyContin®, Percocet® and Vicodin® as the three most popular prescription opioids in terms of widespread use, with participants naming Opana® as also most popular. A treatment provider reported, *"I've had a couple clients in the past few months who had Dilaudid®. They just happened to get that while med [medication] seeking at the ER ... just what they were given. Still again though, Vicodin® and Percocet® are so far above everything else [in terms of availability]."* Collaborating data also indicated that prescription opioids are readily available in the region. The

Scioto County Coroner's Office reported that 28.6 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range). Furthermore, the Coroner reported prescription opioids as present in 17.9 percent of all drug-related deaths.

Although participants throughout the region reported that the availability of prescription opioids has generally remained the same during the past six months, there were noted increases and decreases in availability of specific opioids. Participants currently rated Opana® a '10' on the availability scale, even more often than OxyContin®. Participants reported that Opana® has replaced the demand for OxyContin®: *"After the OC's [OxyContin® OC] went away [and was replaced with the reformulated OxyContin® OP], the Opana's came."* In general, participants rated the availability of OxyContin® OC as '2', while rating the reformulated OxyContin® OP's most often as '7'. Participants reported, *"It seems like the roxies [Roxicodone®] are a little more popular now than just a few months ago; Opana® is increasing in Perry County; The Opana®, they're real popular. Everything else has been about the same [in availability]; Old OC's [OxyContin®] are not around no more; Oxy's [OxyContin®] decreased because of the OP's [reformulated OxyContin®] that can't be abused. [The] dealer then switched to heroin and cocaine because of the loss of demand for Oxy's."* Muskingum and Guernsey County participants often mentioned Dilaudid as readily available and rated its availability an '8'. Community professionals also identified several drugs as increasing, while the top three identified prescription opioids have remained the same in availability during the past six months. A treatment provider reported, *"Dilaudid® is a niche to the RN's [nurses] ... that is often a drug of choice for them for they have access to it."* A Coroner reported, *"Kadian®, one of the newer drugs like Opana® [is] increasing [in availability]."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® 8 mg (sells for \$10), fentanyl patches (sells for between \$30-50), Norco® (sells for \$6), Opana® (10 mg sells for between \$20-30; 40 mg sells for \$80), oxycodone (40 mg sells for \$20; 80 mg sells for \$40), OxyContin® (aka "oxy's"), OxyContin® (old formulation, aka "OC's"; 20 mg sells for \$20; 80 mg sells for between \$80-100), OxyContin® (new formulation, aka "OP's"; 40 mg sells for between \$50-55), Percocet® (aka "perc's"; 5 mg sells for \$5; 7.5

mg sells for between \$4-5; 10 mg sells for \$10), Roxicodone® (aka "roxie"; 15 mg sells for \$15; 30 mg, aka "perc 30," sells for \$30), Vicodin® (aka "V's" and "vikes"; 5 mg sells for \$3; 7.5 mg sells for \$4.50; 10 mg sells for \$6). While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration remains snorting. Participants reported, *"Snorting [prescription opioids] is more common; Shooting them [prescription opioids] and eating them are also popular."* There seem to be differences in methods based on age and/or experience of user: *"Younger kids eat them [prescription opioids] and pop [swallow] them; I've seen people chew them [prescription opioids] ... only someone who's been on them a while."* A participant explained that route of administration is determined by type of medication obtained: *"Opana® — snort, you can't do anything else with them; Perc 15 and 30s [Roxicodone® 15 mg and 30 mg]— inject; Perc 5 and 10s [Percocet® 5 mg and 10 mg] would get snorted; Vike [Vicodin®] would get snorted ... smoking [crushing and lacing into a cigarette or with marijuana] is also common."*

Participants continued to report obtaining prescription opioids on the street from dealers, and from doctors, emergency rooms and people with prescriptions. A participant reported, *"[Obtaining prescription opioids from] mostly dealers, but I know a lot of people that still get pain prescriptions that don't need them [and sell them]."* Drug seeking through injury is also a way to obtain drugs, although participants noted a decrease in obtaining prescription opioids through emergency rooms: *"The emergency rooms don't tend to give out prescription pain killers much, unless there's been tests or something that prove you really are in a lot of pain."* Participants also reported traveling out of the region to obtain prescription opioids. A profile of a typical user did not emerge from the data. A participant commented, *"Everyone [uses prescription opioids] ... no prejudice."* Besides the niche of nursing staff using Dilaudid® as pointed out by a treatment provider, community professionals did not offer any distinguishing characteristics to describe typical users of prescription opioids. Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with marijuana to, *"intensify the buzz."* Participants also named alcohol, heroin, powdered cocaine, sedative-hypnotics and other prescription opioids as being used with prescription opioids. A participant reported, *"I smoked weed [marijuana] or did even more pain pills. I didn't like downers or Xanax®."* Another participant said, *"I seen people that'll take Vicodin® [and] Percocet®, crush them up and do them with coke up the nose. You're mixing your upper and downer."*

## Suboxone®

### Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants most often reported availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported the drug's availability as '6.' Participants reported that even if Suboxone® clinics were not present in their immediate area, they knew where they could go for Suboxone® (clinics in Columbus or West Virginia). Participants reported that Suboxone® 8 mg sold for between \$10-20; Suboxone® strips sold for between \$10-12. Participants reported that the most common route of administration for abuse of Suboxone® remained snorting, and they continued to report sublingual (dissolving it under the tongue) administration as the most common route of administration for both Suboxone® pills and strips. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from doctors and clinics. Participants reported knowledge of doctors who will prescribe Suboxone®. Reportedly, it was also easy to acquire Suboxone® from someone who had a prescription. Participants and treatment providers commonly recognized that many used Suboxone® illicitly. According to participants, heroin users used Suboxone® in between using other opioids, "to avoid being dope sick, 'til they get money for their next heroin."

