



Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
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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 and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, and the Athens County Coroner's office. All secondary data are summary data of cases processed from July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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.

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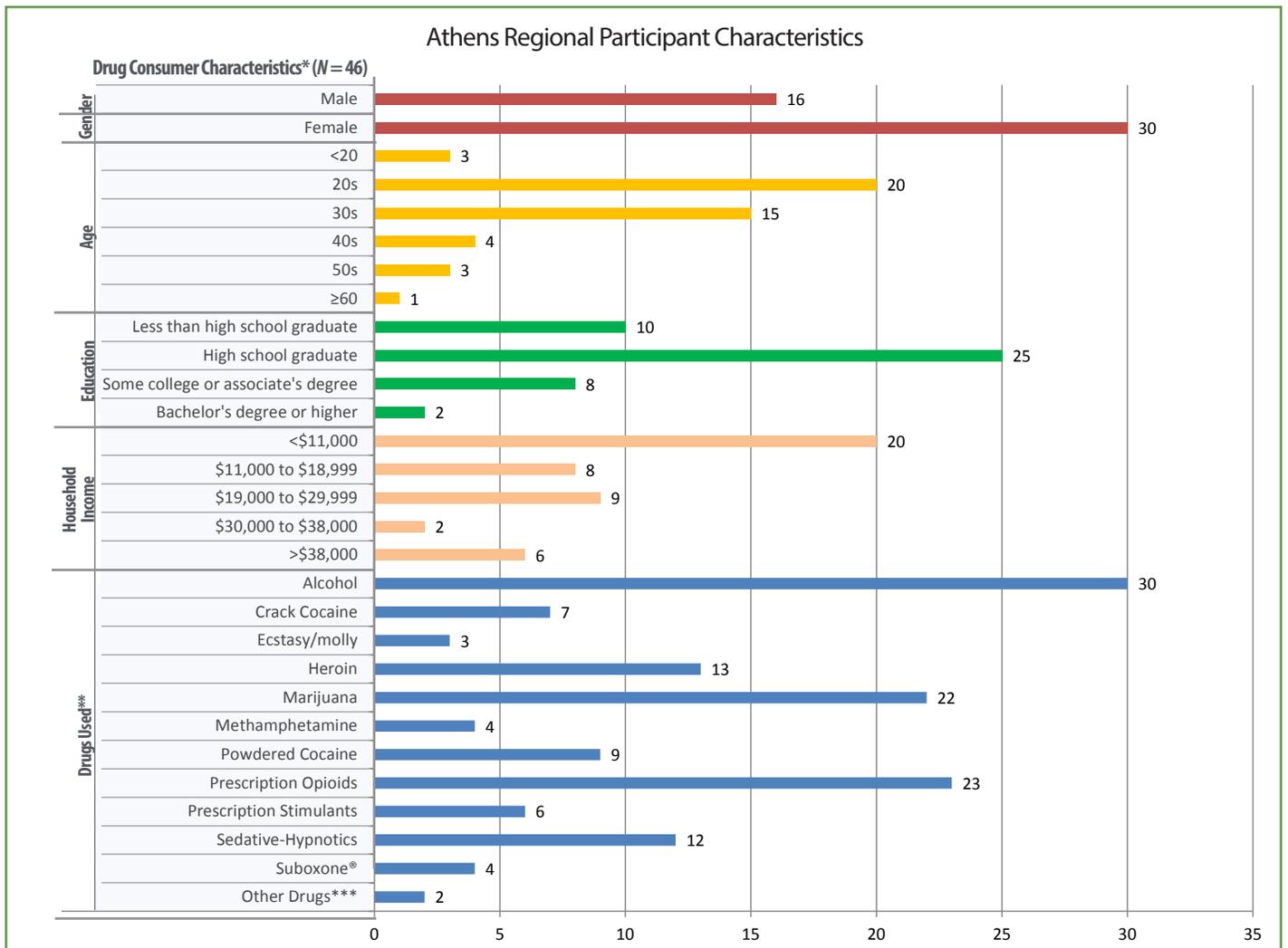
Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	46
Gender (female), 2010	51.2%	50.4%	65.2%
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%	0.0%
High School Graduation rate, 2010	84.3%	92.9%	77.8%
Median Household Income, 2011	\$45,803	\$38,150	\$11,000 to \$14, 999 ²
Persons Below Poverty Level, 2011	16.3%	19.8%	67.4% ³

¹Ohio and Athens statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 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 one participant due to missing data.

³Poverty status was unable to be determined for one participant due to missing data.



*Not all participants completed forms; numbers may not equal 46.

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

*** Other drugs refer to Subutex®, synthetic marijuana.

Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the region. Changes in availability during the previous six months included: increased availability for methamphetamine, likely increased availability for heroin and likely decreased availability for powdered cocaine.

Methamphetamine was moderately to highly available in the region. Participants from Athens County reported methamphetamine as 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 had decreased since users could make their own. Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region was the reason for increased use of methamphetamine. Many community professionals cited the ease by which methamphetamine is made as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the past six months. Participants and community professionals agreed that methamphetamine users were typically white and of lower socio-economic status.

While many types of heroin were 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 identified heroin as their primary drug of choice. Law enforcement reported that many dealers were getting their supply of heroin in Columbus and selling locally. Participants and community professionals reported that availability of heroin had increased during the previous six months. Participants continued to note changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, had caused users to switch to heroin. Treatment providers speculated that because heroin was cheaper than other opiates, there was an increase in its popularity.

Participants in Belmont County noted an increase in quality, particularly in powdered heroin purchased in its “raw” form. The most common route of administration remained intravenous injection. Participants reported that it was

increasingly more difficult to purchase needles at pharmacies and that it was common to share needles. Participants were very aware of the health risks associated with this practice. Treatment providers noticed an increased number of young females seeking treatment for heroin use. Community professionals also reported higher representation among individuals of lower, working-class socioeconomic status, while law enforcement noted an increase of heroin users in their late teens.

While powdered cocaine remained highly available in the region, there was general consensus among community professionals that its availability had decreased during the reporting period. Some participants said that the demand for powdered cocaine had decreased as the demand for heroin had 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 had decreased during the previous six months, commonly noting that the drug was adulterated more during the reporting period than in the past.

Lastly, participants throughout the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available from some retail outlets (convenience stores, gas stations and “head shops”), although these outlets were more discrete, not openly advertising the drug’s continued availability.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant explained the ease with which he obtained powdered cocaine: “*All I would have to do is go to a bar and look at somebody, and I would know I could get [powdered cocaine] from [them].*” Community professionals most often reported the drug’s current availability as ‘6-7’; the previous most common score was ‘5’ or ‘8’. A community professional remarked, “*Cocaine’s still big.*”

Participants reported that the availability of powdered cocaine has remained the same during the past six months.

