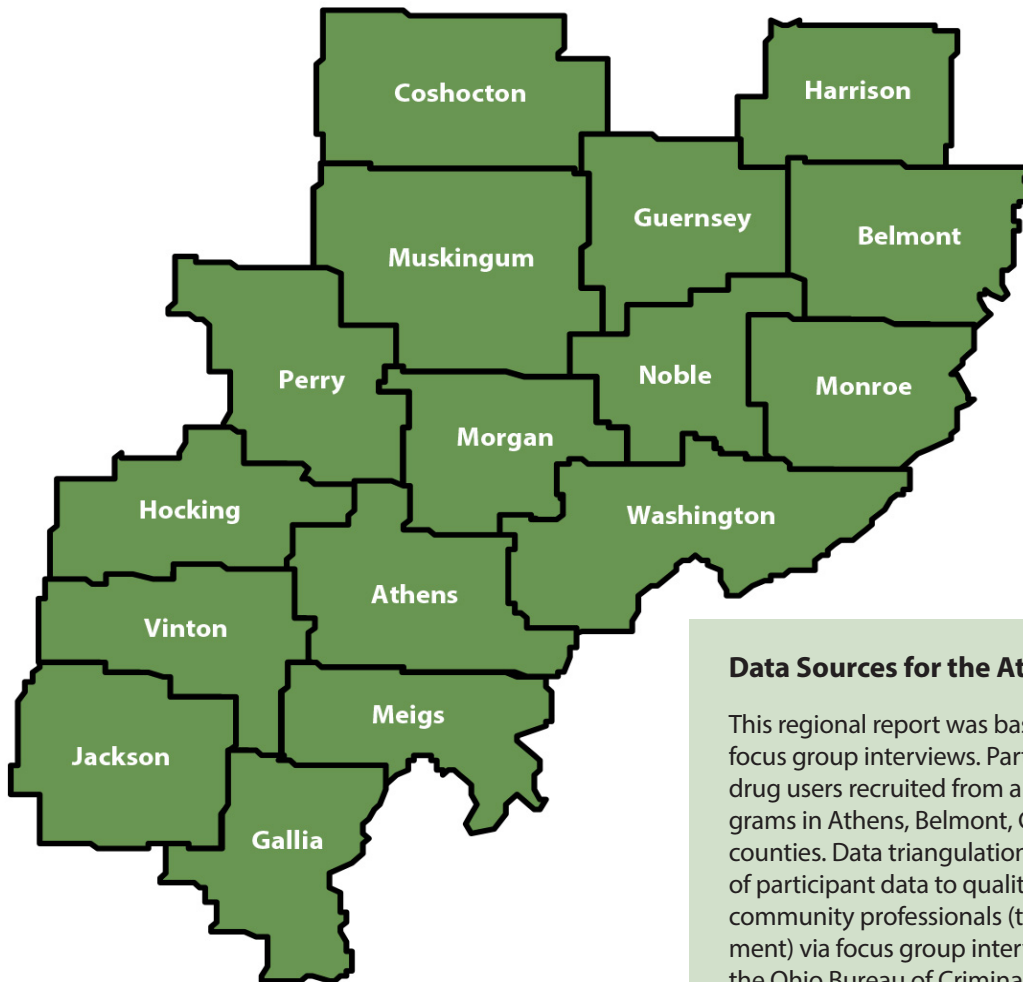




Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Kathryn A. Coxe, MSW, LSW

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, Gallia, Morgan, Noble and Washington 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 July through December 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2017.

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.

OSAM Staff:

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

Kathryn A. Coxe, MSW, LSW
 OSAM Coordinator

Jessica Linley, PhD, MSW, LSW
 OSAM Quantitative Data Analyst

Regional Profile

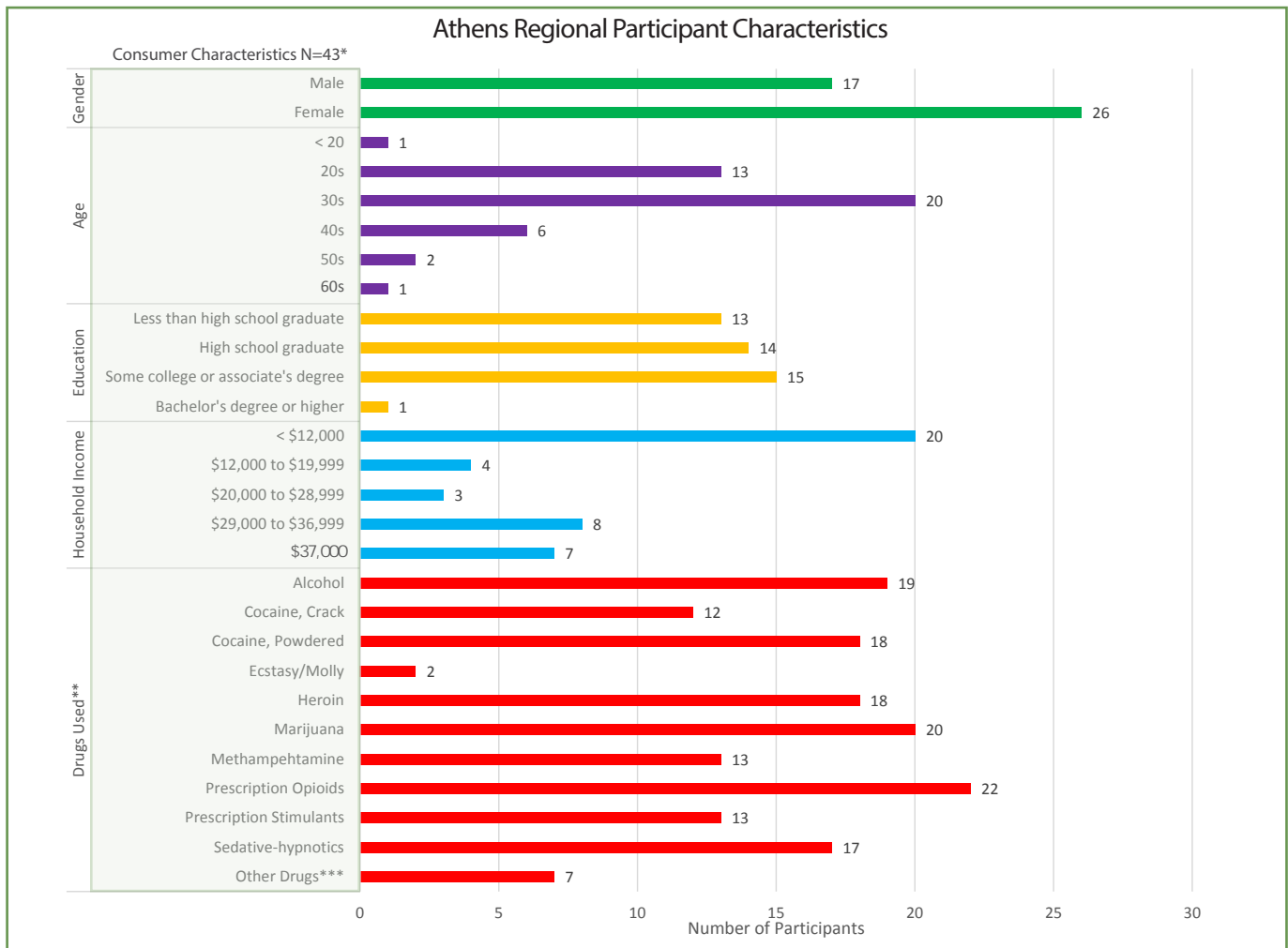
Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	580,750	43
Gender (female), 2016	51.0%	50.2%	60.5%
Whites, 2016	82.7%	94.9%	95.3%
African Americans, 2016	12.7%	2.3%	4.7%
Hispanic or Latino Origin, 2016	3.6%	1.1%	2.4% ²
High School Graduation Rate, 2015	89.1%	86.4%	69.8%
Median Household Income, 2015	\$51,086	\$42,608	\$12,000-\$15,999 ³
Persons Below Poverty Level, 2015	14.8%	18.7%	64.3% ⁴

¹Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2017.