### Current Trends



Suboxone® remains highly available in the region. Participants most often reported the current 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'. A participant who indicated that Suboxone® is readily obtainable by incarcerated individuals stated, "If [Suboxone®] it's that easy to get in jail, I don't see why it would be hard to get on the street." Law enforcement and drug court staff agreed that Suboxone® is being abused and is highly available in the region. A drug court reported testing for Suboxone® as well as other drugs as part of its drug urinalysis testing procedures. However, other treatment providers and coroner staff had a different perception of the current availability of Suboxone®. Although treatment providers and coroner staff acknowledged some use of Suboxone®, they reported low to moderate abuse of the drug: "It [Suboxone®] must be available because I just had a client that said if he can't

get opiates, 'Suboxone® fills the bill' and keeps him calm, so he's been having to get it from the street; I think [Suboxone®] it's accessible, but at the same time [users] they're not needing to go that route because they're able to get them [prescription opioids] the Percocet® and the Vicodin® [are] so readily [available] those are the 'go-to' drugs."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant reported, "[Suboxone®] seems to becoming a huge problem in known drug areas. I can think of a few places ... apartment complexes." Community professionals also reported that Suboxone® availability has increased: "We're seeing an increase in the people who are either legally or illegally participating in the Suboxone® program, so they can kick the heroin habit. So, we know those numbers are going up; When we first started testing for Suboxone®, we only saw it in the adults, but recently we started seeing Suboxone® use in the youth as well." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

No slang terms or street names were reported for Suboxone®. The most common reported prices for Suboxone® were as follows: Suboxone® 2 mg sells for \$5; Suboxone® 8 mg sells for \$20; Suboxone® 8 mg strips (aka "film") sells for \$15. Most often participants reported taking Suboxone® 8 mg pills. Among participants who reported on abuse of Suboxone®, snorting is the most common method of abuse followed by intravenous injection. Participants reported obtaining Suboxone® from doctors and clinics, but those who abuse the drug reported mainly obtaining it from people with prescriptions rather than from a third-party dealer. A participant reported: "[You] have to know someone who has it [Suboxone®] prescribed; from people who are prescribed it [Suboxone®] ... an older lady would get hers the first of the month and sell it within three days." Those who are prescribed Suboxone® often encounter users who want to purchase their medicine: "I get them [Suboxone®] prescribed. A lot of people get me to try to sell [it] to them; I'm prescribed Suboxone®. I know there are people that abuse the stuff ..."

A profile for a typical Suboxone® user did not emerge from the data. Participants and treatment providers continued to report that Suboxone® is used illicitly. A participant reported, "If you're a heroin addict, it [Suboxone®] just takes your sickness away." A treatment provider commented, "We have had clients that have been on maintenance Suboxone®. It [Suboxone®] blocks the effect of the opiates, and it keeps them from craving ... from wanting more of the drugs. It kind of makes them okay ..." Reportedly, Suboxone® is used in combination with alcohol, marijuana and sedative-hypnotics.

A participant reported, *"From what I know, if you do anything else with them [Suboxone®], it's supposed to counteract and make you go into withdrawals ... but I've heard people using Xanax® [with Suboxone®], but if you do any opiates with it, it's pointless."*

### Sedative-Hypnotics

#### Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants and treatment providers most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment professionals continued to list the most common sedative-hypnotics in terms of widespread use as Klonopin® and Xanax®. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months; however, a noted increase in cases occurred for Xanax®. In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report obtaining them from doctors, and friends and family members who were prescribed the drugs. The most common routes of administration remained oral consumption and snorting. A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants and treatment providers alike reported that people of all different population groups abused these drugs.

#### Current Trends

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 also '10'. Participants identified Klonopin®, Valium® and Xanax® as the three most popular sedative-hypnotics in terms of widespread use. A participant stated, *"[Sedative-hypnotics] they're like very popular. Everybody wants them, so as soon as they come around, they're gone."* Other participants thought these drugs to be popular because, reportedly, they are the type most often prescribed by physicians. Community professionals most often reported the current availability of sedative-hypnotics as '10' and identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider commented, *"It's almost like Xanax® is raining down from the sky in this area."* A public health professional added Ambien® and Soma® to the list of most available sedative-hypnotics in the region.

Collaborating data also indicated that sedative-hypnotics are readily available in the region. The Scioto County Coroner's Office reported that 28.6 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range). Furthermore, the Coroner reported sedative-hypnotics as present in 10.7 percent of all drug-related deaths.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months except for Klonopin® and Librium®, which have increased in availability. Participants talked about the demand for Klonopin® in their community: *"Klonopin® are usually gone as soon as you hear about them; Everybody wants them, so as soon as they come around, they're gone."* Treatment providers in Washington County also noted an increase in availability and use of Librium® during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "benzo's," "downers" and "nerve pills") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (0.5 mg sells for \$0.50; 1 mg sells for \$1); Klonopin® (1 mg, aka "K's" and "forgot-o-pins;" sells for \$1; 2 mg, aka "green monsters," "greens" and "greenie meanies;" sells for \$2); Soma® (sells for between \$0.50-3); Valium® (aka "V's" and "V-cuts," 5 mg sells for \$2-3; 10 mg sells for \$4); Xanax® (0.25 mg, aka "xani's," sells for \$0.50; 0.5 mg, aka "5s;" sells for \$1; 1 mg, a.k.a., "10s," "blues," "footballs" and "purple footballs;" sells for \$2; 2 mg, aka "bars" and "xanibars;" sells for between \$4-5). While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among specific types, generally, the most common routes of administration remain oral ingestion and snorting. A participant described how he used sedative-hypnotics, *"Snort the first couple [sedative-hypnotics] and pop (swallow) the rest ... I always see people eat them like Skittles®, you know. It seems like almost like an impulse thing; they just keep eating more and more, like it's a snack or something."* Only one participant mentioned intravenously injecting sedative-hypnotics, but did not like the effects because he *"pretty much came out slobbering."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends and physicians. A participant spoke about the ease with which he obtained Xanax®: *"More people's getting prescribed them [sedative hypnotics]. You can go to the doctor*

and [say], 'You know, I'm real stressed out. I can't be in places where there's a lot of people stressing me out,' and you can get [Xanax®] prescribed. They [doctors] will start you off with doses of the little white ones [0.5 mg]. They'll start you off on those and you can go back in a month or so later, 'you know, all this isn't helping me. I'm taking five or six of those a day just to stay calm,' and they'll bump you up ... and you can work your way all the way up to xanibars [2 mg] ... I know people who get prescribed like 90 bars a month." Participants who obtained sedative-hypnotics from friends often obtained them for free: "Valiums®, I haven't bought a Valium® in forever. I always have them given to me."

