

Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Athens Region

June 2012 - January 2013



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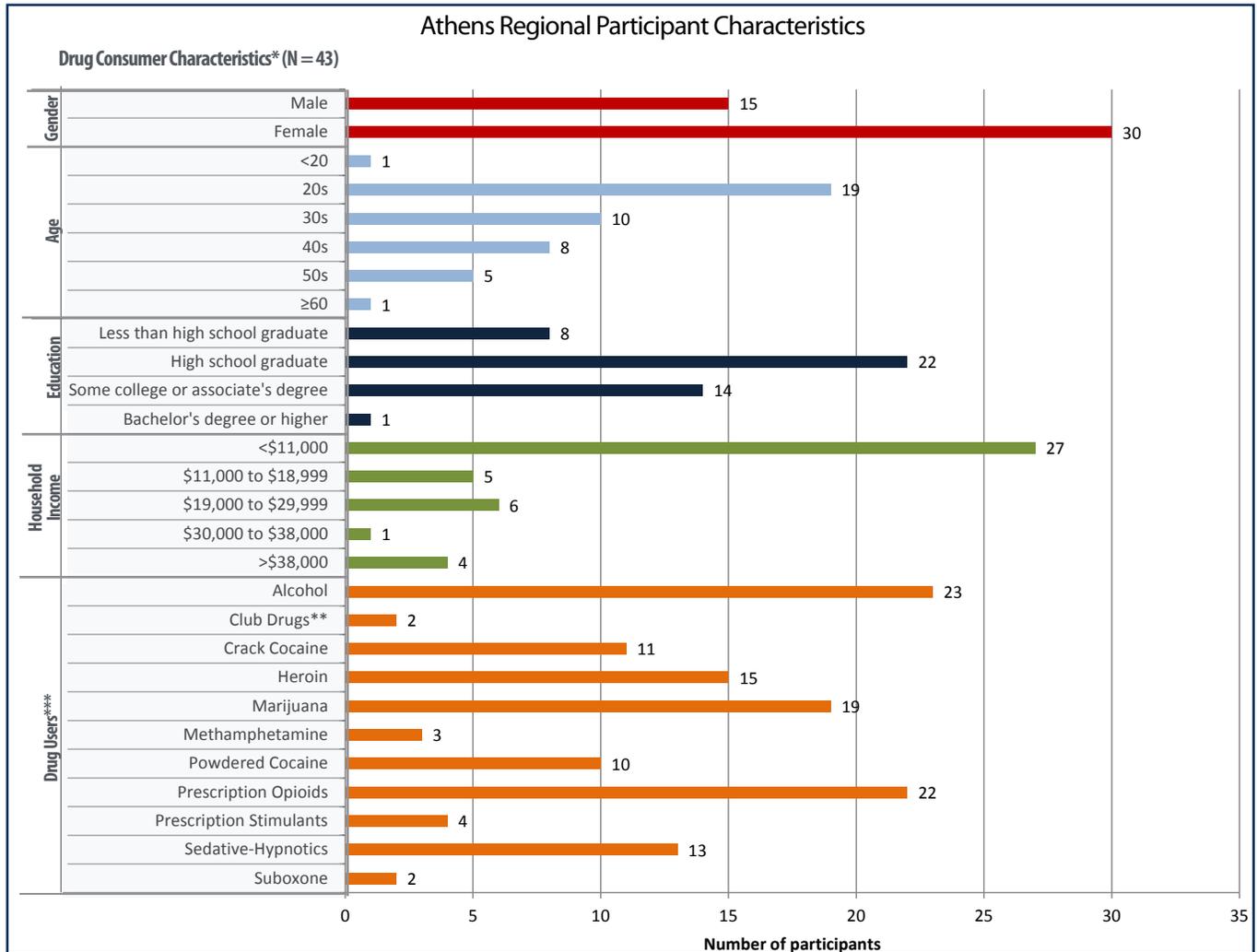
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Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	45
Gender (female), 2010	51.2%	50.4%	66.7%
Whites, 2010	81.1%	94.7%	93.3%
African Americans, 2010	12.0%	2.1%	4.4%
Hispanic or Latino origin, 2010	3.1%	0.8%	7.0%
High School Graduation rate, 2010	84.3%	92.9%	82.2%
Median Household Income, 2011	\$45,803	\$38,150	Less than \$11,000 ²
Persons Below Poverty Level, 2011	16.3%	19.8%	55.6% ³

¹Ohio and Athens statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
²Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 2 participants due to missing data.
³Poverty status was unable to be determined for 2 participant due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.

**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.

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

Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Belmont, Guernsey and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement, treatment providers and other health and human services professionals) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London Office, which serves the areas of Central and Southern Ohio. Secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

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, current secondary data correspond to the current reporting period of participants.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine remained 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). Most community professionals described availability as low. However, Scioto County's coroner reported that cocaine was present in 21.4 percent of all drug-related deaths. Participants reported that the availability of powdered cocaine had increased during the previous six months, while community professionals reported a decrease in the availability. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes had decreased during the previous six months. Most participants rated the quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI London Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic), sorbitol (sweetener) and table

sugar. Participants reported that 1/10 gram, or "point," of powdered cocaine sold for \$10; 1/2 gram sold for \$50; a gram sold for between \$80-100; 1/8 ounce, or "eight ball", sold for between \$180-320; an ounce sold for between \$1,200-1,500. The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection and smoking. Participants described typical powdered cocaine users as White, middle- to upper-class and generally "older." Some participants also commented that the typical user of powdered cocaine worked jobs which required long hours. Community professionals identified powdered cocaine use as more common among professionals.

