



## Drug Abuse Trends in the Athens Region



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### Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens 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, 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

*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 reporting period of participants.

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## Regional Profile

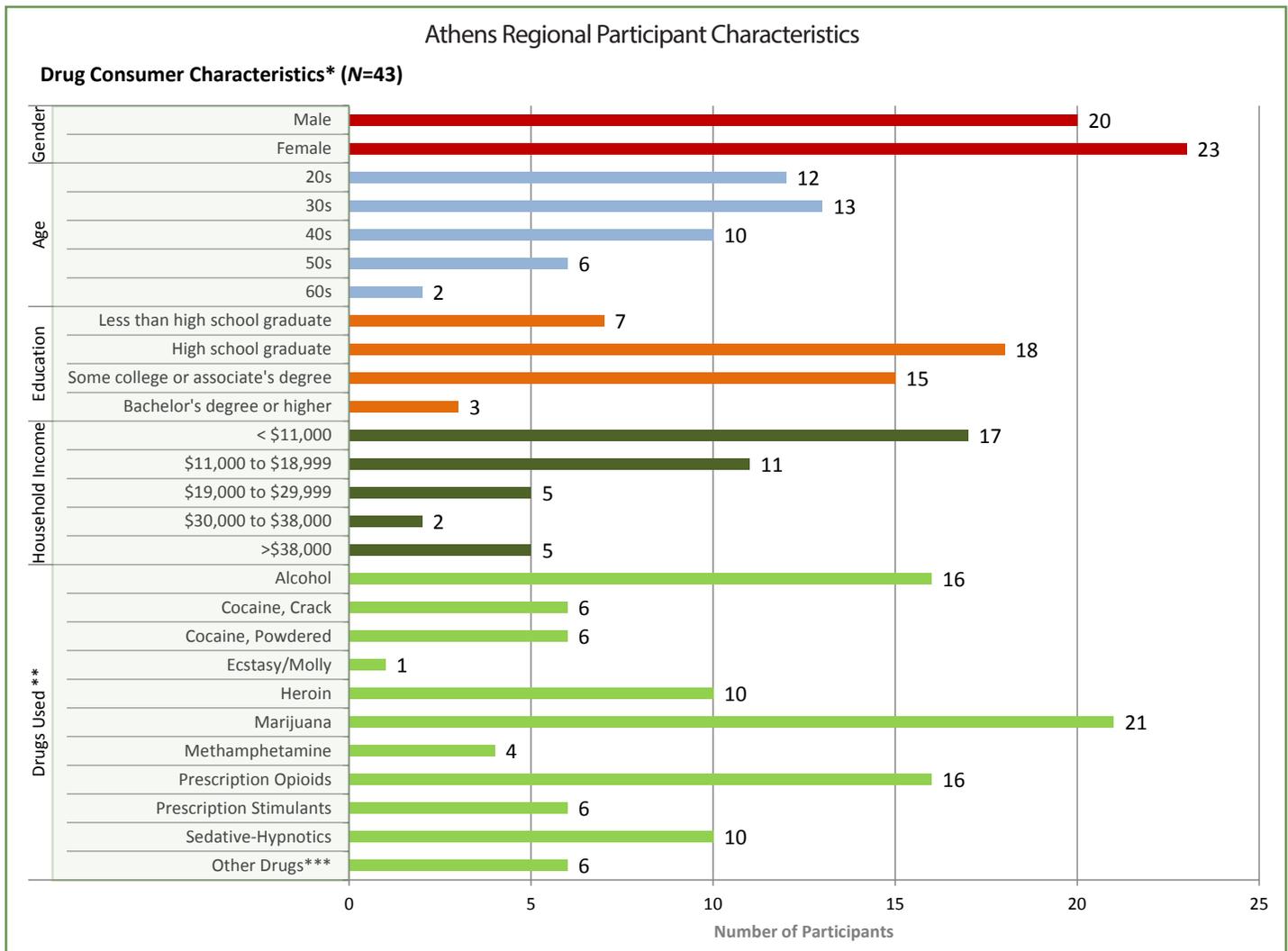
Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	43
Gender (female), 2010	51.2%	50.4%	53.5%
Whites, 2010	81.1%	94.7%	93.0%
African Americans, 2010	12.0%	2.1%	0.0%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0% <sup>2</sup>
High School Graduation Rate, 2010	84.3%	92.9%	83.7%
Median Household Income, 2013	\$48,308	\$39,116	\$11,000 to \$14, 999 <sup>3</sup>
Persons Below Poverty Level, 2013	15.8%	19.4%	51.2% <sup>4</sup>

<sup>1</sup>Ohio and Athens region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

<sup>2</sup>Hispanic or Latino Origin was unable to be determined for 3 participants due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 3 participants due to missing and/or invalid data.

<sup>4</sup>Poverty status was unable to be determined for 6 participants due to missing and/or invalid data.



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

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

\*\*\*Other drugs were illicit Suboxone® use.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Athens region. Increased availability existed for marijuana and methamphetamine. Data also indicated possible decreased availability for bath salts and ecstasy.

Participants and community professionals reported that marijuana was extremely easy to obtain and that availability had increased. Community professionals noted an increase in use of marijuana extracts and concentrates, often available in the form of an oil or wax (aka “dabs”). Participants reported an increase in marijuana being vaporized, although few had personal experience with that method of use. The BCI London Crime Lab reported an increase in number of marijuana cases it processed during the reporting period.

