

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 Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio and includes data from BCI's Athens and Cambridge offices. In addition, data were abstracted from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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 ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	580,750	40
Gender (female), 2015	51.0%	50.2%	43.6% ²
Whites, 2015	82.7%	94.9%	97.4% ³
African Americans, 2015	12.7%	2.3%	0% ³
Hispanic or Latino Origin, 2015	3.6%	1.1%	2.8% ⁴
High School Graduation Rate, 2015	89.1%	86.4%	87.2% ⁵
Median Household Income, 2015	\$51,086	\$42,608	\$16,000 to \$19,999 ⁶
Persons Below Poverty Level, 2015	14.8%	18.7%	44.7% ⁷

¹ Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

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

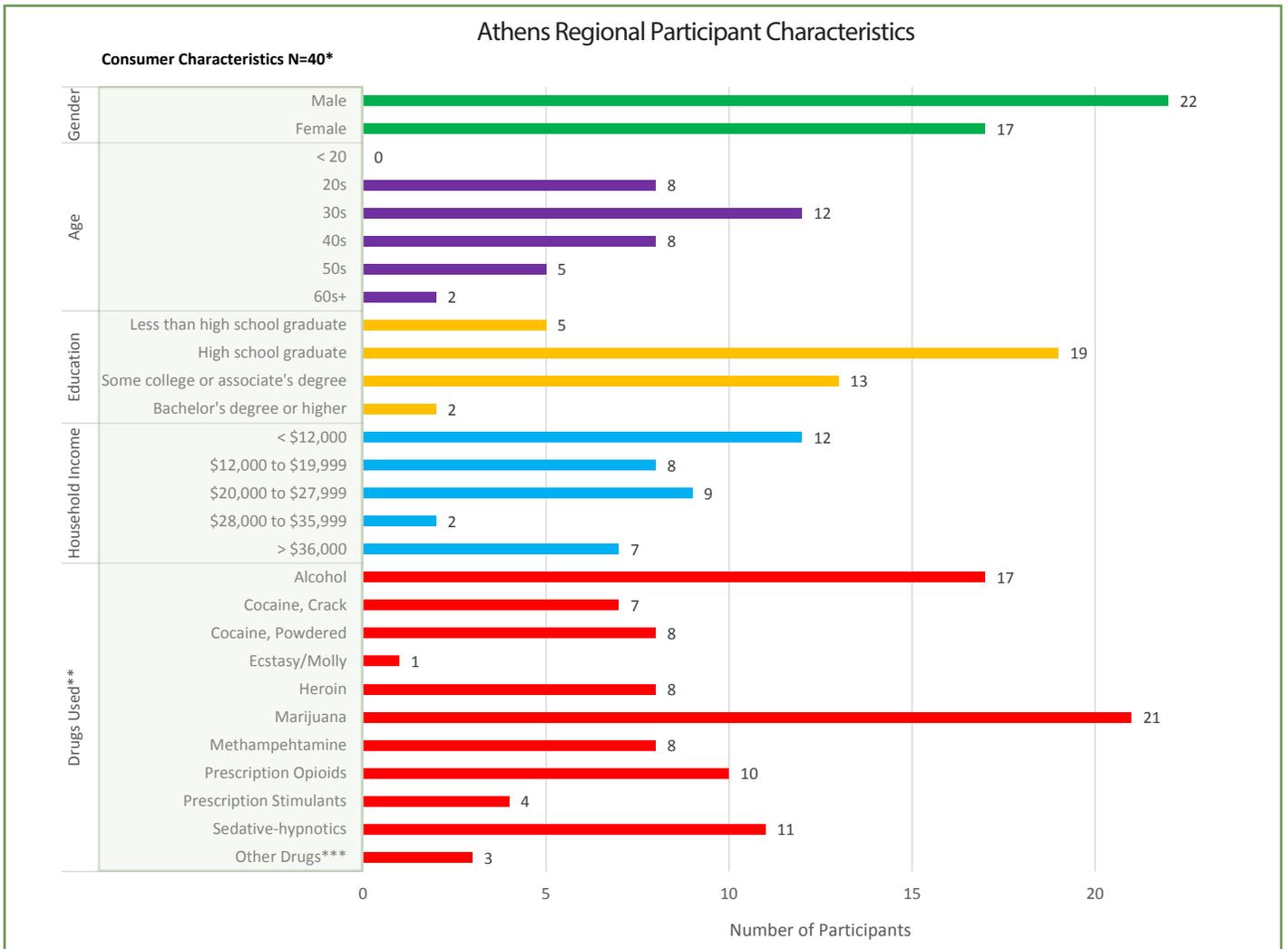
³ Race was unable to be determined for 2 participants due to missing and/or invalid data.

⁴ Hispanic or Latino Origin was unable to be determined for 4 participants due to missing and/or invalid data.