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

³Participants 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.

⁴Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.



*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: Benadryl®, lysergic acid diethylamide (LSD), Neurontin® (gabapentin), salvia and Suboxone®.

Historical Summary

In the previous reporting period (June 2016 – January 2017), crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remained highly available in the Athens region; also highly available were sedative-hypnotics. Changes in availability during the reporting period included: increased availability for methamphetamine and Neurontin®.

Participants and community professionals reported that heroin was everywhere. Treatment providers observed that heroin was available to high school students and that young people were using heroin for the first time at an earlier age than previously. While many types of heroin were 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 reporting period.

Participants and community professionals reported that methamphetamine’s high availability in the region increased during the reporting period. Treatment providers discussed that the drug was 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 reporting period (an increase from 197 cases for the previous six-month reporting period).

Participants reported that methamphetamine was 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 had increased. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the previous six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

Participants noted that methamphetamine was often used to adulterate cocaine. Reportedly, the most common amount purchased was 1/4 to 1/2 gram of crystal methamphetamine. However, participants noted that the most common way to obtain the powdered form was 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® had increased during the past six months. Both groups of respondents mentioned increased demand for the drug. Participants explained that Neurontin® was sought to stave off opiate withdrawal symptoms. A treatment provider reported that their agency started drug screens for gabapentin.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants stated: *“It’s just everywhere; It’s definitely easy to get; The availability is absolutely there....”*




Treatment providers most often reported the current availability of powdered cocaine as ‘2’ or ‘6-7,’ while law enforcement most often reported it as ‘6;’ the previous most common scores were ‘10’ and ‘3;’ respectively. Treatment providers stated: *“You don’t hear about it so much. I mean every now and then; I think that one’s a little more readily available for people who have money. The people that I work with generally can’t afford it, unless it’s by exchanging sex-acts ... ”* A law enforcement officer stated, *“I’d say powdered (cocaine) is pretty low right now. It’s not where the money market is. The money market’s in heroin and ‘meth’ (methamphetamine).”*

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 275 cocaine cases reported during the past six months (an increase from 250 cases for the previous six months). NFLIS does not differentiate between powdered and crack cocaine cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Several law enforcement agencies jointly conducted a 6-month long investigation in Zanesville (Muskingum County) that ended in the arrest of seven people and the seizure of more than four pounds of cocaine and two pounds of methamphetamine (www.whiznews.com, Jan. 18, 2017). Ohio University Police (Athens County) and the U.S. Department of Homeland Security confiscated approximately 132 kilograms of powdered cocaine during an unauthorized plane landing at the Ohio University Airport; the plane was traveling from the Bahamas to Canada before mechanical issues forced the pilots to land at the airport (www.10tv.com, March 29, 2017). Law enforcement in Belmont County arrested a Moundsville (Noble County) man in a grocery store parking lot after finding cocaine and marijuana on his person (www.wtov9.com, April 11, 2017). Ohio State Highway Patrol (OSHP) arrested a man in Athens County during a traffic stop after finding pentylone, a schedule I substance used to manufacture bath salts (synthetic cathinone), and a residual amount of cocaine in the trunk of his vehicle (www.athensnews.com, April 30, 2017).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participants commented: *"There's just certain people that have it all the time; It's pretty much the same as it always has been ... because people like it."* Treatment providers reported that availability of powdered cocaine has decreased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider explained, *"[Cocaine has been] replaced by methamphetamine. Cocaine's high doesn't last as long as methamphetamine, so if you have \$25 dollars, you're going to spend it on meth."* A law enforcement officer explained, *"Everything is heroin. Well, now the heroin is being blocked with Vivitrol® and they're switching drugs. So, I don't think the availability has changed. I think the demand has changed."*

The BCI London Crime Lab reported that the number of cocaine cases it processes has decreased 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	Decrease

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants commented: *"Quality depends on who you're getting it from and where you're getting it from; Some people sell trash and some people sell good powder; Anything in Gallia County's gonna be bad quality."*

Participants discussed that dealers usually adulterate (aka "cut") powdered cocaine with other substances in order to increase profits. One participant commented, *"It's going through a lot of different hands. A lot of people cutting it, trying to make a little bit [of money] off it."* Participants reported the top cutting agents for powdered cocaine as baby laxatives and baking soda. Other adulterates mentioned included: Adderall®, aspirin, corn starch, ether, flour, isotol (dietary supplement), numbing agents, prescription opioids (Vicodin®), Similac®, sugar and vitamins (B-12 and E). Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● diltiazem (high blood pressure medication), ● levamisole (livestock dewormer) ● local anesthetic (lidocaine and procaine) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce (aka "eight ball") for \$250. Participants explained that powdered cocaine is not often purchased in quantities greater than 1/8 ounce since most people do not have the economic means to purchase larger amounts. They explained that powdered cocaine can be purchased in smaller quantities, such as 1/10 gram, similar to how

heroin is often purchased. Overall, participants reported that the price of powdered cocaine has increased during the past six months. Participants explained: “[Powdered cocaine is] *harder to get; Once you’re addicted, people know you’re gonna pay; They’ve raised the price because they know you’re gonna want it.*”

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	A gram	\$100
	1/16 ounce (aka “teener”)	\$150
	1/8 ounce (aka “eight ball”)	\$250

Participants reported that the most common route of administration for powdered cocaine remains intravenous injection (aka “shooting”), followed by snorting. Participants estimated that out of 10 powdered cocaine users, six would shoot and four would snort the drug. Participants remarked: *“Most of my group shoot it, but the dealers themselves tend to snort it; It depends on the demographic. It seems like the college kids are most likely to snort it...”*

Participants described two distinct groups of typical powdered cocaine users. Participants explained that people who work labor intensive jobs or jobs requiring increased energy and long hours typically use the drug. Participants also reported that college students and people of higher socio-economic status also typically use powdered cocaine because they have the money to afford it. Participants discussed: *“I think a lot of people that work ... construction, roofing, those kinds of jobs; [Truck drivers use powdered cocaine because they] drive over long roads and it doesn’t take very long to come out of your system ... in case they get drug tested; I’ve bought cocaine off a few bartenders that do it; Rich, white people; A lot of college kids are using it now just to get through work and for partying and stuff; They’ve got money from their school checks and it’s a more expensive drug ... it’s the party drug ...”*

Treatment providers described typical powdered cocaine users as people in their 30s and people experiencing stress. A treatment provider stated, *“It’s just the person who’s trying to escape ... Life just keeps piling up. They’ll head out to the bar, they’ll get drunk, and then they’ll start using whatever’s there ...”* Law enforcement described typical

users as of middle to upper socio-economic status and college students. A law enforcement officer reported, *“You see your medium income people that do it on occasion for recreational use, the college kids that have some money, and then your little bit of an upper class.”*

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 throughout the region remarked: *“Very available; It’s very prominent; In my apartment complex, it’s everywhere; I think crack (cocaine) is way more popular than ‘coke’ (powdered cocaine); Heroin dealers sell it; It’s coming down from Columbus.”*




Treatment providers most often reported the current availability of crack cocaine as ‘2,’ while law enforcement most often reported it as ‘3’ or ‘6;’ the previous most common score for both treatment providers and law enforcement was ‘8’ or ‘10.’ Treatment providers stated: *“You don’t really hear about it anymore. Not that it’s not there, but you just don’t hear about it; Believe it or not it’s just not as acceptable within the using community; We describe it as drug snobs. Crack cocaine’s the bottom of the barrel.”* Law enforcement remarked: *“It comes and goes ... I think we still see more of it than we would the [powdered] cocaine; It doesn’t seem to be as popular as a lot of the other stuff around here.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a Michigan man during a traffic stop in Gallia County when criminal indicators prompted a search of the man’s vehicle; troopers seized 70 grams of crack cocaine concealed within a compartment of the car (www.statepatrol.ohio.gov, Jan. 29, 2017). Hocking County Sheriff’s officers and the Logan-Hocking Special Response Team executed a search warrant of a home in Hocking County and arrested three people after finding 10 grams of crack cocaine, 32 grams of methamphetamine and 62 grams of heroin in the home (www.nbc4i.com, March 28, 2017). A collaborative investigation of the Washington, Morgan and Noble Major Crimes Task Force and the Ohio Organized Crimes Investigations Commission lead to a search of a home in

Marietta (Washington County), where officers confiscated a plastic baggie containing crack cocaine, more than 1/2 gram of heroin, almost 2.5 grams of methamphetamine and drug paraphernalia; two people in the home at the time admitted to trafficking the drugs and were arrested (www.newsandsentinel.com, April 7, 2017). Athens County Major Crimes Unit officers arrested a major crack cocaine and heroin supplier during a drug bust at a home in The Plains (Athens County); officers arrested four people for drug trafficking and confiscated an undisclosed amount of cash, digital scales and drug paraphernalia (www.athensnews.com, May 3, 2017).




Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant explained, *"It's just like any business. As long as there is a want for it, it's always going to be there."* Treatment providers also reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement officer explained, *"[Crack cocaine is] not the money maker. The money maker is meth ... it moved away from cocaine and crack. But there is still some use of crack. It will never be gone."*

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

Crack Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	Decrease
	 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 '2.' Participants concluded reasons for moderate quality of the drug: *"They put too much [baking] soda in it; By the time it gets here from the cities, it's been 'stomped on' (adulterated) three or four times so the quality really sucks; If you're cooking it yourself, you're cooking all the junk out of it, so it's gonna be more potent."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with

baking soda. Other cuts mentioned included: ammonia, baby aspirin, baby laxatives, "Comeback" (a chemical agent sold at head shops that acts as an anesthetic), creatine and Sprite®. Participants remarked: *"I mean unless you're cutting it, you really don't know; Most people cut it with baking soda; Some blow it up with Sprite® (increase the volume)"* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		diltiazem (high blood pressure medication)
		levamisole (livestock dewormer)
		local anesthetics (lidocaine and procaine)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants also reported being able to purchase smaller quantities in exchange for whatever money they have. One participant explained, *"I'm speaking about me ... when I was smoking, whatever [money] I had in my pocket. If I had \$10, that was getting spent ... if I had \$100, that was getting spent. I mean whatever you got."* Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	1/2 gram	\$50
	A gram	\$100
	1/16 ounce	\$120-150
	1/4 ounce	\$350-400

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 reported intravenous injection (aka "shooting") as another route of administration, albeit a less common route. One participant remarked, *"Smoking it or shooting it, but probably smoking it is the most common."* Another participant explained that in order to shoot crack cocaine,

the drug is mixed with a liquid agent, such as vinegar or Kool-Aid®.

Participants most often described typical crack cocaine users as older, of lower socio-economic status and African-American people. Participants remarked: *"A lot of the older, black drug dealers I know smoke it; You tend to hear people on the low-income spectrum using crack than more higher end drugs."* Participants also described typical users of crack cocaine as prostitutes, and people who need to stay awake for extended periods of time, such as truck drivers. Community professionals described typical crack cocaine users as older people.

Heroin and Fentanyl

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 commented: *"I live around it. I have neighbors that are on it, and they don't hide [their use]; I've seen people getting it, and they get it pretty easy; I know like 20 places where I can go right now and get it"*

Treatment providers most often reported current availability as '8' or '9'; while law enforcement most often reported it as '10'; the previous most common score among community professionals was '10'. Treatment providers remarked: *"You can get it anywhere that you can get 'ice' (crystal methamphetamine); My clients don't have any trouble getting it; I would say that it's very available."*

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 317 heroin cases reported during the past six months (there were 316 cases for the previous six months). In addition, separate NFLIS queries for the counties which comprise the Athens region returned 63 fentanyl and fentanyl analogue cases (there were 44 of these cases in the previous six months), and no carfentanil cases were reported during the past six months (in the six months previous to this, no cases of carfentanil were found in NFLIS).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Washington County man was arraigned for selling heroin laced with fentanyl to a woman who overdosed and died (www.observer-reporter.com,

www.observer-reporter.com, Feb. 6, 2017). A Judge with the Athens County Common Pleas Court sentenced a man to six years in prison for driving under the influence of alcohol and drugs and injuring two passengers after crashing his car; the man was driving under the influence of heroin, cocaine and Suboxone® (www.newsandsentinel.com, March 18, 2017). A judge with the Washington County Common Pleas Court sentenced a Belpre man to a maximum prison sentence of eight years for trafficking heroin and possessing drugs (www.newsandsentinel.com, March 31, 2017). The Athens County Health Department opened a new needle exchange program in Glouster (Athens County) in response to the increased incidence of Human Immunodeficiency Virus (HIV) and Hepatitis C and B; the site is also training staff and clients on Narcan® (naloxone, opiate reversal medication administration) (www.athensnews.com, April 2, 2017). OHSP arrested a West Virginia man during a traffic stop in Gallia County after confiscating 80 grams of heroin (www.statepatrol.ohio.gov, April 2, 2017). A former executive director of a homeless shelter in Marietta (Washington County) was sentenced to 18 months in prison for smuggling heroin, prescription opioids and marijuana in a cigar tube hidden in a body cavity into a local prison; the man claimed he and his family were threatened by inmates, forcing him to smuggle the drugs into the prison (www.newsandsentinel.com, April 26, 2017). Prosecutors with the Washington County District Attorney's Office charged a man with felony manslaughter for supplying heroin to a man who subsequently died of an overdose; the overdose victim had just left a rehabilitation center for drug abuse (www.thenewscenter.tv, May 11, 2017). Multiple law enforcement units, including sheriff's offices from Perry, Hocking, Muskingum, Guernsey and Fairfield counties, Zanesville and Columbus Police Departments, US Marshals Services and Central Ohio Drug Enforcement Task Force arrested 36 people on drug-related charges as the result of "Operation Buzz Kill," an ongoing investigation to target drug traffickers in the Athens region (www.nbc4i.com, May 18, 2017). OHSP and Rio Grande Police (Gallia County) arrested a Bidwell man during a traffic stop after he dropped narcotics onto the ground while getting out of his vehicle; officers confiscated a total of 35 grams of heroin during the arrest (www.mydailytribune.com, May 23, 2017). A Columbus man was arrested during a traffic stop in Portland (Meigs County) when police confiscated two kilograms of heroin from his vehicle; officers said that this was the largest drug seizure made in Meigs County to date (www.wtol.com, June 19, 2017).

While many types of heroin are currently available in the region, participants reported brown powdered as most available. Participants reported: *"People from bigger cities are bringing [brown powdered heroin] around here because they can sell it for more money; Gang members [are] bringing it in from cities into my town (Zanesville); There's a lot of money to be made here in my town ... cliques come in from other cities like Detroit ... find out how much money there is ... then they're ... callin' other people."*




Law enforcement in Athens County reported black tar heroin as most available, while law enforcement in Washington County reported brown powdered as most available. A law enforcement officer in Athens County stated, *"We just deal with the 'tar' (black tar heroin). I mean when it first started, we dealt with the powder ... that was years ago, now it's been straight tar."* Conversely, a law enforcement officer in Washington County reported, *"Generally, it's the brown, the tan, occasionally 10% of the time we'll see the white that they're calling 'white china' ... [black tar heroin is] like the unicorn anymore ... it's a surprise if you see it. We're not seeing tar."*

Participants also reported current availability of black tar and white powdered heroin in the region. They most often reported the current availability of black tar heroin as either '3' or '9-10,' and of white powdered heroin as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants discussed: *"I can get tar any day of the week ... I used to have trouble [and had to go to] Columbus to get it ... but now it's easier to get; You don't get to pick and choose what 'dope' (heroin) you get ... and china's (white powdered heroin) just now starting to come around; [White powdered heroin is] getting big. Opposed to three months ago, there was only one person that deals china and now there's two or three."*

Participants reported that the overall availability of heroin has decreased during the past six months. Participants explained: *"A lot of people are too afraid to sell [heroin], especially in town; I think a lot of people get busted ... they get court ordered to go to recovery and ... they have to be on Suboxone® or Vivitrol® ... I think a lot people switched to other stuff."* Treatment providers reported that the general availability of heroin has remained the same during the past six months, while law enforcement reported decreased availability. A treatment provider stated, *"I think use has gone down but availability is still there."* Law enforcement remarked: *"I think the demand for it locally has decreased; I don't think we have as many users because of*

the Vivitrol® program, so the drugs have switched. We've seen an increase in cocaine and crack cocaine and in crystal meth and a decrease in our seizures of heroin; Methamphetamine has become a cheaper drug and the market right now is just absolutely flooded with it; We're buying this heroin on [undercover] purchases, and the majority of it's coming back [from crime lab testing] as fentanyl!"