Treatment providers reported that methamphetamine was a drug of choice in the region and reported powdered methamphetamine (aka “shake-and-bake”) as the most prevalent form of the drug. Participants reported that the availability of methamphetamine had increased, specifically shake-and-bake, due to ease of production. Participants noted an increase in availability of the imported crystal form of the drug which they reported was brought into the region by pipeline workers. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased; the lab reported processing crystal, brown and off-white powdered methamphetamine. Community professionals described typical methamphetamine users as individuals living in more rural areas.

Participants reported high availability of prescription stimulants and noted Adderall® and Vyvanse® as the most popular in terms of widespread illicit use. A medical professional also noted high availability of prescription stimulants, but indicated that other stimulants, such as methamphetamine, were more commonly abused in the region. The BCI London Crime Lab reported an increase in Adderall® cases and a decrease in Ritalin® cases it processed during the reporting period. Community professionals often reported that parents of children who are prescribed stimulants as typical users or sellers of these drugs. College students were also identified as typical illicit users of prescription stimulants.

Decreased availability of ecstasy and molly was reported by participants, who explained there was a shortage of

MDMA. The BCI London Crime Lab reported a decreased number of ecstasy cases it processed during the reporting period. Other substances, such as bath salts and methamphetamine, were mentioned as a ‘cut’ (adulterate) for molly. Participants and community professionals further reported that these substances were often sold as molly. Participants described typical ecstasy and molly users as drug dealers, those who often attend clubs or ‘raves’ (dance parties), as well as college students.

Finally, participants reported no personal experience with bath salts and treatment providers reported few encounters with clients who abused this drug. The BCI London Crime Lab reported a decrease in number of bath salts cases it processed during the reporting period.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participant comments on current powdered cocaine availability included: “*Depends on where you go; I think [availability] depends on who you know.*” Community professionals most often reported the drug’s current availability as ‘5’; the previous most common score was ‘3.’ A county coroner reported, “*I know of one case, in the fall, that was the only cocaine related death there was.*” A law enforcement officer commented, “[Cocaine is] *not as popular as heroin.*”

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

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

Participants most often rated the current overall quality of powdered cocaine as '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. While most participants did not have experience with powdered cocaine during the past six months, one participant commented: "It's usually pretty good (quality)." Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, creatine, niacin (vitamin B-3) and Orajel®. Overall, participants reported that the quality of powdered cocaine has increased during the past six months.

<b>Powdered Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. One participant noted that price, "Depends on who [you] get it from." Another participant added that although they have used powdered cocaine, they "never bought it" because it was shared.

<b>Powdered Cocaine</b>	<b>Current Street Prices for Powdered Cocaine</b>	
	1/10 gram	\$10
	1/2 gram	\$50
	a gram	\$100

Participants reported that the most common routes of administration for powdered cocaine remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, five would snort, four would shoot and one would smoke the drug. However, participants reported that route of administration is often dictated by the setting in which one uses powdered cocaine. Participants explained: "It all depends on who you hang out with. If you hang out with your friends, you are usually going to hang out with people that [use cocaine] the same way that you do it; Depends on who you know ... I mean I know a lot of people shoot dope (heroin) [so they shoot cocaine, too]." Another participant remarked, "Honestly, around here most people don't snort [powdered cocaine], they just 'go straight to the vein' (inject it). It's been like that for about 10 years now."

A profile of a typical powdered cocaine user did not emerge from the data, as participants shared many different descriptions. One participant said, "[A typical powdered cocaine user] could pretty much look like any of us." Some participants described typical users as: "A white man with a decent job; Business person; People who have money; Rich." Other participants shared that typical powdered cocaine users really varied in profession and commented: "Prostitutes; I knew lawyers, doctors, street people, all kinds [who use powdered cocaine]."

Community professionals also had difficulty describing typical users of powdered cocaine. A mental health professional reported, "I think that typically [powdered cocaine is] considered a rich person's drug." However, a probation officer noted, "It's considered [a rich persons drug], but I do not see that on probation ... they will find a way to get what they want to get, whether it be stealing or whatever. I see people on probation that get cocaine that aren't employed or anything." An officer also commented, "I think that [powdered cocaine use] encompasses all of the ages and socio-economic statuses ... just everyone."

### Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. However, a few participants indicated that users have to travel to obtain crack cocaine: "I did all my 'scoring' (purchasing of crack cocaine) in Dayton, so I don't know where to find anything around here; I think most of the people that I ever did know [who used crack cocaine] around here, they just went up to Columbus to get it."

Community professionals most often reported the current availability of crack cocaine as '5'; the previous most common score was '3'. A mental health professional shared, "What we hear a lot of times is people refer to [crack] as cocaine, but when you really start questioning them and talking to them about it, crack is what they are doing." Another treatment provider explained, "I think, too, that over the years ... there has been a stigma attached to it, so people don't want to say that they use crack." A law enforcement agent commented, "When I think of crack cocaine, I think of like the mid-80s, but it's actually more popular than I ever thought it was ... I came down here (Muskingum County) and it's just

amazing how much it's come back. It's a lot more available than you would think."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. State troopers arrested two individuals traveling in Muskingum County for possession of 40 grams of crack cocaine and three pain pills ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 18, 2015). A Glouster (Athens County) man was arrested for trafficking crack cocaine in a school zone ([www.athensnews.com](http://www.athensnews.com), March 25, 2015).

