



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 (AOD) treatment programs in Athens, Guernsey 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 focus group interviews in Athens and Hocking counties, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Athens office. All secondary data are summary data of cases processed from July through December 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the current reporting period of participants.

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Regional Profile

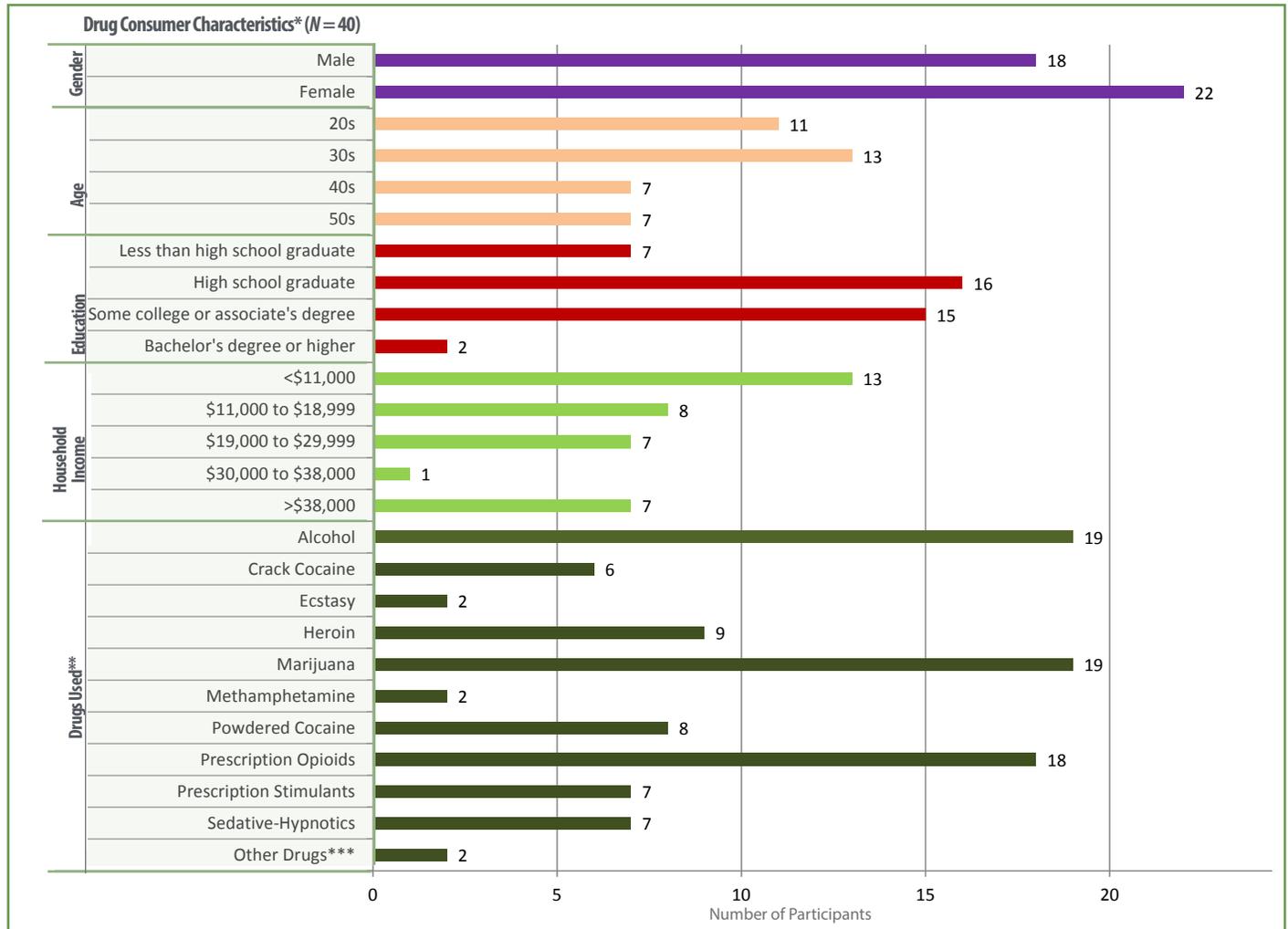
Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	40
Gender (female), 2010	51.2%	50.4%	55.0%
Whites, 2010	81.1%	94.7%	92.5%
African Americans, 2010	12.0%	2.1%	2.5%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0%
High School Graduation Rate, 2010	84.3%	92.9%	82.5%
Median Household Income, 2012	\$46,873	\$38,955	\$11,000 to \$14, 999 ²
Persons Below Poverty Level, 2012	16.3%	19.8%	45.0% ³

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

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

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

Athens Regional Participant Characteristics



*Not all participants completed forms; numbers may not equal 40.

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

***Other drugs: Dimethyltryptamine (DMT), Suboxone®.

Historical Summary

In the previous reporting period (June – December 2013), heroin, marijuana, prescription opioids, Suboxone® and synthetic marijuana remained highly available in the Athens region; also highly available were prescription stimulants. Increased availability existed for heroin and Suboxone®. Data also indicated likely increased availability of methamphetamine.

Black tar and brown powdered heroin were reported as the most available types of heroin throughout the region. Law enforcement reported rarely encountering white powdered heroin. Participants agreed that heroin was the easiest drug to obtain; reportedly, easier to obtain than even marijuana. Participants attributed the increase in availability and usage of heroin to abuse deterrent changes in formulation of certain prescription opioids. Several community professionals noted that previous prescription opioid users had switched to heroin use.

The most reported route of administration for heroin remained intravenous injection. Injection needles were primarily obtained through heroin dealers and from people with diabetes. Participants noted decreased availability of needles as many pharmacies in the region were reported to no longer sell needles without a prescription. Participants agreed that sharing and re-using needles was common practice. Participants and community professionals discussed the need for a clean needle exchange and a consistent place to dispose of dirty needles.

Participants reported that the increased availability of Suboxone® was a result of the increased use of heroin as users seek out this medication when heroin is unavailable to them. A participant reported that Suboxone® was the easiest of all prescription opioids to obtain. Oral consumption was the most common route of administration reported, with snorting and intravenous injection reported as alternative methods.

Lastly, participants and law enforcement reported that methamphetamine was available in powdered (aka “shake-and-bake”) form. Increased availability of methamphetamine was reported to be attributed to the ease of manufacturing the drug for personal consumption. The most common route of administration for methamphetamine was smoking. Typical users of methamphetamine were described as white, in their 20s and 30s, both male and female, unemployed and of low socio-economic status.