A participant said, *"I think you can still get it [powdered cocaine] everywhere. You just gotta know who [deals]."* Another participant stated, *"I don't think availability [of powdered cocaine has] decreased as much as quality [has decreased]."* Many community professionals thought that the availability of powdered cocaine has increased during the past six months. A sheriff's deputy commented, *"[Availability of powdered cocaine] it's up. We've been buying it real well lately."* 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 current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Many participants complained about the quality of powdered cocaine: *"Quality's usually good the first few times you get it [powdered cocaine] off a person, then it slowly goes downhill ... they [dealers] start cutting [adulterating] it."* A law enforcement officer stated, *"God only knows [what powdered cocaine is adulterated with]. Inositol [B vitamin]. That's one of the big things ... the inositol burns the nose a little bit. That's why they [dealers] like it because people think it's really good coke."*

Participants reported that powdered cocaine in the region is cut with inositol, isotol (diuretic), laxatives, Orajel®, sedative-hypnotics and Tylenol®. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "girl," "snow" and "soft." Participants listed the following as other common street names: "candy," "chicken," "white lady" and "white T-shirts." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram (aka "point") sells for \$10; a gram sells for \$100; 1/8 ounce (aka "eight ball") sells for \$180-200. The most common way to purchase powdered cocaine is by the point amount. A sheriff's deputy shared, *"These guys [dealers], they don't want to sell an ounce ... the most people are selling are what's called point for point ... they want to maximize their money [profit] ... do it [sell] point for point ..."*

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject the drug. In addition, participants said that users smoke powdered cocaine, making it into crack cocaine.

Participants described typical users of powdered cocaine as white and most likely employed. Participants named a variety of occupations that might lend themselves to using powdered cocaine, including restaurant workers and truck drivers. A participant explained, *"Semi-truck driver needs something to keep them awake."* Community professionals described typical users as white, ranging in age from 20s through 60s, and often male. A sheriff's deputy shared, *"It seems the users of powder cocaine are mostly white. We're seeing mostly males. Age doesn't really matter."*

Reportedly, powdered cocaine is used in combination with alcohol, crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics. Participants reported that the practice of 'speedballing' (combining powdered cocaine with heroin and/or prescription opioids) is increasing; this combination produces a high-and-low effect. A participant stated, *"I've noticed a lot more people doing it."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments regarding availability included: *"All I have to do is pick up the phone and say I'm on my way [to obtain crack cocaine]; You can get crack [cocaine] easier than you can get coke [powdered cocaine] ... crack's easiest thing to get around here. You can go about every corner and find it."* Community professionals most often reported the current availability of crack cocaine as '9'; the previous most common score was '8.' While law enforcement reported mostly buying powdered cocaine in undercover deals, they stated that most of the powdered cocaine is manufactured into crack cocaine for street sale. A sheriff's deputy explained, *"[Law enforcement] we're buying ounces and stuff at a time ... and most the time we're getting powder. That's the way they [dealers and users] want it, and they cut it and they cook it. But, almost everything we're buying is going into crack for the most part."*

Participants reported that the general availability of crack cocaine has remained the same during the past six months. However, participants noted that availability has increased in smaller cities and in rural locations. A participant stated, *"Seems like all the bad drugs are going from the city to all the small towns."* Another participant shared, *"It [crack cocaine] is coming from the city [Columbus], that's where my dad would go get his stuff."* Participants described available crack cocaine in the region as primarily white in color. A participant reported, *"You used to be able to find yellow crack, now it's all white."* Community professionals reported that the availability of crack cocaine has increased during the past six months. Law enforcement reported a comeback of powdered and crack cocaine, as noted by one officer, *"We had it knocked down pretty good, but it's coming back strong."* 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 current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that crack cocaine in the region is cut with ammonia and baking soda. A participant added, *"Anymore, it's hard to tell what they [dealers] cut their crack with. I've heard some crazy stuff like pesticides, embalming fluid."* The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the general quality of crack cocaine has remained the same during the past six months, albeit variable.

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," "pebbles" and "yellow." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, dealers estimate the weight and sell by size and quantity of rocks. A former dealer explained, *"Half a pop tab [size of crack cocaine rock] would be 20 bucks ... depending on how good it was too ... half of it [1/2 a pop tab] could be 50 bucks ... that's how much it varied depending on the quality."* Participants reported that 1/10 gram (aka "point") sells for \$10; a rock the size of a quarter or five small rocks sells for \$100; 1/8 ounce (aka "eight ball") sells for \$150-200. Yellow crack sells for a bit more: 1/16 ounce (aka "teener") sells for \$150; 1/8 ounce sells for \$300.

While there were a few reported ways of administering crack cocaine, generally the most common route of administration remains smoking. Participants also mentioned intravenous injection (aka "shooting"), snorting and eating the drug. Reportedly, vinegar and lemon juice are the agents used to prepare crack cocaine for shooting.

Participants described typical crack cocaine users as lower class, white, younger and involved in prostitution. A participant explained, *"I would say anyone can start [crack cocaine use], but by the time you're done, I don't know if you'd have a job. Life starts going downhill from there. You might have a house and wife and everything else, but that's all gone too."* Another participant said, *"I know a lot of girls that are on crack that they go to that [prostitution] to get their money. I've seen that happen plenty of times."* Community professionals described the typical crack cocaine user as ranging in age from 20s through 60s, and often African American. A law enforcement officer reported, *"Crack cocaine, it's more in the black community ... we got a guy the other day that was 60 [years old and] dealing [crack cocaine]. He was 60, 62? ... down to 21-year-olds are slingin' it [selling crack cocaine], so the customer base is huge on it."*

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Several participants mentioned lacing marijuana with crack cocaine. Another participant shared about using crack cocaine with heroin: *"... like we would do crack and heroin together. Like smoking two different pipes, I guess ... like you would hit one and then hit the other."* Another participant explained why she takes Xanax® with crack cocaine: *"The crack cocaine makes me so paranoid ... I hate the high. That's why I take the Xanax® to bring me down."*

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the



overall current availability of heroin 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'. While many types of heroin are currently available in the region, participants reported the availability of black tar and brown powdered heroin as most available, rating both types as '10'. Participants and community professionals did not report availability of white heroin in the region.

