



Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Faith M. Kelleher, MSW

Data Sources for the Athens Region

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

OSAM Staff:

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

Beth E. Gersper, MPA
 OSAM Coordinator

Nicholas J. Martt, MSW, LSW
 OSAM Research Administrator

Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	40
Gender (female), 2010	51.2%	50.4%	57.5%
Whites, 2010	81.1%	94.7%	97.5%
African Americans, 2010	12.0%	2.1%	0.0%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0%
High School Graduation Rate, 2010	84.3%	92.9%	79.1% ²
Median Household Income, 2012	\$46,873	\$38,955	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2012	16.3%	19.8%	65.6% ⁴

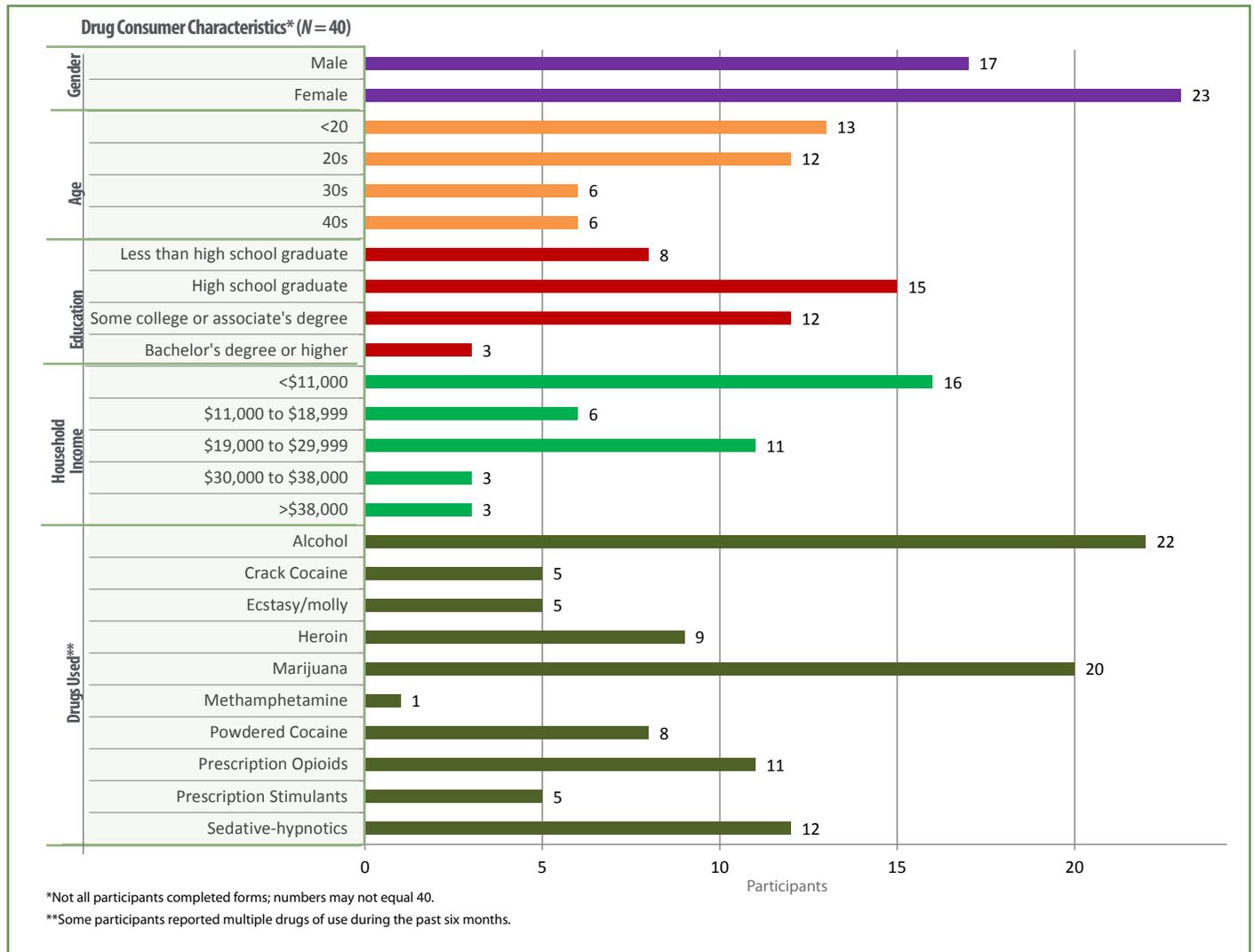
¹Ohio and Athens region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²High school graduation rate was unable to be determined for 2 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 8 participants due to missing and/or invalid data.

Athens Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Athens region. Changes in availability included increased availability for heroin and methamphetamine, and likely decreased availability for synthetic marijuana.

Participants reported black tar and brown powdered heroin as the most available heroin types in the region. Intravenous injection remained the most common route of administration for this drug. Participants and community professionals expressed concern over users sharing injection needles. Many participants knew users who had contracted Hepatitis C because of this practice.

Several participants cited new laws in Ohio that impacted the availability of prescription opioids. Participants reported that the availability of prescription opioids had decreased; community professionals reported slight decreases for methadone, OxyContin® OP, Percocet®, Roxicet® and Vicodin®. Participants continued to explain that users often begin using prescription opioids legitimately, then switch to illegitimate use and progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females in the early 20s to 30s age range.

Participants reported that the street availability of Suboxone® had remained the same, while treatment providers noted an increase. Participants said that the most common routes of administration for the abuse of Suboxone® were snorting and oral consumption for pills and intravenous injection for strips. Participants and community professionals agreed that typical Suboxone® users were opiate addicts, especially heroin addicts. Participants reported abusing Suboxone® in combination with Xanax®.

Participants and law enforcement reported increased availability of methamphetamine and attributed this increase to the ease of the “one-pot” method of production. The BCI London Crime Lab processed an increased number of methamphetamine cases during the reporting period. Overall, participants said that the quality of methamphetamine varied considerably. Most often methamphetamine was reported 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 had decreased. Participants complained about the quality of the drug. A probation officer reported young people making their own synthetic marijuana using recipes and instructions found on the Internet. Participants and community professionals agreed that users were typically 12–22 years of age.