Current Trends



Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers most often reported the drug's current availability as '8' and law enforcement most often as '5.' Participants reported that the availability of powdered cocaine has remained stable or decreased during the past six months. Some participants posited that the demand for powdered cocaine has decreased. A participant stated, "We are in the middle of an opiate epidemic. No one cares about cocaine anymore." Participants also noted the influence of law enforcement as a factor in the likely decrease in availability, and a participant group noted the effect of gang wars in Mexico as having an effect on cocaine coming into the U.S. There was general consensus among community professionals that the availability of powdered cocaine has decreased during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with acetone, aspirin, baby formula, baby laxative, baking soda, Benadryl®, ether, isotol (diuretic), lactose, Mentos® (candy), methamphetamine, Orajel® and vitamin B-12. Participants reported that the quality of powdered cocaine has decreased during the past six months, commonly reporting that the drug is cut more than in the past. BCI London Crime Lab reported the following cutting agents for

powdered cocaine: boric acid, inositol (B vitamin), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and a variety of sugars.

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain “powder” and “snow.” Participants listed the following as other common street names: “baby powder,” “bad girl,” “blow,” “Christina,” “Coca-Cola®,” “coke,” “fish scales,” “girl,” “let’s go skiing,” “nose candy,” “soft,” “sugar,” “toot,” “white,” “white cloud,” “white girl,” “yay” and “ya-yo.” Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for \$100, depending on the quality; 1/8 ounce, or “eight ball,” sells for between \$150-250. Some participants reported that it is most common to purchase an “eight ball.” Other participants reported purchasing much smaller amounts, depending on how much money they had to spend. Many participants reported purchasing powdered cocaine for \$20 or \$10 at a time. Participants reported that the most common ways to use powdered cocaine are snorting and intravenous injection. Out of 10 powdered cocaine users, participants reported that approximately five would snort and five would intravenously inject or “shoot” the drug. Participants also reported that some people smoke powdered cocaine, although this was said not to be common in the region.

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as coming from all walks of life, including doctors and lawyers. Participants reported that powdered cocaine is commonly used in bars and clubs. Participants continued to note that the drug is appealing to those who work long hours. Treatment providers reported no specific descriptors for the typical powdered cocaine user, while law enforcement noted that powdered cocaine users tend to be White affluent males who are long-time users.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Many participants reported that using cocaine with alcohol allows one to drink longer. Alcohol, marijuana and sedative-hypnotics are used in combination to counteract the extreme stimulant effects of powdered cocaine. Reportedly, powdered cocaine is combined with opiates by individuals seeking the “speedball” effect. Participants reported that powdered cocaine is more commonly used with other substances than by itself. A

participant group noted that powdered cocaine use is becoming more socially acceptable. A participant stated, “[Powdered cocaine use is] becoming like marijuana in terms of being acceptable.”

Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine remained 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). There was no consensus among community professionals as to an availability score for crack cocaine. However, participants and community professionals alike most often reported that the availability of crack cocaine had decreased during the previous six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). The BCI London Crime Lab cited levamisole (livestock dewormer) as commonly used to cut crack cocaine. Participants reported that 1/10 gram of crack cocaine sold for \$10; 1/2 gram sold for \$50; a gram sold for between \$80-100. The most common route of administration for crack cocaine remained smoking. A profile for a typical crack cocaine user did not emerge from the data. Participants reported knowledge of crack cocaine users as young as 18 years of age.

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). Most participant groups continued to speak of crack cocaine as being, “everywhere.” Participants reported that crack cocaine is easier to find than powdered cocaine. A participant stated, “Most people, if you ask if you have powder [cocaine], will say ‘no, but I have hard [crack cocaine].” Community professionals most often reported the drug’s current availability as ‘8.’ Participants reported that the availability of crack cocaine has increased during the past six months. Many participants also noted an increase in the demand for crack cocaine, explaining that more people are using crack cocaine because it remains a cheap drug. Additionally, participants commonly

noted that crack cocaine remains highly profitable to sell. A participant reported, *"Dealers make a lot of money selling crack. They buy an ounce of cocaine, and cook it into two ounces of crack."* Interestingly, both participant groups in Athens County noted that crack cocaine use is not as common as it once was. Law enforcement reported that crack cocaine is less available. An officer stated, *"[Crack cocaine] it's becoming harder and harder to come down the highway [from Columbus to Athens without police interception]."* Generally, however, community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the Athens region is cut with ammonia, baking soda and ether. Participants commonly reported that the quality of crack cocaine is poor and that quality has decreased during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "boy," "butter," "chip," "crack," "drop," "girl," "hard tack candy," "melt," "pneumonia pebbles," "snow," "white girl" and "white horse." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for \$100, depending on the quality; 1/8 ounce, or "eight ball," sells for \$200. However, nearly all participants reported that crack cocaine is typically purchased by the amount of money a user has available. A participant explained, *"If you tell them [dealers] you have \$30, he will cut you a 30 piece [\$30 piece of crack cocaine]."* Reportedly, it is common for users to go back to the dealer multiple times during a use episode.

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine would smoke and one would intravenously inject the drug. It was reported that usually those who inject crack cocaine also inject heroin. A participant group noted that using crack cocaine by intravenous injection, while still relatively rare, is a growing practice.