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. In addition, the lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months. Fentanyl analogues processed at this lab included: acetyl fentanyl, acrylfentanyl, 2-FBF, furanyl fentanyl, 3-methyl fentanyl, and THF fentanyl. The lab also reported that the number of carfentanil cases it processes has increased.

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

Participants most often rated the current overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants most often rated current quality of white powdered heroin as '10'; no previous most common score was reported. A participant stated, *"It's always a '10.'" Participant comments included: "It doesn't even fully take away their sickness (quality is so poor that it doesn't alleviate withdrawal symptoms); Definitely like a '5' or a '6' now 'cause it's bunk (bad quality) as hell and the only good stuff going around is the china."*

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agent as fentanyl. Additional cuts mentioned included: aspirin, baby laxatives, baking powder, baking soda, Benadryl®, Benefiber®, brown sugar, carfentanil, cocaine, coffee, confectioners sugar, creatine, dark sodas (Coca Cola®, Dr. Pepper®), drywall, flour, hairspray, melatonin, methamphetamine, mineral makeup, Neurontin®

(gabapentin), pepper, powdered gravy, prescription opioids (Percocet®, morphine), salt, sedative-hypnotics (Valium®, Xanax®), Sleepinal®, sugar, tea and vitamin B-12. Several participants commented: *“They’re mixing it with so much crap these days; It ain’t even heroin anymore; I know one person who thought they were buying heroin, and it ended up being a tiny bit of heroin, meth, and fentanyl; I’m hearing is its being cut with everything...”*

Participants overwhelmingly reported that white powdered heroin is heavily cut with fentanyl or is straight fentanyl: *“That’s why it’s really good ‘cause it’s cut with fentanyl; And then you gotta watch because you’re gonna get ‘elephant tranquilizer’ (carfentanil) in it...”* Treatment providers also reported on the high prevalence of fentanyl used as a cutting agent for heroin in the region: *“[Fentanyl is] mixed with heroin or substituted for heroin. That’s why they overdose ... there’s such a fear of overdose because [fentanyl is] being substituted for a portion of their heroin; And sometimes they don’t know that it’s mixed with the heroin.”* Overall, participants reported that the general quality of heroin has decreased during the past six months, while the overall quality of white powdered heroin has remained the same.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl/fentanyl analogues ● mannitol (diuretic) ● triacetin (glycerin triacetate, a food additive) ● sorbitol/lactose (artificial sweetener) ● U-47700 (synthetic opioid)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 or 1/2 gram. However, a participant stated, *“The more quantity, the cheaper it gets.”* Another participant indicated that going to a more populated area in the region provides cheaper prices for heroin: *“I mean down here in the country [the price is higher]. You go to Zanesville (Muskingum County) or somewhere you are only gonna pay like \$10 for a tenth (1/10 gram).”* Overall, participants reported that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Black tar or powdered:	
	1/10 gram (aka “balloon” or “berry”)	\$20-30
	1/2 gram	\$60-100
	A gram	\$150-200
	1/4 ounce	\$320-450
	An ounce	\$1,200-1,400

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants also reported that a few users would smoke the drug. Participants commented: *“Every once in a while, you’ll run into somebody who snorts it, but mainly it’s shooting; And some people smoke it, too, but that’s rare.”*

Participants reported that injection needles are most available from pharmacies and people who have diabetes. Additionally, participants reported obtaining needles from medical supply stores, Walmart, needle exchange programs and drug dealers. Participants stated: *“You can obtain ‘em so easy; I know a diabetic that sells hers; There’s a lotta people that don’t want to be seen there (the needle exchange) so they look into buyin’ ‘em; Usually, the dealer that has the heroin has ‘em; Someone goes to Walmart and sells them...”*

Reportedly, injection needles most often sell for \$2-5 per needle. However, participants discussed that sharing needles is common. Participants reported: *“Very common; They’re like, ‘You’re clean, right?’ I’ve seen people bleach the inside to share one, that’s common, but most people don’t even do that; I’ve seen four or five people pass one around; I’ve shared needles with very close friends.”*

A profile for a typical heroin user did not emerge from the data, although some participants reported typical heroin users as laborers, construction workers and pipeliners because of the physical pain often resulting from these jobs. Participants stated: *“Ninety percent of construction workers are addicts or alcoholics ... they’re always in pain; Laborers because they have hard jobs and so they get that boost and it makes it easier on them.”* Other participants reported typical users as people who used to

use prescription opioids and people in rural communities. Participants described: *"Heroin is affecting everybody. It's not like crack, you know, crack stayed in black communities for years ... heroin is just hitting everywhere; I kind of think it's a younger [drug]. I think it's because they die before they get older; Heroin ... it's anybody and everybody. It doesn't matter the age, what you do, or anything; People with legit issues are turning to heroin because they can't get their pain pills and it's cheap and it's everywhere; This town, there's nothing here. So, the only thing there is to do is drugs, alcohol. There's nothing else to do. And once you go down that path, that's it"*

Treatment providers most often described typical heroin users as rural, laborers or unemployed. One provider add, *"It seems to be that they've all got trauma ... some sort of huge trauma from the past. A lot of them phased out of foster homes, a lot of domestic violence."* Law enforcement most often described typical heroin users as equally male and female, aged 20s to 30s, white people, and of lower socio-economic status. Law enforcement officers stated: *"Heroin's more of the white drug; I've seen plenty of my females [on probation] have a history with it. I've seen plenty of my males [on probation] have a history with it. Most of my people [on probation] are lower socio-economic class; I don't see a lot of [heroin users] that's gainfully employed."*

Prescription Opioids

Prescription opioids remain highly available for illicit use 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: *"Everybody's prescribed them; They're giving it out like candy. You meet somebody over the age of 50 years old, there's a pretty damn good chance they're getting prescribed pain medicine; That's how some people get their income [by selling their prescribed opioids]. If they're on social security and they get Percocet®, that's how they step up their income and make it through every month."*

Treatment providers most often reported the current street availability of prescription opioids as '10', while law enforcement most often reported it as '7'; the previous most common score among community professionals was '10'. Treatment providers reported: *"Readily, readily available. Everywhere; In my observations, they're really only using half of [their prescribed opioids] and the rest of it goes to the street ...*

it might be for heroin or to pay their bills ... sometimes people get overprescribed the medication that they need. ..." Law enforcement commented: *"I think there's a lot of prescriptions out there ... I just started thinking about how easy it would be for me to get some by the end of the day using an informant ... they could probably make it happen before lunch; A lot of the area doctors are very alert to the issues, but ... there are some [users] that go out of county to get them or ... get them by other means."*

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 186 prescription opioid cases reported during the past six months (a decrease from 258 prescription opioid cases for the previous six months). These counts do not include fentanyl and fentanyl analogues. Although previous OSAM Drug Trend Reports counted prescription opioids and fentanyl together, they are now counted separately. Fentanyl, fentanyl analogues and carfentanil data can now be found in the "Heroin and Fentanyl" section of this report.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A former Athens County pediatrician was indicted on fifth-degree felony charges for filling a prescription for 40 tablets of Tylenol 3® using another doctor's signature; the pediatrician held positions at various private practices and hospitals in Athens and Franklin counties (www.athensnews.com, March 5, 2017). The Major Crimes Unit and Criminal Interdiction Unit of Athens County arrested a woman during a traffic stop for drug possession and trafficking after finding 130 30 mg oxycodone pills in her possession (www.nbc4i.com, March 20, 2017). The Athens County Sheriff's Office Criminal Interdiction Unit (CIU) arrested a high school student during a traffic stop after finding the student with 130 oxycodone pills and learning the student was part of an arrangement with a 35-year-old male, where the student travelled from Ohio to Michigan to obtain prescription opioids while the man sold them for profit and allowed the student to keep some of the pills to support her addiction; officers arrested the student, her boyfriend, the drug dealer, and four others in connection to the trafficking ring (www.athensnews.com, April 26, 2017).