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 ‘5’. Although available, participants noted that powdered cocaine could be challenging to obtain and commented: *“Out of all the ‘big boy drugs’ (hard drugs), [powdered cocaine is] probably the hardest one to get; If you want it, you’re going to have to travel to get it; I think if you really wanted [powdered cocaine], you could probably make some phone calls.”* Treatment providers most often reported current availability as ‘6’, while probation officers most often reported current availability as ‘1’; the previous most common score was ‘5’ or ‘6’. Treatment providers described current availability as follows: *“[Powdered cocaine is] rare; I think they’re going [out of the region] to get it.”* A probation officer similarly commented, *“I don’t see [powdered cocaine] too often [with my probationers].”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were sentenced in Athens County Common Pleas Court after being charged with cocaine trafficking between Ohio and Virginia (www.athensohiotoday.com, Jan. 13, 2014; www.athensohiotoday.com, Jan. 15, 2014). An Ohio University student from Dayton was sentenced after authorities found him selling cocaine and marijuana from his Athens apartment (www.athensnews.com, May 7, 2014).

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

Participants in Athens and Muskingum counties reported that the availability of powdered cocaine has remained the same during the past six months, while participants in Guernsey County reported increased availability. An Athens participant reported that availability is affected by law enforcement: *“There was a very big bust on the college campus*

[so availability decreased].” Community professionals reported that availability of powdered cocaine has remained the same during the past six months. The BCI Athens Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Participants most often rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘5’. Participants’ comments varied when describing the quality of powdered cocaine. Comments included: “[The quality of powdered cocaine] *depends on where you’re getting it from and where they’re getting it from; There’s two different sides of town [and] it depends on who’s ‘stepping on it’ (adulterating the drug).*” Participants shared that powdered cocaine in the region is cut (adulterated) with baby laxatives, bath salts, ether and methamphetamine. A participant in Muskingum County disclosed, “*I know people who cut it with meth and bath salts.*” Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: “*The price went up and the quality went down; It’s getting worse.*” Other participants suggested fluctuating quality and commented: “*I would say [the quality of powdered cocaine is], consistently inconsistent; Sometimes it’s good, and sometimes it’s bad ... and that’s just how it is.*”

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

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants said price is dependent on the dealer and the quality of the product: “*It just depends on who you know; It depends on how good it is, too.*” Several participants noted that it is difficult to obtain large amounts of powdered cocaine: “*You’d be hard pressed to find an ‘eight ball’ (1/8 ounce) around here; You don’t get a true eight ball unless you know someone.*” A participant explained, “*Some people want to sell lower quantity so they can make more money.*”

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$50
	a gram	\$100
	1/16 ounce (aka “teener”)	\$150
	1/8 ounce (aka “eight ball”)	\$350

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, two would intravenously inject or “shoot” and two would smoke the drug. A participant suggested that route of administration depends on social ties and commented, “*If I was in a room with people [using powdered cocaine], everyone would be snorting it. If it was me and my husband, or just me [alone], I would be cooking it [into crack cocaine] and smoking it.*”

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as anyone from low to high socio-economic status and often mentioned doctors as typical users. Several participants discussed perceptions among powdered cocaine users differentiating them from other drug users and commented: “*In my circle of friends, they think that they’re more higher class because they look down upon people for like doing pills and heroin and stuff like that - but they’re sitting there talking about it while they’re doing a line of coke; There’s a cultural divide; They think they are higher class.*” Community professionals described typical users of powdered cocaine as college students.

Crack Cocaine

Crack cocaine 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 inconclusive and ranged from ‘0-8’. A participant commented, “[Crack cocaine is] *all about who you know. It’s [available] ... you just gotta know the right people.*” Participants identified that yellow and white forms of crack cocaine are available throughout the region.

Treatment providers in Athens County most often reported the current availability of crack cocaine as ‘7’, while law enforcement in Hocking County reported current availabil-

ity as '1'; the previous most common score among community professionals was '5-7.' Treatment providers reported: "[Crack cocaine is] *not hard to get*. [Users] *may have to travel to Columbus or Zanesville; I know with my clients they don't have a problem getting it.*" Treatment providers divulged: "*I'm hearing a lot [from clients] about a Detroit connection ... For them to go from Detroit to West Virginia they gotta go through Ohio and ... they're dropping off product on their way; There's been a few Detroit guys caught down here in Athens County [with crack cocaine].*"

Participants reported that the availability of crack cocaine has remained the same during the past six months. An Athens County participant commented, "*Overall ... there's still 'crack' (crack cocaine) around.*" Treatment providers reported that the availability of crack cocaine has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider noted that she believes crack cocaine use has increased with her clients and explained, "*They are using [crack cocaine] to offset not as much use of the opiates, you know, like trying to switch habits to something else.*"

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Several participants noted that the quality of yellow crack cocaine is higher than the white crack cocaine. Participants reported that crack cocaine in the region is cut with liquid dish soap and isotol (diuretic). One participant recounted, "*It seems like the longer you go into the night, the worse [crack cocaine quality] gets.*" Participants were inconclusive as to quality change of crack cocaine during the past six months. While Athens County participants reported no change in crack cocaine quality, Muskingum County participants reported: "*[Crack cocaine quality has] gotten a little better in the past six months. It was pretty junky there last fall; It's gotten way better.*" Still other participants suggested a decrease in crack cocaine quality and commented: "*I think everything is cut down a lot; [Crack cocaine quality has] gotten worse around here 'cause more people are stepping on it.*"

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)
	lidocaine and procaine (local anesthetics)	

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that the most common amount purchased is 0.2 grams (aka "20-piece"). A participant explained that a 20-piece is the size of a small pea and added, "*If you had 100 dollars, you're going to get 'five peas' (five 20-piece-sized rocks of crack cocaine).*" Although participants did not provide pricing for larger quantities, they reported that 1/16 ounce (aka "teener"), 1/8 ounce (aka "eight ball") and ounce amounts sell for similar prices as powdered cocaine. A participant noted that quantity and price often depend on the dealer and said, "*They'll say, 'Here's a 50-dollar piece.' And it is what it is ... It might just be a 35-dollar piece maybe, but you're paying 50 for it.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	0.2 grams (aka "20-piece")	\$20
	1/2 gram	\$50

Participants reported the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject or "shoot" the drug. Participants explained that crack is used intravenously by breaking it down with lemon juice. A Muskingum County participant speculated, "*I think 'shooting up' (intravenously injecting crack cocaine) has increased.*" Another participant supposed, "*The ones that are shooting [crack cocaine] are probably smoking, too.*"

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as lower socio-economic status and paranoid from the effects of the drug. One participant explained, "*There are a lot of different types [of crack cocaine users]. A lot of people might not know that [someone] smokes because they keep it to themselves.*" A treatment provider commented, "*It's a wide variety [of individuals who use crack cocaine] because I've had a couple older clients [and] I've had in that*"

25-30 [year old] range doing it." Another treatment provider explained, "People are addicted [to drugs] at younger ages. They're going to the harder drugs like crack sooner than later."