A profile of a typical user of crack cocaine did not emerge from the data; however, a few participants reported that users of crack cocaine tended to be people of, "lower class, inner city." Treatment professionals reported that crack cocaine users tend to be of lower socioeconomic status, and were more likely to be male. Law enforcement noted that crack cocaine use continues to be found in some African-American communities. Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. Participants reported that alcohol, marijuana and sedative-hypnotics help with coming down from the stimulant high produced by crack cocaine use. Participants reported that heroin is used in combination with crack cocaine by those seeking the "speedball" effect.

Heroin Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants most often reported the drug's overall availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8'. Participants and community professionals alike most often reported that the availability of heroin had increased during the previous six months. The BCI London Crime Lab reported that the number of black tar and brown powdered heroin cases it processes had increased during the previous six months.

Most participants rated the quality of black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants most often rated the quality of brown powdered heroin as '7' and white powdered heroin as '8' or '9'. The BCI London Crime Lab cited diphenhydramine (antihistamine) as commonly used to cut heroin. Participants reported that 1/10 gram, or "berry," of black tar heroin sold for between \$10-30; a gram sold for between \$80-90.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data, though community professionals reported that the typical heroin user ranges in age from teens to early thirties.

Current Trends



Heroin remains highly available in the region. Participants and community professionals most often reported overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Participant comments on current availability included: "*[Heroin] it's actually become the most popular drug around here; It's the easiest thing to find now. Most dealers switched to [heroin sales] because they knew you need it. Once you shoot [inject heroin], you have to use it.*" Treatment providers reported an increase in the number of users entering treatment who identify heroin as their primary drug of choice. Participants rated black tar heroin's availability as '10'; participants from most areas of the region reported that powdered forms of heroin are rarely available. Participants reported that black tar heroin is more potent than powdered heroin; therefore, most users prefer black tar over powdered heroin. However, an exception was noted in Belmont County where participants reported powdered heroin as most available. Law enforcement reported that many dealers are getting their supply of heroin in Columbus and selling locally.

Participants and community professionals alike reported that the availability of heroin has increased during the past six months. A participant commented, "*Six months ago, I didn't know anything about it [heroin]. It was unheard of. You couldn't find it. Now, it's everywhere.*" Participants continued to note that changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, has caused people to switch to heroin. Treatment providers posited that the fact that heroin is cheaper than other opiates is the reason for the increase in popularity and availability of heroin. The BCI London Crime Lab reported that the number of cases it processes for black tar and powdered heroin have remained the same during the past six months.

Most participants generally rated the overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that black tar heroin in the region is cut with caramel coloring, Coca Cola®, coffee grounds, laxatives, shoe polish, tea and vinegar. Participants reported that powdered heroin is cut with baby laxative,

baking soda, fentanyl, lactose and talcum powder. While participants generally reported that the quality of heroin has remained the same during the past six months, participants in Belmont County noted an increase in quality, particularly in the quality of powdered heroin purchased in its "raw" form (aka large "chunks," before it is broken up into "stamp bags" for sale, as it is at this point that the heroin is often adulterated with other substances). The BCI London Crime Lab reported that powdered heroin is cut with caffeine, diphenhydramine (antihistamine) and a variety of sugars.

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants reported that heroin is available in different quantities: "balloons" or "berries" (between 1/10-2/10 gram of black tar heroin, rolled in a little ball, wrapped in plastic wrap and put in a balloon) sells for \$20; "stamp bags" or "points" (1/10 gram of powdered heroin) sell for between \$20-30; a gram heroin sells for between \$100-200. Many participants commented that there is a significant difference in price, depending if one travelled to a large city (aka Columbus) or if they bought locally. Participants reported that it is most common to purchase a single heroin "bag," "balloon," "berry" or "fold" at a time, and then, once used, go and buy another.

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately nine would intravenously inject and one would snort the drug. Participants reported that it is increasingly more difficult to purchase needles at pharmacies. Participants noted acquiring needles from friends and family members who have prescriptions or stealing them from doctors' offices or from diabetics. Many participants reported that it is common to share needles. Participants were very aware of the health risks associated with this practice. However, a participant stated, "*You will do whatever you need to do to get rid of the sickness [heroin withdrawal].*" Participants reported no knowledge of needle exchange programs in the region.

A profile of a typical user of heroin did not emerge from the data. Participants and community professionals nearly unanimously reported that heroin users come from all segments of the population. However, treatment providers reported that they are noticing an increased number of young females presenting for treatment for heroin use. Community professionals also reported higher representation among individuals of lower to working class

in terms of socioeconomic status, with law enforcement noting an increase of heroin users in their late teen years. Reportedly, heroin is used in combination with alcohol, cocaine and sedative-hypnotics. Participants described that sedative-hypnotics use with heroin enhances the heroin high by producing, "a real mellow feeling." Cocaine is used with heroin for the "speedball" effect. Reportedly, some users will put both substances in the same syringe and inject together, while other users use heroin and cocaine back to back. Most participants reported that it is more common to use heroin by itself, not with other substances.

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of prescription opioids had remained the same during the previous six months, with the exception of a reported increase in the availability of Opana® by community professionals. The BCI London Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months, with the following exceptions: an increase in Opana® cases and a decrease in OxyContin® cases.

Participants continued to report obtaining prescription opioids from a variety of sources, including dealers, doctors, emergency rooms, pain clinics, friends and family members. The most common route of administration for prescription opioids remained snorting. A profile for a typical illicit prescription opioids user did not emerge from the data. Participants commented that the secrecy among people who use prescription opioids illicitly made it difficult to describe a typical user. Community professionals suggested that illicit prescription opioids use spread across all demographic categories.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get);

community professionals most often reported current availability as '6'. Participants identified Opana®, Roxicet® and Vicodin® as the most popular prescription opioids in terms of illicit use; community professionals identified Dilaudid®, Percocet® and Vicodin® as most popular. Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In November, authorities in Meigs County reported that they had charged a pharmacy technician and her boyfriend for stealing and trafficking in hydrocodone (www.10tv.com, Nov. 30, 2012).