Participant comments on the availability of heroin included: "[Heroin] *that's easier to find than crack and stuff; Any more, I think [heroin] that's the easiest thing to get around here.*" A participant reported that heroin can be obtained at crack houses: "*I live three miles away from crack houses, so I'd get a tenth [of heroin from them] every day.*"

Participants and community professionals reported that the availability of black tar and brown powdered heroin has increased during the past six months. One participant shared: "*I don't know if people from the city are coming down and realizing this place is a gold mine [for heroin sales] because [heroin] it's a lot less rare ... a lot more of it around.*" A program coordinator for a regional drug court said, "*I think the amount of people that are using [heroin] has increased a hundred-fold.*" The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months.

A participant described the progression from other drug use to heroin: "*We're getting flooded with heroin. A lot of dope heads doing 30s [Roxicodone®] and oxy's [OxyContin®] and stuff. They go to heroin because it's cheaper. It's a lot easier to get a hold of. I know people went from weed to coke to pills [prescription opioids] to heroin ... you never was able to find heroin around this area until recently. Now, it seems everybody's got some [heroin].*"

Participants most often rated the general quality of heroin as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that heroin in the region is cut with artificial sweeteners, coffee grounds, cola, sedatives, Seroquel® (antipsychotic) and vitamin B-12. Overall, participants reported that the quality of heroin has remained the same during the past six months, which is variable. A participant stated, "*Every time I'd go [to buy heroin], it'd be different ... it [quality] varies.*" The BCI London Crime Lab reported the following cutting agents for heroin: diphenhydramine (antihistamine), boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "brown," "dog food," "food," "H," "junk" and "puppy chow." Current street prices for heroin were variable among participants with experience buying the drug. Overall, participants reported that heroin pricing has remained the same or maybe even increased during the past six months: 1/10 gram of brown

heroin (aka "stamp") sells for \$15-20, while 1/10 gram of black tar heroin (aka "berry") sells for \$30. Reportedly, a "brick" of black tar heroin (one pound) sells for \$10,000-15,000. Price varies depending not only on quality, but also on how well the user knows the dealer.

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants also reported snorting and smoking of the drug (aka "chasing the dragon"). A participant explained, "*Sometimes you'll meet people that just snort it [heroin]. Sometimes you'll meet people that just smoke it, but it's very rarely ... very few people [users who do not inject heroin] ... maybe one or two [heroin users] out of a hundred.*" A participant explained the toll injecting takes on the body: "*Some people say they do it [inject heroin] in between their toes and stuff [because bigger veins have collapsed] ... I've seen people with bruises up and down their arms.*" A hospital staff member shared, "*We are still seeing a lot of people [users] with cellulitis – an inflammation of the skin – they shoot up so much [heroin] that they don't have any veins left, or they shoot up, and it gets infected and they have to be on IV [intravenous] antibiotics for 10 days. It's an opportunity to say, 'you know, you could lose your arm.'*"

Participants reported obtaining injection needles (aka "darts," "points," "rigs," "shooters," "spikes," "stems," "sticks" or "jeringa" - Spanish word for syringe) from diabetics, drug dealers and pharmacies. There seems to be increasing use of and concern over dirty needles and/or sharing of needles. Many participants claimed to know people who have contracted Hepatitis C and users who use dirty or shared needles, while denying that they use dirty needles themselves. A participant reported, "*I always sold new needles. They were still in the package, and I always used clean needles, but I don't think people around here care if it's a dirty needle or not.*"

A profile of a typical user of heroin did not emerge from the data. Participants described users as "anyone," nurses, prostitutes and exotic dancers; age 14 through 60s. Community professionals also noted a wide range of ages among heroin users from age 18 through 40s; they also noted that typical users often become unemployed.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, prescription opioids and sedative-hypnotics. Participants stated that sedative-hypnotics are particularly popular with heroin:

"I did it [heroin] with Xanax® ... and Valium®s with it ... and Klonopin®s ...; Xanax® to intensify it [heroin high]."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Reportedly, morphine, OxyContin® OP, Percocet® and Vicodin® have high availability, while Dilaudid®, fentanyl, Lortab®, Norco® and OxyContin® OC have low availability. Community professionals most often reported prescription opioid availability as '10'; the previous most common score was '6'. Community professionals listed the most available prescription opioids as methadone, OxyContin® OP, Percocet®, Roxicodone®, Ultram® and Vicodin®.

Media outlets in the region reported on prescription opioid abuse. An article appeared in *The Post* newspaper in Athens highlighting the alarming overdose death rate in Athens and its surrounding counties. In the article, the Athens County Health Commissioner explained: *"When the economy is way down [like in Southeast Ohio], people use way more opioids than they do when it's better"* (www.thepost.ohiou.edu, June 3, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months. Their comments included: *"[Availability of prescription opioids] it's decreased, but it's still all out there; All [prescription] opiates are getting harder and harder to come by, at least in this town anyway."* Several participants cited the new laws in Ohio as having an impact on the availability of prescription opioids: *"There's a lot stricter laws for doctors, and when you get a narcotic filled, you're on the patient reporting list. They can go back and trace to see when you had your last refill. They control it by that ... yeah, because if you run out, you don't get anymore."*

Community professionals reported that availability of prescription opioids has remained the same during the past six months. However, they reported a slight decrease in methadone, OxyContin® OP, Percocet®, Roxicodone® and Vicodin®. A hospital doctor suggested that availability is based on insurance approval: *"My guess is Medicaid's taken*

it [Kadian®] off the formulary. Opana® is on the formulary. I think your drug thing [availability] will change as Medicaid changes what they're going to pay for." The doctor went on to attribute the decrease in OxyContin® availability to policy change: *"The ER has shut down what they had been providing, and they were providing a lot OxyContin® ... I really think they cut that off."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with a couple of exceptions: a decrease in Vicodin® cases and an increase in Kadian® cases.

Reportedly, many different types of prescription opioids (aka "beans," "Easter eggs" and "goodies") 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® (2 mg sells for \$15; 8 mg sells for \$20-25), fentanyl (aka "patches;" generally sells for \$1 per milligram), methadone (10 mg sells for \$10-20), morphine (8 mg sells for \$15; 60 mg sells for \$40-50; 100 mg sells for \$65), Opana® (aka "Ps;" old formulation 40 mg that is able to be abused more easily, aka "yellow bellies;" sells for \$100-160; new formulation 20 mg sells for \$30; 80 mg sells for \$60), OxyContin® OC (old formulation, aka "OCs" and "oxy's," generally sells for \$2 or more per milligram), OxyContin® OP (new formulation, aka "OPs" and "oxys;" generally sells for \$0.50 per milligram), Percocet® (aka "Ps," "Pauls," "percs" and "percichu;" 5 mg sells for \$3-5; 10 mg sells for \$8-10), Roxicodone® (15 mg, aka "blues;" sells for \$10-20; 30 mg, aka "30s" and "perc 30s," sells for \$25-35) and Ultram® (sells for less than 50 cents per pill).