Most participants reported that the availability of crack cocaine has remained the same during the past six months. However, some participants argued that increases in demand and availability of other substances in the region have made crack cocaine more difficult to obtain. Participants who purported decreased availability of crack cocaine reasoned: "Harder [to obtain] because heroin is around so much. Most people have switched; A heroin user doesn't usually use crack. In fact, I would say pretty much everything has gone down since heroin has gotten big." Community professionals also reported that availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Crack Cocaine	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 overall quality of crack cocaine as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' One participant clarified that "White [colored crack cocaine] seems to be the most popular." Reportedly, crack cocaine in the region is adulterated (aka "cut") with baking soda and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, several participants explained that the quality of crack cocaine varies, as one participant shared, "It ranges just like anything else. It's about who you know."

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants across the region agreed that a '10 piece' (aka "\$10 rock") or '20 piece' (aka "\$20 rock") is by far the most common units of purchase. Although these amounts have historically been reported as approximately 1/10th and 2/10th gram amounts, a participant explained, "No organized weight sales, just by the piece"

Crack Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$50
	a gram	\$100
	1/4 ounce	\$600-700

Participants reported that the most common route of administration of crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. A profile for a typical crack cocaine user did not emerge from the data, although one participant remarked: "[Crack cocaine is] for prostitutes." Community professionals described typical crack cocaine users as: "Same as cocaine users."

### Heroin

Heroin remains highly available in the region. Participants most often reported overall availability for 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 agreed that heroin is one of the most available substances in the region and commented: "[Heroin is] easy as hell [to get]; All you gotta do is make a phone call and it will be delivered right to you; [Heroin is] easier to get than alcohol because you can get it after 2 am." Community professionals most often reported current availability of heroin as '10,' the previous most common score was also '10.' A coroner

remarked, "My gosh, based on the sheer number of cases that we have had, I would say that the availability has to be high ... It certainly seems like the most available drug aside from marijuana."

While many types of heroin are currently available in the region, participants reported the availability of black tar and white powdered heroin as most available. One participant commented, "I have always gotten black tar down here," while another participant shared, "White powder is all I have seen." Participants also mentioned brown and blue colored powdered heroin. Community professionals reported black tar as the most available type of heroin in the region. A probation officer also commented on the availability of blue powdered heroin in the region: "I just had someone OD (overdose) on it in March."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two businesses in Gallipolis (Gallia County) ended up involved in heroin overdose death investigations within 24 hours of one another when individuals at both locations went into the public restroom, used heroin and died of overdose ([www.wsaz.com](http://www.wsaz.com), Feb. 11, 2015). Two individuals were arrested after officers searched their residence in Gallia County and found 7.5 grams of heroin and a pound of marijuana ([www.wxaz.com](http://www.wxaz.com), Feb. 13, 2015). A Gallipolis man was sentenced to 15 months in prison for selling heroin in Ohio and West Virginia (Mason County) ([www.wsaz.com](http://www.wsaz.com), March 2, 2015). Four individuals were arrested in Glouster (Athens County) when 15 doses of heroin were found and seized during a residential raid ([www.athensnews.com](http://www.athensnews.com), March 25, 2015). Another two people were arrested after a search of their residence (Coshocton County) and 28 grams of heroin was discovered and confiscated ([www.coshoc-tontribune.com](http://www.coshoc-tontribune.com), April 11, 2015). In what was reported as the "largest bust in a three-county area," Hocking County deputies seized 2.2 pounds of heroin at one residence and 50 marijuana plants at another in a collaborative search of the two houses; the three arrested individuals were a mother, son and the son's girlfriend ([www.nbc4i.com](http://www.nbc4i.com), May 19, 2015). An increase in heroin and methamphetamine addiction has led to increased child custody cases in Coshocton County (a 142 percent increase to be exact) which is not only a financial strain on the local public service, but has proven injurious to many children in the area ([www.coshoc-tontribune.com](http://www.coshoc-tontribune.com), May 24, 2015). Two individuals were arrested in Chauncey (Athens County) for possession of black tar heroin ([www.athensmessenger.com](http://www.athensmessenger.com), May 29, 2015). Eleven individuals were arrested for their participation in a large heroin ring that ran from

Columbus to Athens, which recently began selling cocaine as well ([www.nbc4i.com](http://www.nbc4i.com), June 29, 2015).

Participants reported that the overall availability of heroin has remained the same during the past six months. Furthermore, participants specifically said that black tar heroin availability has increased, brown powdered heroin availability has remained the same and white powdered heroin availability has decreased. Treatment providers most often reported that availability of heroin has remained the same during the past six months, but one clinician commented, "I think there's more people using [heroin] because it's cheap." Law enforcement reported an increase in heroin availability during the past six months. A probation officer professed, "I think that the availability of [heroin] has gone up because they have cracked down on the opiate prescriptions." The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current overall quality of heroin as '2' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant shared, "I would say [quality of heroin] probably depends on what dealer you get it from and how much he 'steps on it' (adulterates it with other substances)." Those who rated the quality as low, reported: "It's junk - people are getting greedy and 'cutting' (adulterating) it so bad. You can buy a \$30 bag and there is probably \$4 in actual drugs in there; Yeah, some people really try to rip you off; [Drug dealers] know when you're 'sick' (going through withdrawal) and they know you will buy anything, whether it's good (quality) or bad." Two participants discussed the quality of blue heroin and shared: "The blue stuff is supposed to be better (quality); Well, my boyfriend's brother OD'd on [blue heroin] a couple of weeks ago, so probably pretty good (quality)."

Participants reported that heroin in the region is adulter-

ated (aka “cut”) with aspirin, prescription opioids and vinegar. Additionally, participants reported that black tar heroin is also cut with coffee and tea, while white powdered heroin is also cut with baby laxative, baking soda, salt and talcum powder. Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab noted that “lots of powdered heroin coming in as a heroin-fentanyl mix, sometimes even straight fentanyl.”