Heroin

Heroin remains highly available in the region. Participants most often reported current overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants from across the region commented on the high availability of heroin: "This area got flooded with [heroin]; It's the easiest [drug] to get around here; It's just so easy to find it. You can just walk down the street and find heroin." A participant from Athens County emphasized the ease of availability by commenting, "You can hit the streets and get [heroin] ... I guarantee I can walk out with heroin ... and I could not know [any dealers] in that town." Another participant reported that heroin is more available than her drug of choice and commented, "I've been places to get crack before and all they have is heroin." Community professionals agreed that heroin is highly available in the region, but did not report a specific rating for overall availability. However, a probation officer commented, "We could go out there right now and get heroin," emphasizing the high availability in the region.

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Participants and community professionals rated black tar heroin's current availability as '10'; the previous most common score was also '10' for participants and '6-10' for community professionals. However, participants disclosed that they were not particular when it came to type of heroin: "I never set out looking for [powdered heroin]. If I found it, it's because I stumbled across it; That's the way it goes - if you go looking for powder and they have 'tar' (black tar heroin), you get the tar." Treatment providers agreed that it's black tar heroin that they hear their clients using. A probation officer commented, "All we hear about is black tar." A treatment provider similarly stated, "That's pretty much what [we] hear ... the black tar."

Participants rated brown powdered heroin's current availability as '6' in Athens County, while participants in Guernsey County reported it as '10'. Community professionals did not comment on the availability of brown powdered heroin. White powdered heroin's availability is variable throughout the region. Athens County participants reported low to moderate availability ('1-6') for white powdered

heroin, while Guernsey County participants reported high availability ('10'); the previous most common score for white powdered heroin availability was '5'. Athens County community professionals most often reported white powdered heroin's current availability as '10', while Hocking County community professionals reported '5'; the previous most common score was '1'. A treatment provider noted, "I think you can [get white powdered heroin], but I think they would rather have the black tar because it seems to be more of a high potency."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period, as well as community efforts toward decreasing drug abuse and its effects. A team of investigators from the Belmont County Drug Task Force, the Ohio State Highway Patrol (OSHP) and the Criminal Patrol Unit arrested a man in St. Clairsville (Belmont County) for trafficking heroin and cocaine (www.statepatrol.ohio.gov, Feb. 28, 2014). State Rep. Ryan Smith (R-Gallipolis) drafted House Bill 378 in an effort to require behavioral counseling and other recovery resources for opiate addicts (www.athenohiotoday.com, March 21, 2014). From January 1 to the end of June, Athens County EMS workers responded to over 60 reports of overdose, more often than not the drug involved in the overdose was heroin; often drug users fail to call emergency services, but it is critical that EMS is called in this sort of situation to minimize brain damage done when the individual quits breathing (www.athensnews.com, June 29, 2014).

The majority of participants reported no change in general heroin availability during the past six months. A participant commented, "It's been easy [to obtain heroin] for a long time." The majority of community professionals agreed that there was no change in general heroin availability during the past six months. However, Guernsey County participants reported an increase in availability of black tar and white powdered heroin during the past six months; Athens County participants reported decreased availability of white powdered heroin. Athens County participant comments on decreased availability of white powdered heroin include: "It's been forever since I've seen [white] powder; Haven't seen [white powdered heroin] in years." The BCI Athens Crime Lab reported that the number of heroin cases it processes has increased during the past six months.

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

Participants most often rated the current quality of black tar heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants explained that variables like distance from larger cities and personal tolerance can affect the perceived quality of heroin. Participants stated: *"The further away from the bigger cities, the more 'stomped on' (adulterated) [heroin] gets; [Heroin quality] depends on your tolerance, how good it is and how long you've been on it [and] what you've had before and things like that."* Participants reported that black tar heroin is cut with coffee, cola and whey protein.

Participants most often rated the current quality of white powdered heroin as '10'. Participants reported that white powdered heroin is cut with baby formula and fentanyl. Many participants reported rumors of Krokodil (synthetic heroin) being used as an adulterant, but this has not been confirmed in the region. Overall, participants reported that the quality of white powdered heroin has increased during the past six months. One participant commented, *"If you get the white powder, it's very good [quality]."*

Heroin	Cutting Agents Reported by Crime Lab	
		diphenhydramine (antihistamine)
	quinine (antimalarial)	

Current street prices for heroin were consistent among participants with experience buying the drug. Participants commonly reported obtaining heroin for less money by traveling out of the region to larger cities like Columbus. One participant commented, *"Heroin is like the biggest thing and that's why everyone is turning to it. It's so cheap and is here constantly and easy to get."*

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram (aka "bags, balloons, packets")	\$25
	10-12 bags (aka "bundles")	\$120-125

Participants reported the most common routes of administration for heroin are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Several participants discussed snorting heroin in detail: *"You can snort it, too. Put in water and it's like a nasal spray; Snort it through a straw."* In addition, a few participants mentioned smoking heroin, albeit rarely.

Reportedly, injection needles are primarily obtained from people with diabetes and from heroin dealers throughout the region, except in Guernsey County where participants reported that needles can still be obtained from pharmacies and convenience stores without a prescription. A participant reported, *"You normally just get [needles] from the drug dealer ... your dope dealer when you buy [heroin]."* Current street prices for needles were variable among participants with experience purchasing them. Participants suggested that the price for syringes has increased during the past six months and that prices could be higher depending on how eager someone is to obtain a syringe. Participants reported that new, unused syringes sell for \$3-5 each on the street.