Participants and community professionals identified oxycodone, Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. Treatment providers stated: *"Oxycodone is the most common;*

I'm wondering how long it would take me to score some 'oxy' (oxycodone) ... next hour or two; Percocet® is right up there..."

Participants reported that the general availability of prescription opioids has decreased during the past six months. Some participants attributed the decrease to people switching from prescription opioids to heroin or to other illicit drugs: *"I think a lot of people that's got 'em prescribed have graduated on to heroin; A lot of the drugs (prescription opioids) ... I don't see much of anymore. I see a lot of heroin, meth, crack ... the harder stuff."* Other participants attributed the decrease in availability to doctors not readily prescribing opioids: *"They're not writing prescriptions; Right now if you go to the hospital, and if you ain't got a broken bone, you're not getting nothing out of the hospital. Five years ago ... for a bee sting, they would give you Percocet®."*

Treatment providers and law enforcement reported that the general availability of prescription opioids has remained the same during the past six months. Treatment providers remarked: *"It's readily available and it continues to be readily available; I don't think that it's gone down. I just think that it is too expensive to support a pill habit. I think that's why people end up switching [to heroin or methamphetamine]."* A probation officer stated, *"I'd say probably roughly remained the same ... that seems like one of those things that have been readily available around here for a while."*

The BCI London Crime Lab reported that the number of hydromorphone (Dilaudid®), morphine, oxycodone-acetaminophen (Percocet®), and tramadol (Ultram®) cases it processes has increased during the past six months, while the number of hydrocodone (Vicodin®), methadone, oxycodone (OxyContin®) and oxymorphone (Opana®) cases have decreased.

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

Reports of current street prices for prescription opioids varied among participants with experience buying the drugs. However, the majority of prescription opioids generally sell

for \$1-2 per milligram. Overall, the majority of participants indicated that the price of prescription opioids has increased during the past six months. A participant remarked, *"Your best bet is to go and get heroin."* Note participants in Athens County reported considerably higher prices for Dilaudid® than did participants in Belmont and Washington counties.

--See "Current Street Prices" chart on next page--

Participants reported obtaining prescription opioids for illicit use from doctors, pain clinics, hospitals, elderly people, through Internet purchase or driving them in from bigger cities or other states. Participants commented: *"My ex was going to Columbus to get 'roxis' (Roxicodone®). He was getting a whole script of 'fifteens' (15 mg pills), a whole script of 'thirties' (30 mg pills) ... he said it was just like a pill mill; People will also steal from old people's cabinets; I've seen people burn themselves, like get 4th degree burns [to obtain prescription opioids]."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration for illicit use are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit prescription opioid users, five would shoot and five would snort the drugs. Participants also reported that users consume the drugs in different ways depending on the prescription opioid. Some participants reported it is common practice to suck the gel out of the fentanyl patch. Other participants reported smoking Roxicodone®. One participant commented, *"In this area people will smoke 'perk 30s' (Roxicodone® 30 mg) ... they say it doesn't last long at all, but you get [high] instantly."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants most often described typical illicit users as anyone. Participants stated: *"Anybody. Somebody that be hurting ... somebody that just wants a buzz; Elderly that get 'em from the doctor."* Treatment providers described typical illicit users as people who have physical or emotional pain, older adults and white people. Treatment providers mentioned: *"Middle aged, white ... those are the people who kind of tell the same story of having an injury or getting hurt at work ... having chronic pain issues and getting hooked on the pills; It's mostly a white population down here; It's trauma, it's poverty, it's just our situation; There's no certain age group, there's no certain sex ... ; I think it varies more than any other drug except for alcohol ... Oh, and marijuana."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$4-20 for 2 mg \$10-36 for 4 mg \$20-45 for 8 mg
	fentanyl transdermal patch	\$40 for 25 mcg \$75-80 for 50 mcg \$100-110 for 75 mcg \$120-130 for 100 mcg
	methadone	\$5-7 for 5 mg \$10-12 for 10 mg \$40-45 for 40 mg
	Norco®	\$5-7 for 5 mg \$8 for 7.5 mg \$10 for 10 mg
	Opana®	\$10 for 5 mg \$15 for 7.5 mg \$20 for 10 mg \$60-80 for 30 mg \$100-120 for 40 mg
	OxyContin® OP	\$20 for 15 mg \$30-40 for 20 mg \$60-75 for 30 mg
	Percocet®	\$7 for 5 mg \$8-10 for 7.5 mg \$10-12 for 10 mg
	Roxicodone®	\$20-25 for 15 mg \$40-50 for 30 mg
	Tylenol 3	\$0.50 per pill (un-specified dose)
	Ultram®	\$0.50-1 for 50 mg \$1 for 100 mg \$1.50-2 for 200 mg \$2-2.50 for 300 mg
	Vicodin®	\$4-5 for 5 mg \$6-8 for 7.5 mg \$10-12 for 10 mg

Law enforcement described typical illicit prescription opioid users as people who have sustained an injury and of both lower and higher socio-economic status. Law enforcement officers stated: *"It really varies. From what I've seen it could be somebody with an injury that just got hooked on the opiates, and from my perspective that's what I've seen the most; You see your working-class and your higher-class people who*

had a surgery get addicted continue to abuse those pills." Law enforcement also remarked that they tend to see females abuse prescription opioids more often than males. A law enforcement officer stated, *"You do see a higher amount of females using the pills ... rather than abusing heroin or shooting up the heroin."*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street 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: *"It's definitely a '10'. No doubt; All you have to do is ... go to doctor that prescribes 'em and say you have a drug problem and you got 'em; Everybody's gone off the pain pills and switched to these; People are getting cracked down on for the heroin, so they go get Suboxone®, and then they dish it out (sell it on the street); [Suboxone®] keeps you from being sick. It's easier to get than 'pills' (prescription opioids)..."*

Treatment providers most often reported the current street availability of Suboxone® as '10'; while law enforcement most often reported it as '7'; the previous most common scores were '10' and '4-5', respectively. One treatment provider stated, *"That's still very prevalent and out there ... [there are] plenty of clinics."* Law enforcement discussed: *"Everybody that gets addicted to opiates gets prescribed Suboxone® or Subutex®, and they're either trading it or selling it for something else. Suboxone® is fairly popular; There are still quite a few Suboxone® clinics that are fairly free with their distribution. I've had people come in to my office and tell me ... how easy it is to get more than you need. So, you either abuse it or you sell it; Right now, if I called a CI (criminal investigator) and told him I wanted to buy a 'strip' (Suboxone® filmstrip), by the end of the day they could make it happen."*




Participants and community professionals reported that the most available type of Suboxone® is the sublingual filmstrip form. A participant stated, *"You're most likely going to get the strip because hardly ever do they give out the pills ... unless you're pregnant."* Treatment providers commented: *"They seem to mostly come up with strips; They seemed to have transitioned away from pills because they're easier to use [illicitly]."* A law enforcement officer stated, *"We're seeing the strips, and we're actually seeing people*

buying them [from the streets]."

