



### 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, Belmont and Gallia 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 Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio and includes data from BCI’s Athens and Cambridge offices. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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, 2014	11,560,380	583,689	43
Gender (female), 2014	51.1%	50.3%	64.3% <sup>2</sup>
Whites, 2014	84.8%	96.8%	87.8% <sup>3</sup>
African Americans, 2014	13.6%	3.2%	2.4%
Hispanic or Latino Origin, 2014	3.3%	1.0%	0.0% <sup>4</sup>
High School Graduation Rate, 2014	82.6%	89.5%	79.1%
Median Household Income, 2014	\$49,349	\$40,682	\$12,000 to \$19,999 <sup>5</sup>
Persons Below Poverty Level, 2014	15.3%	18.7%	70.0%

<sup>1</sup>Ohio and Athens region population statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

<sup>2</sup>Gender was unable to be determined for 1 participant due to missing and/or invalid data.

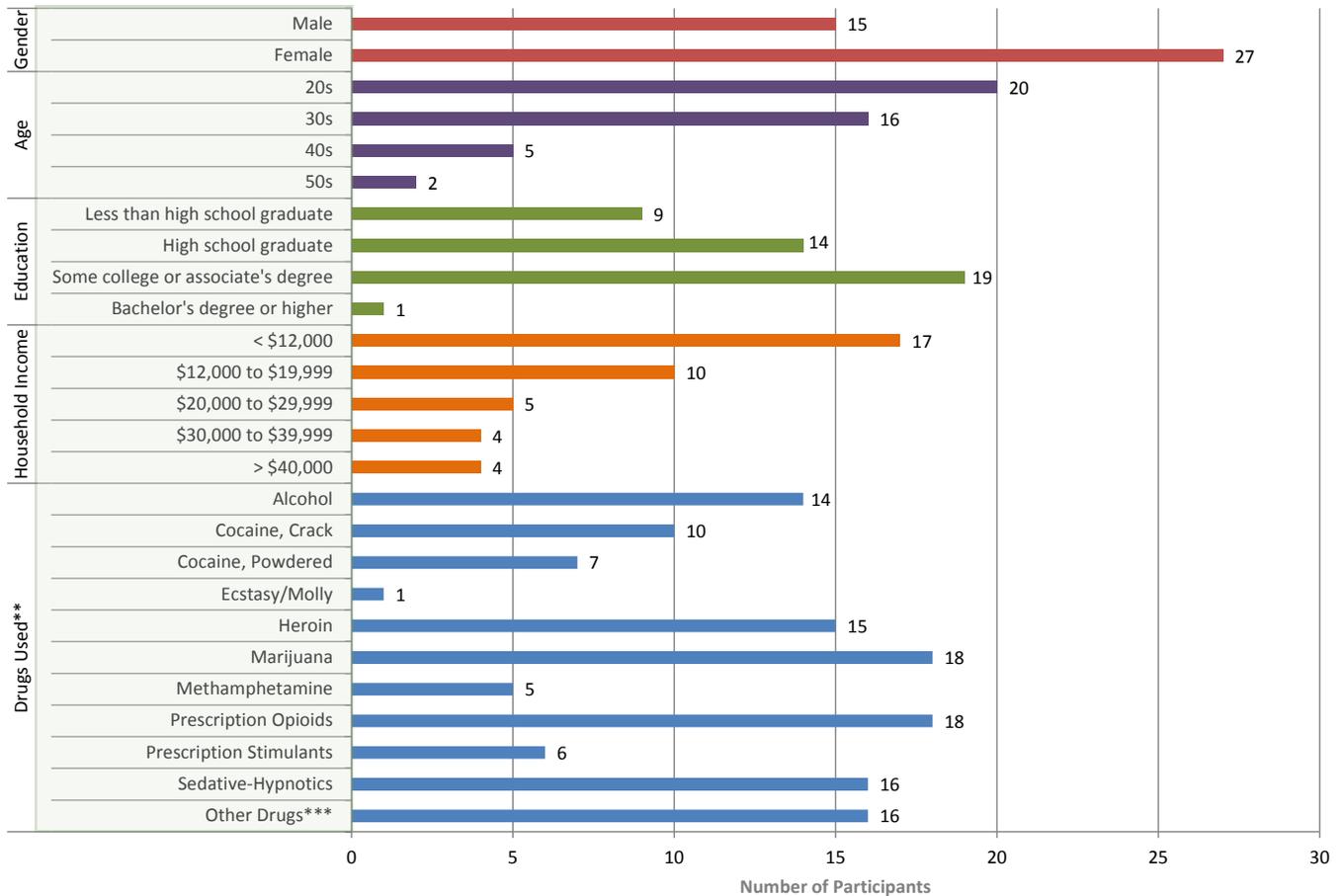
<sup>3</sup>Race was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>5</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income and poverty statuses were unable to be determined for 3 participants due to missing and/or invalid data.

### Athens Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=43)



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

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

\*\*\*Other drugs included: synthetic marijuana and other prescription drugs (Neurontin®, Suboxone®, Subutex®).

## Historical Summary

In the previous reporting period (January – June 2015), heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Athens region. Decreased availability existed for prescription opioids and synthetic marijuana, and likely decreased availability existed for Suboxone®.

Participants agreed that heroin was one of the most available substances in the region. A coroner remarked that heroin was the most available drug next to marijuana. While many types of heroin were 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 as available during the reporting period.