In addition, participants from across the region reported a willingness to share a needle if there was no clean needle available at the time of their drug use, reporting needle sharing as a common occurrence. One participant said, *"I think if someone is there and they want to get high bad enough, they are going to use [a dirty needle]."* Another participant explained, *"I always did [share needles]. I mean, you don't have a choice. You're sick and you want to get high, [so] you're going to share that needle."* An additional and related concern throughout the region is the increasing number of used syringes found on the ground around the community. Participants shared their concern and recommendations: *"People throw their needles out of their windows. It's just getting worse and worse and I'm worried that my kids are going to step on them and get HIV or hepatitis or anything; I really think they should make it where you got a place to dispose of [used syringes/needles] so they are not lying on the sides of the streets - and be able to buy them individually, even though it's for drug use, because it prevents diseases."* Community professionals also shared that there should be a needle exchange or at least a place to discard dirty needles.

A profile of a typical heroin user did not emerge from the data. A participant reported, *"[Addiction to heroin] attacks everybody - the rich and the poor."* Another participant

commented, "A lot of people use heroin now because they can't afford pain pills or they can't get pain pills." Community professionals described typical users of heroin as everybody. A treatment provider commented, "[Addiction to heroin] doesn't discriminate - if it's gotcha, it's gotcha." Other treatment providers reported younger and older clients are addicted to heroin: "I think there's an increase [in heroin addiction] and it doesn't matter how old you are because I have three clients in their 50s that just started using heroin; Young kids, too, kids younger and younger are trying heroin." Law enforcement agreed and reported that it is common for transitional age (late teens to early twenties) youth to use heroin.

Prescription Opioids

Prescription opioids remain highly available throughout 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 fentanyl, OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participant comments on availability included: "[Prescription opioids are] my drug of choice, so I know everyone that does them; I can get [any prescription opioid] you want because that's my drug of choice." Other participants explained that those who find it more challenging to obtain prescription opioids, still find them readily available in or just outside the region: "You just gotta know someone that prescribed them or you got know somebody that knows somebody, because I know in Ohio they have cracked down on the laws, so I know people that go to West Virginia just to get their pain meds."

Community professionals most often reported current prescription opioid availability as '9-10'; the previous most common score was '9'. Community professionals identified OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. A treatment provider explained, "[Clients] tell me that 'oxy' (OxyContin®) is their drug of choice and that's what they started on, but then they'll say that they'll take anything they can get."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was indicted in connection with a series of pharmaceutical robberies in Roseville (Muskingum/Perry counties) ([www.](#)

[nbc4i.com](#), Feb. 26, 2014). Another man was arrested in Glouster (Athens County) on drug trafficking charges when Athens law enforcement seized 1,400 oxycodone 30 mg pills following a car chase ([www.athensnews.com](#), May 6 and 12, 2014). A Glouster woman was taken into custody for procuring money and prescription opioids in exchange for sex ([www.athensnews.com](#), Mar. 19, 2014). OSHP arrested a man during a traffic stop for multiple violations in Gallia; 265 oxycodone pills were seized ([www.statepatrol.ohio.gov](#), May 31, 2014). Another man was arrested in Laurelville (Hocking County) on drug trafficking charges after Hocking County Sheriff's deputies found that he participated in trafficking prescription pills and syringes; black tar heroin was seized at his residence ([www.nbc4i.com](#), June 16, 2014).

Most participants reported a decrease in general availability of prescription opioids during the past six months, while participants in Guernsey County reported an increase. Participants reiterated that "you gotta be in the loop though" in order to obtain these drugs. Treatment providers reported a decrease in prescription opioid availability, while drug court staff reported no change in availability during the past six months. A probation officer said, "I have [clients] that test positive for [prescription opioid use] and admit to using it all the time." The BCI Athens Crime Lab reported that the number of prescription opioid cases it processes has increased 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 are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported the following prescription opioids as available to the street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$15-25 for 25 mcg \$50-75 for 100 mcg
	OxyContin® OP (new formulation)	\$.50 per mg \$25 for 40 mg
	Percocet®	\$5-7 for 5 mg \$10 for 10 mg
	Roxicodone®	\$15-20 for 15 mg \$30-45 for 30 mg
	Vicodin®	\$3-5 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, family members and doctors. One participant reported, *"I live in a house with someone who has pain pills."* Another participant shared she can easily go to her mother's room and help herself to her mother's medication. Other participants shared more challenges obtaining prescription opioids and commented: *"I had to start 'squeezing' (manipulating) people ... in order for them to give me what I needed to not be sick; I started out with a prescription, but when they took my prescription [away] that's when I had to figure out a way to get them still because I was hooked on them then."*

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 for illicit use are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would shoot the drugs. Many participants discussed the different ways they have experimented with, and had heard of from friends, to break down the new abuse-deterrent formulations of prescription opioids in order to snort or shoot. Methods included freezing, microwaving, baking and shaving the pills. One participant reported, *"I know a lot of smart people, but I have never seen it successfully done."* In addition, a few participants discussed the ability to or prevalence of smoking certain pills. Participants also discussed the myriad ways fentanyl can be consumed: *"Chew on it; People cut it open and shoot it up; You can put it on [the skin as directed] and use ... a heating pad ... it helps it absorb faster."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described users as anybody and everybody. A participant stated, *"You cannot tell [if someone is a user] around here ... everybody does it."* Another participant commented, *"There are so many people these days [illicitly using prescription opioids] ... it's way out of control."* A probation officer said a typical illicit user could be anyone aged 13-93 years.

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9'. One participant reported, *"I can make a phone call and have [Suboxone®] right away."* Another participant suggested supplies are coming from outside the region: *"It depends on the time of the month and when the people go up to the clinic in Columbus."* Community professionals most often reported Suboxone® current availability as '10'; the previous most common score was '9'.

Most participants reported an increase in Suboxone® availability during the past six months. However, a couple participants suggested possible stabilization or decrease in availability of Suboxone® for illicit users and commented: *"[Suboxone® is] actually getting a lot harder to get because the doctors are doing counts ... and [there's] security bar codes on them, so if someone gets caught, they know exactly who sold them."* Treatment providers and probation officers also reported an increase in Suboxone® availability during the past six months. A treatment provider commented, *"[Suboxone® clinics] are strict, but that doesn't mean that their clients don't go out and sell it or abuse it."* The BCI Athens Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.



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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the sublingual strip form is less expensive than the sublingual tablet form. Participants suggested that prices have increased during the past six months. A participant shared, "When I started on Suboxone® I was paying like 10 bucks. I had a guy offer them to me for \$35 the other day - for Suboxone® [8 mg]."