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 152 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (an increase from 113 buprenorphine cases for the previous six months).

Participants reported that the street availability of Suboxone® has increased during the past six months. A participant explained, "Doctors and clinics are pushing addicts towards it." Treatment providers also reported that the availability of Suboxone® for illicit use has increased, while law enforcement reported that availability has either remained the same or decreased during the past six months.

Treatment providers remarked: "Increased prescriptions ... so instead of shooting heroin, they're shooting Suboxone®; I'd say it's more available. They can really fall back on that. It's a fall back drug. If all else fails, there's Suboxone®; People are talking more of selling their prescriptions of Suboxone® [on the street]." A law enforcement officer observed, "That seems like something fairly constant, [although] in our area, programs are becoming more reliant on Vivitrol® injections." Another officer who reported decreased availability stated, "I think it's decreased a little ... Everybody's going to meth and crack" The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$8 for 4 mg \$15-20 for 8 mg
	pill	\$25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through people who have prescriptions, Suboxone® clinics and doctors. A participant stated, "If you have no insurance and you want to get off the drugs, then you're gonna buy 'em (Suboxone®) from the street."

Participants reported that the most common route of administration for illicit use of Suboxone® is intravenous injection (aka "shooting"). Participants estimated that out of ten illicit Suboxone® users, seven would shoot and three would sublingually take the drug. In addition, a few participants reported snorting Suboxone® filmstrip form. A participant stated, "You can put it in a toothpaste cap with water and snort the water."

Participants described typical illicit Suboxone® users as people who are addicted to opiates. A participant remarked, "So called recovering heroin addicts." Community professionals described typical illicit users as people who also use heroin, of low socio-economic status and female. Law enforcement remarked: "Basically your heroin user to a tee. I mean it's the heroin demographic who's trying to get clean, so they're gonna be the same person; Usually most of the one's that I've dealt with Suboxone® or Subutex® is gonna be low income females; Most of my clientele here tend to be in the lower socio-economic class and most of the people that do opiates tend to fall in that range ... There tends to be more [illicit use] on the female side with the pills."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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 reported: "Easy to obtain; A lot of people get prescribed it; If you can fake anxiety, you're getting

it." Treatment providers most often reported street current availability as '8' and '10,' while law enforcement most often reported it as '5' and '7'; the previous most common scores were '10' for treatment providers and '7' for law enforcement. A treatment provider commented: "You might have to do a little bit of doctor shopping with those ... but you can certainly get it."




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 125 benzodiazepine cases reported during the past six months; of which 61.6% were alprazolam (Xanax®) (a decrease from 151 cases for the previous six months; of which 66.2% were alprazolam).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Athens County Prosecuting attorney ordered a former university student to complete drug counseling for trafficking Xanax® in the Athens area; the former student bought the drugs through Internet purchase and sold them to his friends (www.thenewscenter.tv, Feb. 21, 2017).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants commented: "Xanax® is probably the easiest one to get; I hear a lot about Klonopin®." Community professionals identified Xanax® as most available. Treatment providers stated: "I have had a few reports of Klonopin®, but primarily it's Xanax®; Mostly Xanax® as far as abuse goes; The culture around using Xanax® is what I think makes it popular." A detective stated, "I think Xanax® is a pretty highly prescribed drug and when they get that prescription, there's a lot of them ... there's a large supply of them out there to be bought."

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, several participants throughout the region described availability as beginning to decrease. Participants explained that when people get prescribed sedative-hypnotics, they tend to hold onto them rather than sell them. One participant added, "It's gotten a little bit harder, but it's still everywhere." Treatment providers also reported that street availability has remained the same, while law enforcement reported that availability has either decreased or remained the same. A treatment provider remarked, "There's no change." A law enforcement officer reported, "We still see it. I don't think the amount has changed since we began seeing it."

The BCI London Crime Lab reported that the number of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases it processes has increased during the past six months, while the number of alprazolam (Xanax®), carisoprodol (Soma®) and lorazepam (Ativan®) cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics generally sell for \$1 per milligram, although participants reported that prices for Xanax® tend to be slightly higher. A participant explained, "Because people like to do that (Xanax®) with heroin [Xanax® is in demand]." Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Current Street Prices for Sedative-Hypnotics		
Sedative-Hypnotics	Ativan®	\$0.25-0.50 for .5 mg \$1 for 2 mg
	Klonopin®	\$0.50 for .5 mg \$1 for 1 mg
	Valium®	\$1 for 2 mg \$2-5 for 10 mg
	Xanax®	\$0.50 for .25 mg \$1-2 for .5 mg \$3 for 1 mg \$6-7 for 2 mg \$8 for 3 mg

Participants reported obtaining these drugs for illicit use from physicians, friends, family members and other people who have prescriptions. Participants described the ease in obtaining sedative-hypnotics from doctors. One participant stated, "All you gotta do is look at the medication itself and

it will tell you what it's prescribed for ... then you just go and complain of those symptoms." Participants also described the popularity in trading sedative-hypnotics for other drugs. One participant shared, *"I've had people come in with a 90 Klonopin® (90-pill prescription) and ask me to trade them for 20 (grams) of 'boy' (heroin)."*

Generally, the most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs.

Participants described typical illicit sedative-hypnotics users as female and people in their 20s and 30s. Participants stated: *"If you were to say Valium®, then I would say upper middle-class white women; Everyone and their mom and grandma."* Community professionals described typical illicit users as predominantly female and people in their 20s to 50s. One treatment provider added: *"Anybody that presents with 'anxiety.'" A law enforcement officer stated, "It's kind of back to our heroin demographic. But we'll also see a little bit higher spike in 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'. Participants commented: *"Everybody around here smokes 'weed' (marijuana); It's pretty easy to come across 'cause all you have to do is grow it yourself; Everybody has it."* Treatment providers discussed: *"Anybody can get it whenever they want ... if they live in Athens and Meigs County; I could walk out the door right now and get some for you ... it's super available; I think because of the rise in the opiate epidemic nobody has time to police marijuana anymore."* Law enforcement remarked: *"It's pretty high; People can grow it in the hills, in their homes ... it's just like a little local gold mine."*




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Athens Police (Athens County) arrested a man during a traffic stop when criminal indicators resulted in the officers searching the man's vehicle and finding marijuana residue and the

individuals in the vehicle admitting to having smoked marijuana; the driver was under the influence of drugs while driving (www.thepostathens.com, Jan. 31, 2017). An Athens County Common Pleas Court jury convicted a Millfield man for illegal cultivation of marijuana and tampering with evidence (www.athensnews.com, Feb. 1, 2017). A Barnesville (Belmont County) woman had her probation revoked after admitting to using marijuana; five other people in separate, unrelated cases were sentenced in Belmont County Common Pleas Court for drug trafficking and/or possession of marijuana in the area (www.timesleaderonline.com, Feb. 15, 2017). Detectives with the Athens County Major Crimes Unit seized 10 pounds of marijuana and THC (tetrahydrocannabinol) edibles in the form of chocolates, butane honey oil, and candies during a search of a home in Nelsonville (Athens County) (www.nbc4i.com, Feb. 17, 2017). Belpre Police (Washington County) arrested three people during the execution of a search warrant of a home after confiscating approximately 100 grams of marijuana, syringes containing drugs and other drug paraphernalia (www.newsandsentinel.com, March 9, 2017).

Some participants also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of THC by heating high-grade marijuana with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '5-6'. Community professionals did not report on current availability of marijuana extracts and concentrates.