Participants described typical users of sedative-hypnotics as, "20-22 years; younger kids." A public health professional expressed concern about prescriptions given to children: "It seems like younger and younger children are being prescribed the medication [sedative-hypnotics], including Risperdal®. We have a two-year-old that was just prescribed Risperdal® to help him sleep. My concern is that most of these drugs are not approved for children ... and a lot of times there's nothing hooked with it ... there's no counseling ... it's just take this ... and you'll act better in school."

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used with alcohol, heroin, marijuana, methadone, powdered cocaine and other sedative-hypnotics. Participants discussed the effects of mixing sedative-hypnotics with other substances: "Mix Klonopin® with beer and black out; Xanax® with heroin or coke with alcohol also end up in jail, beat up they don't mix; methadone and benzo's [benzodiazepines], every one of my [arrest] charges was this mix, and I'd black out." Coroner's office staff also talked about mixing sedative-hypnotics with other medications: "The murder I was just talking about, he just filled 120 [Valium®] and no pill bottles were found. That was a one-month supply ... there is often a combination of med taking ... Valium®, Percocet® and Flexeril® ... prescribed at the same time."

## Marijuana

### Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months. Participants reported that the quality of marijuana varied, with the most common quality score being '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that for commercial-grade marijuana, a "blunt" (cigar) sold for

between \$5-10, and 1/8 ounce sold for between \$25-30; for high-grade marijuana, a blunt sold for \$10, and 1/8 ounce sold for \$50. The most common route of administration for marijuana was smoking. A profile for a typical marijuana user did not emerge from the data. The prevailing thought was that marijuana was widely used. Treatment providers generally concurred, though some groups identified White males and "younger people" as being particularly represented within the marijuana-using population.

### Current Trends

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'. Participants in all focus groups mentioned peak availability during harvest season. One participant said, "Availability [of marijuana] ... increases around the first of October because of harvesting [marijuana] plants, but by the end of October, it's back down to the normal rate for the rest of the year." Other participants talked about marijuana's seemingly ubiquitous availability, with one stating, "Everyone in my family smokes [marijuana], so it's everywhere, all the time. Even when you can't find good stuff [high-grade marijuana], you can always get the bad." Community professionals also most often reported the drug's current availability as '10'. A treatment provider spoke of the ease with which juveniles obtain marijuana: "I know some of my clients who are seniors in high school; they can get it [marijuana] at the high school whenever they want with no problem at all." Law enforcement also reported on the drug's high availability. One law enforcement official said, "[Marijuana] it's been accepted now. Everyone wants to say they ought to license it and tax it. One of the tough things for us [law enforcement] is [that] marijuana ... in order to get a stiff penalty, they have to buy a large quantity of it. Most are just minor misdemeanors, like speeding." Drug court staff reported on easy availability due to marijuana growing in the region: "Meigs County Gold [locally grown marijuana] said to be of high quality]. We're near Meigs County, [marijuana] it's pretty available. It truly is, and we have a family growing ... our male probation officer went out [and checked on], and they were growing it on their front porch."

Participants and professionals reported that the availability of marijuana has remained the same during the past six months, with the exception of harvest time in October when marijuana's availability increased. A minority of users believed marijuana decreased because the prevalence of other drugs has impacted the use of marijuana: "I think the use of marijuana has really dropped down. Before harvest this is weed-growing country, but say, during the summer, weed is hard to find if you're trying to buy it because no one's really smoking it

no more. They're into everything ... the pain pills [prescription opioids], the Suboxone® [and] heroin. [Marijuana] availability has increased right now because of harvest season, but overall [marijuana availability] has decreased." The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana varied from '2-10' with the most common score being '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. 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). A participant described high-grade marijuana as, "... you can hit a bowl and be good for one-and-a-half to two hours." Some participants described the characteristics of high-grade marijuana: "Dank [high-grade] weed has no seeds, smells better, tastes better, better high off it; [High-grade marijuana is] like weed that's got like purple hairs in it or orange hair and stuff like that. Smells good. All you want is to hit it a couple times; you don't want to smoke a whole joint. A couple hits, and you're high for two or three hours."

Current street jargon includes countless names for marijuana. The most commonly cited names were "dank" and "weed." Common street names for marijuana include: "buds," "ganja," "grass," "pot," "reefer" and "trees." Street names may also be related to the quality of marijuana: low- to mid-grade marijuana may be referred to as any of the aforementioned street names, as well as "dumpster," "mids" or "middies." High-grade marijuana may be called "dank," "dro," "kush" or "hydro," but names for this grade of marijuana may also be related to the specific strand: "Afghan kush," "blueberry strands," "bubblegum strands" (aka "bubbakush" and "bubbalicious"), "deathstar," "fire," "go-go," "grape," "lemon G," "lemon skunk," "northern lights," "orange kush," "skunkbud," "white widow" and "wild white woman."

The price of marijuana depends on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for \$5-10; 1/8 ounce sells for \$25; 1/4 ounce sells for between \$25-30; 1/2 ounce sells for between \$50-55; an ounce sells for between \$100-160; 1/4 pound sells for \$375; a pound sells for between \$1,300-1,800. High-grade marijuana sells for significantly more: a gram sells for between \$20-25; 1/8 ounce sells for between \$40-50; 1/4 ounce sells for \$100; an ounce sells for between \$350-525; a pound sells for \$4,000. A participant talked about a marijuana product called "shake" (aka crumbs); he reported that he could get shake, the crumbs and pieces at the bottom of the bag: "Bottom of the bag is shake as well as dirt weed ... usually really cheap. Dank bud with all the crystals would be more expensive."