⁵ Education level was unable to be determined for 1 participant due to missing and/or invalid data.

⁶ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data. Note income categories have been collapsed in the table below.

⁷ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: Lysergic acid diethylamide (LSD) and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids and Suboxone® remained highly available in the Athens region; Neurontin® was also highly available. Changes in availability during the reporting period included: increased availability for powdered cocaine and Neurontin®; likely increased availability for ecstasy and methamphetamine; and decreased availability for prescription opioids.

While there was no consensus among data sources as to a change in availability for heroin during the reporting period, all indicators showed that the drug remained extremely easy to obtain. Many types of heroin were available in the region, however, participants reported brown powdered as most available while community professionals reported black tar as most available.

Participants expressed that the quality of heroin varied and that varying quality drove the many overdoses experienced in the region. One participant explained, *“You might get this [batch of heroin] and you need this much of it. Then the next day, or even later on that same day, half of what you did before could kill you.”* Participants once again reported fentanyl as a top cutting agent for heroin. The BCI London Crime Lab also reported fentanyl and acetyl fentanyl in heroin samples it processed during the reporting period.

Community professionals reported increased availability of powdered cocaine during the reporting period. Law enforcement officers believed their targeted efforts with heroin and oxycodone tightened the supply of opiates and may have been a reason for increased cocaine use and availability. Additionally, the BCI London Crime Lab reported that the number of powdered cocaine cases it processes had increased during the reporting period. Participants described typical powdered cocaine users as younger, white people, as well as college students and lawyers, while community professionals described typical powdered cocaine users as more affluent.

Participants and community professionals reported that the availability of “molly” (powdered MDMA) increased during the reporting period. Many respondents noted a connection between molly and college students, with a law enforcement officer stating that molly was likely the most popular drug on college campuses. The BCI London Crime Lab reported that the number of ecstasy cases it processes

had increased during the previous six months.

Lastly, Neurontin® was highly available for illicit use in the region. A participant commented, *“It seems like everyone is on Neurontin®.”* A law enforcement officer commented, *“Enormous Neurontin® abuse right now.”* Participants and community professionals reported that the availability of Neurontin® increased during the reporting period. Participants reasoned that demand and use for the drug increased because it reportedly did not show up in standard drug screen results; they also reported that many individuals prescribed Vivitrol® were also prescribed Neurontin®. Community professionals described typical illicit users of Neurontin® as heroin addicts who use the drug to aid withdrawal, as well as anybody who could get their hands on the drug.

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.’ Participants described the high availability of powdered cocaine: *“I could make one phone call [and obtain powdered cocaine]; I have seen a fair amount of cocaine around Athens; I would say that it is fairly accessible, especially knowing the stories from students.”* Treatment Providers most often reported current availability of powdered cocaine as ‘10,’ while law enforcement most often reported it as ‘3;’ the previous most common scores were ‘5’ and ‘10;’ respectively. Treatment providers stated: *“Oh, that’s a 10 for sure ... according to clients it is; I had a [client] and they said they were on cocaine and ‘meth’ (methamphetamine), but they wouldn’t be doing cocaine if it wasn’t so readily available ... apparently, there’s somebody around here that’s got plenty of it.”*

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 250 cocaine cases reported during the past six months (there were 253 cases for the previous six months). Note laboratories logging

cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man after confiscating 200 grams of powdered cocaine from his home (www.athensnews.com, Sept. 18, 2016). Law enforcement in Nelsonville (Athens County) arrested a man after responding to complaints that the man was offering free samples of powdered cocaine to students at Hocking College, Nelsonville campus, as well as to other residents of Nelsonville (www.athensnews.com, Sept. 25, 2016). Law enforcement in Athens County arrested a woman for trafficking powdered cocaine; police confiscated over one ounce of powdered cocaine from her home (www.athensnews.com, Sept. 25, 2016). Ohio State Highway Patrol (OSHP) arrested a Chicago man in Jackson County during a traffic stop after confiscating 1,500 grams of powdered cocaine and 28 grams of heroin from his vehicle (www.statepatrol.ohio.gov, Oct. 14, 2016). Law enforcement arrested an individual in Athens for trafficking powdered cocaine and “molly” (powdered MDMA) on a university campus; 11 students were questioned by police due to possible use of both drugs; police conducted searches of three student residences and found evidence of drug trafficking in all three residences (www.athensnews.com, Oct. 30, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participant comments included: *“Yeah, it’s always been easy around here; I could go to this specific person’s house and knock and know that I can always get it, always! So it’s definitely like a ‘10’ (highly available) for me all the time.”* Treatment providers reported that the availability of powdered cocaine has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: *“It’s gone up because with the Vivitrol® (medication assisted treatment for opiate addiction) they can still get high; [Vivitrol® is] not a blocker [of stimulants], so that’s why I think a lot of the amphetamines are on the rise here ... They’re using the cocaine, the crack, and the meth. That’s why it’s gone off the chain because of the Vivitrol®; People are turning to opiates, but when you do the assessments, all of them have used it (cocaine) in the last six months.”*