Street names without pricing were provided for the following: Vicodin® (aka "Vs," "Vicki," "vikes," "kitty cats," "tic tacs" and "vitamins"); Norco® (aka "footballs") and Lortab® (aka "tabs"). A participant shared the expense of his prescription opioid habit: *"I spent a little over almost a thousand dollars in one week on nothing but 30s [Roxicodone®] that were \$40 a pop [each]. We were spending \$500 to a grand a day."*

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 are snorting and oral consumption. Reportedly, Roxicodone® is typically administered through intravenous injection.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from emergency rooms, pain management clinics, family, friends and through trading. Reportedly, prescription opioids are often traded for other prescription opioids of the user's choosing or for other drugs. A participant reported, *"The people that's got 'em [fentanyl], they need them, but they'll trade 'em for crack. Yeah, they'll use 'em for trade."* Participants shared that prescription opioids are far easier to obtain through a pain clinic than a hospital emergency room. Participants also reported that some users continue to "doctor shop" to obtain the drugs. A law enforcement officer agreed: *"We see a lot of doctor shoppers."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. A participant remarked, *"I know a doctor that came to lead a meeting in AA [Alcoholics Anonymous] and she got hooked on 'em [prescription opioids]. So, I think anybody really."* Participants continued to explain that sometimes users get started with prescription opioids legitimately but then switch over to illegitimate use and often progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females aged 20 through 30s. A treatment provider stated, *"As far as demographics, we've had a lot of young girls using the opiate pills – early 20s to mid-30s – and it's all the pills."*

Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. A participant shared, *"We used to snort them [prescription opioids] with heroin or crack ... smoking crack and snorting pills."*

Suboxone®

Suboxone® remains highly available in the region. Participants rated 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); the previous most common score was also '10'. Treatment providers most often reported the drug's current availability as '7'; the previous most common score was '9'. A treatment provider said *"Suboxone®, we've seen two different ways, people buying it off the street so that if they can't get something [heroin or prescription opioids], they don't crash [go through withdrawal]. But, we've also had people come through that are going through Suboxone® clinics, and it's a requirement for*

them to get treatment. So ... we're seeing it [Suboxone®] used legally and illegally."

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that street availability has increased. A treatment provider stated, *"As far as Suboxone®, we've had clients that have been abusing it and selling it ... we have had quite a few that have been getting it and selling it."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®. Participants reported the following street names as common: "oranges," "stop signs," "subs," "subway" and "tangerines." Current street prices for Suboxone® was variable among participants with experience buying the drug. Participants reported the Suboxone® 8 mg pill sells for \$20-25, whereas the 8 mg sublingual strip sells for \$15-40. Subutex® IR 8 mg sells for \$20-40. A treatment provider said, *"People [users] are stealing it [Subutex®] to get high."*

Participants reported that the most common routes of administration for the abuse of Suboxone® are snorting and oral consumption for pills and intravenous injection (aka "shooting") for strips. A participant stated, *"I've heard of people shooting those [Suboxone®] strips and everything."*

Participants described typical illicit users of Suboxone® as, any opiate addict, while community professionals specifically mentioned heroin addicts. A drug-court representative added that there are a lot of younger people abusing Suboxone®: *"I think the trend I'm seeing the most among our juveniles is abuse of Suboxone®."* Reportedly, when used in combination with other substances, Suboxone® is most commonly used with Xanax®.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most popular and available sedative-hypnotics. A participant stated, *"It seems like everyone you talk to is on Xanax®."* Community professionals most often

reported current availability as '8-10,' the previous most common score was '9-10.' Community professionals identified Ativan®, Klonopin®, Soma® and Xanax® as the most popular and available sedative-hypnotics.

Participants reported that the availability of sedative-hypnotics has remained the same or has slightly increased during the past six months. Community professionals reported that availability has remained the same. A treatment provider said, "Abuse [of sedative-hypnotics] is probably steady. I don't see any increase or change." Another provider remarked, "Xanax® just seems like a daily drug ... there are so many of our parents on it legally and then the kids use it illegally." The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "beans," "benzos" and "nervies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were fairly consistent among participants with experience buying the drug. 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® (generally sells for \$1 per milligram), Klonopin® (aka "forgot-a-pins," "forget-me-nots," "green monsters," "k-pins" and "klonies;" 0.5 mg sells for \$1-2; 1 mg sells for \$2-4; wafers sell for \$4-5), Valium® (aka "Vs;" generally sells for \$0.50 or less per milligram; 5 mg sells for \$1; 10 mg sells for \$2-3) and Xanax® (aka "bars," "blues," "footballs," "peaches" and "xanies;" 0.5 mg sells for 50 cents to \$1; 1 mg sells for \$2; 2 mg sells for \$2-3). Street names without pricing were provided for Soma®: "soma coma" and "somatose." Participants reported little change in sedative-hypnotics pricing during the past six months. A participant stated, "The benzos, they don't seem to increase on their price unless somebody is desperate."

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 remain oral consumption and snorting. Participants estimated that out of 10 users, six would orally consume, three would snort and one would intravenously inject the drugs. Specifically, participants reported that Valium® is often taken under the tongue and dissolved, while Klonopin® and Xanax® are often intravenously injected.

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting the drugs through doctor shopping and from family and friends. Participants reported: "... I know people that will get a prescription [for sedative-hypnotics] from their doctor and either take them all or sell 'em all ... and go buy crack or go buy heroin with the money; My mom gets those Ativan®, so I steal them off of her."

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. However, participants discussed closet users of sedative-hypnotics. A participant stated, "They [sedative-hypnotics users] can be someone like you guys [researchers], and no one would ever know. It could be like that ... you can't really tell who does it." Community professionals shared that typical illicit users are often 20 to 40 years of age.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, heroin, powdered cocaine, prescription opioids and other sedative-hypnotics. A participant explained his brother's habit of using Xanax® after cocaine: "My brother used to deal cocaine and do cocaine, so ... he would take Xanax® at night to come back down." Another participant shared, "I know a girl who gets them [sedative-hypnotics] prescribed. She takes them like two or four [at a time]. She abuses them and goes right out there and searches for crack. Yeah, they'll get her started ... she uses them and then drinks like a 40 [ounce of beer] with 'em, and ... then she goes right out and gets her crack."