Suboxone®	Current Street Prices for Suboxone®	
	Tablet	\$10-15 for 4 mg \$25-35 for 8 mg
	Sublingual film	\$20-25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from friends and doctors. One participant commented, "I just know people to call [to] get [Suboxone®] and stuff." While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. One participant commented, "If I was in a room with 50 people all doing Suboxone®, all 50 would be snorting ... the taste is horrible, I don't think anybody can stand the taste that's probably why people snort." Participants explained this method of administration is performed by letting the tablet or the strip dissolve in water and then snorting it similar to the administration of a nasal spray.

Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts. One participant explained, "With Suboxone® ... if you're an addict, you're going to sell it and use it." A treatment provider commented, "Suboxone® tends to be your 'keep-me-from-getting-sick-in-withdrawal' kinda thing."

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported current availability of these drugs 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 '7'. Participants identified Klonopin®, Xanax® and Valium® as the most popu-

lar sedative-hypnotics in terms of widespread use. A participant commented, "Depending on the time of the month, I could get any of them."

Community professionals most often reported current availability of sedative-hypnotics as '10,' the previous most common score was '3.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider added, "I think [sedative-hypnotics are] used more as a supplement rather than as a drug of choice. It's just the way it enhances whatever other drugs they use."

Athens participants reported no change in general availability of sedative-hypnotics during the past six months, while participants in Guernsey and Muskingum Counties reported decreased availability. Another participant suggested, "[Sedative-hypnotics are] around, but honestly no one wants them anymore. [Users] want the heroin or the pain pills." Community professionals reported that the availability of sedative-hypnotics has increased during the past six months. Treatment providers said that doctors in the region commonly prescribe sedative-hypnotics to their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes has increased during the past six months.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users.

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

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends, family members and having them prescribed by doctors. Participant comments included: *"It's pretty easy to get [sedative-hypnotics] prescribed; It's real easy. I'd just ask my sister; They prescribe Xanax® to just about everybody."*

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 for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow the drugs. A participant reported, *"Everyone I know snorts [sedative-hypnotics]."* In addition, while reportedly rare, a few participants said that some users "shoot" sedative-hypnotics by dissolving the pills in water and then injecting.

Participants described typical illicit users of sedative-hypnotics as anyone, yet particularly noted two groups: the elderly and those who use stimulants. A participant commented, *"It's really, really common among the elderly people now [to use sedative-hypnotics]."* Another participant added, *"[For] people who are coming off of 'uppers' (stimulants) ... [sedative-hypnotics] will make it easier."* Another participant said it could be anybody because *"they prescribe Xanax® to just about everybody."* Community professionals described typical illicit users of these drugs as opiate addicts, aged 15 to 60 years and more often female than male. A treatment provider commented, *"[Sedative-hypnotic use is] pretty [much] across the board."*

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant commented, *"[Marijuana is] probably easier to get than heroin, for any 'grade' (quality)."* Another participant stated, *"[Marijuana availability is] the only constant down here."* Community professionals also most often reported current availability of marijuana as '10'; the previous most common score was also '10'. A probation officer commented, *"It's more uncommon to get a kid [assigned to probation] that's not smoking 'pot' (marijuana)."* Another probation officer said, *"You could probably go outside and find [marijuana] in the street that*

someone dropped out of their pocket." Treatment providers commented that marijuana use has become socially acceptable.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 56 pounds of marijuana from a vehicle in Muskingum County following a traffic stop, arresting two men (www.state-patrol.ohio.gov, Feb. 4, 2014). OSHP also arrested a man after seizing four pounds of marijuana and a small amount of synthetic marijuana when they stopped his vehicle in Guernsey County (www.wkbn.com, March 10, 2014).

Participants reported that the high availability of marijuana has remained the same during the past six months. Moreover, participants reported that both low-grade and high-grade marijuana are highly available, with many participants noting that it is easier to obtain high-grade marijuana than low-grade marijuana. Participant comments included: *"The high-grade [marijuana] is actually starting to get easier to get; I think it harder to find bad weed than it is good."* Community professionals also reported that the availability of marijuana has remained the same during the past six months. A probation officer commented, *"People grow their own stashes [marijuana supply] down here."* The BCI Athens Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Although low-grade marijuana is readily available, participants reported it is not usually desired and commented: *"A lot of people down here don't smoke that anymore; No one really wants it; I try not to buy lower grade; I don't know anybody that messes with nasty weed ... it's all top grade stuff."* Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically

grown (high-grade marijuana). Many participants discussed how high the quality of marijuana is in the region. One participant remarked, *"There's gold in these hills,"* referring to the high quality of locally grown marijuana in the Athens region. Other participants agreed and commented: *"I get good low-grade [marijuana] too; It's damn good weed. It will stick to your fingers and stuff."* Participants suggested an increase in marijuana quality during the past six months. A participant replied, *"[Available marijuana is] pretty good [quality] and it just keeps getting better and better and better."*

The price of marijuana depends on the type and quality desired; current street prices for marijuana were provided by participants with experience buying the drug.

Participants discussed multiple avenues to obtain marijuana in the region including growing the drug or knowing someone who grows the drug or knowing of parking lots of small convenience stores where dealers sell. A participant shared, *"I can just call anybody in my phone [to obtain marijuana]."*

Participants reported the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke while one would vaporize the drug. Participants from across the region reported an increase in users vaporizing marijuana. A participant replied, *"Poor people smoke pot now. If you have any money, you vaporize it."* Other Participants commented: *"Vaporize is becoming more popular, it's a lot smoother; A lot of people are smoking [hash] oil; 'B.H.O.' (butane honey oil) is increasingly popular - in the 'pen' (vaporizing device)."* A participant explained, *"[A] vape pen ... it's a little machine ... you can buy one now that looks like a cigarette and it heats it up and the THC comes out and you get a lot more THC than you would if you were smoking it ... you're not getting any smoke in your lungs and you're getting more THC."* Lastly, while less frequently reported, some participants mentioned ingesting marijuana that is baked into food.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical users of marijuana as anybody and everybody. Participant comments on users included: *"Normal person just chilled out; Relaxed; From cowboys to yuppies and everybody in between."* A probation officer commented, *"[Using marijuana is] not as big of a deal as it once was."* Treatment providers shared that marijuana use is often shared among family members from one generation

Current Street Prices for Marijuana		
Marijuana	low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	A gram	\$10
	1/8 ounce	\$25-30
	1/4 ounce	\$60
	An ounce	\$100-150
	high grade:	
	A blunt or two joints	\$10
	A gram	\$20
	1/8 ounce	\$50
	1/4 ounce	\$100
	An ounce	\$350
	A pound	\$3,000-3,500

to another. A treatment provider commented, *"So many clients have smoked [marijuana] with their parents because [they say], 'It's just pot.'"*