The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘5.’ Participant comments varied in discussing current quality. One participant stated, *“Some of it will really knock you out of your socks.”* However, another participant stated, *“It’s trash. It’s like they just chopped up a soap bar.”*

Participants reported the top cutting agents (adulterants) for powdered cocaine as baby laxative, ether and isotol (dietary supplement). Other adulterants mentioned include: baking soda, Epsom salt, methamphetamine, Orajel™ and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, *“Heroin is taking over, so the guys that are still selling ‘coke’ (cocaine) have to ‘stomp on’ (adulterate) it to make their money.”*

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is half a gram. A participant commented, *“\$50 for a 1/2 gram is what I was told.”* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40-50
	A gram	\$80-100
	1/8 ounce (aka "eight ball")	\$225-300

Participants reported that the most common route of administration for powdered cocaine remains intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug. Many participants commented about intravenous injection: "People are addicted to needles; More people are shooting because everyone is used to getting high off of heroin." However, another participant stated, "Depends on what kind of crowd you are around, I mean in certain groups there is still a stigma around needles."

Participants described typical powdered cocaine users as predominantly females and someone who works long hours. Community professionals described typical powdered cocaine users as truck drivers and individuals employed in occupations requiring late night shifts or long hours. They also reported that individuals who are on other drugs use powdered cocaine to supplement their other drug use and help them stay awake. A treatment provider stated, "Someone into more serious, harder drugs that needs to stay awake." Treatment providers also specifically reported that people who are prescribed Vivitrol® are also typical users of powdered cocaine because users can still get high with cocaine. A treatment provider remarked, "I had a girl who was on Vivitrol® and she relapsed on cocaine." She continued, "I know the Vivitrol® nurse and nurse practitioner. I was just talking to them yesterday, and they've seen a rise in cocaine and meth being used by clients [receiving Vivitrol® treatment]."

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'. Participants explained the ease of obtaining the drug: "I could leave

here right now and get some; If I was out there still, it's a 10 all day." Community professionals most often reported current availability as '8' or '10'; the previous most common scores were '3-5' for treatment providers and '8' for law enforcement.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Gallia County arrested two men during a traffic stop after confiscating 59 grams of crack cocaine and an undisclosed amount of marijuana; the men were trafficking the drugs from Gallia County to Huntington, West Virginia, which, police reported, is a common drug trafficking route (www.mydailytribune.com, Oct. 12, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant reported, "It's always been high [availability] around here." Treatment providers reported that the availability of crack cocaine has increased, while law enforcement reported that availability has remained the same. One treatment provider stated, "It has also gone up because of Vivitrol® (referencing a previous comment that users can still get high on cocaine while on Vivitrol®)." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. A participant remarked, "A two if that! The baking soda quality is high!" Another participant stated, "It's trash." Participants reported that crack cocaine in the region is most often "cut" (adulterated) with ammonia, baking soda and ether. Other cuts for crack cocaine include Orajel™.

Participants also reported that crack cocaine is often "whipped", indicating the drug is not fully cooked. A participant commented, "They don't cut it; they just don't cook it all the way. They leave it half cooked so they can

get more out of it. But it is all just soda (baking soda) and ammonia." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant commented, "It's definitely down-graded. All these punks out there ... trying to make a dollar so they can put rims on their cars."

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities purchased are in 1/10 gram increments. A participant described, "A 10-piece (\$10 rock) is like [the size of] a pen tip ... it's just one hit, maybe." Other participants reported that users provide the dealer with money, and the dealer exchanges a "rock" (piece of crack cocaine) equal to the dollar amount. Reportedly, 1/10 gram of crack cocaine sells most often for \$10.

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participants also mentioned that users will intravenously inject crack cocaine by "breaking down" the drug (using lemon juice or vinegar to liquefy the drug) prior to injecting it.

Participants described typical crack cocaine users as construction workers, farmers/field workers and oil pipeliners. Treatment providers described typical crack cocaine users as clients who also use Vivitrol®. A treatment provider stated, "I had someone told me that the Vivitrol® shot has been the worst thing that has happened to him because now he can't get high on opiates, so he started using everything else." A probation officer added, "I have had people go from cocaine to crack, and they would say, 'I never thought I would use crack, but then I did,' so I think the perception is that it is a lower class drug but that's not the case."