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li>● caffeine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>	

Reports of current street prices of heroin were consistent among participants with experience purchasing the drug. Most participants agreed that heroin is most often purchased in 1/10 gram amounts, as participants commented: “Berries’ (1/10 gram heroin) is the most common [unit of purchase]; Usually, you’re just buying a couple berries at a time.” A participant also said that heroin can be bartered and explained: “Someone who cooks meth all the time can trade it for heroin ‘cause meth’s worth more than heroin.” Participants also mentioned that heroin is less expensive in other OSAM regions, particularly Columbus.

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram (aka “balloons,” “berries” or “packs”)	\$30
10-12 packs (approximately a gram; aka “bundles”)	\$150-180	

Participants reported the most common route of administration as intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Also discussed was the progression of methods of use, as some participants commented: “I think a lot of people start by snorting [heroin], then after a while they go to [shooting] it; I knew people that snorted it and used to tell me, ‘I will never shoot it’ ... Now they all do.”

A majority of participants in the Athens region conveyed that clean, unused needles have been increasingly difficult to obtain during the past six months. One participant commented on the change in availability of needles: “It used to be easy to get clean needles ... you could just go to the pharmacy and say you were diabetic or whatever. Well then they thought if they cut out the needles they would cut out the junkies. Well they didn’t get rid of the junkies and ... they are just passing diseases around sharing needles. [Addicts] are buying used [needles] and using them over and over and over. Just because they can’t get clean needles ... doesn’t mean they are going to stop using.” Other participants commented: “It’s gotten a lot harder to get a clean needle; [Clean] needles aren’t easy to find down here.” However, participants from Muskingum County shared that needles are obtained easily in their county, as a participant explained, “You can go to the pharmacy and buy them [without a prescription].”

In addition, participants reported purchasing needles from drug dealers. A participant shared, “The people who can get clean needles take them to their dope (heroin) dealer and trade for dope and then he turns around and sells them to people who don’t have needles for \$5-10 each.” Reports of current street prices for clean needles were consistent among participants with experience purchasing them. Participants reported that needles most commonly sell for \$5. A participant commented, “A lot of people make up their own prices, you know, on how bad [the user] needs it.” Another participant shared, “I know people who will buy used needles for \$3-5.” Participants indicated that sharing needles is common practice. A participant explained, “If you get your dope and you don’t have a needle, but someone in the room does, you’re going to use it. I don’t care what they say about sharing needles, you’re going to use it.”

Participants and community professionals expressed concerns about needle use. A participant commented, “Everyone I know that has shot up heroin has hepatitis.” Another participant proffered, “I think it would cut way back on AIDS and hepatitis if they would give out needles because I don’t think they are going to stop [using].” A Muskingum County medical provider also reported, “In the last year, our number of cases of ‘Hep C’ (hepatitis C) has tripled. They may not be great (large) numbers, but for our area I think it’s very significant.”

A profile of a typical heroin user did not emerge from the data. One participant shared, “Dope has no boundaries. It takes whoever wants it, and even if they don’t want it they are still attached.” Another participant remarked, “You can be

poor, rich, it just doesn't matter." Still another participant commented, "It's when you're at your lowest point, is when you want to do [heroin] ... doesn't matter who you are."

Likewise, community professionals described typical heroin users as anyone "across the board." A probation officer reflected, "My thoughts on that (typical user) are that it can range. You would be surprised. I mean those starting from prescription drugs then moving to heroin and ... [heroin is] cheaper. That's all I see is people that start out with like an injury or whatever and they get on prescription drugs, then it goes to heroin. I got a guy who's on my case load now ... he's someone you would not even think about [as] using heroin. I mean, he was a star athlete in high school. He went to college. It's just sad."

### 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'. Community professionals most often reported current availability as '5-8'; the previous most common score was '10'. A treatment provider reflected on availability of these drugs and commented, "Probably just a little less (available) than heroin or marijuana." Participants identified Dilaudid®, Percocet®, Roxicodone®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, while community professionals identified Percocet® and Roxicodone® as most popular.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. State troopers arrested a driver in Jackson County after they pulled him over for traffic and speeding violations and discovered 580 oxymorphone pills and 506 oxycodone pills ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Feb. 25, 2015). A driver was arrested in Guernsey County when troopers discovered 55 acetaminophen/oxycodone pills in his possession ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 14, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Some participants commented: "They are getting to be few and far between; I could never find [prescription opioids] when I was using, that's why I went to heroin; I think

they are harder [to find], that's why I went to heroin." Another participant clarified, "[The availability is high] if you wanted to go get one or two 'perks' (Percocet®) or something, but if you're taking them like a lot of us were, then it's harder than hell to get the quantity. One or two is fine, but to keep up your habit it's hard to find [enough]."