A probation officer reported a person on his caseload had overdosed on blue heroin in March 2015. Participants shared that the quality of blue heroin was supposedly “better” than other types of heroin and one participant knew someone who overdosed on blue heroin during the reporting period. The BCI London Crime Lab noted that many of the powdered heroin cases they processed during the reporting period had been a heroin-fentanyl mixture 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 were increasingly difficult to obtain and 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 decreased during the reporting period. Several participants explained that they turned to heroin use because they could not obtain prescription opioids, or enough of these medications, to maintain their addiction. Treatment providers proposed that decreased availability was due to fewer prescriptions written. The BCI London Crime Lab reported that the number of prescription opioid cases it processed had generally either decreased or remained the same during the previous six months. In addition, the lab reported on fake pharmaceutical tablets that were discovered; alprazolam (Xanax®) was found in “OxyContin®” tablets and a few tablets were found to be pressed heroin.

Methamphetamine remained highly available in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing crystal, brown, off-white and white powdered methamphetamine. Participants divulged that many users would trade a box of pseudoephedrine (an ingredient used in methamphetamine production) for \$50 or for a half gram of methamphetamine. In addition, a few participants shared that some people in rural areas manufactured methamphetamine for sale and not for personal use. While participants and community professionals were unable to provide a typical user description, a probation officer observed that many methamphetamine users were heroin users as well.

Finally, despite legislation enacted in October 2011 which banned the sale of synthetic marijuana, the drug was still available from online stores. Participants were unaware of any retail establishments in the region that sold the drug. Participants and community professionals continued to describe typical users of synthetic marijuana as “younger kids” and individuals on probation.

## 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.’ Treatment providers most often reported current availability as ‘5,’ while law enforcement most often reported it as ‘10;’ the previous most common score for community professionals was ‘5.’ A treatment provider stated, *“It’s here if you want it. It’s just not a hot topic.”* A probation officer remarked, *“It’s easy to get.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) confiscated 46 grams of cocaine and 99 grams of heroin in Guernsey County after observing marijuana in plain view in a vehicle which led to a probable cause search ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 5, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. A participant reflected, "It's been pretty available for a while." Treatment providers also reported that availability of the drug has remained the same during the past six months, while law enforcement reported an increase in availability. Several treatment providers reported that powdered cocaine is not usually identified clients as a drug of choice. 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	No change
	 Law enforcement	Increase
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7'. However, participants continued to complain about quality: "Powder (cocaine) is crap; I am from [Belmont County] and it's shit, but in Wheeling (West Virginia) it's good. They didn't put a bunch of 'cut' (adulterant) in it."

Participants reported the top cutting agents for powdered cocaine as baby laxatives, baking soda and vitamin B-12. A participant explained, "[Cocaine dealers] don't care ... whatever they can put in it, as long as they get their money." Overall, participants reported that the general quality of powdered cocaine has remained the same during the past six months. Some participants added that they purchased powdered cocaine to "cook it up" and turn it into crack cocaine. Participants explained that they do this in order to control the quality of the drug, as one participant explained, "If you cook it yourself, you know what you got."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants indicated that the price of powdered cocaine has remained the same during the past six months and added that the most common quantity purchased is a gram.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$25-50
	A gram	\$100
	1/16 ounce (aka "teener")	\$125
	1/8 ounce (aka "eight ball")	\$200+

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, six would shoot, three would snort and one would smoke the drug. One participant commented, "Most people that I know that do cocaine, they snort it." Participants suggested that shooting cocaine has increased. A participant reflected, "If I am in a room with 10 people, we are all going to be shooting it because that's who I surround myself by ... people who shoot drugs ...." Another participant commented: "The needle is an epidemic nowadays, so I would say most people would probably be shooting it."

Participants most often described typical powdered cocaine users as college age, female and of a higher socioeconomic status. One participant commented, "It seems to me that the more money a person has, they are more apt to use cocaine ... in upper-class societies, people seem to [use powdered cocaine] more consistently ...." Another participant countered, "I have seen rich people do it. I have seen poor people use it." Community professionals described typical users as college students. A treatment provider commented, "It's really big in college."

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "Oh, it's easy [to get crack cocaine], and it's been that way for a while." Another participant commented, "With my connect, [crack cocaine] was coming up from Florida, stopping here (Belmont County), and then heading up to Toledo." Treatment providers most often reported current availability of crack cocaine as '8,' while law enforcement most often reported availability as '2;' the previous most common score was '5' for both groups of professionals. A probation officer explained, "I haven't heard that much about it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police confiscated a large amount of crack cocaine, pills, weapons and cash from a home in Bidwell (Gallia County) ([www.wsaz.com](http://www.wsaz.com), Aug. 26, 2015). A man in Doanville (Athens County) was sentenced to four and a half years in prison after he accidentally shot his wife in the legs while under the influence of crack cocaine; their two children were home at the time, but did not witness the event ([www.athensnews.com](http://www.athensnews.com), Nov. 1, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A participant shared, "For me personally [availability has remained the same], but I only had one dealer and he either had [crack cocaine] or he didn't ... and if he didn't, you would get heroin or something else or we would have to wait around ...." 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' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-6'. Reports on quality varied drastically among participants with experience using crack cocaine. Participants commented: "I always went to the same person and if they have good powder, then they have good 'hard' (crack cocaine); You got to go into the city to get the good stuff; It all depends on who you get it from and when." A participant commented, "Anymore, you just can't tell [quality of crack cocaine] by the color. It used to be that the yellow was good, but now it's just whatever because they are just 'stepping on' (adulterating) it to get that money."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby Tylenol®, baby laxative, baking soda, vitamins and "anything yellow" (to give the illusion of high quality). One participant commented, "The thing about stepping on cocaine or crack is that it's usually like laxative or vitamins. Anything that's clear or the same color." Overall, participants most often reported that the quality of crack cocaine has remained the same during the past six months. Many participants indicated that the quality of crack cocaine is more stable when the user has a steady dealer.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>levamisole (livestock dewormer)</li> </ul>

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug, who reported that the most common amount purchased is 1/10 gram for \$10. Participants clarified: "It's not weighed. I would just give [the dealer] what money I had and he would give me whatever; It's just a little rock smaller than an M&M."