Heroin

Heroin 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 reported: "It's on every street corner; You could leave this room and have it within 45 minutes or less." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers stated: "It's everywhere. It's even in the high schools which is the sad part ... they are starting so early; I believe heroin's cheaper than trying to get pills (opioids) ..." A probation officer remarked, "Probably because meth's out there, too ... it's just right there (indicating the two drugs are often used in conjunction)." When asked if heroin users are often seen in the court system he reported, "Oh yeah ... every day ... two- to three-fold, every day."

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 316 heroin cases reported during the past six months (a decrease from 421 cases for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two Dayton men during a traffic stop in Gallia County after seizing 100 grams of heroin from their vehicle (www.statepatrol.ohio.gov, Oct. 14, 2016). Law enforcement in Athens County arrested a man for drug trafficking after discovering that the man made more than 25 trips from Columbus to Athens with over 50 grams of heroin each time; detectives also arrested several women who were aiding the man in heroin distribution, including one former corrections officer (www.athensnews.com, Oct. 9, 2016). Law enforcement from Washington County were lead on a high-speed chase after detectives approached a man during a heroin transaction; the man fled detectives in his car, and the chase ended when the man crashed into a pole (www.observer-reporter.com, Oct. 18, 2016). Law enforcement in Hocking County collaborated with the United States Marshal Service Southern Ohio Fugitive Apprehension Strike Team (SOFAST), the Athens Major Crimes Unit and the Vinton County Sheriff's Office to arrest 23 people after seizing an undisclosed amount of heroin, methamphetamine and other narcotics during a warrant sweep (www.nbc4i.com, Oct. 25, 2016). Law enforcement

in Meigs County arrested a man for possession and trafficking of heroin; the man had been trafficking heroin for approximately ten years to Athens, Meigs and other counties in the Southeast region of Ohio (www.mydaily sentinel.com, Oct. 26, 2016). Police arrested a man who was under investigation for sexual assault and rape of two different university students for possessing an undisclosed amount of heroin (www.woub.org, Nov. 16, 2016).

While many types of heroin are currently available in the region, participants most often reported black tar as the most available heroin type. Participants in Athens County were in agreement with a participant who stated, *"Tar' (black tar heroin) mixed with fentanyl is the most popular around here."* However, participants in Muskingum County reported powdered heroin as most available in their area. They commented: *"There is 'china' (aka 'china white' powdered heroin) around here; Yeah, mainly powder."* Community professionals reported black tar heroin as most available. A treatment provider stated, *"It's always been black tar; There is also white (powdered heroin), but the black tar mostly."*

Participants reported that the availability of heroin has remained the same during the past six months. One participant commented, *"Probably, for the last couple of years [it has been highly available]."* Another participant added, *"At first, you never heard of it and then it was like 'boom' (heroin seemed to appear everywhere)!"* Community professionals also reported that the general availability of heroin has remained the same during the past six months. Although community professionals most often reported unchanged availability of heroin, a probation officer discussed an increase in drug court participation: *"People are coming into court and saying they have a problem [with heroin] ... that has increased tremendously within the last 12 months."*

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the lab noted that it does not typically differentiate between black tar and powdered heroin. In addition, the BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

Participants most often rated the current overall quality of heroin as '5' in Athens County and a '10' in Muskingum

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

County on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. One Muskingum County participant stated, *"It's really good, too good. Hell, we have lost 12 friends just this year [to overdose]."* Participants in Athens County commented: *"I know it's being cut; I haven't messed with it, but I got people that still are and they say it's being cut."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are carfentanyl, coffee, coffee creamer and fentanyl. Additional cuts mentioned include: brown sugar, Coca Cola® and marijuana resin. One participant stated, *"If you go by weight in the bigger cities, they will give you one bag of pure and one bag of cut, so that you can cut it for your sales."* Overall, participants reported that the general quality of heroin has decreased in Athens County and increased in Muskingum County during the past six months. A participant in Muskingum County stated, *"They are cutting it all with fentanyl, so you are getting really high."*

Cutting Agents Reported by Crime Lab	
Heroin	 caffeine
	 diphenhydramine (antihistamine)
	 fentanyl/acetyl fentanyl
	 mannitol (diuretic)
	 triacetin (glycerin triacetate, a food additive)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/10 gram. Participants reported that prices do not vary by type of heroin. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram	\$20-25
	1/2 gram	\$60-70
	A gram	\$150-180

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 heroin users, all 10 would inject the drug. A participant remarked, “Any other way, you are just wasting it.” Another participant agreed, “I snorted it one time and it was a waste of money.” Participants mentioned that heroin can also be administered by smoking.

Participants reported that injection needles are most available from big box stores, pharmacies and drug dealers. A participant stated, “My dealer will sell me a bag of them with 10 needles for \$20.” Another participant stated, “You can just walk right into Walmart and get needles. You just got to tell them you are a diabetic, but they know.” The most commonly reported price for needles on the street is \$3 for one needle or \$5 for two needles.