Marijuana

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); the previous most common score was also '10.' A participant stated, "If you can't find nothing else, you can always find weed [marijuana]." A community professional reported, "[Marijuana] it's in everybody's back pocket is my impression. It is so obvious that it is so well accepted by people ... literally, when people talk about it, they talk about it like they do about smoking cigarettes. Alcohol's worse these days than marijuana." A treatment professional remarked, "All of our clients come in with positive drug screens for marijuana and whatever else."

Marijuana in the region is not only obtained through dealers, but a lot of it is grown regionally, both outdoors and indoors (hydroponic). A program coordinator of a regional drug court said, *"Our county [Hocking] is very rural, and people just grow their own marijuana. We've even seen a local attorney busted for cultivating marijuana, and a dentist ... yesterday, he went to prison."* A sheriff's deputy recounted how he recently dismantled a grower's operation, *"This guy had his stuff together. Indoor. Beautiful. I mean probably \$20,000 of equipment."* Media outlets in the region reported on marijuana seizures and arrests this reporting period. Ohio State Highway Patrol officers seized seven pounds of marijuana with an estimated worth of \$32,000 during a traffic stop in Jackson County (www.athensohiotoday.com, Feb. 8, 2013).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A drug court staff member commented, *"I think it's still strong with marijuana. Not seeing a change there."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Participants most commonly reported the overall quality of marijuana as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was extremely variable from '2' to '10'. Several participants continued to explain 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 specifically rated high-grade marijuana quality as '7-10' while rating low-grade marijuana as '2-3'. Participants shared that higher-quality marijuana has become increasingly available. A participant stated, *"Last summer there was like a two-month period when there was no [low-grade] marijuana. That's when they got that higher dose stuff [marijuana]. The cheaper stuff disappeared."* A deputy shared his views concerning the higher quality of current marijuana: *"What people don't understand is [that] when I was a kid, the THC level was like what? ... 2 percent, and now it's up to 13 percent. So, you know [current marijuana] it's several times stronger than when I was a kid because of the cross-breeding and all this stuff and how they do it."*

Current street jargon includes countless names for marijuana. The most commonly cited names were "bud," "buddha," "chicken," "dope," "ganja," "grass," "green," "mary jane," "mary jo," "reefer," "smoke" and "trees." Participants

listed the following as other common street names: "dirt," "charlie brown," "reggie" and "regular" for commercial grade marijuana and "dank," "dro," "kush," "loud" and "purple haze" for high-grade or hydroponically grown 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 that commercial-grade marijuana is the cheapest form: a blunt (cigar) sells for \$10; 1/4 ounce sells for \$50; higher quality marijuana sells for significantly more: a blunt sells for \$20; 1/4 ounce sells for \$50-100.

While there were several reported ways of consuming marijuana, the most common remains smoking. However, an increasing number of participants mentioned eating marijuana in edibles (brownies and other baked goods, butter, fudge, hash and teas). Participants said that users often use water bongs to smoke marijuana and that some users utilize vaporizers to breathe in THC without smoking.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, *"my grandma; my boyfriend's dad; police officers; the world."* Community professionals agreed and added that marijuana use is often generational (grandparents, parents and children in the same family). There was consensus among participants and community professionals that marijuana use spans all ages, starting as young as age eight and extending to beyond age 70. A probation officer remarked, *"Anybody and everybody [uses marijuana]. It's generational. In Hocking County, we see the grandparents all the way down to grandchildren use marijuana."* A coroner added, *"[Vinton] and Meigs counties – even Athens County – what I'm seeing is people don't even consider it [marijuana] a drug anymore. It's like, 'it's just marijuana.'"*

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, prescription opioids, psilocybin mushrooms, sedatives-hypnotics and laced with embalming fluid. A participant said, *"Marijuana's used with everything. All my friends used it, like you know, smoke a joint after they did their stuff [drug of choice] ... [marijuana] kind of enhanced it [the high of the other drug] a little bit."*

Methamphetamine



Methamphetamine is 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 '7'. A participant stated, "You can get it [methamphetamine]. Yeah, I think it's probably beginning to get like crack ... you know how like crack's pretty available here." Community professionals most often reported the current availability of methamphetamine as '7-10'; the previous most common score was '10'.

Participants reported that methamphetamine is available in crystal and "shake-and-bake" forms. Participants commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single, sealed container, such as a two-liter soda bottle. By using common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

A participant reported, "They [law enforcement] found one of these [mobile meth labs] in the dugout where the baseball fields are. They found them in there ... and then picking up trash on [a highway] ... and someone found one, and they didn't know [what it was] ... like they just picked up the glass bottle and it exploded." Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. The Athens County Sheriff's office reported busting a methamphetamine lab at a trailer park in The Plains (www.athensnews.com, Jan. 30, 2013). Hocking County Sheriff's deputies arrested a man in Logan following a traffic stop when the man admitted to having bags of methamphetamine (www.10tv.com, July 3, 2013).

Participants and community professionals agreed that the availability of methamphetamine has increased during the past six months. A treatment provider stated, "We're having more people test positive for meth here, and so, I think [availability] it's increased." Several participants and law enforcement attributed the increased availability of methamphetamine to the "one-pot" method production. A participant

explained, "It's like one person knows how to make it [methamphetamine] ... and they just keep teaching everybody, so it's just like this group. Maybe one person gets mad because they didn't get their money and then this person goes off by theirself [sic] ... I just know a bunch of people [producing methamphetamine]."

A sheriff's office staff member shared, "[Methamphetamine availability] it's up ... the one-pot method is killing us ... we dodged meth forever... the drug dealers kept it out of here because, 'if I keep selling 'em crack, they come back every 30, 40 minutes, an hour and a half. If they get high on meth, they don't come back for two days' ... they actually kept people from selling it [methamphetamine], but when the one-pot [method] come around, everybody can make it themselves." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the current quality of powdered ("shake-and-bake") methamphetamine as '2-3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was between '5-10'. Participants did not report experience with or knowledge of crystal methamphetamine (aka "ice"). Overall, participants reported that the quality of methamphetamine has varied considerably during the past six months. A participant remarked, "[Methamphetamine production] the whole thing's just a big experiment."

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crank," "ice" and "shake." Current street prices for methamphetamine were consistent among participants with experience buying the drug: a gram sells for \$100. Reportedly, most often methamphetamine is made for personal use and not sold. A participant stated, "Most the people making it [methamphetamine] are using it themselves. They don't really sell it."