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 '8-9'. Community professionals most often reported current availability as '8'; the previous most common score was '7'. Participants reported that methamphetamine is available in powder (aka "shake-and-bake") or crystal forms. Participants reported: *"[Methamphetamine is] actually the second [most available] thing around here [second to heroin]; It's pretty easy to get; A lot of people I used to get opioids off of went from [dealing prescription opioids] to [methamphetamine]."*

Participants from across the region 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 com-

mon 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. A participant commented, “Mostly around here it’s the shake-and-bake [form of methamphetamine].” A treatment provider also reported, “It’s more shake-and-bake.” A probation officer added, “[Law enforcement is] finding bottles on the side of the road of what they cooked [methamphetamine] in.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested in Perry County after the Sheriff’s Office found an active methamphetamine lab in a bathroom of the apartment in which they lived (www.nbc4i.com, Jan. 14). A university student in Athens County was indicted for trafficking methamphetamine from his apartment (www.thepost.ohiou.edu, Jan. 14, 2014). A drug trafficking investigation led to the arrest of 26 individuals for selling methamphetamine along with several other substances including prescription opioids, LSD, prescription stimulants, cocaine, BZP and marijuana (www.nbc4i.com, March 14, 2014). OSHP found a mobile meth lab in the trunk of a vehicle they stopped in Athens County (www.athensnews.com, May 26, 2014). Athens County Sheriff’s deputies seized evidence of a meth lab when they executed a search warrant near Coolville (www.nbc4i.com, June 13, 2014).

Participants reported an increase in methamphetamine availability during the past six months. In addition, participants from Athens and Muskingum counties noted that crystal forms of methamphetamine (aka “ice”) have infiltrated the region during the past six months. Participant comments on increased availability of ‘crystal meth’ included: “Right now people are getting ounces of ice that’s coming in; I know that ice has went up; I think the availability of both [powdered and crystal methamphetamine] has went up.” Probation officers and court workers reported that methamphetamine availability has remained the same during the past six months, while treatment providers reported increased availability. Treatment provider comments included: “Now [methamphetamine is] back up on the rise; I’m not sure the use of it has gone down that much, and I think the quiet new way to process it [has made the presence of methamphetamine more hidden] ... you’re not hearing about neighbors calling about that god-

awful smell coming out of that house, [instead] you’re seeing a lot of them in motels and stuff ... and people are moving [meth labs] around as they’re [manufacturing the drug]; It’s more mobile.” The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants specifically reported powdered methamphetamine quality as variable ranging from ‘2-9;’ the previous most common score for powdered methamphetamine quality was ‘2-3.’ A participant remarked, “Shake-and-bake has always been junk.” Participants did not rate the quality of crystal methamphetamine, but one participant commented, “It’s pretty good.”

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants from Muskingum County explained, “You can go buy a box of Sudafed® at the pharmacy and ... [methamphetamine cooks] would give you a ‘quarter’ (quarter gram of methamphetamine).” Reportedly, 1/4 gram of shake-and-bake can be obtained through the exchange of a box of pseudoephedrine (generic or Sudafed®)

Participants reported the most common routes of administration for methamphetamine are smoking and snorting. Participants estimated that out of 10 methamphetamine users, five would snort and the other five would smoke the drug. Several participants discussed snorting as the preferred method, but suggested that the route of administration depends on the social setting. A participant shared, “Most people I was around snorted [methamphetamine, so I snorted, too].” Other participants mentioned “hot railing” methamphetamine. One participant explained, “‘Hot rail’ is to snort [methamphetamine], but you get [the methamphetamine] real hot and it turns to liquid.

We would take the glass ‘stem’ (pipe) and heat it with a torch until it was red-orange at the end and then just snort a line [from a piece of glass or a mirror] and blow out smoke; you can really do a lot that way.” Participants also mentioned intravenously injecting (aka “banging”) as another route of administration for methamphetamine.

A profile of a typical methamphetamine user did not emerge from the data. Participants more often described typical methamphetamine users in terms of physical characteristics of prolonged use rather than demographics or professions. Likewise, it was difficult for community professionals to describe typical methamphetamine users. However, community professionals generally identified methamphetamine users as more often male than female. A treatment provider added, “Generally, when we have a woman in here [for meth], there’s some guy on fringes in someplace and we just don’t see him.” A probation officer commented, “[Methamphetamine use is] more prevalent with adults.”

Prescription Stimulants

Prescription stimulants remain available in the region. However, participants most often reported the current availability of these drugs as ‘2-3’ 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’. Participants identified Adderall® as the most popular prescription stimulant in terms of widespread use. Participants also discussed the availability of Focalin® and Ritalin®. A participant noted, “Ritalin® is harder to find than Adderall®.” Another participant reported, “[Prescription stimulants are] really hard to find. Anyone who gets them keeps them.” Other participants commented: “It’s rare [to find prescription stimulants]. You don’t see it as much as everything else; Not anymore, everybody’s on heroin or pain pills.” Community professionals most often reported current availability of prescription stimulants as ‘10’; the previous most common score was ‘3’. Community professionals identified Adderall®, Ritalin® and Focalin® as the most popular prescription stimulants in terms of widespread use. A treatment provider suggested there are some doctor’s trying to control these substances more closely and commented, “We have two doctors who work around here that do pill counts.”

Participants and community professionals reported that the overall availability of prescription stimulants has remained the same during the past six months. The BCI Athens Crime

Lab reported that the number of prescription stimulant cases it processes has also 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

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends or family members. One participant informed, “Most people who use [prescription stimulants] have their kids get them prescribed.” A treatment provider also revealed, “We’ve got a lot of parents selling their kid’s amphetamines.” Current street prices for Adderall® were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 30 mg

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use remain snorting and oral consumption. In addition, participants mentioned that intravenously injecting (aka “shooting”) is a fairly common practice. One participant remarked, “People shoot [prescription stimulants], too. You crunch them up, put little water on [the little balls inside the capsules] and crunch them up. They’ll turn into liquid.” Participants described typical illicit users of these drugs as younger and older commenting that parents often use their child’s prescription stimulants. Community professionals suggested illicit users are often high-school and college-aged students, as well as young mothers.