Finally, ecstasy availability was variable throughout the region. Users most often reported low to moderate availability for ecstasy but high availability of powdered MDMA (aka “molly”). Molly was reportedly of higher quality. The most common route of administration for molly was 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: 16–35 years of age, white and people who attend raves (underground dance parties) and concerts.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported the drug’s current availability as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants explained that powdered cocaine is not easy to obtain; established drug connections are needed to obtain the drug.

Community healthcare professionals most often reported the drug’s current availability as ‘6’, while law enforcement most often reported current availability as ‘5’; the previous most common score among community professionals was ‘6–7’. A law enforcement officer said that most powdered cocaine is quickly converted to crack cocaine. Therefore, law enforcement seldom encounters the powdered form. Another law enforcement officer compared the variability of powdered cocaine availability to a pendulum that swings back and forth.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Athens County deputies arrested an individual when cocaine and marijuana were found after a traffic stop in Nelsonville (Athens County) (www.wsaz.com, Aug. 8, 2013). The Ohio

State Highway Patrol (OSHP) stopped a vehicle and arrested two men in Gallia County after finding 2.6 ounces of powdered cocaine, marijuana, methamphetamine and some prescription opioids in their possession (www.statepatrol.ohio.gov, Sept. 2, 2013). Law enforcement collaboration through “Operation Heat” resulted in seven arrests and seizure of 200 grams of cocaine and other drugs including heroin and marijuana (www.thepost.ohiou.edu, Nov. 13, 2013).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab also reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	No Change
	 Treatment providers	No Change

Participants most often reported the current quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7.’ Participants shared that the quality of powdered cocaine constantly fluctuates and that it is cut (adulterated) with baking soda, baby laxatives, bath salts, ether and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, “[Powdered cocaine] it’s stronger on Friday than it is on Sunday [because substances are added to it throughout the weekend].”

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  diuretics (mannitol, sorbitol)  levamisole (livestock dewormer)  lidocaine and other local anesthetics

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. An Athens County participant shared, “If you were really,

really into it [powdered cocaine] you would go to Columbus; it’s cheaper [in Columbus] and would be better quality.”

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$50
	a gram	\$100
	1/16 ounce (aka “teener”)	\$125
	1/8 ounce (aka “eight ball”)	\$200
	1/4 ounce	\$300
	an ounce	\$600

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, three would intravenously inject (aka “shoot”) and one would smoke the drug.

Participants described typical users of powdered cocaine as white and from middle and upper classes, but no typical age or gender emerged. A participant reported, “I’ve known people of all ages to do it [powdered cocaine]; average working men and women.” Community professionals described typical users of powdered cocaine similarly to that of participants. A treatment provider stated that typical users are, “anyone . . . it can go from the rich to the poor; young to some older folks.” However, law enforcement added that most people arrested for powdered cocaine are in their 20s and 30s.

Crack Cocaine

Crack cocaine availability is variable in the region, with both participants and community professionals agreeing that availability depends on location within the region. Participants most often reported variable availability of crack cocaine and scores ranged from ‘0-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants from Muskingum County reported: “You can get it [crack cocaine] in every corner in Zanesville; [There] is a crack [cocaine] house on every block.” Participants in Athens County reported: “Down here you can’t get just crack, it’s coke [powdered cocaine] and someone has to cook it back; if you want crack you may have to buy coke and

cook it up yourself." Community professionals most often reported the drug's current availability as '5-7;' the previous most common score was '9'.

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Two individuals were arrested after a search warrant led to discovery of crack cocaine and black tar heroin in an apartment in Zanesville (Muskingum County) (www.yourradio-place.com, Sept. 9, 2013). Two individuals were arrested in Coshocton (Coshocton County) after the Sherriff's Office searched a home and found crack cocaine, heroin and marijuana (www.nbc4i.com, Oct. 24, 2013). Two men were arrested in Haydenville (Hocking County) when the Sheriff received several tips regarding fugitives and drug use in the area; crack cocaine, heroin and other drug paraphernalia were found at the home when the search was conducted (www.nbc4i.com, Oct. 23, 2013).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Community professionals differed in their opinions: Athens County professionals reported that availability of crack cocaine has remained the same, while community professionals in Muskingum County reported that availability has decreased. A police captain in Zanesville stated, "It used to be [that] everyone would have crack cocaine in their pocket ... now you don't know what's in their pocket; it seems to be either pills or heroin." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often reported 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 baking soda, kerosene and Orajel®. A participant explained, "Considering where [crack cocaine] it's coming from, by the time it gets here, it's had a long life

[and is cut more]." Participants identified that crack cocaine is either white or yellow within the region. A participant suggested, "[The] *harder yellow* [crack cocaine] *is better* [quality]." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Some participants reported that crack cocaine is priced similar to powdered cocaine.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "dime")	\$10
	1/2 gram	\$50
	1/8 ounce (aka "eight ball")	\$200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven to eight would smoke while two to three would intravenously inject (aka "shoot") the drug. Participants shared that crack cocaine is commonly smoked from a pipe made from aluminum foil to avoid a paraphernalia charge should they be caught. A participant explained, "A stem [typically a glass crack pipe] can get you 30 days [in jail] ... [many users use foil] that way they can crunch it and throw it out the window."

A profile for a typical crack cocaine user did not emerge from the data. Some participants described typical users of crack cocaine as white and poor or unemployed. A participant commented, "I don't think I ever met someone addicted to crack with a job." Other participants reported that users can vary: "From the bum on the street to the business man in the office; I've seen a three generation family use [crack] - a grandma, a mom and the daughter." Community professionals described typical users of crack cocaine as someone with little or no income.