Participants reported that 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 (aka "shoot") the drug. One participant remarked, "Hell, I smoke it and shoot it [in the same sitting]." Participants indicated an increase in shooting the drug. One participant commented, "I have been running into a lot of people lately that are just so into the shooting, that they will break [crack cocaine] down and shoot it."

A profile for a typical crack cocaine user did not emerge from the data. A participant commented, "I think it's getting harder to differentiate what people do just by looking at them because most people are doing more than one [drug]." Community professionals described typical crack cocaine users as 25-45 years of age.

## Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both groups of respondents. A participant commented, "It's so easy to get. I hear more about heroin than I do anything else." A treatment provider stated, "Heroin is an epidemic in this county (Athens)."

While many types of heroin are currently available in the region, participants and community professionals reported black tar heroin as most available. However, participants reported on a variety of heroin types as available in the region, including brown and white powdered heroin. A participant in Belmont County reported, "You can drive to Akron to get the 'china white' (heroin with fentanyl)." Only one participant mentioned the presence of blue-colored powdered heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple in Vinton County was arrested after selling heroin out of their home to a man who later overdosed and died ([www.wsaz.com](http://www.wsaz.com), Aug. 18, 2015). OSHP stopped a vehicle in Jackson County; the driver was asked to wait in the patrol unit and, while in there, placed 32 grams of heroin beneath the K-9 (canine) officer's kennel ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 3, 2015). Another individual was arrested when a K-9 officer alerted troopers to a vehicle during a traffic stop and the suspect was caught trying to hide just over 100 grams of heroin in the patrol vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 13, 2015). Two ring leaders of a heroin and cocaine drug trafficking operation in Glouster (Athens County) pled guilty to multiple felonies and now face 14-26 years in prison ([www.nbc4i.com](http://www.nbc4i.com), Oct. 19, 2015). Four individuals in Nelsonville (Athens County) are facing charges due to alleged heroin trafficking from the Columbus area to Athens County ([www.athensnews.com](http://www.athensnews.com), Dec. 6, 2015). Two Glouster residents were charged with drug and invol-

untary manslaughter charges following the death of an individual in their home due to opioid overdose ([www.athensnews.com](http://www.athensnews.com), Dec. 13, 2015).

Community efforts in fighting against the opioid epidemic in the region have also been highlighted by media during the past six months. The Hocking County Municipal Court reported continued success of the Drug Court supporting Vivitrol® (a medication assisted treatment for opioid addiction) ([www.lancastereagle.com](http://www.lancastereagle.com), Sept. 5, 2015). The Athens County Prosecutor's Office, in partnership with a local treatment provider has launched their *Fresh Start Initiative* to address the opioid problem by providing treatment for those who want it in hopes to reduce crime; treatment includes a combination of Vivitrol® treatment and counselling ([www.athensnews.com](http://www.athensnews.com), Dec. 27, 2015).

Participants from across the region agreed that the availability of heroin has rapidly increased during the past six months. Participants commented: "It just keeps getting easier and easier; More and more people are trying to buy and sell it, even if they don't do it." Another participant added, "I am seeing more people using heroin, even those who used crack (cocaine) previously." Community professionals reported that the general availability of heroin has remained the same during the past six months. Law enforcement commented, "I think it's really high, but it has stayed the same. The market is flooded." The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes have increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current general quality of heroin as '5-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '2' or '7'. Participants noted that the quality of heroin often fluctuates from day to day, as several participants shared: "One day you can go and buy some really, really good dope, then the next day you go back to the same exact person and it's 'dirt' (poor

quality); I would say one out of every three batches is a good one." Many participants complained that white powdered heroin is not pure and users would have to drive outside of the region to obtain that type. One participant reflected, "I don't know what they do to the 'blue' (colored heroin), but I know it's way better." Another participant added, "It all depends on how much it's been cut, no matter what color it is."

Participants reported that heroin in the region is most often cut with nutritional supplements, prescription opioids (including fentanyl), prenatal vitamins and Xanax®. A participant commented, "They say that stuff that's cut with fentanyl is good, but it's killing people." Participants explained that Xanax® is used, "So you get more nodding effects." Other cuts are typically used based on their appearance and the ability to blend it with the substance, such as white and brown sugar. A participant explained that brown powdered heroin is cut with, "Pretty much anything that's brown: brown sugar, dirt." Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab continued to note 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/acetyl fentanyl</li> <li>● mannitol (diuretic)</li> <li>● triacetin (glycerin triacetate, a food additive)</li> </ul>	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug and did not differ depending on the type of heroin purchased. The most common quantity purchased is 1/10 gram. A participant commented, "You're not going to find a gram down here, you can drive up to Columbus and bring it back down here and sell some of it." Other participants explained: "You can get a gram [in the region], but they would have to do it by tenths; Down here you probably have to buy like ten bags to get a gram."

Participants indicated that the price of heroin has increased during the past six months and reported paying higher prices depending on quality. Several participants reported paying up to \$50 for 1/10 gram if it was high quality. A participant commented, "The better it is, the more

it is. I never paid no less than \$50, but it was good. It was worth it, but I OD'd (overdosed) on it, too. I mean he told me it was good, but I was thinking, 'Well, they all say that,' so I drew up the whole thing [in a syringe] and 'blasted it' (injected) and 'fell out' (overdosed)."