Bath Salts

 Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, due to limited personal contact with bath salts during the last six months, participants were not able to rate the drug's current availability 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'. Many participants discussed that there is no desire to consume bath salts among the users they know even though bath salts remain available. One participant explained, "I won't ever be around someone who's high on [bath salts] again." Treatment providers most often reported current availability of bath salts as '7-8,' while probation officers most often rated current availability as '1'; the previous most common score among all community professionals was '7-8.' A probation officer commented, "I haven't seen [bath salts] in a while."

Media outlets reported on bath salts arrests in the region this reporting period. Athens Police arrested a university football player for selling 4-methylethylcathinone (aka "bath salts") from his dormitory room (www.athensnews.com, Jan. 5, 2014).

Participants reported decreased availability of bath salts during the past six months. One participant reported "I've never really heard of [bath salts] until the other day." Community professionals concurred and reported decreased availability of bath salts during the past six months. A probation officer stated, "You gotta really know where to get [bath salts]."

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Despite legislation enacted in October 2011, participants from across the region shared that bath salts continue to be available on the street from dealers as well as from smoke shops and the Internet. Community professionals described typical users of bath salts as young, 15 to 17 years old.

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, due to limited personal contact with the drug during the last six months, participants were not able to rate the drug's current availability 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'. Although no availability rating was given, participants from across the region expressed that synthetic marijuana remains readily available in local stores. One participant shared, "It's easy for people to get [synthetic marijuana] if they really want it." Treatment providers most often reported current availability as '10,' while law enforcement most often reported current availability as '6,' the previous most common score among all community professionals was '1'. Treatment providers reported that the popularity of the substance has shifted, as one treatment provider explained: "[Synthetic marijuana is] still available ... [users] can still find it, but I think there's been enough horror stories about what's going on with it and how it affects you that people are not using it as much as they were."

Media outlets reported on decreased synthetic marijuana popularity in the region this reporting period. Athens News interviewed Athens Police Chief and an executive director of a treatment facility based in Athens regarding synthetic marijuana during which a noticeable and welcomed decrease in use of this substance was reported (www.athensnews.com, May 21, 2014).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Participant comments included: "[Synthetic marijuana] was a big thing a few years ago; it's kinda fell away." Community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, "[Popularity of synthetic marijuana has] kinda died off." A law enforcement officer commented, "Now that we have 'dips' (urine analysis tests) that will test for K2 - we don't have them yet. We ordered them - but once we get those, we'll probably start seeing a bigger group of kids still using [K2]."

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

Participants did not rate the current quality of synthetic marijuana but said the drug is not a preferred substance and indicated poor quality of the product. Participants stated: “[Synthetic marijuana is] *nasty; Why would anyone want to smoke that?*”

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from small convenience stores and smoke shops in the region. Participants also mentioned obtaining synthetic marijuana online. A treatment provider added, “*You can now order a lot of [synthetic marijuana] over the Internet. If you have a credit card you can order it.*”

The only route of administration reported by participants for synthetic marijuana remained smoking. Participants described typical users of synthetic marijuana as those who are getting tested for drugs regularly, often on probation and/or living in a half-way house. One participant added, “[Synthetic marijuana use is] *in the teenage community a lot.*” Community professionals described typical users of synthetic marijuana as younger, teenaged to 20 or 30 years old, often trying to avoid getting caught on a drug screen.

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability remains variable in the region, depending on the form of the drug. Participants most often reported the current availability of the drug’s pressed tablet form as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘2.’ One participant commented “*I haven’t seen [pressed ecstasy tablets] in a while.*” Most participants were generally unaware of ecstasy availability in the pressed tablet form.

Participants most often reported the current availability of “molly” (powdered form of MDMA) as ‘10,’ the previous most common score was ‘7.’ One participant testified that it is easier to obtain molly than the traditional pressed ecstasy tablets. Other participants discussed that molly availability is variable and commented: “[Molly availability is] *seasonal, comes and goes with the events; It depends on the scene, like certain concerts and stuff and types of events.*”

Community professionals most often reported ecstasy (tablet form) current availability as ‘8,’ community professionals were unable to rate the availability during the last reporting period.

A treatment provider noted, “*I hear about [ecstasy] every once in a while and it’s mainly when the music festivals are around. I don’t hear about ecstasy on a regular basis at all!*” Community professionals most often reported the current availability of molly as ‘8,’ the previous most common score was ‘3.’

Participants from across the region reported that the availability of ecstasy has remained the same during the previous six months. Reports on the availability of molly differed between all counties, participants from Athens County reported an increase, Guernsey County participants reported a decrease and Muskingum County participants reported the availability has remained the same during the past six months.

Community professionals reported that the general availability of ecstasy decreased during the past six months. Additionally, community professionals disagreed as to availability change of molly: treatment providers reported an increase, while law enforcement reported no change in availability of molly during the past six months. A treatment provider commented, “*There’s a shift from ecstasy to molly.*” Community professionals from across the region commented on the continuing popularity of molly among users: “*I thought it was going to be a short stint, you know what I mean? But I still get wind of more and more people doing [molly]; It’s hanging in there longer than I anticipated.*” Similar to participant descriptions of molly availability, a treatment provider in Athens commented, “*I get a sense that now that it’s warmer and later in the school year, it’s more available because of the drug use that’s associated with the music festivals and more people going.*” The BCI Athens Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Participants did not comment on the current quality of ecstasy or molly. However, a law enforcement officer commented, "I heard if you find [ecstasy/molly] around here, it's mostly baking powder or soda." Additionally, media outlets reported on molly quality in the region this reporting period. A drug dealer and law enforcement in the Athens area were interviewed by *Athens News* and disclosed that the substance being sold commonly on the streets called "molly" is more often actually bath salts (www.athensnews.com, Jan. 12, 2014).

Current street prices for ecstasy and molly were consistent among participants with experience buying the drugs. One participant commented on the price, "[The price of ecstasy tablets] depends on the quality, I think." Participants reported typical imprints on ecstasy tablets to include Batman, Pikachu, Superman and Transformers. Molly typically comes in powdered form, although a treatment provider reported that a client informed her of "liquid molly" being available.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Tablet form	\$10-20 per pill
	Current Street Prices for Molly	
	1/10 gram (capsule)	\$10
	A gram	\$90-100

Participants reported that the most common route of administration of ecstasy tablets remains oral consumption (swallowing). However, a few participants reported that they have administered an ecstasy tablet rectally, like a suppository. While there were a few reported ways of consuming molly, generally the most common route of administration is snorting.