Participants described typical heroin users as people who previously used prescription opioids. A participant stated, “It could be anyone. You can hide it for a long time.” Community professionals described typical heroin users as those who are of lower socio-economic status, less educated and who have previously used pain medication. One treatment provider stated, “I would say in this area it probably affects the lower class more than the upper class.” Another provider added, “Education, too. I have not had any students or professors come in with heroin problems ... their [substance abuse] is usually pill related.” Treatment providers also noted an increase in heroin use among older people. Treatment providers agreed: “I’ve come across people that didn’t start heroin until an older age, which is an interesting dynamic; Until they can’t get a hold of them (opioids) ... then we’re seeing older people turn to heroin.” A law enforcement officer commented, “People who never thought they would go there, now have ... There is no more standard profile for a heroin user.”

Prescription Opioids

Prescription opioids remain highly available for illicit use in the region. Participants and community professionals 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 scores were also ‘10’. A participant commented, “Those are being abused a lot.” Treatment providers reported: “You can still drive up to the pain clinic though and get them; I think everything’s pretty much a 10; Walk right outside the doors [of the interview room]. Walk right outside to the parking lot; Yeah you don’t have to go too far.”

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 300 prescription opioid cases reported during the past six months, of which 14.0 percent were fentanyl/ acetyl fentanyl cases (a decrease from 343 prescription opioid cases for the previous six months, of which 9.0 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Hocking County arrested a physician for writing illegitimate prescriptions for opioids and selling the drugs (www.nbc4i.com, July 7, 2016). Police confiscated 42 oxycodone pills and an undisclosed amount of marijuana during a traffic stop in Meigs County (www.mariettatimes.com, Nov. 3, 2016).

Participants identified Dilaudid®, Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified OxyContin®, Percocet® and Vicodin® as most popular.

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, “Absolutely gone down ... doctors aren’t prescribing them anymore.” Treatment providers reported that the general availability of prescription opioids has increased, while law enforcement reported decreased availability during the past six months. Treatment providers stated: “I think some of it’s even more available. The demand is there ... it seems like there is not a problem finding whatever you want. In the past, even just six months ago, it might have taken a few days to track something down. Now, within the

day, you can find somebody [willing to sell prescription opioids]; Yeah, somebody's gonna know somebody that has it." However, a probation officer reported, "I don't think we see it as much as we used to, as far as we can tell . . . I think we've seen it slow down a lot because of what they've done hospital-wise [monitoring prescribing practices]."

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased.

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

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 a \$1 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant stated, "They have went up because I remember they used to be cheap as hell." A treatment provider reported, "Clients said it used to be a dollar a milligram, but instead of charging 20 (dollars) a pill, it's 25. In some places up North, it can go up to 30."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$7-10 for 2 mg \$15 for 4 mg \$30-40 for 8 mg
	Percocet®	\$7 for 5 mg
	Roxicodone®	\$20-25 for 15 mg \$35-40 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$8 for 10 mg
	Ultram®	\$0.75 per pill (unspecified dose)

Participants reported obtaining prescription opioids for illicit use from people who have prescriptions or from drug dealers. Participants reported: "You got to know someone. Those are more like private deals; You can find them on the street; People steal them from people who get them." While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. However, participants noted that Dilaudid® is typically intravenously injected, while Roxicodone® 30 mg is typically smoked.

A profile of a typical illicit prescription opioid user did not emerge from the data. Both participants and community professionals described typical illicit users as anyone. One participant added, "I know professionals that are 'pill heads.'" A probation officer commented, "I think people with psychological pain turn to pain pills, also."

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'. Participants commented: "Usually, when you hear of people buying it on the street, it's because they need it and can't get it legitimately for one reason or another; A lot of people are using them instead of heroin (when they run out of heroin), not to get off of heroin." While participants noted availability of both the sublingual filmstrip and pill forms, they indicated that the pill form is more difficult to obtain.

Treatment providers most often reported the current street availability of Suboxone® as '10', while law enforcement most often reported it as '4-5'; the previous most common score for both types of community professionals was '10'. Treatment providers stated: "Everybody is on it; There's a lot of Suboxone® misuse around here; It's not a drug of choice, but it's a substitute, or a supplement." Conversely, a law enforcement officer stated, "It was [highly available], but I don't think it's being prescribed as much because we have the Vivitrol® now. But, when it's available, it does get abused."

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 113 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (a decrease from 130 buprenorphine cases for the previous six months).