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. A participant explained, "They smoke joints, bongs, bowls, vaporizers. That's the only ones I can think of. And honestly, you get a different THC [Tetrahydrocannabinol] level from all of those different [routes]; it just really depends on what you use." Another participant spoke about baking marijuana into food: "Some people will buy the shake ... the bottom of the bag and get like half buds and half shake, which is like the little crumbs and the little goodies and stuff that's fell off of it and bake with it. Like this woman I know ... she buys like tubs of butter and mixes it [shake] in with her butter, and like she eats it on toast ... and like anything she needs butter for she uses that, like if she's makin' brownies or if she's fryin' eggs or if she's making cookies."

A profile for a typical marijuana user did not emerge from the data. Participants and professionals alike described typical users of marijuana as, "everyone." However, both participants and professionals noted some important differences when considering users of marijuana. Participants noticed a difference in who is using the different types of marijuana and the methods chosen for ingestion: "I've noticed a lot of college students go for the higher grade [marijuana] as far as [compared to] other people who aren't in school and don't have a lot of money, they [those without a lot of money] usually get the commercial because it's cheaper and it basically does the same thing. It's just the more expensive stuff, just smells better, tastes better, has a cleaner finish to it." Another participant discussed differences among routes of administration: "Older [users] prefer the bowls and joints because the bongs hurt their throat; Vaporizers are good for older people." Community professionals noticed several differences in age group consumption. A treatment provider explained, "The referrals that we typically get for clients, especially the 18-25 [year-old] individuals, [have] either [been] pulled over with marijuana in a car or caught because of underage consumption [of alcohol]. They are pretty much ... both marijuana and alcohol ... for the most part they go hand in hand." Other treatment providers recognized frequency of use in different populations, with one stating, "I typically see frequency increases [of marijuana use] in the younger populations in the 18s-20s ... As I see older clients, they still use marijuana, but it's more sporadic. By now they've [older clients] probably moved to other substances ... they may still smoke marijuana, but not with the same frequency as I see with the younger population who do it on a daily or multiple weekly basis; I've noticed a lot of individuals diagnosed with bipolar [disorder] use marijuana. They say that it helps bring them off their manic state."

Reportedly, marijuana is used in combination with methamphetamine, powdered cocaine, prescription opioids and tobacco. A participant said, "It just really depends on what you use. It [marijuana] can be [laced with other drugs],

but generally it's not. Occasionally you will see it mixed with, like coke, but most of the time it's not mixed with anything. I know a lot of people that are cigarette smokers. They like to smoke a cigarette before [smoking marijuana] or afterwards." Lacing marijuana with other drugs was also mentioned, but rarely experienced, "I've heard about others [lacing marijuana with other drugs]: powder[ed] cocaine, angel dust [PCP (phencyclidine)], pain pills, dipped it [marijuana blunt or joint] in wet [embalming fluid]. It's more common just to smoke it [marijuana] the way it is." According to participants in Athens County, lacing marijuana is not as common as it used to be: "I don't feel like that's even very common anymore [lacing marijuana with powdered cocaine or methamphetamine]. It used to be a long time ago, but as of now, it's usually never ... 97 percent of the time if you want it laced, you have to do it yourself." A participant said that joint use of marijuana and prescription opioids is called, "bacon and eggs," and that users would invite each other over for bacon and eggs, "cause you're getting high and baked at the same time."

### **Methamphetamine** **Historical Summary**

In the previous reporting period, methamphetamine was reportedly rare in most areas of the region while highly available in other areas of the region (Belmont and Muskingum counties). In counties where methamphetamine was highly available, participants most often reported its availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants with knowledge of methamphetamine reported that it was available in crystal and powdered forms, with the powdered form being more available. Most treatment providers did not think the drug was very available except for those in Muskingum and Perry counties, where they rated availability of methamphetamine as '7' and '5' respectively. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had remained the same during the previous six months. Participants most often reported the quality of methamphetamine as '8' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for between \$60-100. The most common routes of administration for methamphetamine continued to be smoking via a pipe and snorting. Participants reported that both routes were equally as common; less common was intravenous injection. A profile for a typical methamphetamine user did not emerge from the data. Participants reported that all groups were represented among users.

### **Current Trends**

Methamphetamine remains relatively rare in the region. Participants most often reported the current availability of methamphetamine as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Previously, participants with knowledge of methamphetamine reported its availability as '10,' whereas, those with methamphetamine experience now report it as an '8.' A participant reported that there is methamphetamine availability in Hocking County. Participants reported that methamphetamine is available in crystal (a.k.a., "glass") and powdered forms. Participants explained, "There's two different types [of methamphetamine]: biker crank which is the cheaper, homemade, 'shake and bake' deal, and then there's stuff that people bring in that's chemist made [crystal]." Most participants knew little about the drug: "Haven't heard of anyone doing it [methamphetamine] for a long time. Someone blew their house up, but no one's been selling it." Community professionals reported moderate to high availability in the region. A treatment provider recognized an increase in treatment admissions for methamphetamine: "I've had four clients in recent months that the issue was crystal meth [methamphetamine], crystal meth and alcohol." Most community professionals (drug court staff, coroner's staff and law enforcement) seemed confident in reporting that there is methamphetamine in the region, but they do not see it often in daily practice, with one stating, "I'm sure there's meth in the area, but we haven't detected anything; I haven't heard of any [methamphetamine] ... we're not getting much in the way of meth labs either. We know they're out there; I hear them talking about it."