Heroin



Heroin remains highly available in the region. Participants 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'. Participants agreed that heroin is now the easiest drug to obtain in the region; reportedly, easier to obtain than even marijuana. A participant commented, *"I can walk out the door and within five minutes get as much heroin as you want."* Community professionals most often reported heroin as moderately available, rating overall current availability as '6-7'; the previous most common score was '10'. However, a law enforcement officer commented, *"Heroin's got a hold on everyone in every community now."*

While many types of heroin are currently available in the region, participants continued to report the availability of black tar and brown powdered heroin as most available, most often rating the current availability of these heroin types as '10'. Community professionals reported the availability of black tar heroin as the most available heroin type in the region, most often reporting its current availability as '6-10'. A law enforcement officer commented, *"A majority of the time you're going to see black tar [heroin]."* Law enforcement most often reported brown powder heroin's current availability as '5'. Participants most often reported the current availability of white powdered heroin (aka "China white") as '5', while community professionals most often reported white powdered heroin's current availability as '1'. A law enforcement officer distinguished that white powdered heroin is less available and that law enforcement rarely encounters this type of heroin.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. Four individuals were arrested in Haydenville (Hocking County) after law enforcement searched a home and found heroin, prescription opioids and marijuana (www.nbc4i.com, Aug. 7, 2013). Meigs County deputies seized 7.5 grams of black tar heroin, prescription pills and cocaine, and arrested two men after searching their vehicle and residence; this was the largest heroin bust in Meigs County history (www.wsaz.com, Aug. 8, 2013). A couple was arrested for trafficking heroin in Athens County (www.10tv.com, Aug. 20, 2013). A bank robber was sent back to jail for violation of probation when he went to a hospital for a heroin

overdose and heroin was found in his possession (www.athensnews.com, Sept. 10, 2013). Twenty individuals were arrested in Hocking County as the Sheriff's Office and the Fairfield-Hocking Major Crimes Unit served warrants throughout the area; several individuals were charged with trafficking heroin, as well as other drugs and firearm violations (www.nbc4i.com, Oct. 21, 2013).

Overall, participants reported that the general availability of heroin has increased during the past six months. Participants attributed the increase in availability and usage to changes in the formulation of certain prescription opioids: *"I've just seen a lot of my friends who used to do like pills [prescription opioids] and stuff, and then once the pills they did ... they don't make anymore ... and then there was no programs to cope with that, and then everyone went straight to heroin pretty much."* Community professionals also reported that the general availability of heroin has increased during the past six months. Several community professionals noted that previous prescription opioid users have switched to heroin. A law enforcement officer commented, *"[Heroin] it's a lot cheaper, a lot easier to get a hold of [than prescription opioids] [and], you don't have to doctor shop [or] ER shop."* The BCI London Crime Lab reported that the number of heroin cases it processes remained the same during the past six months; the lab reported processing all types of heroin.

Participants most often reported the current general quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8'. Overall, participants felt that the general quality of heroin has remained the same during the past six months. Participants most often rated the current quality of black tar heroin as '6'. Participants reported that the quality of black tar heroin fluctuates and that the Afghanistan strand of black tar heroin is high quality. Participants reported

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

that black tar heroin in the region is cut with Coca-Cola®, coffee, sedative-hypnotics, shoe polish, vinegar and vitamin E. During discussion, one participant stated, *"It's scary. You never know what you're gonna get [mixed in with heroin]."*

Participants generally rated the current quality of brown powdered heroin as '5' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants most often rated the current quality of white powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also reported that both brown and white forms of powdered heroin is cut with whey protein.

Heroin	Cutting Agents Reported by Crime Lab	
	●	caffeine
	●	diphenhydramine (antihistamine)
	●	mannitol (diuretic)
	●	sugar

Current street prices for heroin were variable among participants with experience buying heroin. Although the following prices were provided, participants added that heroin can also come in small amounts such as *"a little swipe on a piece of plastic"* wrapped in foil or in a plastic grocery bag for less money. Note that participants were unable to report pricing information for white powdered heroin.

While there were a few reported ways of using heroin, the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would intravenously inject, two would smoke, and another one would snort the drug. One participant quipped that in a room of ten users, *"They'd be fighting over the tie [used for injection]."*

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram (aka "bags," "berries" or "balloons")	\$25
	a gram	\$125-150

Reportedly, injection needles are primarily obtained through heroin dealers and people with diabetes. Participants shared that availability of needles has decreased as many pharmacies in the region are no longer selling needles without a prescription. Participants commented: *"You can't buy them out of stores around here; [You get needles] on the street; heroin dealers sell 'rigs' [needles]; You gotta find someone who's a diabetic."* Participants reported common street names for syringes: "darts," "pins," "points," "rigs," "sharps," "sharpies" and "stickers." The most commonly reported price for a needle bought off of the street is \$5. However, participants commented on how price is determined by availability and demand: *"You can usually get them [needles] for 2-5 bucks; People will even buy your used needles; I've see people pay up to \$20 for a used one."*

Participants agreed that sharing and re-using needles is common practice in the region. One participant said, *"I've heard of people using the same exact point for a month, and they shoot up 3-4 times a day."* Another participant described that users clean used needles: *"Draw up bleach or rubbing alcohol in it squirt it out and [they] think it's clean."* Participants and community professionals discussed the need for a clean-needle exchange and a consistent place to dispose of dirty needles. One participant commented, *"There should be a disposal [program] because I've heard of them [needles] just being found in places."* A law enforcement officer noted, *"I think we need something here to hand out free needles."* A community professional shared that there is *"a fear [of dirty needles] for those who work with the public."*

A profile of a typical heroin user did not emerge from the data. Participants described typical users of heroin as unemployed and younger (20s or 30s). A participant reflected, *"Anymore there are no typical [heroin] users."* Community professionals also described typical users of heroin as unemployed. One law enforcement officer from Muskingum County commented, *"Mostly poor ... but I have friends that are middle class/upper middle class and their kids are now involved with the heroin."*

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 Percocet®, Roxicet® and Vicodin® as the most

popular prescription opioids in terms of widespread use. A participant commented, "You can find pills [prescription opioids] anywhere in this town at any time." Treatment providers and law enforcement most often reported the prescription opioid current availability as '9'; the previous most common score was '10.' Community professionals identified Percocet®, Roxicet®, Suboxone® and Vicodin® as the most popular prescription opioids in terms of widespread use. A law enforcement officer in Hocking County stated, "It's one of the biggest problems with our school kids ... the prescription [opioids]."