Many participants reported that many prescription opioids remain readily available through prescription and street purchase, although a number of participants noted that physicians are more cautious about their prescribing. Treatment providers also reported that physicians seem to be more cautious with prescription practices, prescribing these medications for a few days at a time, rather than for a week(s). A treatment provider stated, "The supply [of prescription opioids] has tightened, but they are still readily available."

There was no consensus among participants and community professionals as to a change in availability of prescription opioids during the past six months. However, most respondents thought that availability has either remained the same or has decreased. Participants continued to note that changes in formulation of OxyContin® and Opana® to more tamper-resistant formulations has had an effect on the demand for and availability of these medications; they also continued to point out heroin as a cheaper and more popular alternative to prescription opioids use. The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months, with the exception of a decrease in the number of fentanyl cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. 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® (4 mg sells for \$15; 8 mg sells for between \$20-30), morphine (sells for between \$0.50-1 per milligram), Opana® (aka "OP's," "pandas" and "pans;" old formulation sells for \$2 per milligram; new formulation sells for \$1 per milligram), OxyContin® (old formulation, aka "80's," "meanie greens," "OC's," "ocean city," "round boys," "roxy oxy" and "oxy's;" sells for \$2 per milligram; new formulation, aka "OP's" and "oxy's;" sells for \$1 per

milligram), Percocet® (aka “perc’s;” sells for \$1 per milligram), Roxicet® (aka “3’s;” “30’s;” “blue herons;” “blues;” “cupcakes;” “perc 30’s” and “roxi’s;” 30 mg sells for between \$25-45) and Vicodin® (aka “vic’s;” 5 mg sells for between \$2-3).

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. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Participants noted that oral use is not favored and that users would typically chew and not swallow pills if taken orally. Some participants reported smoking of prescription opioids. A participant reported, *“I learned in rehab how to smoke a pill. They [users] are smoking roxi’s now.”*

In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from friends or family members who are prescribed them, pain clinics from Columbus and Florida and other physicians. A number of participants reported on the practice of going to Florida to acquire these medications, reporting this to be still occurring, though less common. Law enforcement reported, *“The pill mills were killing us in Florida. They’ve tightened a little. It still happens though.”* Law enforcement also reported about a network of individuals that not too long ago were recruited to go to Columbus to acquire prescription opioids. They were taught what to say to prescribers to get the medication and would bring it back to the region. Reportedly, these individuals could then keep half of the pills for themselves. A profile of a typical illicit user of prescription opioids did not emerge from the data. However, some participants reported that illicit users tend to be, *“a younger crowd;”* and some participants also reported that illicit users tend to be people from the working to the upper-middle class. Community professionals noted how there seems to be many younger females who are now abusing prescription opioids.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, cocaine, heroin, marijuana and sedative-hypnotics. Participants explained that alcohol and marijuana combined with prescription opioids intensifies one’s high. Participants who reported using prescription opioids with sedative-hypnotics (benzodiazepines) shared that they would crush

up the pills and snort them, together. Cocaine is used in combination with prescription opioids for the “speed ball” effect. Using heroin and prescription opioids together was described as a, *“double whammy.”*

Suboxone® Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants most often reported the drug’s availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Treatment providers and law enforcement most often reported availability as ‘5’ or ‘6’. Participants most often reported that the availability of Suboxone® had increased during the previous six months. Community professionals had mixed perceptions regarding a change in availability of Suboxone® during the previous six months. The BCI London Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® 8 mg sold for between \$15-20. The most common route of administration among those who abused Suboxone® remained snorting, followed by intravenous injection. A profile for a typical illicit Suboxone® user did not emerge from the data, though treatment providers continued to note that opiate users substituted Suboxone® when they could not obtain heroin or prescription opioids.

Current Trends

Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). While many participants reported it is very easy to find Suboxone®, some participants noted that availability varies depending on the time of the month. A participant explained, *“Most people go to fill their scripts [prescriptions] early or late in the month. People have to pay to see the doctor, and they have money in the beginning of the month. It’s hard to find [Suboxone®] in the middle of the month.”* Another participant commented, *“[Availability] is ‘10’ at the beginning of the month [and] ‘1’ at the end of the month.”* Treatment providers most often reported the current availability of Suboxone® as ‘9’. While treatment providers noted that there are few doctors in the region who prescribe Suboxone®, they reported that there is enough

available Suboxone® that if a user were in withdrawal, they usually could find the drug with little effort. Law enforcement thought current availability to be lower than reported by other respondents. A law enforcement officer reported, "We are not buying any Suboxone® here [Zanesville]."

Participants reported that the availability of Suboxone® has decreased during the past six months. A number of participants noted that Suboxone® is getting more difficult to find. A participant commented, "I missed my doctor's appointment yesterday, so I needed to get Suboxone® off the street. It was hard [to find]." Treatment providers reported that availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® cases that it processes has remained the same during the past six months.

Participants did not identify any street jargon for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between \$10-20 for both pill and strip forms, though the pill could sell for \$25. A participant group noted that pricing depends on the time of the month. A participant stated, "The last two weeks [of the month], [Suboxone®] will cost more." Reportedly, strips are the more common form of Suboxone® currently available in the region.