Participants reported that the general availability of marijuana has remained the same during the past six months. Participants indicated that the availability of marijuana extracts and concentrates in the form of oils, dabs or wax have increased during the past six months. Community professionals reported that the general availability of marijuana has remained the same during the past six months. Treatment providers stated: *"[Marijuana has] always been available and it's still always available. That's a pointless effort; I don't think it's going anywhere; I don't think that it has increased ... I think that it is just more socially acceptable to report."* A law enforcement officer reported, *"I think marijuana is readily available and I think that's a fairly constant thing. I don't think that has changed very much in a long time."* The BCI London Crime Lab

reported that the number of marijuana cases, including cases of concentrated THC, it processes has decreased during the past six months.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants commented: *"If you get medicinal marijuana, then it's a '10;'* *Everybody's upgrading ... Everybody's getting the 'chron' (aka 'chronic,' high-grade marijuana); People are growing better strands of it; [Growers] know what they're doing now; There's hybrids out there with Sativa (a high-grade marijuana strand) and special stuff."* Overall, participants reported that the quality of marijuana has remained the same. Participants who reported on the quality of marijuana extracts and concentrates reported its quality has increased 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 of purchase is a gram or 1/8 ounce. A participant commented, *"That is what most people can afford. When you buy the 'high dollar' (high quality), you can't be buying ounces."* Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A gram	\$10
	1/8 ounce	\$25
	1/4 ounce	\$45
	An ounce	\$100-150
	1/2 pound	\$300
	High grade:	
	A gram	\$20
	1/8 ounce	\$50
	1/4 ounce	\$60-70
	1/2 ounce	\$150-200
	An ounce	\$250-300
	1/2 pound	\$600-1,000
A pound	\$1,500	

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. Participants also reported that some marijuana users will vaporize the drug or eat it in baked goods or mixed into chocolate or peanut butter (aka "edibles"). Participants commented: *"You can make anything you want out of it; You can get weed in so many different forms nowadays."*

Participants described typical marijuana users as hippies, people with physical pain or anxiety. One participant remarked: *"A lot of people use it for their pain."* Some participants observed drug dealers as typical users of marijuana extracts and concentrates. A participant reported, *"In my opinion, a lot of drug dealers ... go to dabs because they've been smoking marijuana their whole life and it takes a lot more for them to get high, so they dab."*

Community professionals described typical marijuana users as anyone, but specified college students and hippies. Treatment providers commented: *"I'm always*

surprised. I used to think it was the younger, college students smoking, but everybody and their momma's smoking; You got 14 [year olds], you got 60 [year olds], you got male, female; There's not a real typical user. I've known doctors, lawyers; It's just like trying to rate who would use caffeine. It's just that prevalent..." Law enforcement officers remarked: *"We have what a lot of people term a 'hippy refuge' [in Athens County]; The high school kids start out experimenting with the marijuana, and then we've got a college here in town and we get a lot [of marijuana use with college students]."*

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 reported several reasons for the high availability of methamphetamine in the Athens region, including people manufacturing the drug themselves, drug cartels bringing the drug into the region, or a switch in popularity from opiates to methamphetamine.

Participants discussed: *"It's easier to get than a candy bar; It's more available [than heroin]. It's everywhere; Heroin's such a problem ... everybody's main focus is heroin, so the 'meth' (methamphetamine) just kind of snuck in and took over. Plus, it helps with withdrawals from heroin; It's surprising ... I used to never even come across people that did it or knew where to get it, and now my main drug dealer has heroin and meth; If you're on Suboxone® or Vivitrol®, you can get high on the meth; All these rural areas ... out in the woods are like moonshiners. They're manufacturing it; Mexican cartels are pushing [crystal methamphetamine]."*

Treatment providers most often reported the current availability of methamphetamine as '10,' while law enforcement most often reported it as '8,' the previous most common scores were '10.' Treatment providers reported: *"If I know where to get it, then my clients definitely know where to get it; Meth just seems to be super readily available in this community. People are making it all over the place; Everyone is on Vivitrol® and they can't do opiates anymore so they switched to 'speed' (methamphetamine); The reasoning I would say is primarily affordability and increased access to substances to make it."*

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 418 methamphetamine cases reported during the past six months (an increase from 334 cases for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Athens County Sheriff's Office and the Athens Division of the Fairfield-Hocking-Athens Major Crimes Unit conducted a traffic stop and found methamphetamine in a man's vehicle; a continued investigation determined the man had been convicted of manufacturing, trafficking and possessing methamphetamine previously (www.thenewscenter.com, Jan. 18, 2017). The Athens County Major Crimes Unit neutralized two methamphetamine labs found in Hockingport and Coolville (both in Athens County) (www.athensmessenger.com, Feb. 3, 2017). The Washington-Morgan-Noble Major Crimes Task Force and Marietta Police arrested four women after confiscating 88 grams of methamphetamine, 33 bags of heroin, several baggies containing drug residue, multiple syringes, digital scales and a cellphone (www.thenewscenter.tv, Feb. 6, 2017). According to an Athens-Hocking-Fairfield Major Crimes Unit Commander, methamphetamine use is increasing among heroin and prescription opioid users as a means to either come off opioids or come up from the downer effects of a heroin high; the commander reported that Athens County is seeing an influx in crystal methamphetamine shipments from Mexico and also powdered methamphetamine from local methamphetamine "cooks;" the Athens County Prosecutor reported the major legal implication for methamphetamine versus heroin is that if an individual is caught with manufacturing methamphetamine, the person is charged with a higher felony degree than just drug possession (www.athensnews.com, Feb. 22, 2017). Law enforcement in Perry County arrested three people during a raid of a home in Junction City, where they confiscated 30 grams of methamphetamine (www.myfox28columbus.com, March 2, 2017). A methamphetamine dealer in Marietta (Washington County) was charged with manufacturing and possession of methamphetamine after law enforcement raided his home (www.thenewscenter.tv, March 8, 2017). Law enforcement in Athens and Perry counties located and

arrested two top fugitives in Athens County; the two were wanted for aggravated drug trafficking and possession of methamphetamine (www.zanesvilletimesrecorder.com, March 9, 2017). Officers with the Perry County Sheriff's Office, Central Ohio Drug Enforcement Task Force and the Junction City Police Department seized methamphetamine, prescription drugs, and drug packaging equipment during the execution of a search warrant of a home in Junction City; in a separate search warrant, officers also seized a large amount of methamphetamine from a home in Crooksville (Perry County), arresting a man for drug trafficking (www.zanesvilletimesrecorder.com, March 14, 2017). Washington-Morgan-Noble Major Crimes Unit officers arrested a couple after learning from confidential informants of a large methamphetamine shipment to a home and business in Marietta; officers confiscated nearly two grams of methamphetamine from the man's pocket, three bags of methamphetamine from the woman's purse and approximately 27 grams from the business next to the couple's home (www.newsandsentinel.com, March 15, 2017). Marietta Police arrested a woman after a confidential informant alerted officers that the woman texted him to sell him a half ounce of methamphetamine and one gram of heroin; a search warrant conducted by the Washington-Morgan-Noble Major Crimes Unit led to the arrest of four additional individuals when the officers confiscated folded papers containing white powdered methamphetamine, a jar containing a gray-rock heroin, needles containing heroin and guns (www.newsandsentinel.com, April 15, 2017). Hocking County law enforcement arrested a Logan (Hocking County) woman and a Sugar Grove (Fairfield County) man during a traffic stop when a K-9 officer alert uncovered 76 grams of methamphetamine, prescription drugs, drug paraphernalia and guns in the vehicle (www.nbc4i.com, June 3, 2017).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they identified crystal as most prevalent. One participant observed, "I recently came back from rehab, and I had [meth] manufacturing charges ... the availability isn't so much the 'shake-and-bake' (powdered methamphetamine) method, it's the actual crystal meth. It's very easy access." Law enforcement reported: "I think the trend went from manufactured meth (shake-and-bake) to the crystal

meth ... I think because our major crimes unit and our criminal addictions unit are getting really good at finding meth cooks ... they've been averaging pretty substantial prison sentences, so ... they've gone to the crystal meth ... I think they're buying it in Columbus and Zanesville areas and bringing it down here; We're seeing mostly the 'shards' (crystal methamphetamine)."




The powdered form of methamphetamine is typically referred to as or "shake-and-bake," which means users are producing the drug 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. Participants reported: "More and more people's trying to 'shake-and-bake' ... 'cause it's free drugs; A lot more people now know how to cook it; Recipes are easier, chemicals are easier to get ... they're making it now in apartments ... in storage lockers."