Heroin	Current Prices for Heroin	
	1/10 gram (aka "folds")	\$25-50
	1/2 gram	\$100
	A gram	\$200

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 users, nine would shoot and one would smoke the drug. A participant commented, "Most people I know all shoot it." Other participants surmised: "Mostly all would be shooting. It's just occasionally someone would not shoot; If you are 'dope sick' (going into withdrawal), you are going to shoot it." Additionally, most participants asserted that users typically begin heroin use by snorting and quickly progress to shooting. One participant observed, "I started snorting it, but that didn't last long."

Participants reported that needles are most often available from heroin dealers and added that users can also obtain needles from the Gallia County Health Department and the health department in Wheeling, West Virginia. Most participants reported that there are limited pharmacies and medical supply stores that will sell needles without a prescription. A participant explained that individuals usually have to show identification to purchase needles. However, a few participants shared, "You can go to the store and get them now because of the outbreak of hepatitis and syphilis. You just got to show ID now."

Pricing for needles were consistent among those with experience buying them. Reportedly, the most common street price is \$5 per needle and many participants explained that needles are often reused. One participant remarked, "A lot of people just reuse 'em, and reuse 'em, and reuse 'em." Furthermore, sharing needles is not preferred, but is common practice. A participant remarked, "If you're 'sick' (going through withdrawal), you do it." Another participant admitted, "[Sharing needles is] not something that I would do. I mean, there's like three people that I share with, but not someone I didn't know." Some participants reported

that they are not concerned with sharing needles because they already have hepatitis and most people that use needles have contracted it already.

A profile for a typical heroin user did not emerge from the data. Participants and community professionals continued to report that heroin users can be anyone. A participant commented, "Everyone does it now." A treatment provider posited, "It doesn't discriminate." A law enforcement officer reflected, "We've very different varieties of people [using heroin]."

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street 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 also most often reported current availability as '10'; the previous most common score was '5-8'. A law enforcement officer commented, "I feel like doctors just dish them out."

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants commented: "Roxies' (Roxicodone®) and 'perks' (Percocet®) are the most popular; Fentanyl is the hardest to get." Community professionals identified Dilaudid®, fentanyl, Percocet®, Roxicodone®, Ultram® and Vicodin® as most popular.

Corroborating data also indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 850 du (dose units) of oxymorphone and 596 du of oxycodone in two separate seizures in February 2015: one in Jackson County and the other in Gallia County.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant executed at a home in Racine (Meigs County) yielded 947 oxycodone pills, 50.7 grams of crack cocaine, 48.6 grams of heroin, several pounds of marijuana, marijuana plants, firearms and over \$20,000 cash ([www.athensmessenger.com](http://www.athensmessenger.com), Oct. 3, 2015). A woman's attempt to transfer prescription medication to her incarcerated husband by attaching it to the wall of an elevator in the Perry County Courthouse failed when deputies found the medication lying on the floor ([www.nbc4i.com](http://www.nbc4i.com), Dec. 23, 2015).

Participants most often reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, "I think it's harder to

get now than it used to be." Participants suggested that the decrease in availability is due to decreased prescribing by physicians and commented: "You can rarely get a doctor to prescribe 'em; Harder [to obtain], because everyone's getting cut off now." Community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider stated, "It's always been out there and easy to 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 fentanyl, Opana®, OxyContin®, Percocet® and Ultram®. In addition, the lab once again 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	No change
	 Treatment providers	No change

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram plus a "tax." A participant commented, "It's just that they are so expensive. You can get higher off of \$20 heroin than \$30 of pills." The majority of participants felt that the price of prescription opioids has increased during the past six months. A participant said, "[Dealers] charge double the price for what they are worth." Another participant explained that dealers often inflate the price so they can get extra money to buy their own pills.

Current Street Prices for Prescription Opioids		
Prescription Opioids	Percocet®	\$6-7 for 5 mg \$10-12 for 10 mg
	Roxicodone®	\$20 for 15 mg \$40 for 30 mg
	Vicodin®	\$3 for 5 mg \$7-10 for 7.5 mg

Participants reported most often obtaining prescription opioids through personal prescription or from family members or friends who have them prescribed. A participant reported, "Somebody would share their prescription. I don't know any flat-out pill dope dealers." Another participant divulged, "Family member with a script [or] old people who are dying with a script. I would scrub their bathroom [and] clean their house and they'd give me their pills." One participant remembered, "I know a girl who had her boyfriend break her finger so she could get them [prescribed]."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, five would snort, four would shoot and one would smoke the medications. Participants explained: "Some people would be snorting 'em, some would be shooting 'em. 'Thirties' (Roxicodone® 30 mg), some people would be smoking those; if it was 'roxy' (Roxicodone®) or 'oxy' (oxycodone) you'd shoot it; I mean, the higher the milligram, I would shoot it." A treatment provider reported, "My clients all say they snort them."

A profile of a typical illicit prescription opioid user did not emerge from the data. Most participants, when asked to describe a typical illicit prescription opioid user, used general words like "anyone" and "everyone." One participant stated, "Really, you can say anybody." Participants also said users are often older, in their 40s and 50s, and often those with legitimate pain issues. A participant commented, "People who go for pain management." Community professionals also found it difficult to describe typical illicit prescription opioid users and reported that anyone "across the board" is likely to illicitly use these medications.

### 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 commented, "You can get them anywhere. People are going to the doctor to get them just to sell them." Participants reported the most available type of Suboxone® as sublingual

filmstrip (aka "strips") and added that Subutex® is more difficult to obtain. A participant explained, "They are hard to get from doctors." Community professionals most often reported current street availability of Suboxone® as '10'; the previous most common score was '7-8'. A treatment provider reported that the high availability of the drug is due to a growing number of clients receiving medication assisted treatment for opiate addiction.