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking, followed by intravenous injection. A few participants also remarked on snorting and oral consumption of the drug. A participant shared, "I know a girl who has a hole in her nose from snorting it [methamphetamine]." Another participant reported, "Capsules [are] rare ... take it or empty the crystals under your tongue which tastes like hell ... I knew people using the capsules even for weight loss, and like to stay awake for work. People weren't trying to get high."

Participants described typical users of methamphetamine as white, males, 20-35 years of age, and of lower socio-economic status. A participant remarked, *"The trailer park where I live, [law enforcement] they're busting meth there every day."* Community professionals also described typical methamphetamine users as white, males, aged 20-40 years, and often unemployed.

Reportedly, methamphetamine is used in combination with alcohol, heroin (aka "speedball"), marijuana, sedative-hypnotics and tobacco.

Prescription Stimulants

Prescription stimulants are moderately to 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 '8'. A participant stated, *"I know a person and she goes to [a nearby town] to get 'em [prescription stimulants] every day."* Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of widespread use. Community professionals most often reported current availability as '7'; in the previous reporting period, community professionals were unable to rate the availability of prescription stimulants. A drug-court professional remarked, *"Youth were distributing Adderall® in school."* Community professionals identified Adderall®, Concerta®, Ritalin® and Vyvanse® as most popular in terms of widespread use.

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 that the number of prescription stimulant cases it processes has remained the same during the past six months.

Several street names were provided for stimulants. In general, stimulants are called "kiddie meth" and "synthetic coke." Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Adderall® (aka "adds" and "addies;" sells for 75 cents per pill), and Ritalin® (aka "ritz;" 30 mg sells for \$5-7). Participants noted that often prescription stimulants are provided free of charge from a "friend." A participant

reported, *"If someone has a prescription for it [stimulant], they'll take it or give it to their friends in high school."*

While there were several reported ways of using prescription stimulants, the most common routes of administration for abuse are snorting and intravenous injection. Participants reported that out of 10 illicit users, five would snort and five would intravenously inject the drugs. One participant commented on his oral consumption of prescription stimulants by opening a capsule to *"eat the beads ... that's how I would [abuse prescription stimulants]."*

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them from doctors and from children's prescriptions. Community professionals agreed. A health care provider reported, *"All they [users] have to do is go to the docs and say, 'I'm having trouble concentrating' ... and then other people will steal it or they'll share it with their friend."*

Participants described typical illicit users of prescription stimulants as younger, high school and college aged. Participants shared that college students take prescription stimulants as a study aid: *"I knew a couple people who used Adderall® before taking big tests; Those [prescription stimulants] are flooded in the colleges. Kids take them to study. My cousin who doesn't even do drugs is eating Adderall® right now off the street."* Community professionals also described typical illicit users as college aged (20s through 30s), as well as "soccer moms."

Reportedly, prescription stimulants are used in combination with alcohol, marijuana and Suboxone®. A participant reported, *"I know a girl who does Adderall® with Suboxone® and pot [marijuana]."* Another participant reported, *"I'm taking Concerta® and one time me and my friend did a whole bottle of it in one night when we were drinking [alcohol]. And, oh my God, I thought I was going to die the next day. I couldn't see, like it blurred my vision. I was freakin' out."*

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2'. Participants reported that bath salts are easier to get in larger cities within the region (Zanesville) and in cities in surrounding regions (Columbus and Delaware). A partici-

pant stated, "I know a couple people who bring bath salts around. I know where to get 'em." Treatment providers most often reported current availability as '7-8.' Law enforcement reported low availability of bath salts, giving it a '1-2' rating. In the previous reporting period community professionals were unable to provide an availability rating of bath salts.

Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as through the Internet, corner shops, "head shops" and beverage drive thrus. Participants reported that obtaining bath salts isn't as easy as it was previously. A participant reported, "If you didn't go to the place before they took it [bath salts] off the shelves, you ain't walkin' in there and getting bath salts. They had to know you before. There's a place by my house that sells it, and I can go in there and get it ... I walk in there, I put my purse on the counter [they put it in] and [I walk] right back out." Another participant reported, "You can buy it [bath salts] off the Internet. I had a friend; he'd buy it and come up to my apartment just to shoot it up."

Participants reported that the availability of bath salts has remained the same or has possibly decreased during the past six months. Community professionals reported that the availability of bath salts has decreased during the past six months. A sheriff's deputy stated, "You've got to know 'em [retailer] to get it [bath salts]." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants reported that the most common names/labels for bath salts are "pipe cleaner," "poor man's coke" and "salt." New street names for bath salts have emerged to help circumvent the laws. A participant explained, "They went from 'bath salts' to 'pipe cleaner' – that is what it was called afterwards. It went around and it was called 'pipe cleaner.' They just kept on changing the name ... that way they can keep it on the shelves I guess." Current prices for bath salts were variable among participants with experience buying the drug. Participants often did not know quantity when they reported pricing. Reportedly, bath salts sell for \$20-50 for a package of the drug. While there were several reported ways of using bath salts, the most common route of administration is snorting, followed by smoking and intravenous injection.

Participants described typical users of bath salts as laborers who work long hours. A participant remarked, "Working people ... mainly I know some coal miners, some construc-

tion workers [who use bath salts] ... like long-hour jobs ... physical labor." Professionals described bath salts users as younger (late teens to early 20s), white and often male.

There is concern for the user among health professionals and law enforcement. A medical professional expressed, "We are still seeing a lot of bath salts. I don't know what to do for them. It's been late teens and early 20s ... as far as taking care of that patient, there's nothing we can do and I think the effects of it last longer than what the people who take it realize. I've seen a lot of aggression. We had a patient who was in metal handcuffs, steel handcuffs, and broke them on bath salts. Of all the drug overdoses, those are the scariest because you don't know where they're gonna go. You don't know what's going to happen." Reportedly, bath salts are used in combination with alcohol, marijuana and powdered cocaine.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '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.' Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers, as well as through the Internet, beverage drive thrus and corner stores. A participant stated, "People don't think [synthetic marijuana] it's around, but it's around ... you just have to know the right people [to obtain it]. You can't go to like a drive-thru and get it now, but it's still out there ... order it online."

Community professionals most often reported the drug's current availability as '4;' community professionals were unable to provide an availability rating in the previous reporting period. A drug court program coordinator disclosed, "I know our male probation officer has mentioned that there is [availability of synthetic marijuana]." Media outlets in the region reported on current synthetic marijuana use. Athens County emergency crews were called to a home in Albany when an 18-year-old man was found unresponsive after smoking a synthetic marijuana product called "Deathgrip;" the man reportedly bought the product from a smoke shop in Athens (www.athensohiotoday.com, June 25, 2013).