Participants reported that the street availability of Suboxone® has remained the same during the past six months. Treatment providers reported that the street availability of Suboxone® has remained the same, while law enforcement reported it has decreased during the past six months. Treatment providers reported: *"It depends on the time of the month; Whenever the dealers have it, but like anything they run out."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$20 for 8 mg
	pill	\$20-25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also noted getting the drug through doctors and clinics. Participants reported that the most common route of administration for illicit use of Suboxone® is sublingual consumption, followed by intravenous injection and snorting. Participants described typical illicit users of Suboxone® as those addicted to opiates. Community professionals described typical illicit users as heroin addicts.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use 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 '5'. Treatment providers most often reported current street availability as '10', while law enforcement most often reported it as '7'; the previous most common scores were '10' for treatment providers and '5' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 151 benzodiazepine cases reported during the past six months (a decrease from 165 cases for the previous six months).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant stated, *"I can get 'xanies' (Xanax®) anywhere."* Treatment providers stated: *"I hear a lot about Xanax®; I hear a lot more about Klonopin® and Xanax® around here; They're doing [benzodiazepines] with the opioids because mixing them together, you get a really good 'buzz' (high); I had a client tell me that he wanted to take his Klonopin® with his Suboxone® because it was like a heroin high."*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Treatment providers reported that availability has remained the same, while law enforcement reported decreased availability. A participant stated, *"People love them, but it seems like it's feast or famine. They are available, but as soon as someone gets a 'script' (prescription) they are gone just that fast."* The BCI London Crime Lab reported that the number of Ativan®, Valium® and Xanax® cases it processes has increased

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

during the past six months, while the number of Klonopin® and Restoril® cases has remained the same.

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant mentioned that the prices vary based on the type of pill, and indicated that the extended time release pills generally cost less.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg \$2 for 1 mg
	Valium®	\$1 for 5 mg \$3 for 10 mg
	Xanax®	\$1-2 for 0.5 mg \$2-3 for 1 mg \$5-6 for 2 mg

Participants reported obtaining these drugs for illicit use most often from people with prescriptions. Participants commented: *“People will let you know if they are around; There aren’t many people out there looking for Xanax® compared to other things. So, if they are around, someone will let you know.”*

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, seven would snort and three would orally ingest the drugs. One participant reported, *“Different people take them for different reasons ... which is why people take them differently.”* Participants described typical illicit users of sedative-hypnotics as middle-class, white people, and someone who is under stress. Community professionals described typical illicit users as anyone.

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 scores were also ‘10’. Participant comments included: *“It’s quite popular; It’s a college town, so I mean it’s around; It’s always been easy to find.”* Treatment providers

commented: *“I am amazed by the attitude with people. They act like it’s not even a drug; It’s so much more justified now with people; The stigma’s gone for whatever reason; I’ve walked past people’s houses and they had a bong right there in the window.”* A law enforcement officer expressed, *“Oh yeah, it’s just the culture around here. Being in the juvenile court ... I see them getting involved with marijuana as early as 10 [years of age].”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man after confiscating 150 marijuana plants from two residences on the same property (www.athensnews.com, Aug. 31, 2016). OSHP arrested a West Virginia man in Guernsey County after seizing 520 grams of vacuum-sealed marijuana from his vehicle (www.statepatrol.ohio.gov, Sept. 30, 2016).

Participants and community professionals reported that the availability of both low- and high-grade marijuana has remained the same during the past six months. A participant reported on the availability of low-grade marijuana, *“Oh, you can still get ‘mids’ (mid-grade marijuana, aka ‘regular’).”* Participants commented on the availability of high-grade marijuana: *“Oh yeah, it’s grown around here; Yeah, everyone has like medical grade shit now.”* Treatment providers stated: *“I think it will forever be here; And we probably get a lot more [marijuana] crops down here, too; Right, a lot of cultivating.”* Participants indicated that marijuana concentrates and extracts in the form of oils and wax (aka “dabs”) has increased during the past six months. A participant commented, *“I have heard of a lot more people doing dabs lately.”* The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase (dabs)
	 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'. Participants remarked: "It's real good; Around harvest time (now) it's a '10.'" Overall, participants indicated that the quality of low- and high-grade marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is 1/8 of an ounce for both low- and high-grade marijuana.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$25-30
	1/4 ounce	\$50-60
	An ounce	\$100-130
	High grade:	
	A blunt (cigar)	\$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, all 10 would smoke the drug. One participant remarked, "Everyone is smoking it."

Participants described typical marijuana users as hippies, teenagers and someone with attention-deficit hyperactivity disorder (ADHD). Participants stated: "Some people with ADHD smoke it and it's like Adderall®; Has no life, no job, just smokes weed." Community professionals most often described typical marijuana users as anyone. A community professional remarked, "Everyone I come across." However, treatment providers specifically reported typical users of marijuana as more often men, college students or individuals with ADHD. A treatment provider commented,

"I've noticed that there a lot more men that are more open with their marijuana use. I rarely hear women talking about smoking marijuana ... it could be that just about everybody is using marijuana, but I tend to see men who are like, 'I just smoke a 'joint' (marijuana cigarette) before I go to bed, I don't see anything wrong with that; It's part of college life, too. I mean we are a college town."