Respondents gave conflicting opinions about the change in availability of methamphetamine. Participants reported that the availability of methamphetamine has remained the same during the past six months. However, public health professionals and treatment providers suggested that there may have been an increase in methamphetamine during the past six months, which they based off recent news about mobile methamphetamine labs blowing up in cars and reports of children who were found in a house that had a lab. A medical director of a county health department suggested there has been an, "increase [in methamphetamine availability, especially] in mobile meth labs ... at least two in the last six months. On top of that, we had the house with the kids in it too, doing meth." A director of a youth educational program talked about methamphetamine-related news reports in the region: "It seems like there has been a change [an increase in availability of methamphetamine] because we've had arrests recently ... a gentleman who [had] a mobile meth lab explode in his lap as they were driving down the road. So, it feels like there's more [methamphetamine]." Reportedly,

the most common way of manufacturing methamphetamine is through mobile meth labs (aka “shake and bake” or “one-pot” method), which has become widely known. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine (typically found in some allergy medications), users (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers, such as two-liter plastic soda bottles. A Coroner within the region reported that there has been an increase in methamphetamine use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

Most participants reported that the quality of methamphetamine is low, most often rating the current quality of methamphetamine as ‘4’ on a scale of ‘0’ (poor quality, garbage) to ‘10’ (high quality); the previous most common scores were ‘8’ and ‘10’. A participant commented, “I don’t think the quality [of methamphetamine] is very high; I think it all sucks.” The only exception was a participant connected with methamphetamine originating from outside the region, and he rated quality an ‘8’. Participants did not report knowledge of anything being used to cut methamphetamine.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were “angel dust,” “(biker) crank,” “crystal(s),” “glass,” “ice” and “meth.” Prices for methamphetamine were consistent among those participants who were familiar with the drug. Participants reported that a gram sells for \$100; 1/8 ounce sells for roughly \$200. As with other drugs, discounts are given to customers who can buy quantity: “The more [methamphetamine] you buy, the cheaper you get it.” While there were several reported ways of consuming methamphetamine, according to the participants familiar with the drug the most common route of administration is smoking. Snorting was also reported as a common means of administration in the region. Although a couple participants said people could intravenously inject methamphetamine, no participants had experience using it that way. A participant explained, “They [users] either snort it [methamphetamine], smoke it, or shoot it ... I did it [snorted] a few times, but snorting it is so painful. It’s like me standing back here taking a railroad spike and jamming it up your nose with a sledgehammer. Yeah, I’ve never shot it ... I’ve only snorted it and smoked it out of a light bulb or pipe.” A treatment provider reported, “What I’m hearing clients equating is the methamphetamine with the bath salt ... [clients] they’re just like, ‘it’s [bath salts] a replacement for meth if you want to go that route.’”

Participants identified typical methamphetamine users as older than 40 years. Participants reported, “The generation above me [are using methamphetamine], I’d say people around 40 [years] ...; When I was in jail a couple people come in, and they were older ladies. They got treatment for meth ... the one lady was at least in her 60s.” Participants also reported occupational profiles: bikers, construction workers and truckers. A participant commented, “I know truckers use it [methamphetamine] to stay awake when they was driving. I would probably say a lot of construction workers would use it too.” Professionals from coroners’ offices identified younger population for use. Participants did not report methamphetamine being used in combination with other substances.

### Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported availability of prescription stimulants as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). The BCI London Crime Lab reported that the number of prescription stimulant cases it processes had remained the same during the previous six months. The most common route of administration of prescription stimulants remained snorting. Reportedly, crushing and snorting prescription stimulants produces an effect similar to the high produced by snorting cocaine. Participants and treatment providers agreed that prescription stimulant use (especially Ritalin®) was very common among high school students and on college campuses.

### Current Trends

Prescription stimulants are moderately available in the region. Participants most often reported the current availability of these drugs 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 ‘10’. A participant reported, “A lot of people are selling Ritalin®.” Community professionals did not rate the availability of prescription stimulants, but identified Adderall®, Risperdal®, Ritalin® and Vyvanse® as being available and abused within the region. The Athens News reported on Adderall® misuse at Ohio University during this reporting period. According to students interviewed, Adderall® is used for its stimulant properties either as a study aide or to party beyond what would normally be possible. A physician in the article discussed the major physiological effects: “The main side

effect is loss of appetite ... If too high a dose, it can cause lethargy and somnolence [drowsiness]. The other major risk is, if misused, it can cause hyperactivity, inability to sleep and even death." A 2009 survey conducted at Ohio University concerning drugs and alcohol found that, "Sixteen percent of the 1,211 students surveyed reported some type of stimulant use." Students familiar with the results thought that stimulant abuse was underreported, with one stating, "There's absolutely no way people are being honest. Every person I know here either uses Adderall® routinely or as a study aid during midterm and finals week." ([www.athensnews.com](http://www.athensnews.com), Nov. 16, 2011). Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The BCI London Crime Lab reported the number of prescription stimulant cases it processes has remained the same during the past six months with one exception; the number of Adderall® cases has decreased.

Participants and community professionals often expressed concern over how these drugs are prescribed and obtained. A public health professional expressed concern for children (from preschool through high school ages) being prescribed prescription stimulants so easily: "Younger and younger children are being prescribed the Risperdal® and the ADHD [Attention deficit hyperactivity disorder] medicines, and I would bet you ... that 50 percent of those [prescriptions] are being diverted by the parents to be sold ..." A participant also talked about young parents obtaining prescription stimulants through their children: "I know a girl ... I've known her all my life, her and her sister. Their kids get [prescription stimulants prescribed], and they don't give it [the medication] to them. They sell it. And their kids are bad in school. Her little boy is out of control at school." Participants reported that prescription stimulants are selling for, "a couple dollars a pill."

Participants and community professionals continued to report that typical users of prescription stimulants are the younger population, including middle school and high school students, as well as college-age adults (18-25 years). A participant explained what he saw as a typical user: "Usually the people that like the crank [methamphetamine] like the Adderall®, the Vyvanse® and the Ritalin® or the coke [powdered cocaine] same effect. Usually young kids have Ritalin® prescribed to them. It works the opposite to someone that don't need it. If you needed it, it would calm you down. If you don't need it, it's going to send you through the roof." Treatment providers confirmed high school and college use of prescription stimulants: "I've heard cases [of prescription stimulant abuse] ... I haven't had any overdoses or anything ... [prescription stimulant abuse is] certainly in the high school; College kids use it [prescription stimulants] to stay awake at night to study." Participants did not report prescription stimulants being used in combination with other substances.