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Seven individuals from Perry County were arrested for trafficking prescription opioids (specifically oxycodone) after they were found "doctor shopping" in Zanesville (Muskogum County), Marietta (Washington County) and other locations throughout the state (www.nbc4i.com, Sept. 3, 2013). After a year-long investigation, a former pharmacy technician was sentenced to three years in prison for theft of prescription opioids (hydrocodone) from a pharmacy in Pomeroy (Miegs County) (www.nbc4i.com, Oct. 28, 2013). A young woman from Glouster (Athens County) was indicted on prostitution charges for human trafficking of a 16 year old girl in exchange for prescription opioids and money (www.thepost.ohiou.edu, Nov. 12, 2013).

Participants and community professionals most often reported that the general availability of prescription opioids has remained the same during the past six months. However, both groups had a number of respondents who thought that general availability has decreased. A participant asserted, "I'd say decrease [in prescription opioid availability], everyone else is on heroin." A treatment provider agreed, "Heroin has kinda replaced it [prescription opioids]." A sheriff in Hocking County noted that stricter protocols may have affected availability, "I think that doctors are paying better attention to the scripts [writing prescriptions]." The BCI London Crime Lab reported that the number of prescription opioids cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids (aka "beans," "skittles") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from friends and family members, through prescriptions and just simply by "asking around." An Athens County resident stated, "It's so easy to doctor shop in this county." A participant further explained, "You could go right now. Just say you fell down some steps and you think you dislocated your shoulder." A probation officer and a newspaper editor noted that youth often obtain opioid medication from a parent's medicine cabinet.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fantanyl	\$25-30 for 50 mcg \$40-50 for 75 mcg
	Kadian®	\$10 for 30 mg
	Lortab®	\$5 for 7.5 mg \$7-7.50 for 10 mg
	methadone methadone liquid	\$10 for 10 mg \$60 for 100 mg (10 mg/ml)
	Opana® (old formulation)	\$2 per mg
	OxyContin® OP (new formulation)	\$40 for 80 mg
	Percocet®	\$5-7 for 5 mg \$12 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30-45 for 30 mg
	Vicodin®	\$3 for 5 mg

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 for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and the other two would intravenously inject the drugs. One participant noted, *"Very few people just eat their pills likes [sic] they're supposed to."* Reportedly, a less common route of administration is oral ingestion by chewing the pills before swallowing or by mixing the powdered form in a beverage and drinking. One participant explained, *"Crush it up and dump it in a drink and just chug it down fast."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical users of prescription opioids as anybody. A participant said, *"Generally with the opiate, it starts with someone in pain or they were injured and they are prescribed it, and they misuse it or they just get hooked because of the addictive traits and they can't stop."* Community professionals identified that illicit prescription opioid users cover a wide age range and that abuse of prescription opioids extends to younger age groups.

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the street availability of Suboxone® as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant said, *"[Suboxone® is the] easiest to get out of all the opioids."* A participant explained, *"It's pretty available because everyone and their brother*

is trying to get off the opiates." Community professionals also reported Suboxone® current availability as '9'; the previous most common score was '7'. Muskingum County professionals expressed concern about the potential of a new Suboxone® clinic in their county. A medical doctor suggested, *"It [Suboxone®] should be more regulated than what it is."*

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. A participant explained, *"[Suboxone®] it's become more and more available as people have gotten hooked on heroin."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Although there were slight variances of price (a few participants commented that generic Suboxone® and sublingual films are less expensive than name brand Suboxone® tablets), the prices for Suboxone® in general are listed in the table below.

Suboxone®	Current Street Prices for Suboxone®
	\$5 for 2 mg \$20-30 for 8 mg \$30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from their doctor or community mental health agency. Participants shared that when Suboxone® is prescribed, doctors typically give the option for tablet or sublingual film form. Although one participant said, *"A lot of people won't sell theirs 'cause of getting them counted or having to have it in their system;"* others claimed: *"You get it from your doctor, then sell it on the street; People get it from clinics and then trade it for money ... probably to go get regular heroin or something."*

Participants reported that the most common routes of administration for illicit use of Suboxone® include oral consumption and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would orally ingest, four would snort and one would intravenously inject [aka shoot] the drug. Although participants reported that users can dissolve and shoot either form of the drug, one participant shared, *"It [the sublingual film] dissolves easier than a pill does."* A participant reported that both forms of medication (pills and sublingual films) are snorted, and explained that users *"put [the films] in a spoon, put a little water in it and snort it like nasal spray."* Participants described typical illicit users of Suboxone® as younger. Community professionals described typical illicit users of Suboxone® as individuals aged 25-30.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. One participant reported that sedative-hypnotics are *"easier to find than the opiates."* Multiple participants identified Xanax® as the most available of all the sedative-hypnotics.

Community professionals reported low-to-moderate availability of sedative-hypnotics. Community professionals in Athens County most often reported current availability as '3', while community professionals in Muskingum County most often reported current availability as '7'; the previous most common score for community professionals generally was '8-10'. Community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use.

Participants and community professionals most often reported that the general availability of sedative-hypnotics has remained the same during the past six months. Nevertheless, a police officer from Muskingum County indicated, *"Xanax® is on the increase."* 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 "benzos") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to the street-level users.