Participants reported that the most common route of administration for Suboxone® is sublingually. In terms of abuse, the most common routes remain snorting, followed by intravenous injection. Out of 10 abusers of Suboxone®, five would snort, four would use by injection and one would use sublingually. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from friends or family who have been prescribed Suboxone®, reporting that these individuals will often sell Suboxone® or trade it for other drugs. A participant noted that individuals will seek Suboxone® from doctors and clinics for this purpose of selling or trading for other drugs: "You go to the clinic, have a dirty urine a few times, then you get a prescription [of Suboxone®]."

Participants and community professionals described typical illicit users of Suboxone® as abusers of other opiates. In addition, treatment providers reported that seemingly a

lot of their female clients in their 20's and early 30's are on Suboxone®. Providers also stressed that illicit users tend to be individuals who don't want to experience opiate withdrawal. Reportedly, Suboxone® is almost exclusively used by itself, not in combination with other substances.

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals 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 community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. However, some exceptions were noted. Participants noted increased availability of both Klonopin® and Xanax®, while also noting that Soma® and Valium® had become less available. Treatment providers reported a rise in prescription sleep aids during the previous six months.

The Scioto County Coroner's office reported sedative-hypnotics as present in 7.1 percent of all drug related deaths during the previous six months. The most common route of administration for sedative-hypnotics remained oral ingestion, followed by snorting and smoking. Participants reported obtaining sedative-hypnotics from a variety of sources, including dealers, doctors, friends and family members, and locations outside of the Athens region. Participants described a typical illicit sedative-hypnotics user as someone who works in a high-stress environment. Treatment providers described typical users generally as White men and women, aged early 20's to 50's.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and treatment providers 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); other community professionals, including law enforcement, most often reported current availability as '9'. Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; all groups of community professionals identified

Xanax® as the most popular sedative-hypnotic. A number of community professionals (housing providers, child protective services) commented that the use of sedative-hypnotics is a real problem. They stated, *"Parents can't handle the stress of parenting ... Isn't it a pre-requisite to having a family to have Xanax® in the medicine cabinet?"*

Most participants reported that the availability of sedative-hypnotics has remained the same during the past six months, although some participants complained that doctors are writing fewer prescriptions. Community professionals reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotics cases that it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level user (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "forget-a-pins," "forget-me-nots," "green monsters," "klomps" and "k-pins;" sells for between \$1-2 per milligram), Xanax® (aka "xanies," 0.25 mg, aka "footballs," sells for between \$0.50-1; 0.5 mg, aka "footballs," "peaches," "peach footballs" and "peach pies," sells for \$1; 1 mg, aka "blues," "blue boys," "blue footballs," "footballs" and "purples," sells for \$2; 2 mg, aka "bars" and "xanibars," sells for between \$4-6), Xanax® XR (3 mg sells for \$5), and Valium® (aka "V's," 5 mg sells for \$1; 10 mg sells for between \$2-3).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration are oral ingestion and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would orally ingest and four would snort the drugs. In addition, a participant group reported that some users intravenously inject, but this was said to be rare.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting them from their own doctors or from others who have these medications prescribed. A profile of a typical illicit user of sedative-hypnotics did not emerge from the data.

Participants and community professionals alike reported that use of sedative-hypnotics is spread across the general population. Some treatment professionals noted that use is very popular among teens and young adults, reporting increased illicit use among adolescents. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, cocaine, heroin, marijuana and prescription opioids. Participants reported that using sedative-hypnotics with alcohol, heroin, marijuana and prescription opioids enhances one's high. However, participants often noted the risks associated with combining sedative-hypnotics use with alcohol consumption (blackouts and overdoses). Participants commonly reported that sedative-hypnotics help with coming down from the stimulant high produced by cocaine. A participant stated, *"Xanax® is the first choice to come down ... Xanax® slows the heart down."*

Marijuana Historical Summary

In the previous reporting period, marijuana remained 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). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI London Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Most participants rated the quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reported quality varied according to grade of marijuana. Low- to mid-grade marijuana was most often rated '7'; while high-grade marijuana was most often rated '10'. Participants cited the following substances as occasionally used to cut marijuana: Italian spices, oregano, pencil shavings and powdered cocaine.

Participants reported that the cost of marijuana varied according to grade: a blunt (cigar) or two joints (cigarettes) of low- to mid-grade sold for \$3; 1 or 2 grams sold for between \$5-10; an ounce sold for between \$125-150. Reportedly, high-grade marijuana sold for significantly more: 1 or 2 grams sold for between \$10-20; an ounce sold for between \$275-300. The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants

and community professionals reported use across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals 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). Participant comments on marijuana availability included: *"It's always been easy to find; It's practically legal now; Cops are not into finding it, they're not searching for it."* Law enforcement reported, *"We grow it [marijuana] here. Indoor grows are huge. Outdoor grows are as well. When we send up a helicopter, within minutes we get called [to a sighting], and we get called multiple times during a flight."* Treatment providers reported that 90 percent of adolescents report marijuana as their drug of choice. Media outlets in the region reported on marijuana seizures and arrests this reporting period. In October, Athens County deputies raided an Athens home and seized 20 pounds of marijuana from a home grow operation (www.nbc4.com, Oct. 10, 2012). Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. 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 ranged from '2' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants described commercial weed as consisting of all seeds and stems, brown in color, *"looks like dirt."* Higher grade marijuana was described to be more greenish in color. Participants described that most users will buy higher grade marijuana if available, and if they have the money. Reportedly, higher grade marijuana is more available between October and January after area home grown marijuana is harvested. Otherwise, January through October, commercial-grade marijuana is most prevalent. Hydroponic grades of marijuana become intermittently available about every 90 days when there is a new harvest.