Participants described typical ecstasy users as "hippies," while community professionals described typical users as college age. Participants described typical molly users similarly and expounded: "Hippies; People that like to go to 'raves' (dance parties). Anybody that likes to have a 'trip' (hallucinogenic experience)." Participants from across the region reported that molly users are often young. A participant commented, "Younger people mostly ... probably because it's fairly new, I guess, and it's like a social thing for when you're out and partying." Community professionals described typical molly users as high school and college age and more often male than female. A probation officer added, "There's

a group of kids that used to be in drug court and the rest are just on probation ... and they are actively using molly."

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), inhalants (nitrites) and ketamine (general anesthesia used in veterinary medicine).

Overall availability of hallucinogens remains moderate in the region. Participants most often reported the current availability of LSD 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 '6'. One participant commented, "I have heard of some 'acid' (LSD) down here lately." Community professionals most often reported current availability of LSD as '7-8'; the previous most common score was '3'. Participants reported current psilocybin mushroom availability as ranging from '5-10'; the previous most common score was '7'. Community professionals most often reported current psilocybin mushroom availability as either '3-4' or '7-8' (bimodal); the previous most common score was '3'. A treatment provider commented, "There's a lot of [psilocybin mushrooms] in Athens."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Regional law enforcement arrested a 42-year-old man after the man was pulled over for a traffic stop and found in possession of 794 unit doses of LSD, some marijuana, ketamine and moonshine (www.thepost.ohiou.edu, Jan. 9, 2014 and www.athensonline.com, Jan. 15, 2014). The Jackson County Municipal Court also reported on 25I-NBOMe (aka "2C-I") that is referred to as a new synthetic acid (memo from the Jackson County Municipal Court, Probation Department, March 31, 2014).

Participants and community professionals agreed that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. Several participants said availability is inconsistent. The BCI Athens Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has remained the same.

While there were a few reported ways of consuming LSD and psilocybin mushrooms, the most common route of

administration is oral ingestion for both. A participant recollected, *"It was liquid [LSD]. I put it in a drink."* Regarding psilocybin mushrooms, a participant commented, *"It tastes horrible."* Several participants followed that comment with ways in which they consumed psilocybin mushrooms. One participant shared, *"I'll usually get a coffee pot and dry [psilocybin mushrooms] up real good and then run it through the coffee pot quite a few times and then put actual tea with it and it takes away the taste and you still get the same trip off of them."* Another participant added, *"You can bake [psilocybin mushrooms] into things as well, like you can make brownies or cookies, really anything."*

Participants had difficulty describing typical users of LSD. Participant comments included: *"I don't know of any typical 'tripper' (LSD user) to be honest; I think that's all over the board, it's like high school kids that probably want to try it and then there is like old hippies that are in their 70s."* Community professionals described typical LSD users as transient hippies or college aged. Descriptions for typical psilocybin mushroom users were similar. Participants described them as hippies or as people who go to all the hippie concerts. A participant noted, *"[Psilocybin mushroom users] could range ... it could be somebody who just would like to try it or somebody really from any walk of life."* Community professionals described typical users of psilocybin mushrooms as transitional aged young people (teens to twenties).

Participants most often reported the current availability of DMT availability as '2-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While participants reported low availability of DMT, they indicated an increase in DMT availability during the past six months. The BCI Athens Crime Lab reported processing zero cases of DMT during the past six months. The most commonly reported route of administration for DMT is smoking. Participants described typical users of DMT as college students.

Participants most often reported the current availability of ketamine as '3'; the previous most common score was '2'. A treatment provider from Athens County commented on the availability of ketamine: *"At a music festival [ketamine availability] would be a '10' [highly available] ... outside the music festival it comes and goes like bad weather."* Participants reported that the availability of ketamine has remained the same during the past six months. A participant explained, *"[Ketamine has] always been hard to get."*

Reportedly, ketamine comes in liquid form which is cooked down into a powder form. A participant reported that one vial of liquid ketamine cooks down to a couple of grams of powder form. Participants reported that the most common route of administration of powdered ketamine is snorting. A participant identified other routes of administration as smoking and intravenously injecting (aka "shooting") for both the powder and liquid forms. One participant commented on a typical ketamine user, *"There ain't too many people [using ketamine]. A lot of people don't know what the hell you're talking about."* A treatment provider described the typical user as a "free spirit."

Lastly, a few participants shared that they have been exposed to inhalants during the past six months. Participants reported that nitrous oxide is highly available at music festivals in the region. Other common inhalants reported included computer keyboard dusters, whipped cream in aerosol cans, paint thinner and gasoline. Participants and community professionals described typical users of inhalants as teenagers, with community professionals noting an increase in teenage use in the region. A law enforcement officer reported that inhalants are commonly stolen by teenagers.

		Current Street Prices for Other Drugs	
Other Drugs	DMT)	\$6-10	
	Ketamine (liquid)	\$50-60	
	LSD	\$400	
	Psilocybin mushrooms	\$5 per mushroom (aka "cap") \$25-30 for 1/8 ounce \$50-60 for 1/4 ounce \$100-150 for an ounce	

Conclusion

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

Participants reported that methamphetamine is available in powder (aka “shake-and-bake”) or crystal forms. Participants identified methamphetamine as the second most available drug in the region after heroin. Participants and community providers reported an increase in methamphetamine availability during the past six months. In addition, participants from Athens and Muskingum counties noted that crystal forms of methamphetamine (aka “ice”) have infiltrated the region during the past six months. The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Reportedly, a box of pseudoephedrine can be traded for a 1/4 gram of the drug. Typical methamphetamine users are adult males and females.

Participants most often reported the current street availability of Suboxone® as ‘10’ (highly available). Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts who use the drug to prevent experiencing withdrawal symptoms. Reportedly, many users with prescriptions will use some of their Suboxone® and sell some to other users. The most common route of administration for illicit use of Suboxone® is snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. Participants explained that this

method of administration is performed by letting the tablet or the strip dissolve in water and then snorting the drug similar to the administration of a nasal spray.

Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals reported that the availability of sedative-hypnotics has increased during the past six months. Treatment providers said that doctors in the region commonly prescribe sedative-hypnotics to their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes has increased during the past six months. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow the drugs. Community professionals described typical illicit users of these drugs as opiate addicts, aged 15 to 60 years and more often female than male. Treatment provider reported knowledge of heroin users who use heroin and other opiates along with sedative-hypnotics.

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