### Synthetic Marijuana Historical Summary

In the previous reporting period, synthetic marijuana ("K2" and "Spice") was highly available in the region. Participants and treatment providers most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants frequently commented, "[Synthetic marijuana] it's super available. Just go into the store and buy it; You can get as much as you want." Participants who had tried synthetic marijuana most often rated its quality as '10' on a scale of '0' (poor quality, garbage) to '10' (high quality). The high from synthetic marijuana was said to not last as long as that of marijuana. Hence, participants commonly reported that while they knew many people who had tried synthetic marijuana, most did not know anyone to be a regular user of the drug. Participants reported that there were dozens of kinds of synthetic marijuana, with different flavors; reportedly, a gram of synthetic marijuana sold for between \$20-30. The primary route of administration remained smoking. Participants identified the typical user as an individual who wanted to avoid detection on urine drug screens, such as an individual on probation or who was drug tested at work. Participants and treatment providers agreed that use remained most common among teenagers and college students.

### Current Trends

Synthetic marijuana ("K2" and "Spice") was highly available in the region before the ban on their sale went into effect in October 2011. Participants reported that synthetic marijuana could be easily purchased at convenience stores, head shops and gas stations. Participants did not comment on any change in availability, but professionals seemed to think that availability had decreased before the ban went into effect. A director of a youth educational program said (prior to ban legislation), "It [K2] seems to be just as easy [to obtain] as the bath salts. It's sold at gas stations and ... they [adolescent users] think they're not going to have the aroma [of smoking marijuana] on them ... they just smell like potpourri, different scents: cherry, grape." The BCI London Crime Lab reported the number of synthetic marijuana cases it processes has increased during the past six months. More recent data from the crime lab indicated that the five formally scheduled substances are almost never seen anymore; rather dozens of non-controlled structural analogs have taken their place.

Participants briefly discussed the quality of synthetic marijuana, with one stating, "I've heard that the 'Mad Hatter' stuff [brand of synthetic marijuana] makes you like trip out and stuff [hallucinate]; It says on the bag [of Mad Hatter] there's like six different ingredients, if not more, of stuff that you shouldn't be eating [or should not be] inhaled by humans."

*You shouldn't be taking them. It says right on the bag: 'not for human consumption.'* A treatment provider also commented on the effects of synthetic marijuana: *"It's a leafy material, a plant material, and it is sprayed with a synthetic THC, so it gives something similar to the high [of marijuana]; however, it doesn't seem to have the sedating effects that marijuana does, and what's showing up in the ER in the hospital is a lot more anger, a lot more aggression. I know security has had some problems with people coming into the hospital on K2. They've had to stand guard at the door because people were just nuts, just angry ... aggressive."*

Current street jargon is related to the name of synthetic marijuana on the package. Common brand names in the area include: "Bob Marley," "Dead Man Muffin," "Head Trip," "K2," "K3," "Mad Hatter," "Spice," "Super Nova," "Triple A's" and "Wizard of Oz." Participants reported that a gram of synthetic marijuana sells for \$5; three grams sells for \$10; 20 grams sells for \$20. The most common route of administration for synthetic marijuana remains smoking.

A participant stated, *"Weed was my drug of choice. Then, when I didn't have weed, [I could] get three grams of that Spice for \$10. It's a lot better deal, so I smoke a lot of that."* Participants did not report synthetic marijuana being used in combination with other substances.

### Bath Salts Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone or MDPV) were highly available in the region. However, while participants described bath salts as very easy to find, treatment providers had not seen clients in treatment for bath salts abuse. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased over the past six months. The crime lab also reported that most forms of bath salts contained MDPV and methylone, a relative of a chemical often found in Ecstasy. A participant reported that there were two different kinds of bath salts, referred to as "synthetic Ecstasy" and "synthetic cocaine." Participants with experience buying bath salts reported that the drug sold for \$30 per bag. Additionally, participants reported bath salts were sold for between \$75-90 in tubes similar in size to Chapstick® lip balm, containing 1/2 gram. Reportedly, the most common route of administration was snorting. No consensus was reached about the typical user profile, although bath salts were said to be used by individuals who needed to avoid detection of drug use on urine drug screens. Treatment providers commented that bath salts were primarily used by adolescents and college students.

### Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain highly available in the region. Participants most often rated current availability of bath salts as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previously, bath salts were highly available in the region although no specific score was reported. Prior to the current ban on the sale of bath salts, which went into effect in October 2011, participants reported that bath salts were commonly sold at many gas stations in the region. Community professionals also reported high availability of bath salts prior to legislation: *"We would say in June and July bath salts availability would probably be at a '9' or a '10' [availability rating]. You could easily get it anywhere you wanted to, but at this point in time, you actually do have to put in a lot more effort and thought into it. So ... I would say it's now at a '2' or a '3' [availability rating]."* Community professionals in Guernsey, Muskingum and Washington counties reported more of their clientele using bath salts than did professionals in Athens County. A treatment provider commented on the frequency of bath salts use among youth in their program: *"Half of our adolescents are using bath salts. Adults have decided to try bath salts and had been recovering from other drugs, but are back in treatment."* A community professional's statement concurred with other professionals: *"We have a huge problem with bath salts. We run an activities center and a lot of the kids [ages 9-17 years] introduced us to what bath salts were ... you can get it right up the street from where we are. It's very easy to get."* In contrast, Athens County seems to have had little availability of the drug throughout the past six months. A law enforcement professional explained, *"We've had a couple instances with bath salts [in Athens County], but it's rare for us right now ..."* His comments were supported by an Athens County public health professional, *"I hear [bath salts] it's coming. I know it's here, but I haven't heard anybody in the emergency department talk about it, but we're all prepared for it."*