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from friends or by obtaining their own prescription from a doc-

Current Street Prices for Sedative-Hypnotics	
Sedative-Hypnotics	Klonopin® \$1 for 0.5 mg \$2 for 1 mg \$3 for 2 mg
	Soma® \$2 for 350 mg
	Valium® \$2 for 10 mg
	Xanax® \$1 for 0.5 mg \$2 for 1 mg \$5 for 2 mg

tor. Participants discussed the ease of having a doctor write a prescription, with one saying, *"You can get them [sedative-hypnotics] from a doctor quicker [than from off the street or from a dealer]. Doctor will give 'em to you in a minute."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally ingest and four would snort the drugs. Although rare, a few participants shared that users will sometimes inject these drugs. Many participants discussed a particular preference for snorting Klonopin®: *"Snort them, especially Klonopin®, because they're minty; Some, if you snort it, has a minty taste in your nose."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as anybody. Participant comments on typical users included: *"Under 70, but older than 10; It could be anybody. I mean, like, housewives take a lot of that stuff."* Community professionals described typical users of sedative-hypnotics as most often female and younger. *"Young girls, 19 to 25 years old,"* said one community professional.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report 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). Participants commonly stated, *"[Marijuana] it's everywhere,"* or similar comments based upon the time of the year: *"It's [marijuana] harvest time; This area's full of pot [marijuana]. Everyone's doing their harvest-*

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

ing right now; This time of year, you can't go across town without finding a plant." A mayor in the region commented, "Everybody has it [marijuana]."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Eighty individuals were charged with drug possession, OVI and/or drug trafficking during a music festival in Hocking County; more than 14 pounds of marijuana were seized along with marijuana-laced snacks and butter, hash and hash oil, heroin, crack cocaine, hallucinogens (psilocybin mushrooms and LSD), MDMA, prescription opioid pills and nitrous oxide inhalants (www.athensohiotoday.com, Aug. 21, 2013). Two people were arrested at a mobile home residence when the Hocking County Sheriff's Interdiction Unit (SIU) responded to a tip regarding drug use; law enforcement found 12.2 pounds of marijuana as well as grow equipment and marijuana plants throughout the home (www.nbc4i.com, Sept. 25, 2013). A two-year old called police because he could not wake up his mother; upon arrival, the Hocking County Sheriff's Office found marijuana plants and prescription opioids around the home and the parents were subsequently arrested (www.nbc4i.com, Nov. 6, 2013). In addition, the OSHP arrested a man from West Virginia in Muskingum County following a traffic stop where a drug detection dog alerted officers and a vehicle search exposed four pounds of marijuana (www.statepatrol.ohio.gov, Nov. 13, 2013).

Participants and community professionals continued to report that the availability of marijuana has remained the same, highly available, during the past six months. One participant explained, "We came out of harvest. You can always find it, but it's good and fresh right now." Another participant referred to the availability of high-grade marijuana, "The good stuff is easier to find." One law enforcement officer commented that there have been, "quite a bit of indoor [marijuana] grow raids in past months." The BCI London Crime Lab reported that the number of marijuana

cases it processes has remained the same during the past six months.

Participant quality scores of marijuana ranged from '2-3' for commercial or low-grade marijuana to '10' for high-grade marijuana, with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-3' for low quality and '7-10' for high quality. While one participant suggested variability in quality of low-grade marijuana, "It's always changing;" another participant identified an increase in quality of high-grade marijuana, "It's gotten better, they've created new strains."

The price of marijuana depends on the quality desired; participants reported that high-grade marijuana sells for significantly more.

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

Current Street Prices for Marijuana		
Marijuana	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5
	a gram	\$5-12
	1/8 ounce	\$30
	1/4 ounce	\$60
	an ounce	\$100-150
	a pound	\$1,000
	10 pounds (aka "ten pack")	\$10,000-20,000
	high grade:	
	a blunt or two joints	\$10-15
	1/8 ounce	\$50
	1/4 ounce	\$100
	an ounce	\$300-400
	a pound	\$3,000-4,000
10 pounds	\$30,000-40,000	

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, eight would smoke, one would orally ingest and one would vaporize the drug. Participants shared that

marijuana can be cooked into edible snacks or brewed in a tea. One participant commented, *"People use every bit of the plant. Nothing goes to waste."* Many participants commented on the increased use of vaporizers: *"Vaporizer - like electronic cigarettes; These days, people can break it [marijuana] down and make the honey oil; BHO [butane hash oil] is the new way to smoke, man. It's all about the oils - the butane hash oil. It's like honey almost."*

A profile of a typical marijuana user did not emerge from the data. A participant explained, *"Everyone does [marijuana] - from your lawyers to your doctors to your janitors - everyone. I mean everyone I know, smokes weed."* Other participant comments included: *"high school to 100; ordinary, just good people; like everybody in this room."* Community professionals also described typical users of marijuana as everybody.

Methamphetamine



Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants reported that methamphetamine is available in powdered ("shake-and-bake") form. While participants reported high availability of methamphetamine, many admitted they have not been around it personally. Participant comments included: *"I've heard a lot of people getting popped [arrested], but I haven't heard of people doing it [methamphetamine]; I hear that it's around, but I don't see it; It's in the news all the time about people getting caught."* Law enforcement and treatment providers most often reported moderate availability of the drug, rating current availability as '7'; the previous most common score was '7-10'.