Participants and community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A juvenile probation officer observed, *"We went through a phase when it [synthetic marijuana] was very popular. I think when the kids realized that we could [drug] screen [for synthetic marijuana], they quit using it and stuck with marijuana. It's not as easy to get as what it used to be just because the DEA [Drug Enforcement Administration] has made it illegal. So, a lot of places quit selling it."*

A sheriff's deputy shared difficulty in purchasing synthetic marijuana: *"[Law enforcement] we've tried to buy some [synthetic marijuana] because we got some reports. It's real hard to buy. I mean, we know a couple places that are selling it, but you got to be a certain person to go in and get it. Where before [the legislation] we were just going in and buying it. It's died off so far as what we're hearing. You see a little bit of it, but you don't really need to get it when you can just go buy regular weed."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participant comments on the current quality of synthetic marijuana included: *"It makes you real paranoid; If you're gonna smoke something, you better to smoke the real stuff."* A probation officer reported about homemade synthetic marijuana: *"Kids are making their own synthetic marijuana. I'm not really sure how they're making it . . . they've gone on YouTube and the Internet to find out how to make it, and they are successfully making it on their own."*

Current street jargon includes a few names for synthetic marijuana. The most commonly cited names were "fake weed," "incense," "potpourri," "scooby doo," "scooby snacks," "synthetic pot," and brand names (K2, Fairly Legal, Mad Hatter, Spice and Wonderland). Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells 3 grams for \$20-30. Participants reported that the most common route of administration for synthetic marijuana remains smoking.

Participants described typical users of synthetic marijuana as younger, between 12 and 22 years old, anyone in a halfway house or on probation or parole. A participant shared, *"I smoked that [synthetic marijuana] for two years. . . I said to myself, 'well, I'm on probation, so I have to be able to pass the drug test.'" Community professionals agreed that users are typically young, between 13 and 17 years of age. A treatment provider reported, "We're not seeing the*

adults use it [synthetic marijuana]. We are still seeing some of the kids use it." Reportedly, synthetic marijuana is used in combination with alcohol, crack cocaine and prescription opioids.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable in the region, depending on whether users are seeking ecstasy tablets or "pure" powdered MDMA (aka "molly"). Participants most often reported ecstasy's current availability as '3-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) and the current availability of molly as '10'. Participant comments of molly availability included: *"I can get it [molly] right now down the street; Yeah, and they're making songs about it [molly]."* Community professionals were unable to assign current availability ratings to these drugs; participants and community professionals did not rate availability for ecstasy and molly in the previous reporting period. A law enforcement officer commented, *"We're not getting much into that [ecstasy] . . . we've heard about molly coming to our area."*

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. A participant stated, *"Molly's really easy to get, but ecstasy seems to be getting harder to get."* The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

In terms of current quality, participants reported low general quality of ecstasy during the past six months. A participant stated, *"There's a lot of weak [ecstasy] pills going around. They're just horrible, not worth paying for."* Reportedly, molly is of high quality.

Current street jargon includes several names for ecstasy. The most commonly cited name was "X." Participants listed the following as other common street names: "rolls," "skates" and "stamps;" and ecstasy is also referred to by what's imprinted on the tablet. A participant reported, *"When you take an ecstasy, they [users] call it 'rollin'."* Current street prices for ecstasy were consistent among participants with experience buying the drug: a "single stack" (low-dose) ecstasy tablet sells for \$10-15; a "double stack" or "triple stack" (higher-dose) tablet sells for \$25-30. Current street prices for molly were consistent among partici-

pants with experience buying the drug: 1/10 gram (aka "point") sells for \$10-15.

While there were several reported ways of using ecstasy, the most common routes of administration are snorting and oral consumption. Reportedly, the most common route of administration for molly is snorting. Participants also mentioned intravenous injection and mixing molly into food and beverages. A participant commented, "[Molly] it's just a powder, and you just snort it, or drink it or eat it."

Participants described typical users of ecstasy as younger, white, and people who attend raves (dance parties) and concerts. Participants stated: "Mostly white people I know use X; I know people take 'em [ecstasy] before they go to concerts and stuff like that; People like to take it [ecstasy] to go to the club . . ." Participants described typical users of molly similarly as younger, between 16 and 35 years of age, white and people who attend raves. A law enforcement officer remarked, "[ecstasy and/or molly use] that's more the college group."

Reportedly, ecstasy is used in combination with alcohol, LSD (lysergic acid diethylamide), powdered cocaine and psilocybin mushrooms. Molly is used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics.

Other Drugs

Participants and community professionals listed a few 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), phencyclidine (PCP) and psilocybin mushrooms], inhalants, over-the-counter (OTC) cough and cold medications and Seroquel® (antipsychotic).

Hallucinogens are moderately available in the region. Participants most often reported the current general availability of hallucinogenic drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Specifically, participants rated availability as follows: LSD as '5', PCP as '5' and psilocybin mushrooms as variable from '2' to '10'. Participants reported that the general availability of hallucinogens has remained the same during the past six months. The BCI London Crime Lab reported that the number of hallucinogenic cases it processes has remained the same during the past six months.

Participants reported that different forms of LSD are available in the region. A participant described, "[LSD] it's paper, gel tabs, there's liquid . . . all kinds." Another participant described, "[Dealers] they'll have it [LSD] in pill form or liquid or like the little stickers . . . you put them on your tongue." The most common street names for LSD include: "acid," "tabs" and "trip." Reportedly, LSD currently sells for \$12-15 per tab or hit.

The most commonly cited street names for psilocybin mushrooms include: "caps," "magical mushrooms" and "shrooms." Current street prices for psilocybin mushrooms were variable among participants with experience buying the drug: 1/8 ounce sells for \$25-35; 1/4 ounce sells for \$50-60; and an ounce sells for around \$150. Reportedly, prices are lower if the user gets them from a friend who picks them when they are in season. Participants reported that psilocybin mushrooms are often used orally with other substances, including alcohol, marijuana and regular food and drink. Participants shared: "I just smoked them [psilocybin mushrooms] with weed; Put 'em [psilocybin mushrooms] in salsa . . . there was just a bunch of the spores left at the bottom of the bag and we just poured those in the salsa and ate 'em with chips; Yeah, because a lot of people don't like the taste of them [psilocybin mushrooms], so they'll put them on their food. Like I've seen somebody eat it on a cheeseburger."

Participants reported obtaining hallucinogens from drug dealers and described typical hallucinogenic users as college-aged, "hippies" and marijuana users. A health care provider described typical users as college-aged, unemployed and living with parents.