Participants and community professionals agreed that bath salts availability has decreased during the past six months after statewide legislation banning certain ingredients found in bath salts went into effect. A participant said some store owners were proactive about taking down bath salts from their inventory: *"I knew a guy who took it [bath salts] off his shelves before it was even illegal because people were coming in there geekin' for it. Like they were wanting to buy it and stuff and whispering like they were at a dealer."* Law enforcement, public health professionals and treatment providers reported the availability of bath salts to be high before the



ban took effect. One stated, *"That spiked back in May, early June, and it's kind of declined since then with all the laws going into effect."* A treatment provider from Washington County said law enforcement intercepted a box at the post office containing bath salts after the ban went into effect. The *Ohio News Network* reported on bath salts during this reporting period. The Washington County Sheriff said he had seen a variety of consequences associated with the drug: *"A guy jumps out of a window and thinks he can fly, we found a seven-month pregnant woman who had overdosed on bath salts."* The owner of a business said he made \$4,000 a day with a 90 percent profit margin on the substance ([www.onntv.com](http://www.onntv.com), July 19, 2011). A news article from the *Marietta Times* talked about the decreased availability of bath salts after the new legislation. Local officials said they had bath salts users in the emergency room, *"almost daily,"* but now they infrequently see anyone with health complications due to the drug. Currently, most bath salts cases come from individuals having the drug mailed to them, *"from other states, or even outside the country."* Law enforcement provided the example of a man who was being charged with possession of bath salts after 25 packets were shipped to his house ([www.mariettatimes.com](http://www.mariettatimes.com), Dec. 23, 2012). The BCI London Crime Lab reported the number of bath salts cases it processes has increased during the past six months. In addition, the crime lab noted that since the ban on the sale of bath salts went into effect the formally scheduled substances of MDPV and methylone are almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs have taken their place.

While participants did not provide a rating for the quality of bath salts, they said the overall quality had decreased. According to participants, *"[With bath salts] everything was good until ban on chemicals, then everything was junk for a while. Seems like different stores have different qualities even if in the same package; [Bath salts quality] was good, then bad, and then went back to better. Posh [brand of bath salts] was better. They modified the ingredients, and it was not so good after that."* Current street jargon includes a few names for bath salts: *"ivory wave," "posh," "rave," "white horse" and "zen."* Few participants knew the current price of bath salts; a participant said the drug sold for \$20 a gram. Reportedly, the most common route of administration of bath salts remains snorting. A public health professional said there are also other ways to use the drug: *"We had individuals here who were snorting it [bath salts], other individuals who were making it into a tea. We actually had reports of some people trying to melt it down and shoot it intravenously ..."*

While participants and community professionals did not mention a specific gender or racial group that is more likely to use bath salts, many treatment providers said their clients fell into the 15-35 year age range. Prior to the new

legislation, a treatment provider commented, *"We have an adolescent program. Probably about half of our adolescents are using the bath salts."* Both participants and community professionals said bath salts are rarely used with any other substances. A participant commented on his friend's switch to bath salts: *"[My] friend went from cocaine to bath salts, nothing else ... [did not] even think about using anything else."* A public health professional concurred with sentiments of participants, *"One thing that also came up in [treatment] group the other day [early November] was do they use it with something else. And everybody in the room that used bath salts said, 'no.' They had no thoughts of using anything else. They were so caught up in using the bath salts that the thought of using it with something else did not cross their mind."* Another treatment provider reported, *"No, we didn't have reports of them using [bath salts] in addition to opiates or anything else. They weren't really trying to come down, so they weren't drinking to try to sedate themselves, so it was bath salts and pretty much that solely. Bath salts were so potent that they really didn't need anything else ..."*

### Other Drugs Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms]. Participants in Belmont County reported availability of liquid LSD, used by placing drops in the mouth or the eyeball. Reportedly, LSD was found at festivals, though one participant said he had friends who used LSD daily. The BCI London Crime Lab reported that the number of LSD cases it processes had remained the same during the previous six months. Focus groups in Athens and Belmont counties reported that psilocybin mushrooms were available in the area, although participants disagreed on how easy they were to obtain. Those with knowledge of psilocybin mushrooms most often reported its availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While specific prices were not reported, a participant stated that psilocybin mushrooms were priced similar to marijuana. The typical psilocybin mushroom user was reportedly college aged. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months.

### Current Trends

Participants and 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:

Ecstasy, hallucinogens [ (LSD), psilocybin mushrooms and dimethyltryptamine (DMT)], inhalants and “moonshine” alcohol. Participants commented on the availability of alcohol to underage users: *“I am only 20 [years old], and I can think of a lot of places that sell me alcohol, and I’ve never once been ID’d. Never ever once ... and I’ve been buying my own alcohol since I was 18 [years old] ... I know of a lot of high school kids that buy their own alcohol because at certain places, there’s a specific [beverage] drive-thru that doesn’t card at all ... I was buying my own cigarettes when I was like 14, 15 [years old]. There’s quite a few places like that.”* Community professionals agreed that youth initiate alcohol use as young as 11 and 12 years of age. Participants and community professionals reported alcohol use with nearly every drug surveyed. Additionally, there seems to be some availability of homemade alcohol. A participant reported, *“I have a buddy that makes moonshine; [It’s] not common to make your own [alcohol], but [moonshine] it’s strong.”* Another participant mentioned, *“Sometimes you’ll find moonshine and hot apple pie [another homemade alcohol] here and there.”* Participants have also noticed an increase in different flavors of alcohol, and they believed flavored alcohol to be a marketing ploy. Participants also spoke about energy drinks: *“I think that [the development of energy drinks] was to hook young kids into drinking early because then the kids would think, ‘oh, this is cool and it tastes good.’ A lot of people don’t like the taste of beer, but if it tastes good, they’ll want to drink it.”* Participants were eager to point out new alcohol products in their grocery stores: *“They have vanilla and caramel [whipped cream with alcohol] in the store.”*

Ecstasy is rarely available in the region. Participants with knowledge of the drug most often reported its current availability as ‘3’ or ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Only one participant rated availability as ‘10,’ and he said the high score was due to his network of friends: *“The people that I was hanging out with, it [Ecstasy] was real popular. I mean, I know people ... that are going through Molly [high-grade Ecstasy] and Ecstasy and stuff like that on a daily basis.”* Law enforcement rated the availability of Ecstasy as ‘10.’ The BCI London Crime Lab reported the number of Ecstasy cases it processes has remained the same during the past six months; however, the lab noted an appreciable increase in cases containing the designer drug 5-MeO-DiPT (foxy methoxy). Current street jargon includes a few names for Ecstasy. The most commonly cited names were “Molly” and “X.” Participants said the route of administration varied for Ecstasy; users could swallow it or snort it depending on the type of high they wanted. A participant also spoke of combining Ecstasy and LSD together for an intense high.