Methamphetamine



Methamphetamine 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 scores were also '10'. Participants remarked: "It's everywhere and it's very dangerous; It's like a '20!' [on the availability scale]." Treatment providers stated: "I am actually surprised at how prevalent it is lately; It's up there [in availability] with heroin."

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 334 methamphetamine cases reported during the past six months (an increase from 197 cases for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man for driving on a revoked license and for possession of an undisclosed amount of methamphetamine (www.dailypostathenian.com, Nov. 17, 2016). Law enforcement arrested eight individuals acclaimed to be significant methamphetamine and heroin suppliers and distributors from the Columbus area to Perry County; after an hour-long stand-off, police were finally able to enter the home of the head supplier to make the arrest; police later arrested seven others responsible for distributing the drugs in the region (www.zansvilletimesrecorder.com, Dec. 6, 2016).

Participants reported that methamphetamine is available in both powdered (aka "shake-and-bake") and crystal (aka "ice") forms, but identified crystal as the most prevalent

form in the region. Participants reported: *“Ice is a lot more available now than the shake-and-bake; I think shake-and-bake is harder to get. The chemicals are harder to get your hands on lately.”* The powdered form of methamphetamine 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), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant commented, *“Everyone that does shake-and-bake, it’s all they want.”*

Participants reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. Participants reported: *“They are both around here and easy to get; It’s definitely gotten more available. People know how to make it (the powdered form) themselves.”* Community professionals reported that the availability of methamphetamine has increased during the past six months. Treatment providers remarked: *“I am really, really concerned about meth. It has increased greatly; I do notice a lot of meth as well; I agree with [her], it’s bad. It scares me; I think it’s been just a steady increase ... I would say heroin and meth are like our old crack epidemic in the past; It doesn’t take a whole lot to make it, so anybody pretty much can do the shake-and-bake.”*

Community professionals also reported that users are switching from powdered cocaine to methamphetamine. Treatment providers reported: *“Meth is cheaper (than powdered cocaine); I think they’re putting more stuff into powdered cocaine, like flour, (baby) powder, so they’re not getting the full effect of powdered cocaine; I’ve had clients who’ve had their noses destroyed by cocaine, so they’ve switched over to meth because they can use it in different ways.”* A probation officer remarked, *“More prevalent, meth is easier to get (than powdered cocaine).”*

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 and off-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 quality of both powdered and crystal methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. However, one participant commented, *“Shake-and-bake is only as good as the person making it and them using the right chemicals.”* Participants mentioned MSM (methylsulfonylmethane, a joint supplement), rock salt and vitamin B-12 as “cuts” (adulterants) for methamphetamine. However, one participant mentioned, *“Dealers are not cutting meth, but they are using meth to cut ‘coke’ (powdered cocaine).”* Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months, while the quality of powdered methamphetamine has varied based on how it is made.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount purchased is 1/4 to 1/2 gram for crystal methamphetamine. Participants noted however, that the most common way to obtain the powdered form is to simply trade a box of Sudafed® for 1/4 to 1/2 gram. A participant remarked, *“You can trade a box of Sudafed® for like half of what it produces, like a 1/2 gram.”*

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, six would shoot and four would smoke the drug. One participant explained, *“I think it depends on what your other addictions are. If you’re addicted to heroin and you’re doing meth, you’re probably going to be shooting [methamphetamine], too.”*

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/10 gram	\$20
	1/4 gram	\$25
	1/2 gram	\$50
	A gram	\$100
1/16 ounce	\$150	

Participants and community professionals described typical methamphetamine users as truck drivers and those on probation. However, a treatment provider added, *"You can't always tell. You normally think of someone who's skinny and weathered, but I have had many clients, of all sizes and looks that use it regularly."* A law enforcement officer commented, *"I have had a lot of probates who are what I would call maintenance meth abusers. They will come in and report and test clean, then go use quickly after that and it will get them through until their next test and they will come in clean and do it again."*

Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, *"Adderall® is big right now. I know a lot of people who are doing them."* Community professionals most often reported current street availability as '10'; the previous most common score was '3' or '10' for treatment providers and '4' for law enforcement. Treatment providers commented: *"That's one of the ones that is hard to tell if they are abusing because they may test positive for it but also may have a prescription for it ... so, you can't tell if they are abusing it or taking it as prescribed."*

Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use, while treatment providers identified Ativan® as most popular. Participants reported that the general

availability of prescription stimulants has increased during the past six months, while treatment providers reported that availability has remained the same. The BCI London Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

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

Participants did not have any information to report regarding street prices for prescription stimulants during the past six months, as participants reported obtaining these drugs from people with prescriptions. 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 10 would snort the drugs. Participants described typical illicit users of these drugs as college students or people in the restaurant industry. Community professionals described typical illicit users as college aged or parents who use their children's prescriptions.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Although participants were not able to rate the current availability of ecstasy (traditional pressed pills), they most often reported the current availability of "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals were not able to rate the current availability of ecstasy or molly.