Participants and community professionals 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. Reportedly, this is the most popular form of methamphetamine in the region. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy

medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Participants commented: *"All you can get is the 'shake-and-bake; A lot of 'shake-and-bake' bottles have been found around."* Law enforcement in Muskingum County observed, *"We may get a little bit of crystal [methamphetamine], but it's mostly 'one-pot.'"*

Media outlets reported on many methamphetamine seizures and arrests in the region during this reporting period. A man in Laurelville (Hocking County) was sentenced to three years in prison after being found guilty for manufacturing methamphetamine at his residence (www.athensohiotoday.com, July 19, 2013). Athens County Sheriff's detectives discovered an active methamphetamine lab at a residence in Carbondale (Athens County) (www.athensohiotoday.com, Aug. 1, 2013). Another Laurelville man was arrested after the Sheriff's Interdiction Unit responded to a tip and found 1.6 grams of methamphetamine and drug paraphernalia in his residence (www.nbc4i.com, Aug. 7, 2013). Police found a couple in the Leading Creek area (Meigs County) with a methamphetamine lab in their truck; deputies attempted to take the couple into custody and the man jumped into the creek and died—his body was found three days later (www.wsaz.com, Aug. 22, 2013). A highway worker in Meigs County ran over a discarded one-pot methamphetamine lab as he was mowing along the side of the road; no one was injured (www.wsaz.com, Aug. 22, 2013). Firefighters responded to a house fire in Athens that had been set aflame by what the State Fire Marshal and Athens County Sheriff's Office believed to be a meth lab in the kitchen (www.nbcnews.com, Oct. 16, 2013). Hocking County law enforcement arrested a man they believe to be one of the largest methamphetamine dealers in the area; 1,300 grams of liquid methamphetamine and other containers of powdered methamphetamine were seized at his residence, as well as active one-pot labs, chemicals and tools used to generate the drug (www.nbc4i.com, Oct. 17, 2013). A Wellston (Jackson County) man was arrested after a traffic stop in which a drug-sniffing canine alerted the police to a functioning meth lab in the truck bed (www.statepatrol.ohio.gov, Oct. 26, 2013). A man from Logan (Hocking County) was arrested after being caught selling methamphetamine; several active one-pot labs were also found in his parent's garage (www.nbc4i.com, Nov. 1, 2013). At least three people arrested in a drug raid were charged with

possession of methamphetamine in Perry County (www.nbc4i.com, Nov. 14, 2013). An Athens couple was arrested when a collaborative law enforcement operation executed a search warrant and found eight meth labs in the couple's residence (www.thepost.ohiou.edu, Nov. 18, 2013). Five active one-pot meth labs were found in a Logan man's home; he fled and was found in his parent's home about two weeks after the incident and taken into custody (www.nbc4i.com, Nov. 21 and Dec. 5, 2013).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants commented on the ease of manufacturing the drug: "People I went to school with, that you'd never think would do drugs, are making it [methamphetamine] and getting in trouble; [They] can't graduate high school, but they think they're chemists [and make methamphetamine]; I learned in jail how to make it [methamphetamine]." Law enforcement reported that availability of methamphetamine has decreased during the past six months in Athens County, while treatment providers and law enforcement in Muskingum reported an increase in availability.

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

A law enforcement officer said, "The new reporting system for pseudoephedrine is helping, but what hurt us is the new system of actually producing methamphetamine: the 'one-pot,' 'shake-and-bake' method. Now we're not seeing these huge elaborate labs, we're just seeing, you know, one container basically. Production methods have changed the availability." The BCI London Crime Lab reported that the number of methamphetamine cases it processes remained the same during the past six months; the lab reported processing all types of methamphetamine.

Among participants who were able to report on quality of the drug, current quality of methamphetamine was rated as bimodal '3' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-3'. Overall, participants reported that the quality of

methamphetamine has remained the same during the past six months. Participants were unable to identify any cutting agents used to make methamphetamine.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. One participant shared that methamphetamine prices and quantities are similar to those of powdered cocaine. In addition, participants reported that meth cooks pay people to purchase pseudoephedrine for them. A participant explained, "People will pay you to go get that stuff [pseudoephedrine] now. I'm talking good money - \$100 a box."

Methamphetamine	Current Street Prices for Methamphetamine	
	a gram	\$100
	1/8 ounce (aka "eight ball")	\$250

While there were a few reported ways of consuming methamphetamine, the most common route of administration remains smoking. Other routes of administration include intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 methamphetamine users, nine would smoke and one would intravenously inject the drug. According to one participant, snorting methamphetamine, "burns like hell, [feels like] fiberglass."

Participants described typical users of methamphetamine as white and in their 30s. Participants were eager to comment on the physical appearance of typical users: "[Methamphetamine use] it can make a 20 year [old] look 60 in six months; no teeth; rotten teeth; tweaky; and dirty." Community professionals also described typical users of methamphetamine as white and in their 20s and 30s. Their descriptions included: "pretty even [rate of use] between males and females; underprivileged people; unemployed."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported 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); the previous most common score was '10'. Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. One Athens County participant said, "[Prescription stimulants use] *it's more so on the campus and that kinda stuff*". Community professionals most often reported current availability as '3'; the previous most common score was '7'. According to community professionals, Adderall®, Ritalin® and Vyvanse® are the most popular prescription stimulants in terms of widespread use.

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. One participant noted, "[Prescription stimulants] *it's harder to get in the summer because all of the college kids go home*." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

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

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.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 10 mg \$4 for 20 mg \$5 for 30 mg
Ritalin®	\$3-5 per pill	

In addition to obtaining prescription stimulants on the street from dealers, participants reported obtaining the drugs from people with prescriptions or through personal prescriptions acquired by feigning the symptoms of ADD (Attention-Deficit Disorder). A participant explained, "*People memorize the ADD symptom list and then go rattle it off to the doctor and get a prescription.*"

While there were a few reported ways of consuming prescription stimulants, the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally ingest and two would snort the drug.

Participants and community professionals described typical users of prescription stimulants as younger and often college students. A participant added, "*People addicted to speed who can't find any [of their usual drug of choice].*"

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) are moderately 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); the previous most common score was '9'. One participant reported, "*Bath salts [are] taking over for coke [powdered cocaine].*" Law enforcement and treatment providers were unable to report on bath salts current availability; the previous most common score was '7-8'.

Participants reported that the availability of bath salts has remained the same during the past six months. One participant commented, "*Yeah, you can get it [bath salts] from the mini-marts or online and then sell it as cocaine or something and make a big profit.*" Community professionals reported that the availability of bath salts has decreased during the past six months. A law enforcement officer added, "[Bath salts] *it can be produced clandestine now just like methamphetamine can be. You can make that if you know what you're doing.*" The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Several participants shared that bath salts are being sold as other drugs. One commented, "*I hear that a lot [of] peo-*

ple are selling it as other drugs because it's cheaper." "They're selling it to you straight up as 'molly' [MDMA], like the 'purple moon rocks' or 'molly shards,'" said another.