Community professionals also reported that availability of prescription opioids has decreased during the past six months. Treatment providers proposed that decreased availability is due to fewer prescriptions being written. A treatment provider commented: "I don't really have any evidence either way. Certainly all of the doctors, and myself, with the Ohio controlled substance reporting have really tightened down on who's prescribed." Nevertheless, a probation officer observed, "I think it's about the same (availability) because I get a lot of heroin users that are still going to the emergency room and getting whatever they can get." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for Dilaudid®, Tylenol® 3/Tylenol®4, Ultram® and Vicodin®. In addition, the lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

		Reported Availability Change during the Past 6 Months	
Prescription Opioids	 Participants	Decrease	
	 Law enforcement	Decrease	
	 Treatment providers	Decrease	

Reportedly, many different types of prescription opioids (aka "painers") are currently sold on the region's streets. Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants noted that Percocet® is sold for \$1 per milligram plus a few dollars "tax" on top of that.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$7 for 2 mg \$15 for 4 mg
	Oxycodone®	\$30 for 20 mg
	Percocet®	\$8 for 5 mg \$12-14 for 10 mg
	Roxicodone®	\$18-20 for 15 mg \$35-50 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$7.50 for 7.5 mg \$10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from a family member or friend who has a prescription or by obtaining a prescription themselves. One participant commented, "You have to know someone with a script (prescription)." Treatment providers also discussed how users will seek out these medications. A community professional commented, "In the emergency room it's gotten to the point that [addicts] know which doctors are more lenient, so they scope out who's working ... so people come in and know which doctors are going to give them their drugs."

Participants reported that the most common route of administration for illicit use of prescription opioids is snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. However, participants noted that a few of these pills can be intravenously injected.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anyone. Multiple participants emphasized that addiction "doesn't discriminate." Likewise, community professionals had difficulty in describing a typical illicit user of these medications, as several commented: "It's anybody; Across the board." A treatment provider added, "Usually, they have had some sort of injury and that's how it started."

## 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 also '10'. A participant remarked, "They are easy to get." Community professionals most often reported current availability as '7-8'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has increased during the past six months. Although some participants disagreed and explained: "It's getting a little harder with some of the programs they have down here; [Suboxone®] availability on the streets is getting less." Community professionals reported that availability of Suboxone® has decreased during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for \$20. Participants noted that the price will vary depending on how badly the buyer needs the drug and reported that 8 mg Suboxone® can sell for as high as \$35 if a buyer is going into withdrawal. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from those selling their prescription.

Participants reported that the most common routes of administration for illicit use are sublingual and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, five would sublingually ingest and five would shoot the drug. A profile of a typical illicit user of Suboxone® did not emerge from the data.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street 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.' However, one participant commented, *"Again, it's kind of like the opioids, you can get one or two, but you won't be able to get much more than that."*

Community professionals most often rated the current availability of sedative-hypnotics as '9;' the previous most common score was '10.' One treatment provider reasoned, *"They are still easily prescribed."* A coroner reflected, *"I have seen [sedative-hypnotics] in 'tox' (toxicology) reports. Usually if you see that, that's usually not considered the cause of death, but certainly the majority of my patients will have that in their toxicology reports."*

Participants identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. Likewise, community professionals identified Ativan®, Klonopin®, Valium® and Xanax® as most popular. A treatment provider noted, *"We have been seeing a lot of Valium® lately and I don't know why."*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. One participant indicated that fewer people are selling their personal prescriptions and commented, *"People don't come off of these anymore."* One participant shared that his doctor had recently stopped prescribing him sedatives, while another participant stated, *"It's harder to get a script."*

Community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A probation officer commented, *"Most of my 'benzo' (benzodiazepine) users have a 30-day prescriptions, but 10 days into their script they are all gone."* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. A participant indicated that dealers will work around available funds and explained, *"If you smoke weed (marijuana) with [the dealer] but you don't have a lot of money, they will sell it to you for cheaper."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per milligram
	Xanax®	\$2-3 for 1 mg \$5-6 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends who are prescribed these medications. A participant disclosed, *"I had a friend who would get them every month, but I would have to get them right when he got them or else they would be gone fast."* Another participant shared, *"In my area, I know about four to five people that have [a prescription for sedative-hypnotics] and they just sell their script."*

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally ingest these drugs. One participant added, *"I know a couple that 'shoot' (intravenously inject) them."* Participants agreed that shooting these medications is less common.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as anybody and everybody. Community professionals reported that many illicit users began taking these medications legitimately. A treatment provider explained,

"Someone who had a legitimate script and problem at one point, but then cannot get off them." Another treatment provider reflected, "We see a lot of times [that] once the doctors find out that they are abusing them, they just cut them off and then usually those people are looking for something desperately." A coroner described typical illicit sedative-hypnotic users as: "The same users as pain medication."

## 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); the previous most common score for both groups was also '10.' One participant proffered, "Marijuana is real available, but not as available as heroin. It's like I said, everyone has started using heroin. I used to know people who would drink every day, or smoke pot (marijuana) every day, now they just do heroin ... you can't afford two drugs ...." Community professionals also discussed the high availability of marijuana in the region. A medical professional commented, "People we see in the emergency room, it's just almost a given that if we do a drug screen they are going to have marijuana." A county coroner commented, "I would say it is nearly as available as heroin." An officer noted, "I get a lot of people who self-medicate with it ... or at least that's what they say."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were arrested while traveling in Muskingum County when state troopers discovered 390 grams of marijuana in their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 16, 2015). A canine officer alerted state troopers to a vehicle in Jackson County from which three pounds of marijuana were confiscated and the driver arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 21, 2015). State troopers discovered two pounds of marijuana in a vehicle pulled over for multiple traffic violations in Guernsey County; the driver was arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 18, 2015). Two individuals were arrested after they were pulled over in Guernsey County and state troopers discovered three pounds of marijuana concealed in a duffle bag in the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 1, 2015). A large marijuana grow operation was busted in Nelsonville (Athens County) when the Athens and Hocking Counties Major Crimes Units seized 84 plants in a residence during their search for a woman with

a warrant out for her arrest ([www.athensnews.com](http://www.athensnews.com), May 25, 2015).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. Many participants noted that the substance is becoming more socially acceptable in their region. A participant said, "It seems just like a matter of fact that most everyone you know smokes pot." Likewise, community professionals agreed that marijuana is more socially acceptable, as one professional commented, "I think [using marijuana] has become so much more open. People just talk about it. I mean I was at an auction last week and I met this lady who was 74 years old and she was like, 'I smoke marijuana.' And then she was telling me about how she makes these brownies that were laced with marijuana. It just seems like it's so much more acceptable to talk about it." The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