Participants reported that the availability of Suboxone® has increased during the past six months. One participant purported, "There are more clinics [dispensing Suboxone®]." A participant reported that Subutex® has also increased in availability and commented, "They have gotten real easy to get because all you have to do is go to the doctor and tell them you are allergic to Suboxone®, and they have to give you Subutex®." Treatment providers reported that the availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant explained, "With the strips, I can get them for \$10 because more people want the 'pills' (Suboxone® tablets), and so the pills are more like \$20." Another participant added "Subutex® is more expensive because you can still get high on heroin." Reportedly, Subutex® sells for \$35-40.

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$10-20 for 8 mg
	tablet	\$25-30 for 8 mg

Participants most often reported obtaining Suboxone® for illicit use through personal prescription or from someone else who has a prescription. A participant commented, *"Everybody gets scripts now. It's not hard [to obtain Suboxone®]."*

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is sublingual, intravenous injection (aka "shooting"), followed by snorting; the most common routes of administration for Subutex® are snorting and oral consumption. One participant remarked, *"Nobody is putting those under their tongue, they are all shooting or snorting."* Several participants commented that they like the strips because they are easier to shoot.

Participants and community professionals described typical illicit users of Suboxone® as opiate addicts who use the drug to avoid withdrawal.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Community professionals most often reported current availability as '8-10'; the previous most common score was '9.' Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while community professionals reported that availability has remained the same. Participants reported: *"Doctors don't like to prescribe them anymore; From what I hear on the streets, it's gotten a lot harder to get."* One participant reasoned, *"The people [doctors] are prescribing them to are addicted to them and they are holding them. They know what it's like to not have them and they know not to keep bugging their doctor for more, so they hold on to them mostly."* 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 Ativan® and Xanax®.

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 the drugs. A participant added, *"It's supply and demand ... so if it's harder to find, it's gonna be pricier."* Participants indicated that the street prices of these drugs have increased during the past six months. One participant remarked, *"In the last two years they have doubled in price."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1 per mg
	Klonopin®	\$1 per mg
	Valium®	\$2 for 1 mg \$4 for 2 mg
	Xanax®	\$1-2 for 0.5 mg \$4-5 for 1 mg \$10 for 2 mg

Participants reported most often obtaining these drugs through personal prescription or from someone who has a prescription. A participant reflected, *"They're really hard to find on the street anymore."* Another participant commented, *"You have to know someone that gets them prescribed."* One participant shared, *"My sister is prescribed Xanax®, my neighbor, Klonopin® and my dad, Ativan®, so it's always easy for me [to get sedative-hypnotics]."* Other participants said: *"The way my doctor explained it, is they only keep you on it for like three months now; I think it has to do with the heroin epidemic around here."*

Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs. A few participants added that these drugs can also be intravenously injected. One participant shared, *"I've seen people mix 'em with heroin."*

Participants described typical illicit users of sedative-hypnotics as women and older (50s). Community professionals described typical illicit users as opiate addicts, illicit Suboxone® users and females.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current 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' for both groups of respondents. A participant reported, "It's harvest season right now, so everyone's got [marijuana]." Another participant remarked, "It's easier to get 'pot' (marijuana) than cigarettes." A law enforcement officer referred to marijuana use in the region as inter-generational. Another officer stated, "Heroin is so prevalent [that] marijuana isn't talked about anymore."

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported current availability of marijuana extracts as '10'. A treatment provider reported, "In the last six months, I have had juveniles (clients) and 100 percent of them were doing dabs."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three illegal marijuana growing sites were found during an Athens County helicopter search ([www.athensnews.com](http://www.athensnews.com), Aug. 5, 2015). A Lodi Township (Athens County) resident was arrested after 88 marijuana plants were found inside of his home along with dried marijuana and the contents to make marijuana "butane honey oil" (dabs) ([www.athensnews.com](http://www.athensnews.com), Aug. 26, 2015). Four men were jailed in Perry County after seizure of 36 pounds of marijuana and 15 large marijuana plants ([www.otfca.net](http://www.otfca.net), Sept. 23, 2015). A K-9 officer alerted OSHP to a vehicle pulled over in Jackson County in which they discovered eight pounds of 'BC Bud' (high-quality marijuana from British Columbia, Canada) concealed in the car's trunk ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 5, 2015). A man was arrested in Jackson County after OSHP discovered

13 pounds of hydroponic (high-quality) marijuana in his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 20, 2015).

Participants reported that the general availability of marijuana has remained the same during the past six months. Participants reported, "This area has always been easy [access for marijuana]." However, some participants believed that availability has decreased and reasoned: "Everybody is doing heroin now ... I mean, it's still easy to get, but it's not like it was; I think it's harder to get [because] everyone is selling the harder grade drugs now; I don't hear anyone talking about 'weed' (marijuana) anymore." A few participants also added that low-grade marijuana is now more difficult to obtain than high grade.

Community professionals reported that the availability of marijuana has remained the same during the past six months, although law enforcement noted increased social acceptability for the drug. 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	

Participants 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'. One participant commented, "I think [quality] depends on the time of the year. Now, it's pretty good." However, another participant said, "We always have good weed." Participants most often rated the current quality of marijuana extracts and concentrates as '10' as well.

Overall, participants indicated that the quality of marijuana has remained the same during the past six months. Yet some participants commented: "You always hear the old timers talk about how the 'pot' (marijuana) back then was not so great. Now it's like, 'Wow!' and it's getting better; It's got a lot better."