Current street jargon includes countless names for marijuana. The most commonly cited names were "dank" and "weed." Participants listed the following as other common street names: "brick weed," "dirt weed," "middies," "mids" and "pressed pot" for commercial grade; "bubble gum," "chronic," "dro," "hydro," "kush," "loud" and "skunk" for high-grade or hydroponically grown marijuana. Participants emphasized that there are countless names for marijuana. A few participant groups referenced a poster available for purchase in various retail stores, listing "hundreds" of different names for marijuana. The price of marijuana depends on the quality desired.

Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for between \$5-10; 1/8 ounce sells for between \$20-30; an ounce sells for between \$70-100; a pound sells for \$500. Higher quality marijuana sells for significantly more: a blunt or two joints sells for \$20; 1/8 ounce sells for between \$50-75; an ounce sells for between \$240-400; a pound sells for \$4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately ten would smoke the drug. While participants noted that marijuana can also be consumed orally (i.e. used in baking, made into a tea) and by vaporizing, these practices were described as rather rare.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that people from all population groups use marijuana. Participants reported that there are two kinds of marijuana users, those who use marijuana by itself and those who use marijuana to enhance other drug use. A participant stated, *"Weed goes with everything."* Another participant reported, *"Every other marijuana dealer asks you, 'Do you want any pills?'"*

Reportedly, when combined with other substances, marijuana is often used in combination with alcohol, cocaine, heroin and prescription opioids. Participants reported that marijuana is used with cocaine to help the user come down from cocaine's stimulant high; marijuana is used with alcohol, heroin and prescription opioids to intensify one's high.

Methamphetamine

Historical Summary

In the previous reporting period, participants reported low availability of methamphetamine in the region. Participants most often reported the drug's availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as either '7' or '8'. Participants and community professionals most often reported that the availability of methamphetamine had increased during the previous six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months.

Most participants rated the quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of methamphetamine sold for \$100, and other unknown quantities were available for between \$25-30. Participants reported several methods of consuming methamphetamine, including smoking, snorting and intravenous injection. A profile for a typical methamphetamine user did not emerge from the data, though some treatment providers described typical users as prostitutes and people of lower socioeconomic status.

Current Trends



Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often rated current availability as '10'. While the majority of participants interviewed did not report first-hand experience with methamphetamine, participants from Athens County reported methamphetamine to be readily available. Additionally, a number of participants reported that methamphetamine is, "moving into this area." A participant reported, "[Methamphetamine is] everywhere in Meigs County and Hocking County." A Guernsey County participant stated, "[Methamphetamine is] making its way. It's in Newark and Zanesville, slowly coming this way."

Some participants believed that some methamphetamine is being moved into the region from southern states. A participant group reported that methamphetamine is being mixed with cocaine and that some users are unaware that their cocaine contains the drug. A participant explained, "People are taking it [methamphetamine] without knowing it [is mixed with their cocaine], but [they] like the experience ... will now use it [methamphetamine]." Participants from across the region commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location. Most participants reported that this is the only type of methamphetamine in the area.

While participants made mention of imported methamphetamine of much higher quality (aka "ice") from other parts of the mid-west or Texas, imported methamphetamine was said to be relatively rare in the region. Law enforcement reported that the availability of methamphetamine coming from Mexico (aka "Mexican ice") has decreased since users can now make their own methamphetamine.

Participants did not agree whether the availability of methamphetamine has remained the same or increased during the past six months. Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region is the reason for increased use of methamphetamine. Participants explained, "People are bored with what they are using now, they are looking for something different; Meth lasts a lot longer than cocaine." Community professionals reported that availability of methamphetamine has increased during the past six months. Many community professionals cited the ease by which methamphetamine is made today as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants did not have first-hand knowledge regarding the quality of methamphetamine. However, participants thought the current quality of methamphetamine to be between '5' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A few participants reported hearing that the current quality is not

good. Participants reported that quality depends on where one obtains the drug and on how it is made. Others compared the quality of methamphetamine with that of cocaine, noting that with the quality of cocaine being so poor in the region, methamphetamine is better in quality. A participant added, "*[Methamphetamine is] cheap, and [its high] lasts longer [than the high produced from cocaine use]. One line [of methamphetamine], you will be up for three days.*" Participants generally believed that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crank," "crystal," "glass," "ice" and "meth." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for between \$50-150. Participants reported that it is most common to purchase \$20 or \$30 worth at a time. Participants noted that while methamphetamine is more expensive than cocaine, "*[users] get a lot more out of it.*"

While there were several reported ways of using methamphetamine, the most common routes of administration are smoking and intravenous injection. Out of 10 methamphetamine users, participants reported that approximately five would smoke, three would intravenously inject, and two would snort the drug. Participants reported that intravenous injection of the drug is increasing due to the opiate epidemic as, "*people [users] are secure with needles.*"

Participants and community professionals agreed that methamphetamine users tend to be White and of lower socioeconomic status. Additionally, some participants reported that methamphetamine use is popular with "bikers" and "truckers." Reportedly, methamphetamine is used in combination with alcohol, marijuana and sedative-hypnotics. Participants explained that the aforementioned other substances are used in combination to bring a user down from the extreme stimulant high of methamphetamine. However, most participants reported that it is more common to use methamphetamine by itself, not in combination with other drugs.

Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants 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 identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of illicit use. Community professionals reported moderate availability of prescription stimulants within the region, with no consensus on an availability rating.