		Reported Availability Change during the Past 6 Months	
Marijuana	 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.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants commented: "I think [quality] ranges; It just depends on what they have, 'dank' (high-grade) or commercial." Many participants agreed that marijuana in southeast Ohio is the best in the state. One participant remarked, "Meigs County gold, which is 25 miles from here, so [high-quality marijuana is] everywhere." Another participant noted, "Our low [low-grade marijuana] is other places' high [high-grade marijuana]."

Reports of current marijuana prices were provided by participants with experience purchasing the drug. Participants expressed that the price of marijuana depends on the quality purchased, with commercial-grade marijuana as the cheapest form of the drug and high-grade selling for significantly more.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$25
	1/4 ounce	\$50
	an ounce	\$150
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$50
	1/4 ounce	\$100
	an ounce	\$250-400
	1/4 pound	\$300-400

Participants reported the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, many participants noted a surge in vaporizing marijuana extracts and concentrates (aka "dabs"). A participant explained, "I know these guys now that do this 'dabbing.' They go and buy this bad weed and they strip the weed for its THC (tetrahydrocannabinol) and they take this real hot iron or something and then 'hit it' (inhale the resulting vapors) like a bong."

A typical profile of a marijuana user did not emerge from the data. Participants continued to describe marijuana users as anybody. A participant remarked, "Everybody smokes pot here (Athens County), unless you're getting tested here at [the local treatment center]." Likewise, community professionals described typical users of marijuana as "across the board." However, a treatment provider noted, "I think

with veterans, there's a lot of marijuana use. My experience has been that it seems to help them with PTSD." Community professionals from throughout the region discussed generational use of marijuana and commented: "Parents put it in Christmas stockings; They smoke it around the dinner table." A probation officer reflected, "In probation ... I would say most of them have been daily smokers [of marijuana] since they were teenagers."

### Methamphetamine

Methamphetamine 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 '9.' One participant commented, "Everybody's making it." However, the majority of those interviewed had no first-hand experience with the substance. Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10.' A treatment provider reported, "I don't have any clients that use [methamphetamine], but I hear them say that it's everywhere." Another community professional indicated that there is more methamphetamine in Morgan and Perry counties than in Muskingum County.

Participants reported that methamphetamine is available in powdered (aka "one-pot" or "shake-and-bake") and crystal (aka "shards") forms, as one participant expressed, "You can get either: shake-and-bake or shards." Participants from across the region commented about the production of shake-and-bake, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), powdered methamphetamine can be produced in approximately 30 minutes in nearly any location by mixing the ingredients in small containers. A participant explained, "It's such an easy product. It's just so easy to make."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Children's services took two children into custody when Gallia County Sheriff's Office and Gallipolis Police officers dismantled a

methamphetamine lab at their residence ([www.wsaz.com](http://www.wsaz.com), Feb. 13, 2015). Three individuals were arraigned in Coshocton County Common Pleas Court for manufacturing methamphetamine ([www.coshocotribune.com](http://www.coshocotribune.com), March 3, 2015). A Muskingum County Sheriff's detective reported that they find about one meth lab per week, but one Sunday afternoon they found hundreds of bottles used for one-pot meth manufacturing inside a cattle trailer in a remote barn; the search is on for those connected to the stockpile ([www.otfca.net](http://www.otfca.net), March 17, 2015). Two residential methamphetamine labs were discovered in Perry County ([www.otfca.net](http://www.otfca.net), March 22, 2015). Perry County deputies and the Central Ohio Drug Enforcement Task Force arrested a man during a sting operation as he was traveling in Junction City (Perry County) with all components for methamphetamine manufacturing ([www.whiznews.com](http://www.whiznews.com), March 27, 2015). An active meth lab was discovered in a garage of a Thornville (Perry County) home; one man was arrested ([www.nbc4i.com](http://www.nbc4i.com), May 12, 2015).

Participants and community professionals reported that the general availability of methamphetamine has remained the same during the past six months. A law enforcement officer mentioned, "We have so many remote areas to dump [methamphetamine], it makes it easy for [users]. One guy who had a remotely located barn found [a one-pot lab] in his barn and didn't even know it was in there." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Methamphetamine	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 overall quality of methamphetamine as '10' and of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall

score was also '10.' However, a few participants reported that quality varies. One participant said the quality of methamphetamine depends on who makes it. Another participant commented, "[Quality of methamphetamine] depends on how they make it, like what they cut (adulterate) it with." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants also divulged that many users will purchase a box of pseudoephedrine and receive a 1/2 gram of methamphetamine or \$50 for the trade, as one participant explained, "The hardest part is getting the tablets (pseudoephedrine), but there is a hundred people out there, and if you give them \$50, they will go buy you a box." A few participants shared that some people in rural areas "bake [methamphetamine] for the money," and do not use the substance themselves.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered methamphetamine:	
	1/4 gram	\$30
	1/2 gram	\$50
	a gram	\$100
	1/16 ounce (aka "teener")	\$140
	1/8 ounce	\$225

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke, four would shoot and one would snort the drug. A participant reported, "Not too many people will snort [methamphetamine] because it burns like fire."