Participants reported that the availability of molly has increased during the past six months. Participant comments included: *"I would say that molly has been around a lot lately; That's the new thing now; You can go to Columbus and get it anywhere."* No data was provided by community professionals regarding change in availability during the past six months for ecstasy or molly. The BCI London Crime Lab reported that the

number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drug. Participants reported that molly is typically sold in 1/10 gram amounts.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Molly:	
	1/10 gram	\$20
	1/4 gram	\$30
3.5 grams	\$200	

Participants indicated that molly is obtained by knowing somebody who has access to the drug on the street. Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would swallow the drugs. Participants described typical ecstasy and molly users as people who party or are involved in the club or bar scene.

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: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (gabapentin, an anticonvulsant).

Hallucinogens

Participants were only able to report on the current availability of LSD, most often reporting it as '5' on a

scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals were unable to rate the current availability of hallucinogens. A treatment provider commented, "I don't have a lot of clients talk about that anymore."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement executed a search warrant in the home of a physician who was arrested for writing and selling illegitimate prescription opioids and discovered a large-scale psilocybin mushroom manufacturing operation (www.nbc4i.com, July 7, 2016).

The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months. Current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Overall, participants reported that the prices for hallucinogens have increased during the past six months. Participants described typical users of LSD and psilocybin mushrooms as "stoners" (marijuana users).

Hallucinogens	Current Street Prices for Hallucinogens	
	LSD:	
	A dose (aka "hit")	\$10
	10 doses (aka "strip")	\$50
	Psilocybin mushrooms:	
1/8 ounce	\$30	

Neurontin®



Neurontin® remains highly available for illicit use 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 on the use of the drug to stave off opiate withdrawal symptoms: "It's not really a great high, but I will do it to keep from puking."

Treatment providers most often reported the current street availability of Neurontin® as '10,' while law enforcement most often reported it as '5;' the previous most common scores were '10.' A treatment provider reported, "I have a lot of clients that are buying it all the time ... and doctor hopping trying to get prescriptions." A retired emergency room physician added, "As a physician, I'm really gonna get nailed if I prescribe the opiates, but with the Neurontin®, and doctors are always years behind what's going on, they're probably not even aware that they're using and abusing it."

Participants and community professionals reported that the street availability of Neurontin® has increased during the past six months. A participant commented, "It's starting to get more and more popular." A treatment provider reported, "It has definitely become more prevalent because we now have testing for it ... I think all the clients tell each other, 'hey, you can take this and they're not testing for it' ... and then it goes through the grapevine."

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

Current street prices for Neurontin® were consistent among participants with experience buying the drugs.

Neurontin®	Current Prices for Neurontin®	
	300 mg	\$0.50
	600 mg	\$1
	800 mg	\$2

Conclusion

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

According to participants and community professionals, heroin is everywhere. Treatment providers observed that heroin is available to high school students and that young people are using heroin for the first time at an earlier age than previously. While many types of heroin are currently available in the region, participants and community professionals most often reported black tar as the most available heroin type. However, participants in Muskingum County most often reported powdered heroin, specifically "china white" (white powdered heroin adulterated with fentanyl), as most available in their area.

Participants reported fentanyl and carfentanil as top cutting agents for heroin. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

Participants and community professionals reported that methamphetamine's high availability in the region has increased during the past six months. Treatment providers discussed that the drug is as widely available as heroin. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 334 methamphetamine cases reported during the past six months (an increase from 197 cases for the previous six months).

Participants reported that methamphetamine is available in both powdered (aka "shake-and-bake") and crystal (aka "ice") forms, but identified crystal as the most prevalent form in the region. Participants reported that the availability of both powdered and crystal methamphetamine has increased. 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 and off-white powdered methamphetamine.

Participants noted that methamphetamine is often used to adulterate cocaine. Reportedly, the most common amount

purchased is 1/4 to 1/2 gram of crystal methamphetamine. Participants noted however, that the most common way to obtain the powdered form is to simply trade a box of Sudafed® for 1/4 to 1/2 gram.

Lastly, participants and community professionals reported that the street availability of Neurontin® has increased during the past six months. Both groups of respondents mentioned increased demand for the drug. Participants explained that Neurontin® is sought to stave off opiate withdrawal symptoms. A treatment provider reported that their agency now drug screens for gabapentin.