Participants and community professionals most often reported that the availability of prescription stimulants had increased during the previous six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months. Participants reported that prices for prescription stimulants varied according to type: Adderall® 30 mg sold for between \$2-5; Ritalin® sold for between \$1-2.

The most common route of administration for prescription stimulants was swallowing. Several participants and community professionals made reference to the high rate of prescription stimulants diversion. Participants and community professionals agreed that adolescents (12 years and older) and young adults in their twenties were those most likely to abuse prescription stimulants.

Current Trends

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While few participants reported first-hand experience with the drugs, participants reported that it is very easy to acquire these medications. Community professionals reported little knowledge about the availability of prescription stimulants and were not able to provide an availability score. However, a law enforcement officer reported, "*There is some Adderall®. They [users] cut it up and snort it.*" Participants with knowledge about the availability of these drugs reported that availability has increased during the past six months. The BCI London Crime Lab reported that the number of prescription stimulants cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants, though one participant referred to Adderall® as, "*poor man's coke.*" Current street prices for prescription stimulants were variable among participants with experience buying the drug. The following prescription stimulants are available to street-level user: Adderall® (5 mg sells for \$3; 30 mg sells for \$10). A participant reported that

a friend of his sold his Adderall® capsules for between \$5-6, though he did not know number of milligrams per capsule.

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from family members (often younger siblings) who are being treated with the medication. While there were several reported ways of using prescription stimulants, the most common route of administration for abuse is snorting. Out of 10 abusers of prescription stimulants, it was reported that nine would snort them. Participants also reported knowing of some intravenous injection of prescription stimulants, but this was said to be rare. Participants continued to describe typical users of prescription stimulants as “younger” and use of these drugs as more common among college students.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained available in the region. While most participants did not have personal knowledge of bath salts, 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).

Participants reported that the availability of bath salts had decreased during the previous six months while community professionals most often reported that availability had increased. The BCI London Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants reported that bath salts sold for \$40.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that due to recent legislation, it is more difficult to purchase bath salts at retail outlets, such as convenience stores, gas stations and head shops. Participants noted that bath salts can still be found on the streets, but they often reported that a user would have to know someone who deals in the drug. A participant group noted that bath salts are still readily available in West Virginia,

and hence, users go across the state line to purchase the drug. In addition, participants commented that users can still purchase bath salts in some gas stations in the region as well as over the Internet.

Community professionals were not able to provide an availability score for bath salts, though they like participants noted a decrease in availability in the region during the past six months. In addition to the newly illegal status of bath salts, treatment providers noted two other factors to explain decreased availability. First, there are now urine drug screens that detect recent bath salts use; secondly, clients report negative experiences with the drug. Law enforcement reported that legislation enacted in October 2011 made it really difficult to buy bath salts. However, a law enforcement officer commented, “It's hard to prosecute [manufacturers of bath salts]. They change the formula and argue whether it is legal or not.” A participant reported, “I heard of some college students who put together a formula similar to bath salts.” The BCI London Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

New street names for bath salts are emerging to help circumvent the laws; one participant group reported that when purchasing bath salts at a convenience store or head shop, one must use code phrases. Current street prices for bath salts were variable among participants with experience buying the drug.

Reportedly, bath salts sell for between \$40-180 per gram. A participant reported that one usually purchases a half-gram. While there were several reported ways of using bath salts, the most common routes of administration are snorting and intravenous injection. Out of 10 bath salt users, participants reported that approximately five would snort and five would intravenously inject the drug. A profile for a typical bath salts user did not emerge from the data.

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka “K2” and “Spice”) was moderately available in the region. Participants most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported moderate availability of synthetic marijuana within the region, with no consensus on an availability rating.

Participants and community professionals agreed that the availability of synthetic marijuana had decreased during the previous six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. Participants reported that a gram of synthetic marijuana sold for \$10; 3.5 grams sold for between \$30-40. The most common route of administration for synthetic marijuana remained smoking. A profile for a typical synthetic marijuana user did not emerge from the data.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “Spice”) remains available in the region. However, only one participant group had first-hand knowledge and experience regarding the drug. These participants most often reported that the current availability of synthetic marijuana as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants across groups reported that despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from some retail outlets (convenience stores, head shops), although these establishments are more discrete about whom they sell to, and they do not openly advertise the drug’s availability.

Community professionals did not assign an availability score to synthetic marijuana, but treatment providers and law enforcement reported that availability is decreasing. Participants varied on whether the availability of synthetic marijuana has remained the same or decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Participants did not report any street names for synthetic marijuana. Current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for less than \$20 per gram. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Out of 10 synthetic marijuana users, participants reported that 10 would smoke the drug. While a profile for a typical synthetic marijuana user did not emerge from the data, some participants continued to report that individuals (probationers) use synthetic marijuana to avoid urine drug screen detection.

Ecstasy Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) was moderately available in the region. Participants most often reported the drug’s availability as between ‘4’ and ‘9,’ with an average score of ‘6.5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get).

Participants and community professionals most often reported that the availability of Ecstasy had remained the same during the previous six months. The BCI London Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months. The crime lab also cited the following substances as commonly included within Ecstasy tablets: caffeine, cathinones (amphetamine like substances), dimethyltryptamine (DMT) and benocyclidine (psychoactive drug).