A profile for a typical methamphetamine user did not emerge from the data. While participants and community professionals were unable to provide a typical user description, a probation officer observed, "I have noticed that a lot of my meth users use heroin, too."

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current availability these drugs for illicit use 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 commented "If you got kids [prescription stimulants are available]." Treatment providers most often reported current prescription stimulant availability as '9-10,' while law enforcement reported current availability as '5-6,' the previous most common score was '10' for all community professionals. A law enforcement officer commented, "There are some (users) that do them, but I don't think that it is a big part of our (drug using) population right now." Participants identified Adderall®, Focalin® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use, while treatment providers identified Vyvanse® as most popular.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. A participant commented, "I know quite a few people who have been prescribed them for a long time." Community professionals also indicated that availability has remained the same. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of a decrease in Adderall® cases and an increase in Ritalin® cases.

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from people who have access to a prescription. A couple participants mentioned parents who sell their children's medication. One participant shared, "I know someone who does that ... they don't even give them to their kids, they just sell them." Another participant also explained, "You got parents whose kids are prescribed [prescription stimulants] and the parents are on heroin, so they are selling their kids pills to get heroin." A treatment provider reported, "College students and anyone who has kids can get them."

Participants reported that the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, all would snort the drugs.

Participants described typical illicit users of prescription stimulants as college students. A participant commenting on stimulant use in college students explained, "It helps them study for exams." Another participant added, "A lot of the 'frat' (fraternity) kids ... it seems like a lot of the frat boys are on Adderall®. Drinking those Monster® [energy drinks] and eating Adderall®." Treatment providers described typical users of prescription stimulants as college students and added, "Users who are now on Suboxone® because they can still feel that buzz."

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

Reports of current street prices for prescription stimulants were provided by participants with experience purchasing, or personal knowledge of someone selling the drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5-8 for 30 mg
	Ritalin®	\$5 for 5 mg

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were unable to discuss traditional ecstasy tablets as none had experience with this form of the drug during the past six months. Participants reported on the powdered form of MDMA (aka "molly"). They reported that the current availability of molly is variable, rating current availability inconsistently as between '1-7' 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' for molly and '7' for traditional ecstasy tablets. One participant commented, "I think [molly] is pretty available for college kids." Similarly, community professionals most often reported current availability of molly as '4-6,' the previous most common score was '3.' One treatment provider reported, "I have not seen a positive test for ecstasy or MDMA in years ... I think that there is a sub-culture."

Participants and community professionals reported that the availability of ecstasy and 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 decreased during the past six months.

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

Participants were unable to report on current pricing for molly. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral ingestion. A participant added that 'parachuting' molly is also common and explained, "My friends will put the powder in a little piece of toilet paper and then just swallow it."

Participants described typical users of molly as "college kids." A participant shared, "I have a class with quite a few younger guys, like 18-22 [years old], and they have molly on the weekends." Another participant reported, "I hear about [ecstasy and molly] at [music] festivals." Community professionals also described typical users of molly as college students. A treatment provider explained, "Remember, the college population is a very mobile culture and that's very different from what the locals are involved with, and the mobile population would be who might be handling the MDMA."

## Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains available in the region, albeit its current availability is low as reported by participants. Participants most often reported the current availability of synthetic marijuana as '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 '7-8'. Community professionals most often reported current availability as '2'; the previous most common score was '1.' A treatment provider commented, "It's considered passé [to use synthetic marijuana]. It's not even on their radar. Marijuana is so readily available, why would you even bother with K2?"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant explained, "It's gotten more difficult [to obtain]." However, another participant responded, "I guess [the availability is] probably the same because if you just order it off line you can get it delivered to your house." Community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A treatment provider reasoned, "There is no interest." However, 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	Decrease
	 Treatment providers	Decrease

Reports of current street prices for synthetic marijuana were inconsistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$25-50 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available from online stores. A participant reported, "You can get [synthetic marijuana] off the Internet still. You can get it delivered to your house."

Participants continued to report that the only route of administration for synthetic marijuana is smoking. Participants described typical synthetic marijuana users as "little stoners" and younger kids. Community professionals described typical users as a younger and those on probation.

## Other Drugs in the Athens Region

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, Lyrica® and Neurontin®, over-the-counter (OTC) medications and Seroquel®.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participant most often reported current availability of bath salts as '3-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported no exposure to this drug during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A bath salts operation was interrupted when Jackson County deputies ran a sting operation at an area motel and seized more than 40 grams of bath salts and arrested eight people ([www.wsaz.com](http://www.wsaz.com), May 18, 2015).

Participants reported that the availability of bath salts has remained the same during the past six months, but indicated that demand of the substance has decreased. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reports of current street prices for bath salts were inconsistent among participants with experience buying the drug. Reportedly, a small container which contains between 1/4 and 1/2 gram of bath salts sells for \$50. Participants reported that bath salts are not available in corner stores as previously, but are still available for online purchase. One participant commented, *"Pretty much all that synthetic stuff is on the Internet. You can order it still ... it's just your 'call' (risk) on getting caught."*

Participants reported that the most common route of administration remains snorting, but they also indicated additional methods. One participant explained, *"You can do the same thing to bath salts that you do with heroin, coke or anything. You can snort, 'shoot' (inject) it, smoke it."* Reportedly, bath salts are used in combination with marijuana and Xanax®.