Reports of current prices for marijuana were provided by participants with experience buying the drug. The most common quantity purchased is 1/8 ounce for marijuana. Participants explained that prices can differ depending on the amount purchased as well as a user's personal connection to the seller. A participant shared, "The more you buy, the less it is." Another participant added, "Less [money] if you know the person."

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$25
	1/4 ounce	\$50
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$50
	1/4 ounce	\$100
	An ounce	\$350-400

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would vaporize the drug. One participant commented, "All 10 of us would be smoking [marijuana], sitting around waiting on the crack (delivery of crack cocaine)." Many participants mentioned that vaporizing marijuana is becoming more popular. Additionally, a participant shared having made brownies laced with marijuana.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical users as anybody and everybody. Some participants added that users are often of mellow temperament and "people who wear tie-dye."

## Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current 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 commented: "I know it's easy [to obtain]; I think it's just as big as heroin now." Community professionals most often reported current availability as '8-10'; the previous most common score was '10'. A treatment provider reported high availability, "Even with all of the busts (methamphetamine arrests)." A probation officer commented, "[Methamphetamine] is pretty available."

Participants reported that although methamphetamine is available in powdered and crystal forms throughout the region, powdered (aka "shake-and-bake" or "one-pot") is the most available type. Participants commented: "The shake-and-bake is way more available, while the 'shards' (crystal methamphetamine) are not as easy [to obtain]; Mostly everything here is shake-and-bake." Shake-and-bake, or one-pot, typically refers to powdered methamphetamine which is produced 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.

Participants who reported personal use of the drug also reported personally manufacturing the drug. Participants explained: "Meth' (methamphetamine) is easy to make if you know what you're doing; You can go to the store and buy everything you need; There's like videos and stuff [on how to make methamphetamine]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested for manufacturing methamphetamine in the presence of a juvenile in Athens County ([www.athensnews.com](http://www.athensnews.com), Aug. 19, 2015). A traffic stop in McArthur (Vinton County) led to three arrests after police found methamphetamine-making materials in a vehicle, as well as a needle in one of the individual's pocket ([www.wsaz.com](http://www.wsaz.com), Aug. 22, 2015). Two men in Gallia County were sentenced to four years in prison after police found a mobile

methamphetamine lab in their vehicle ([www.mydailytribune.com](http://www.mydailytribune.com), Sept. 1, 2015). Central Ohio Drug Enforcement Task Force agents seized 166 grams of methamphetamine, 26 grams of cocaine, 16 grams of heroin, a large number of prescription pills, two weapons and \$31,000 cash from a Zanesville (Muskingum County) residence ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Sept. 8, 2015). BCI and the DEA (US Drug Enforcement Administration) provided the Athens County Sheriff's Office with a trailer and equipment to aid in the neutralization of methamphetamine labs ([www.athensmessenger.com](http://www.athensmessenger.com), Oct. 10, 2015).

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. One participant explained, "In the last six months, if anything has gotten easier to get, it's [methamphetamine]." Another participant observed, "More people are on it." Very few participants reported difficulty in obtaining this drug and those who did cited law enforcement efforts as the reason. One participant shared, "For me, it's been harder because everyone keeps getting busted." 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	Increase
	 Law enforcement	Increase
	 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); the previous most common score was also '10'. In addition to the variety of chemicals typically used to manufacture methamphetamine, participants mentioned Adderall®, ketamine (anesthetic typically used in veterinary medicine) and brick wash as adulterants (aka "cuts") for the drug. A participant stated, "We never put anything in ours, but I hear of people adding Adderall® to get it to go farther." Another participant ex-

plained, "They put [other substances] in there because when you make the meth, a box of Sudafed® will only get you three grams, and so [the cuts] will stretch it so you can sell half of it and 'do' (use) the other half." Participants reported that the general quality of methamphetamine has remained the same during the past six months. One participant disclosed, "Last [batch of methamphetamine] I got was pretty damn good."

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Trading ingredients used to manufacture methamphetamine for the actual drug is common practice. One participant disclosed, "We had 'smurfs' (individuals who purchase pseudoephedrine to supply to meth cooks) that would bring us boxes [of Sudafed®] and we would give them a 'fifty' (\$50 worth; approximately 1/2 gram)." Participants shared: "I could trade boxes of Sudafed®, but I don't know how much I got; I never really paid for it. [It was just the] cost of a box of Sudafed®; They don't weigh, they just say, 'You want \$10 line? You want a bag?'" Another participant revealed, "I never really bought it because I was making it."

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/10 gram	\$20
	1/2 gram	\$50

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. One participant reported, "Most people I hung with injected it." Another participant commented, "I injected it and snort it and smoked it, too." Similarly, a participant shared, "Half smoke and half shoot ... I did both all the time." Other participants related: "Everyone I was around smoked it and shot at the same time; I've seen people snort it and smoke it at the same time."

A profile for a typical methamphetamine user did not emerge from the data. A participant shared, "All the meth users I ever met were all heroin users first." Community profes-

sionals described typical methamphetamine users as young adults of lower socio-economic status. A probation officer added, *“Especially transitioning age youth, 18-24 (years).”*

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current street 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 remarked: *“Pretty easy to get; Everyone’s got it.”* Participants indicated that prescriptions stimulants are more available on college campuses. One participant said, *“I’m a student, so it’s a little bit different ... I hear a lot about these around campus.”* Treatment providers most often reported current street availability of prescription stimulants as ‘10’, while law enforcement rated it as ‘3-4’, the previous score was ‘9-10’ for both professional groups. A treatment provider commented, *“They’re all easy to get.”* Participants identified Adderall® and Focalin® as the most popular prescription stimulants in terms of widespread illicit use.