Participants reported that Ecstasy sold for between \$15-30, depending on the type of pill. The most common route of administration for Ecstasy was swallowing. A profile of a typical Ecstasy user did not emerge from the data.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. A few participants reported about the availability of Ecstasy; they reported regular use of Ecstasy to be uncommon, explaining that if there were a music festival in the area, one would hear about Ecstasy. However, a participant with first-hand experience reported, *“If you know the dealer, you can find it [Ecstasy].”*

Treatment providers and law enforcement likewise reported that Ecstasy use seems to be more uncommon than previously. Law enforcement in Muskingum County reported on an annual festival where Ecstasy use is thought to be prevalent. The BCI London Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months. Reportedly, a “double stack” (double dose) Ecstasy tablet sells for \$15. Participants and community professionals described typical Ecstasy users as college students.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (psilocybin mushrooms) and inhalants. Psilocybin mushrooms were highly available in the region.

Participants most often reported the availability of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers reported availability as '5'. Participants and community professionals most often reported that the availability of psilocybin mushrooms had increased during the previous six months, as they became seasonally available. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months.

Participants did not rate the quality of psilocybin mushrooms. Participants reported that psilocybin mushrooms sold for between \$15-20 a bag; 1/4 ounce sold for \$40. The most common route of administration for psilocybin mushrooms was oral consumption. Participants reported that psilocybin mushrooms were most commonly used by college students, particularly at outdoor concerts.

In addition to psilocybin mushrooms, the BCI London Crime Lab also reported increases in cases involving other hallucinogens, particularly LSD (lysergic acid diethylamide) and powdered DMT (dimethyltryptamine). Lastly, inhalants were reported as available in the region. Participants described inhalants as inexpensive and easily accessible. Drug court staff reported that the number of cases involving inhalants had increased during the previous six months. Participants and community professionals agreed that the typical inhalant user was often junior high and high school aged.

Current Trends

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and dextromethorphan (cough suppressant). A couple of participant groups reported about the availability of hallucinogens in the region. Participants

reported that LSD (aka "acid") and psilocybin mushrooms are not as readily available as in the past; they reported hearing little about the use of these hallucinogens. Reportedly, psilocybin mushrooms are only available in the spring. The BCI London Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months, while the number of psilocybin mushroom cases has increased. In addition to the aforementioned hallucinogens reported, BCI London Crime Lab noted an uptick in both 2C-E and 2C-I (psychedelic phenethylamines) as well as 25I-NBOMe (derivative of 2C-I) during the past six months. Media outlets in the region reported on seizures and arrests this reporting period related to hallucinogens. In September, troopers from the Ohio State Highway Patrol found a bottle containing 2C-E strips along with marijuana during a traffic stop in Guernsey County (www.10tv.com, Sept. 5, 2012).

Participants described typical users of hallucinogens as, "the younger crowd" and "hippies." Treatment providers reported that many clients report that they used to use hallucinogens, but rarely report recent or current use. Treatment providers reported the use of hallucinogens, in general, seems to be uncommon. Law enforcement reported the use of hallucinogens to be more prevalent among college students, but otherwise, not very commonly available in the region.

Lastly, a participant group in Guernsey County reported that the popularity of dextromethorphan use in the region is growing, especially among teenagers. Common street names for the drug include "skittles" and "triple C's." A participant reported that eight pills is enough, "to trip" (to produce a high), with users typically consuming upwards of 30 to 40 pills. The usual route of administration for these drugs is oral consumption.

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Athens region. Changes in availability during the past six months include: increased availability for methamphetamine, likely increased availability for heroin and likely decreased availability for powdered cocaine.

Methamphetamine is moderately to highly available in the region. Participants from Athens County reported methamphetamine to be readily available. Participants from across the region commented about the production

of “one-pot” or “shake-and-bake” methamphetamine, which most participants reported as the only type of methamphetamine in the area. Law enforcement reported that the availability of methamphetamine coming from Mexico has decreased since users can now make their own methamphetamine.

Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region is the reason for increased use of methamphetamine. Many community professionals cited the ease by which methamphetamine is made today as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants and community professionals agreed that methamphetamine users tend to be White and of lower socioeconomic status.

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Treatment providers reported an increase in the number of users entering treatment who identify heroin as their primary drug of choice. Law enforcement reported that many dealers are getting their supply of heroin in Columbus and selling locally. Participants and community professionals alike reported that the availability of heroin has increased during the past six months. Participants continued to note that changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, has caused users to switch to heroin. Treatment providers posited that the fact that heroin is cheaper than other opiates is the reason for the increase in popularity and availability of heroin. Participants in Belmont County noted an increase in quality, particularly in the quality of powdered heroin purchased in its “raw” form.

The most common route of administration remains intravenous injection. Participants reported that it is increasingly more difficult to purchase needles at pharmacies. Many participants reported that it is common to share needles; participants were very aware of the health risks associated with this practice. Treatment providers reported that they are noticing an increased number of young females presenting for treatment for heroin use. Community professionals also reported higher representation among individuals of lower to working class in terms of socioeconomic status, with law enforcement noting an increase of heroin users in their late teen years.

While powdered cocaine remains highly available in the region, there was general consensus among community professionals that the availability of powdered cocaine has decreased during the past six months. Some participants posited that the demand for powdered cocaine has decreased as the demand for heroin has increased. A participant stated, “*We are in the middle of an opiate epidemic. No one cares about cocaine anymore.*” Participants also noted the influence of law enforcement as a factor in the likely decrease in availability. Participants reported that the quality of powdered cocaine has decreased during the past six months, commonly reporting that the drug is cut more than in the past.

Lastly, participants across regions reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continue to be available from some retail outlets (convenience stores, gas stations and head shops). However, these outlets are more discrete about who they sell to, and generally do not openly advertising the drug’s continued availability.