Hallucinogens are rarely available in the region. Most participants who commented on hallucinogens reported the

current availability of these drugs as low because they are, *“difficult to get except during some times of the year [summer].”* Most participants listed LSD and psilocybin mushrooms as the most available hallucinogens, and some participants also included dimethyltryptamine (DMT). Participants gave conflicting opinions about availability: *“You have to find the right person, and then they’ve got it all! DMT is harder than the others to get; Mushrooms have been around occasionally. They’re kind of hard to find. The last time I did some was a couple weeks ago [early November 2011] ... I was looking for about a month. It’s not very common.”* Law enforcement reported high availability of hallucinogens in the area because of university students and rated the availability of LSD as ‘10’ and the availability of psilocybin mushrooms as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); previously participants rated LSD’s availability as ‘10.’ When asked about hallucinogens, law enforcement explained, *“Those [hallucinogens] are huge, but they’re mostly a campus drug.”* The BCI London Crime Lab reported that the number of LSD cases it processes has increased and the number of psilocybin cases it processes has decreased during the past six months. According to participants from Guernsey County, DMT is locally made and of high quality. Two participants from Guernsey County talked about their experience using the drug: *“You can smoke it [DMT] in a bowl with some weed ... yeah, it’s the most intense buzz. One of the most intense trips, but it only lasts for 15 minutes ...”* Reportedly, the most common route of DMT administration is smoking. Current street jargon includes a few different names for hallucinogens. Psilocybin mushrooms are typically called “shrooms.” Participants reported the following prices for hallucinogens: DMT sells for \$10 a hit, which is about 1/10 of a gram; LSD sells for between \$10-20 a hit, with higher prices at concerts; 1/4 ounce of psilocybin mushrooms sells for between \$40-50.

Inhalants (aka “whippets”) are highly available in the region. Despite their availability, participants reported that they are rarely abused because they are not a preferred drug. One of the few participants with personal experience using inhalants said, *“I heard about whippets going around like in July, but it was at festivals. It wasn’t like out on the street ... other than at festivals, you really don’t hear about that kind of stuff.”* Another participant recalled, *“I’ve heard of a lot of people huffing gas, regular gasoline.”* Community professionals agreed that inhalants are rarely used in the region. Drug court staff reported familiarity with inhalants: *“We have some huffing [inhalant use] going on, yeah ... computer cleaner [duster] ... we do have huffing ... and [it is usually] boys, is what I hear younger boys. I’d say [ages] 14, 15 [years].”* A treatment provider also reported that three of her clients had reported abusing inhalants during the past six months.

Over-the-counter medications (OTC) are highly available in the region. However, according to participants and community professionals, these substances are rarely used by those over 18 years of age. Typically, participants mentioned high school youth between the ages of 16-18 years as abusing OTC's. One participant said, *"They eat a whole box of Sudafed® or drink a whole bottle of Robitussin®... [and call it] 'Robotrippin.'"* Participants agreed: *"Yeah, triple C's [Coricidin® Cold and Cough]. That's big around here. It's mostly among the teens; I know a lot of high schoolers that like the cough and cold medicines."* Community professionals had no current information on the abuse of OTC drugs.

### Conclusion

Crack cocaine, bath salts, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Athens region; increases in availability exist for heroin and Suboxone®, as well as for some prescription opioids and some sedative-hypnotics; a decrease in availability exists for bath salts. While many types of heroin are currently available in the region, participants continued to report the availability of black tar heroin as most available. Participants and community professionals were in agreement in that the availability of heroin has increased during the past six months. Reasons provided for the increase include: increased selling of heroin and increased demand for heroin, as more prescription opioid-addicted individuals realize that heroin is cheaper and easier to obtain than prescription opioids, and many users maintain that heroin produces a, *"better high."* According to the BCI London Crime Lab, heroin is, *"typically pretty pure."* Reportedly, most users continue to prefer intravenous injection of the drug. Community professionals described typical heroin users as young, 18-30 years of age. Although participants throughout the region reported that the availability of prescription opioids has generally remained the same during the past six months, there were exceptions. There was almost universal agreement that the availability of Opana® has increased while the availability of OxyContin® has decreased; many participants identified Opana® as the replacement for OxyContin®, and attributed the rise in popularity of Opana® to fact that it can be crushed and snorted or intravenously injected with ease, which is no longer the case with OxyContin® since its reformulation. Participants continued to report obtaining prescription opioids on the street from dealers, and from doctors, emergency rooms and people with prescriptions; however, participants noted a decrease in obtaining prescription opioids through emergency rooms due to heightened scrutiny from hospital staff regarding drug seeking. Participants and community professionals were also in agreement in reporting increased availability of Suboxone® during the past six months. Among participants who reported on abuse of Suboxone®, snorting is the

most common method of abuse followed by intravenous injection. Participants reported obtaining Suboxone® from doctors and clinics, but mainly from people with prescriptions. Those who are prescribed Suboxone® often encounter users who want to purchase their medicine. Law enforcement and drug court staff agreed that Suboxone® is being abused. Participants and community professionals were also in agreement regarding the decreased availability of bath salts during the past six months, following statewide legislation banning certain ingredients found in bath salts. Many community professionals reported that bath salts users typically fell into the 15-35 years age range. The BCI London Crime Lab reported the number of bath salts cases it processes has increased during the past six months. In addition, the crime lab noted that since the ban on the sale of bath salts went into effect in October 2011, the formally scheduled substances of MDPV and methylone are almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs have taken their place.