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A law enforcement officer commented, *“It’s the same. It goes in spurts.”* A probation officer stated, *“It’s not anymore available than it ever has been.”* 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 an increase in Adderall® cases and a decrease in Ritalin® cases.

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 varied among participants with experience buying these drugs. According to participants, Adderall® 15 mg sells for \$4 apiece. Participants reported that trading these medications in return for other drugs of choice is common practice. One participant commented, *“People will trade you a handful of ‘addies’ (Adderall®) for a ‘bump’ (dose) of ‘subs’ (Suboxone®).”* Another participant confirmed, *“I had a guy who would trade me 30 Focalin® for two Subutex®.”*

In addition to obtaining prescription stimulants from dealers, participants reported obtaining these drugs for illicit use most often from someone they know with a prescription, including their children and college students. A participant reported, *“[Dealers] can like walk down the street [at a college campus] and say, ‘Hey, I have Adderall®.’ They can get rid of a bottle a day.”* A participant explained, *“Everyone wants heroin, so you can trade [heroin] to get all their pills.”* Another participant shared, *“Mothers get it for their kids and then sell it.”* Another participant related, *“I have three adopted brothers and their mom was going to three different doctors and getting three different prescriptions and selling them all!”*

While there were a few reported ways of using prescription stimulants, participants reported that the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort, one would orally consume and one would intravenously inject (aka “shoot”) the drugs. A participant stated, *“Everyone would generally snort them.”* However, a participant shared, *“I shoot ‘em. You got to break up all them beads and put them in a spoon.”* Additionally, a few participants discussed “parachuting” these medications, as one participant explained, *“You can parachute them, too. Put it in like some toilet paper and swallow it.”*

Participants described typical illicit users of prescription stimulants as parents or younger (high school and college age). Participants commented: *“Usually when moms or dads use ‘em, their kids get ‘em [prescribed]; Instead of them giving them to their kids, they are taking them.”* Community professionals described typical illicit users as teenage boys and college students.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants

most often reported the current availability of the pressed tablet form of ecstasy as '5' and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were variable and ranged from '1' to '7'. A participant shared, "It's hard to find [ecstasy] around here," while another participant explained, "Molly is more popular now than ecstasy." Community professionals did not have information on traditional ecstasy pressed tablets, but most often reported the current availability of molly as '10'; the previous most common score was '4-6'.

Participants reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. One participant indicated that availability of ecstasy is variable throughout the year and commented, "Sometimes (dealers) got it, sometimes they don't." Treatment providers reported that the availability of molly has remained the same during the past six months, yet indicated an increase in popularity. Law enforcement reported an increase in molly availability during the past six months. A probation officer clarified, "Not so much around here [Hocking County], but it's very big in the college [areas]." The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Very few participants had personal experience using ecstasy or molly during the past six months, and were, therefore, unable to report on the current quality of ecstasy or molly.

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

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

Reports of current prices for ecstasy and molly varied among the few participants with experience buying the drugs. Participants reported that molly is typically sold in capsules. One participant explained, "If you get the powder, they just eyeball it out (don't weigh it)."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$10
	high dose (aka "triple stack")	\$20
	<b>Molly:</b>	
1/10 gram capsule	\$10-40	

Participants reported that molly is most often obtained from a friend or acquaintance. A participant explained, "You have to know someone or drive out to Athens." Another participant added, "It's mostly found around festivals." Participants described typical ecstasy and molly users as college students. Community professionals described typical ecstasy and molly users as younger (college age to 30 years). A probation officer commented, "It's a party drug."

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3'. Community professionals most often reported current as '2'; the previous most common score was also '2'. A treatment provider stated, "It's not popular."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Many participants recounted negative experiences similar to the participant who declared, "I don't know why people like it. I have done it twice [and] it's called 'going bananas' ... makes you go out of your mind and it's not even cool. It's like a big panic attack." Participants cited law enforcement as a reason for decreased availability and reported: "I have heard of it, but they took it out of all the stores; That place that sold it down here got busted." Community professionals reported that availability of synthetic marijuana has remained the same during the past six months. The BCI London Crime

Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Reports of current street prices for synthetic marijuana were consistent among the few participants with experience buying the drug. Participants reported that the most common amount of purchase is a gram for \$10.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available through the Internet. Participants explained: *“They order it online and have it shipped; I knew some people that would order the chemical and make their own.”*

Reportedly, the only route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as younger (18-19 years of age) and individuals on probation. A probation officer furthered, *“Just the kids trying to get over on their 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, Neurontin® (anticonvulsant) and Seroquel® (an antipsychotic medication).

### Bath Salts

Bath salts (synthetic compounds containing methylene, mephedrone, MDPV or other chemical analogues, includ-

ing alpha-PVP, aka “flakka”) remain available in the region. However, participants reported differences in availability depending on location and most often reported current availability as ‘1’ in Athens County and ‘8’ in Belmont County on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3-9’. Treatment providers most often reported current availability as ‘1’. A treatment provider explained, *“We don’t hear much about it.”*

Participants reported that the general availability of bath salts has remained the same during the past six months and reasoned that the demand for the drug has decreased. However, a participant commented, *“In my area (Belmont County), it’s gotten pretty bad.”* Treatment providers reported that the general availability of bath salts has remained the same during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants with experience buying bath salts reported that 1/10 gram sells for \$20. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from the Internet. One participant reflected, *“You can buy [bath salts] in stores in Columbus. I don’t know about around here.”* Participants reported that the most common route of administration for bath salts remains smoking. One participant shared, *“I smoked it. It’s just crystals. You put [bath salts] on your foil and light it up.”*

### Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD and 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’. Participants commented: *“It’s pretty accessible around here; I could get them all day.”* Participants most often reported the current availability of psilocybin mushrooms as ‘4-5’; the previous most common score was ‘8’. Participants explained: *“[Psilocybin mushrooms] are around, but more around campus; I have eaten ‘shrooms, but they are not easy to find.”* Community professionals were unable to rate the general availability of these drugs, but verified that they have been present in the region during the past six months. A treatment provider described availability of hallucinogens as “seasonal.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Four units of LSD were found in a student's dorm room in Athens County ([www.nbc4i.com](http://www.nbc4i.com), Oct. 16, 2015). A former Athens college student pled guilty to LSD and marijuana trafficking after being arrested for selling 100 doses of LSD and an undisclosed amount of marijuana to a confidential informant; over 200 doses of LSD were seized from the residence along with \$7,626 in cash from the controlled buy ([www.athensnews.com](http://www.athensnews.com), Dec. 9, 2015).

Participants and community professionals reported that the availability of hallucinogens has remained the same during the past six months. One participant commented, *"It's always been the same."* The BCI London 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 decreased.

Reports of current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Reportedly, LSD is \$10 for one dose (aka "hit") and psilocybin mushrooms are \$30-40 for 1/8 ounce. Participants reported that the most common route of administration is oral consumption for both of these drugs. Participants described typical hallucinogen users as college kids and hippies.

### Inhalants

Although participants did not comment on inhalant use (aka "huffing"), community professionals continued to discuss the use of inhalants among younger users. Probation officers reported an increase in youth who are abusing inhalants.

### Neurontin®

Neurontin® is highly available in the region. Participants most often reported the current street availability for Neurontin® 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, *"Neurontin® is around a lot."* Another participant explained, *"A lot of people in jail get prescriptions."* Community professionals most often reported current street availability as '8'. A treatment provider commented,

*"It's big in this area."* Another treatment provider reflected, *"We often overlook [Neurontin®] ... you don't think to ask about [illicit use of] the medications that they are on."* Law enforcement commented, *"Adult drug court has a big problem with that."*

Participants reported an increase in availability of Neurontin® during the past six months, while community professionals reported that availability has remained the same. Reports of current street prices for Neurontin® were consistent among participants with experience buying the drugs. Reportedly, Neurontin® sells 100 mg for \$0.25, 300 mg for \$0.50 and 800 mg for \$1. Participants and community professionals indicated that illicit users can obtain this drug in jail and by prescription.

The most common route of administration remains oral consumption. A participant shared, *"I knew a guy who tried to snort [Neurontin® and] said it was the worst thing he ever tried to do."* Participants described typical illicit users of Neurontin® as those with little access to other drugs. Participants commented: *"Usually, you only do those when you don't have anything else; Any addict that can't find anything else."* Community professionals described typical illicit users of Neurontin® similarly: opiate users, someone who is desperate to get high and can't obtain any other substance.

### Seroquel®

Seroquel® remains highly available in the region. Participants most often reported the current street availability of Seroquel® 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'. Although community professionals did not rate the current availability of this drug, a treatment provider reported that Seroquel® is highly abused in the region. Further, law enforcement suggested that the availability of Seroquel® has increased during the past six months.

Participants reported that the most common way of obtaining this particular drug for illicit use is through personal prescription or in an institutional setting. A participant shared, *"[Seroquel® is] obtainable. If you tell a doctor you can't sleep, he will just give it to you."* Another participant commented, *"It's in prisons."* Community professionals described a typical illicit Seroquel® user as low income, as well as those who are withdrawing from other drugs.

## Conclusion

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

Heroin remains extremely easy to get. Participants and community professionals identified the drug as most prevalent and problematic of all drugs currently available in the region. Many noted heroin use as epidemic. While many types of heroin are currently available in the region, participants and community professionals reported black tar heroin as the most available type. However, participants reported on a variety of heroin types as available, including brown and white powdered heroin.

Participants from across the region agreed that the availability of heroin has rapidly increased during the past six months, while community professionals reported that heroin availability has remained “really high.” Law enforcement commented that heroin has flooded the drug market. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months.

Participants continued to report that heroin is adulterated with fentanyl and that fentanyl users are overdosing. The BCI London Crime Lab continued to note powdered heroin oftentimes is a heroin-fentanyl mix, and sometimes straight fentanyl is being passed as heroin.

Participants reported that the street availability of Suboxone® has increased during the past six months due to an increase in clinics dispensing the drug. Treatment providers also reported increased availability. Participants most

often reported obtaining Suboxone® for illicit use through personal prescription or from someone else who has a prescription. Participants and community professionals described typical illicit users of Suboxone® as opiate addicts.

Many participants reported that methamphetamine is as available as heroin now in the region. Participants noted that although methamphetamine is available in powdered and crystal forms throughout the region, powdered (aka “shake-and-bake” or “one-pot”) is the most available type in terms of widespread use. Participants and community professionals reported that the availability of methamphetamine has increased during the past six months.

Participants who reported personal use of methamphetamine also reported personally manufacturing the drug, explaining that the drug is easy to make and more people are producing it. Very few participants reported difficulty in obtaining this drug and those who did cited law enforcement efforts as the reason. 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 noted that many methamphetamine users were heroin users first. Community professionals described typical methamphetamine users as young adults (18-24 years) of low socio-economic status.

Lastly, Neurontin® is highly available in the region. Both participants and community professionals described wide availability and abuse of the drug. A law enforcement officer commented that adult drug court has a “big problem” with illicit Neurontin® use. Participants described typical illicit users of Neurontin® as those with little access to other drugs. Community professionals described typical illicit users as opiate users, as well as those who are desperate to get high and cannot obtain any other substances.