Inhalants are highly available in the region, particularly due to the legality of the substances and ease of purchasing these from stores. Participants noted the most common types of inhalants as aerosols, keyboard cleaners (aka "duster") and "whippets" (nitrous oxide cartridges usually from whipped cream canisters). Participants said use of inhalants is increasing in the region. A participant commented, "I actually think that duster stuff is real popular around here and something called 'rush.' It's like in a bottle. They shove it in their nose [and inhale] . . . My brother talks about it all the time. You just buy it from a store."

Collaborating data also indicated that inhalants are currently used in the region. The Athens County Coroner's office reported that a 57-year-old white male died from difluoroethane intoxication (freon huffing) during the past

six months. Along with “duster” and “whippets,” participants reported that street names for inhalants include, “hippie crack.” Participants described typical users as high-school aged. Community professionals described typical users as young males and typically on probation.

OTC cough and cold medications are highly available in the region and several are being abused. These include Coricidin® D, Robitussin®, other cough syrups containing codeine and “lean” (promethazine with codeine). OTC cough and cold medications are typically abused by teens, and both participants and community professionals reported an increase in abuse of these medications. A legal professional stated, “[Coricidin® D] it’s just something they [teens] can get their hands on that they know they can get high on.” A participant shared how easy it is to obtain these drugs: “You can buy it [Coricidin® D] at the dollar store.”

Participants reported that Robitussin® abuse is commonly referred to as “robo trips.” Participant comment on the ease of obtaining the drug included: “Buy it [Robitussin®] at the store; I used to steal cough syrup from like pharmacies. I’d put like 15 of them inside my pockets and walk out ... [drank it] with a little bit of Captain Morgan® [rum].” Participants and community professionals reported that teen users most often drink the cough syrups with soft drinks. A representative of a children’s after school program shared, “I hear about it [abuse of OTC’s] a lot ... kids talking about it a lot because it’s in all the songs and a lot of videos that they watch. It’s all they see ... ‘red Kool-Aid®’ and all that. They drink it ... mixture of the cough syrup and [Sprite® or Kool-Aid®]. They take it to school ... they talk about drinking their ‘Kool-Aid®.’” Reportedly, codeine cough syrups are often used with marijuana and sedative-hypnotics.

Participants also reported that lean has become increasingly popular. A participant discussed, “Promethazine with codeine ... it’s a cough suppressant. They call it ‘lean’ and that is really big right now. Almost as big as pain prescription pills because a lot of the rappers are talking about it, and it’s easy to get from your doctor. You just go in and tell them you have bronchitis.” Another participant explained, “[Lean] it’s real mild. Makes you lean back – that’s why they call it lean. It makes you nod out and lean back.” Reportedly, promethazine with codeine is available for street purchase. A participant stated, “You can get it [promethazine with codeine] on the street too ... \$50 for the little bottle. I think it’s like 7 or 8 ounces.”

Participants reported that there is currently limited street availability of Seroquel®. A participant stated, “If you need ‘em [Seroquel®], you can get ‘em.” Another participant added that Seroquel® is easily prescribed. Participants suggested a decrease in street availability during the past six months: “I have heard about them [Seroquel®] being abused, but that’s a decrease in them.” Participants explained that current street jargon for Seroquel® includes: “You got that sleeping pill?” In terms of pricing, participants often reported that Seroquel® is free from friends or prescribed to the illicit user. However, a participant reported, “I have friends that buy ‘em [Seroquel®] ... they’re only a dollar or two dollars.” Participants reported that Seroquel® is typically used after smoking crack cocaine. A participant explained that illicit users use the drug, “to bring them down off of something else.”

Lastly, GHB (gamma-hydroxybutyric acid) is moderately available. Participants most often rated current availability as ‘6-7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants also reported that availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of GHB cases it processes has remained the same during the past six months. Street names for GHB are “G” and “juice.” In terms of pricing, a participant reported, “You can get one of them five-hour [energy] shot bottles filled with that [GHB] for 50 bucks.” Participants described typical GHB users as those who “party” or often work out (lift weights) at a gym. Reportedly, users drink GHB with alcohol and other beverages.

Conclusion

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

While many types of heroin are currently available in the region, participants reported the availability of black tar and brown powdered heroin as most available, rating both types as ‘10’ (highly available). Participants and community professionals did not report availability of white heroin in the region. The most common route of administration for heroin remains intravenous injection. There seems to be increasing use of and concern over dirty needles and/

or sharing of needles. Many participants claimed to know people who use dirty needles and share needles and have contracted Hepatitis C.

Several participants cited new laws in Ohio as having an impact on the availability of prescription opioids. Participants reported that the availability of prescription opioids has decreased during the past six months; community professionals reported slight availability decreases for methadone, OxyContin® OP, Percocet®, Roxicet® and Vicodin®. Participants continued to explain that sometimes users get started with prescription opioids legitimately, but then switch over to illegitimate use and often progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females who are early 20s through 30s in age.

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that street availability has increased. A treatment provider stated, *"As far as Suboxone®, we've had clients that have been abusing it and selling it ... we have had quite a few."* Participants reported that the most common routes of administration for the abuse of Suboxone® are snorting and oral consumption for pills and intravenous injection for strips. Participants described typical illicit users of Suboxone® as any opiate addict, while community professionals specifically mentioned heroin addicts. A drug court representative added that there are a lot of *"younger folks"* abusing Suboxone®. Reportedly, when used in combination with other substances, Suboxone® is most commonly used with Xanax®.

Several participants and law enforcement officers attributed increased availability of methamphetamine to

the "one-pot" method of production. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Overall, participants reported that the quality of methamphetamine has varied considerably. Reportedly, most often methamphetamine is made for personal use and not for sale. Participants and community professionals described typical users of methamphetamine as white, males, 20-45 years of age, of lower socio-economic status and often unemployed.

Participants and community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. Participants reported decreased quality of synthetic marijuana. A probation officer reported about "homemade" synthetic marijuana, saying that young people are producing their own synthetic drug using recipes and instructions found on the Internet. Participants and community professionals agreed that users are typically younger, between 12 and 22 years of age.

Lastly, current availability of ecstasy is variable in the region, depending on whether users are seeking ecstasy tablets or "pure" powdered MDMA (aka molly). Participants most often reported low to moderate availability for ecstasy, while reporting current availability of molly as '10' (highly available). Reportedly, molly is of high quality. The most common route of administration for molly is snorting. Participants also mentioned intravenous injection and mixing molly into food and beverages. Participants described typical users of molly as similar to those of ecstasy – between 16 and 35 years of age, white and people who attend raves and concerts. A law enforcement officer reported ecstasy and/or molly use among "the college group."