### Hallucinogens

Participants reported on the availability of LSD (aka "blotter") and psilocybin mushrooms (aka "shrooms") in the region. Participants most often reported the current availability of both 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' for LSD and '8' for psilocybin mushrooms. One participant commented, *"It's not as common, but it is the season for shrooms."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Athens man was arrested for selling LSD to a confidential informant; a total of 200 unit doses of liquid and 'blotter paper' forms of LSD were confiscated between the sale and search of his apartment ([www.woub.org](http://www.woub.org), March 3, 2015).

Participants reported that the availability of LSD and psilocybin mushrooms has increased during the past six months. One participant commented *"Yeah, [availability has] changed 'cause it's the summer. For some reason the summer and hallucinogens go hand-in-hand."* The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Reports of current street prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Reportedly, LSD sells one "hit" (dose) for \$5-10; psilocybin mushrooms sell for \$20 for 1/8 ounce and \$60 for 1/4 ounce. Participants reported that hallucinogens are most often available at music festivals or through friends and acquaintances. Participants reported that the most common route of administration for these drugs is oral ingestion. Participants described typical users of hallucinogens as college age and "hippies." Reportedly, LSD and psilocybin mushrooms are often used in combination with marijuana.

### Inhalants

Although participants did not discuss inhalants, community professionals mentioned a few things. A treatment provider commented on the prevalence of inhalants, *"People get very creative with 'huffing' (inhaling intoxicants). They will take different things and put them in a bag and huff it and get high on the fumes ... like feces. There are people out there that are huffing rather unusual things to get high. I think that huffing is quietly kind of out there, but I think there is a lot of shame about it, so no one is talking about it."* Community professionals described inhalant users as typically teenagers.

### Lyrica® and Neurontin®

Few participants reported that Lyrica® and Neurontin® (anti-convulsants) are also available on the street. Participants most often reported the current availability for Lyrica® and Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely

easy to get). Participants reported that the availability of these drugs has increased during the past six months. Reports of current street prices for Lyrica® and Neurontin® were consistent among participants with experience buying these drugs. Reportedly, Lyrica® 75 mg sells for \$1.50; Neurontin® 300 mg sells for \$2. The most common route of administration for either drug is oral ingestion.

### OTC Medications

Treatment providers reported that they have had clients who sought treatment for OTC medications (codeine syrup, Coricidin®, dextromethorphan, pseudoephedrine and Robitussin DM®) during the past six months. Also, a medical professional shared, *"I had one case, a woman, who passed away. [She] had overdosed on 60 or 90 tablets of Mucinex® D. I think that since it's a decongestant, at super high doses people are able to get high."*

### Seroquel®

Interestingly, both participant and community professional groups continued to report on the availability of Seroquel® (anti-psychotic) in the region. Participants reported high availability of the drug and most often reported its current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported moderate availability of Seroquel® and most often reported current availability as '6;' the previous most common score was '10.' A treatment provider explained, *"So in treatment when we say 'You can't use this.' 'We are testing for this,' that's when they go after the Seroquel® and ... you know that they are on something."*

Participants reported that the availability of Seroquel® has increased during the past six months. Community professionals reported that the availability of Seroquel® has remained the same during the past six months. A probation officer commented, *"I think we are just more aware of [Seroquel® abuse] now."*

Participants reported that the most common route of administration is oral ingestion. A participant shared, *"Chew it up so it will hit you faster."* Participants discussed how Seroquel® is obtained and one commented, *"It's easy to get from the doctor and off the street."* Another participant explained, *"When you're coming off of addiction, they give it to you to help you sleep."* Another participant added, *"[Seroquel® is] mostly in jail!"*

## Conclusion

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

Participants agreed that heroin is one of the most available substances in the region. A coroner remarked that heroin is the most available drug next to marijuana. While many types of heroin are currently available in the region, participants reported the availability of black tar and white powdered heroin as most available. Participants also mentioned brown and blue-colored powdered heroin.

A probation officer commented on the availability of blue powdered heroin, reporting that a person on his caseload overdosed on blue heroin this past March. Participants discussed the quality of blue heroin and shared that its quality is supposedly "better" than other types of heroin. A participant further shared knowing someone who overdosed on blue heroin recently. The BCI London Crime Lab noted that much of the powdered heroin cases they've processed during the past six months have been a heroin-fentanyl mix, and sometimes even straight fentanyl.

A majority of participants in the region, with the exception of participants in Muskingum County, conveyed that clean, unused needles have become increasingly difficult to obtain during the past six months. Participants reported purchasing needles from drug dealers. Participants and community professionals expressed concerns about needle use.

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several participants explained that they turned to heroin use because they could not obtain prescription opioids, or enough prescription opioids, to maintain their addiction. Treatment providers proposed that decreased availability is due to fewer prescriptions being written. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months. In addition, the lab reported seeing fake pharmaceutical tablets, although

not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin.

Methamphetamine remains highly available in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine. Participants divulged that many users will purchase a box of pseudoephedrine (an ingredient necessary for methamphetamine production) and receive a 1/2 gram of methamphetamine or \$50 for the trade. In addition, a few participants shared that some people in rural areas manufacture methamphetamine for sale and not for personal

use. And, while participants and community professionals were unable to provide a typical user description, a probation officer observed that many methamphetamine users are heroin users, too.

Finally, despite legislation enacted in October 2011 banning the sale of synthetic marijuana, the drug continues to be available from online stores. Participants reported not knowing of any retail establishments in the region which continue to sell synthetic marijuana. Participants and community professionals continued to describe typical users of synthetic marijuana as “younger kids” and individuals on probation.