Bath salts were unpopular among participants, with one commenting that they will abstain from using bath salts because, "I don't want to eat somebody's face off." Another participant suggested, "It's gotten such a bad name, nobody is going to sell you bath salts. They're just going to cut molly with it." A law enforcement officer reported, "We've talked to a lot of addicts, and they've said they've tried that [bath salts], and it was pretty scary."

Current street prices for bath salts were variable among participants; however, few participants had personal experience buying the drug. One participant reported, "Usually about 50 bucks for a little packet [of bath salts]." Reportedly, despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from mini-marts, "head shops" and online. While there were a few reported ways of consuming bath salts, the most common route of administration remains snorting. Community professionals described typical users of bath salts as young and white.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant said, "K2's not available, but you can get 'stuff'—it's just like it." One participant reported use of a synthetic marijuana substance in jail. Treatment providers and law enforcement officers most often reported the drug's current availability as '1'; the previous most common score was '4'. A treatment provider said, "You very rarely see anyone using that [synthetic marijuana] anymore."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant said, "Sometimes the store will dry up [run out of supply], and they won't have it [synthetic marijuana] in for like a week." Community professionals reported that the availability of synthetic marijuana has remained the same 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.

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

Most participants were unfamiliar with synthetic marijuana prices. However, a participant reported that the drug sells for approximately \$20 a gram bag.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from convenience stores, "head shops" and online. Participants reported: "[Synthetic marijuana] it's illegal now, but they just change the name and add other ingredients to it; You can get it in those corner carry-outs; At head shops, hippie stores." One participant shared, "I seen this guy out at [a convenience store] selling it right out of his trunk."

The most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants described typical users of synthetic marijuana as: "People that's worried about failing a drug test at work; People on probation; People in the military; Less than 30 [years of age]." A participant explained, "Younger people [use synthetic marijuana]. The older people, they're just going to get weed. They'll get the real thing." Community professionals described typical users of synthetic marijuana as people on probation, and those of high school age through young adulthood.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable in the region, depending upon the form of the drug. Participants most often reported the current availability of ecstasy in the pressed tablet form as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3-5'. Participants most often reported the current availability of powdered MDMA (aka "molly") as '7'; the previous most common score was '10'. Participants reported: "Molly is more readily available than the pills [ecstasy tablets]; [Molly] it's becoming the new fad drug, but

it's been around for a while. In fact, it kinda killed the ecstasy scene—the pills—because it just took over."

Community professionals were unable to rate the current availability of ecstasy tablets (they were also unable to rate this drug in the previous reporting period). However, law enforcement most often reported the current availability of molly as '3.' A law enforcement officer in Muskingum County stated, "We're hearing it [availability of molly], we're not seeing it."

Media outlets reported on molly seizures and arrests in the region during this reporting period. Two Ohio University (Athens County) football players were arraigned on charges of trafficking molly (www.woub.org and www.nbc4i.com, Aug. 29, 2013; www.athensnews.com, Aug. 30, 2013). The Athens News reported on a student who began (and still is) selling molly and found out that what he was selling was not actually MDMA, but rather bath salts or a mixture of bath salts and other drugs (www.athensnews.com, Dec. 4, 2013).

Half of participants reported that the availability of ecstasy has remained the same and the other half identified that it has decreased during the past six months. However, the consensus among participants was that the availability of molly has increased during the past six months. One participant shared, "In the summer [molly is] easier [to obtain] than it is as the winter comes on." While discussing molly, a participant commented, "With the media's publicity of it, I believe it's become slightly more accepted. If famous people can do it, we can do it." Community professionals reported that the availability of molly has remained the same during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Ecstasy	Reported Availability Change during the Past 6 Months	
	 Participants	No Consensus
	 Law enforcement	No Comment
	 Treatment providers	No Comment
Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No Change
	 Treatment providers	No Change

Many participants agreed that molly is often adulterated with bath salts. In addition, a participant shared, "College students will go buy empty capsules and fill it with other stuff—benzos, opiate pills [passing the capsules off as molly]."

Current street prices for ecstasy and molly were variable among participants with experience buying the drug. Reportedly, molly is often packaged in capsules and priced similar to powdered cocaine.

Ecstasy	Current Street Prices for Ecstasy	
	a low dose tablet (aka "single stack")	\$15-25
	a higher dose tablets (aka "double stack" or "triple stack")	\$25-40
Molly	Current Street Prices for Molly	
	1/10 gram (capsule)	\$20-40
	a gram	\$50-100

One participant explained, "[Molly] that's something you can actually stumble into at a bar or a party - and people share." While there were a few reported ways of consuming ecstasy and molly, the most common route of administration is oral consumption. Participants estimated that out of 10 users, nine would orally consume and one would snort the drugs. A participant explained, "Swallow the [molly] capsule or just put [powdered molly] in your mouth." Participants also explained that users often dip their finger in a bag of molly powder and lick it; they call this "thumb prints" or "pinky dip." Participants who discussed consuming molly though snorting said: "It burns; it stings." Another participant commented, "It depends on who you're with, some people don't like to snort things, like I wouldn't snort it [molly], but I would put it in a bottle of water or something and drink it."

Participants described typical users of ecstasy as "hippies." Community professionals did not describe typical users of ecstasy. Participants had much more to say about typical users of molly: "hippies; partiers; anyone that does drugs; college students; younger people." A participant commented, "A lot of people will take it [molly] on a Friday night and go out to hit bars." Another participant shared, "Younger dance crowd. I don't hear of older people, but maybe in the older club scene. Maybe." Still other participants observed:

"It [molly] runs the hippie crowd. You see it at the bluegrass festivals; It's a called a club drug, but your good ole' boys are doing it." Community professionals described typical users of molly as college aged, early 20s. A law enforcement officer commented, *"[Molly] it's kinda trendy in college towns."*

Other Drugs

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 [dimethyltryptamine (DMT—a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], ketamine (general anesthesia used in veterinary medicine) and Seroquel® (antipsychotic medication). The BCI London Crime Lab reported that the number of cases of all of the above listed drugs remained the same during the past six months.

Hallucinogens remain moderately available in the region. Participants most often reported the current availability of LSD as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Community professionals most often reported the current availability of LSD as '3,' noting that availability increases during certain regional music festivals.

Participants most often reported current availability of psilocybin mushrooms as '7;' the previous most common score was variable ranging from '2' to '10.' Community professionals most often rated psilocybin mushroom current availability as '3.' A law enforcement officer reported, *"[Psilocybin mushrooms] it's such a trendy thing. We just came across some the other day, but you just don't see it that often."*

Participants reported that the availability of LSD and psilocybin mushrooms has decreased during the past six months. Participants commented on frequent changes in availability: *"Like around that festival in the summer; College kids bring it in; It changes constantly; Usually when it comes in, it's there and then it's here for like a month or two and then it's gone for a month or two and then it just pops up."* Community professionals reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months.

Current street prices for LSD and psilocybin mushrooms were consistent among participants with experience buy-

ing the drugs. Reportedly, LSD is most available in liquid or paper form.

Current Street Prices for Other Drugs		
Other Drugs	LSD	
	a "hit" (dose)	\$6-10
	10 hits (aka "strip")	\$50-60
	100 hits on paper (aka "sheet")	\$400
	100 hits in vial (aka "vial")	\$250-400
	psilocybin mushrooms	
	a gram	\$10-15
	1/8 ounce	\$25-30
	1/4 ounce	\$70
	an ounce	\$150

While there were a few reported ways of consuming LSD and psilocybin mushrooms, generally the most common route of administration is oral consumption. A participant commented on the use of LSD, *"I see it a lot when you're out and about at shows. You used to see a lot of liquid and people used to put a couple of hits in your hand and you would lick them off, but there is more paper these days."* Participants commented on the taste of psilocybin mushrooms: *"It tastes like earth; They got a woody flavor to them; gag them down."* One participant noted that some people drink mushrooms: *"Some people who really like to take their time with it may make a tea."*

Participants described typical users of LSD and psilocybin mushrooms as follows: *"Teenage to middle age; It's diverse. There's people that maybe you wouldn't think do it, but maybe on a weekend out of town they enjoy doing it; People that are artsy and kinda out there; You gotta have a sense of adventure."* A couple of participants commented specifically regarding psilocybin mushroom users: *"... naturalist. People that are kinda healthy, but still want to experience that [high]; A lot of people that are scared of LSD will try mushrooms."* Law enforcement described typical users of LSD and psilocybin mushrooms as college aged.

Few participants reported on the current availability of DMT in the region during the last six months. Current street prices for DMT were consistent among participants with experience buying the drug. Participants reported that a gram

of DMT sells for \$40. Participants described typical users of DMT as “hookaville people” and “hippies.”

Ketamine is 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); this drug was not commented on in the previous reporting period. Community professionals were unable to report the drug’s current availability. Participants reported that the availability of ketamine has remained the same during the past six months.

Current street prices for ketamine were consistent among participants with experience buying the drug. Participants reported that one gram of ketamine sells for \$100 and the most common way to use powdered ketamine is snorting. Participants estimated that out of 10 ketamine users, all 10 would snort the drug. Participants described typical users of ketamine as “teenage to middle age.” One participant commented, *“This guy’s a little more risky than your standard club kid—willing to, and wanting to, take the party a little further.”*

A few participants reported on the current availability of Seroquel® in the region during the past six months. 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 and professionals did not rate the availability of this drug in the previous reporting period. Participants reported that availability has remained the same during the past six months and commented that Seroquel® is commonly used in combination with alcohol.

Conclusion

Heroin, marijuana, prescription opioids, Suboxone® and synthetic marijuana remain highly available in the Athens region. Also highly available in the region are prescription stimulants. Changes in availability during the past six months include increased availability for heroin and Suboxone®, and likely increased availability for methamphetamine.

While many types of heroin are currently available in the region, black tar and brown powdered heroin are the

most available heroin types. Law enforcement reported rarely encountering white powdered heroin in the region. Participants agreed that heroin is now the easiest drug to obtain in the region; reportedly, easier to obtain than even marijuana. Participants attributed the increase in availability and usage of heroin to changes in the formulation of certain prescription opioids. Several community professionals also noted that previous prescription opioid users have switched to heroin. Heroin often sells in small amounts for little money on a piece of plastic wrapped in foil or in a plastic grocery bag.

The most common route of administration for heroin remains intravenous injection. Reportedly, injection needles are primarily obtained through heroin dealers and people with diabetes. Participants shared that availability of needles has decreased as many pharmacies in the region are no longer selling needles without a prescription. Participants agreed that sharing and re-using needles is common practice in the region. Participants and community professionals discussed the need for a clean needle exchange and a consistent place to dispose of dirty needles.

Participants and community professionals most often reported current street availability of Suboxone® as high. In fact, a participant reported that Suboxone® is the easiest of all prescription opioids to obtain. Respondents linked increased availability of Suboxone® to the increased availability and use of heroin. Heroin users continue to seek the drug for use when heroin is unavailable to them. The most common routes of administration for illicit use of Suboxone® are oral consumption followed by snorting and intravenous injections [aka snorting]. Participants explained that the film form of the drug is dissolved in water for both injecting and snorting (similar to a nasal spray).

Lastly, participants and law enforcement reported that methamphetamine is available in powdered (“shake-and-bake”) form. Participants and community professionals attributed the increase in availability of methamphetamine during the past six months to the ease of manufacturing the drug for personal consumption. The most common route of administration for methamphetamine remains smoking. Typical users of methamphetamine are white, in their 20s and 30s, both male and female, unemployed and of low socioeconomic means.