Participants reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. A participant explained a plausible reason for the increased availability: "It's cheaper than 'coke' (cocaine) ... it's stronger. Just like people that did pain pills previously ... switched over to heroin. [Methamphetamine is] cheaper ... it lasts longer." Another participant explained, "Everybody is ... on Vivitrol® ... on Suboxone®, therefore, they can't get high with the opiate blocker, so they go straight to meth."

Community professionals reported that the availability of powdered methamphetamine has decreased during the past six months, while the availability of crystal methamphetamine has increased. A treatment provider commented, "[Clients] have reported to me that they stopped making the 'shake-and-bake' because there were more side effects to it, so the demand for the crystal went up. When the demand goes up, supply goes up." Regarding decreased availability of powdered methamphetamine, a law enforcement officer commented: "Basically, the [low] price of crystal meth on the street makes it pretty much ineffective to make your own stuff when you can just go to the street corner and buy the crystal." Regarding increased availability of crystal methamphetamine, a law enforcement officer noted: "it's just kind of pushed heroin to the side ... it's [perceived as] safer ... I actually have heard this on the street, that people became so scared of fentanyl

and overdosing and dying that they've moved over to meth because the chances of overdose [are lower]."

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 methamphetamine as well as white and brown 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 powdered methamphetamine as '2' and of crystal methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores for both powdered and crystal methamphetamine were '10'. Regarding the quality of powdered methamphetamine, participants stated: "The quality is usually shitty ... compared to 'ice' (crystal methamphetamine); My son, who is in his 30s, wanted to try it and did it ... he was hearing voices and seeing things ... they locked him up for five days he was that bad; It's junk. It's pointless. You'll waste your money."

Participants reported the following adulterants (aka "cuts") for methamphetamine: acetone, anhydrous oxide, antibiotics, baby aspirin, baking soda, batteries, Drano®, ether, Epsom salt, fentanyl, fuel treatment, kerosene, lithium battery strips, MDMA (aka "molly"), niacin, nail hardener, rat poison and wasp spray. Participants commented: "Basically, the same things they put in ecstasy ... you know how ecstasy and molly have MDMA in it? Well, that's what they normally use to cut meth with; Just anything really!" Regarding use of lithium batteries as a cutting agent, a participant stated, "That's part of the process for cooking 'shake-and-bake.'"

In addition, treatment providers reported on cutting agents for methamphetamine: "The only thing I'm seeing is people getting their meth (methamphetamine) cut with

cocaine that did not know they were getting cocaine; There has been opiates mixed with the methamphetamine ... without the knowledge of the person using..."

Overall, participants reported that the quality of both powdered and crystal methamphetamine has remained the same during the past six months. Participants commented: "It's more consistent nowadays than what it was ... I think that's what keeps bringing people back; You want me to keep coming back to spend money, spend money, spend money ... you're gonna sell me good shit."

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amounts of purchase are 1/10 and 1/2 grams. Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$50
	Crystal:	
	1/10 gram	\$10
	1/2 gram	\$50-60
	A gram	\$100-120
	1/8 ounce	\$250-300
	1/4 ounce	\$300-450
An ounce	\$700-1,100	

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would shoot, four would smoke and one would snort the drug. A participant commented, "It burns if you snort it ... You're gonna shoot it and you're gonna smoke it. And you smoke that in a light bulb or on foil that keeps you up for days at a time."

Participants described typical methamphetamine users as people who work labor-intensive jobs, including pipeliners, roofers, warehouse workers, hotel staff, as well as white people, those living in rural areas and those of lower socio-economic status. A participant reported that the people who work on the pipelines in the Athens region who moved from western states are typical users of the drug. The participant reported, "People who work long hours [on the pipelines], and who came from out West. Crystal seemed to have come with them."

Community professionals described typical methamphetamine users as white people, males, people aged 20s to 30s, unemployed, those living in rural areas and of lower socio-economic status. Treatment providers stated, "I can't say that I've heard too many female clients talk about their meth use. I don't want to imply that they aren't using, but the people I've seen who have serious problems with meth are younger (aged 18-25 years), male clients; It's just a lot of people that don't have a lot of support, who have had trauma and tragedy in their lives and they're just escaping." Law enforcement commented: "From my perspective, I think it's more in the outlying areas, which is poverty stricken areas, family oriented ... seems like when they catch 'em, it's a family operation; What I see is a majority of the people that we're dealing with in regards to heroin, we're also dealing with meth. I attribute that to ... our stipulations in court [which] is Vivitrol® ... they can't get high on opiates anymore, so they just switched their drug..."




Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use 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 '8-9'. Participants reported: "They're pretty easy to get; A lot of people buy 'em in bulk." Treatment providers most often reported current street availability as '7'; the previous most common score was '10'. Only one law enforcement officer was able to report on the current street availability of prescription stimulants, rating it as '4'; the previous most common score for law enforcement was '10'.

Treatment providers commented: "I think that's a drug that's being abused ... but I don't think we're detecting it; I

think that every single client that I work with has it prescribed ... everybody's on some sort of ADHD (attention-deficit hyperactivity disorder) medicine. I'm rather surprised by how much they get written actually. Every doctor ... has a questionnaire [to diagnose ADHD] ... [drug-seeking patients] know how to answer those few questions." The law enforcement officer stated, "If I were to rank pills [as to ease in obtaining], I'm going to say Vicodin® and Percocet®, and then Xanax®, and then Adderall® ... and the top three I could find in the next hour if I wanted to. Now, Adderall®, I'm probably going to have to work a little bit at [getting]."

Participants and community professionals identified Adderall® as the most available prescription stimulant 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. One participant stated, "It may decrease in the summer, but when school's back in 'scripts' (prescriptions) go right back up." The BCI London Crime Lab reported that the number of amphetamine (Adderall®) cases it processes has increased during the past six months, while the number of methylphenidate (Ritalin®) cases has remained the same.

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

Reports of current street prices for prescription stimulants were consistent among the few participants with experience buying these drugs.

Current Street Prices for Prescription Stimulants	
Prescription Stimulants	Adderall® \$2-3 for 10 mg \$3 for 15 mg \$3-4 for 20 mg

Participants reported obtaining these drugs from doctors and through stealing other people's prescriptions. Participants reported: "My neighbor literally described to me that he looked research up online on how to go to the doctor

and fake ADD (attention-deficit disorder) and he literally got Vyvanse® and Adderall®; [Doctors] prescribe it to a lot of kids ... then the parents are stealing them." Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort and two would orally consume the drugs.

Participants described typical illicit users of these drugs as college students, parents whose children have a prescription, or people who use other stimulants. One participant described, "A single mom with two to four kids and you got so much housework you're up to your eyeballs in it ... that's how it usually starts ... the parents start to abuse it or decide to sell it."

Community professionals described typical illicit users as college students, males, single mothers and/or housewives and people who use other stimulants. Treatment providers reported: "Whenever they can't find meth ... they'll use Adderall®; it would be the housewives and the mothers ... because an Adderall® pill is a good pick-up in the morning ... better than coffee, and mom's probably got a job and lots of stress on her and this will help her get through the day."

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) are moderately available in the region. Participants most often reported the current availability of the pressed tablet form







of ecstasy as '2-3,' and of "molly" (powdered MDMA) 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 for molly was also '5,' no previous availability score was reported for ecstasy. Participants discussed: "It's not like people are just out there selling ecstasy like they sell like crack ... You would have to do a little bit of digging for it unless you go to a 'rave' (dance party), 'cause then, I mean, just stick out your tongue and you're liable to get ecstasy put on it; I'm seeing more molly. Most of the ecstasy you see around here is fake. You don't get crap off it (high) unless you smoke it, and then all you feel is the meth mixed in."

Community professionals most often reported the current availability of both ecstasy and molly as '5,' no previous availability scores were reported. A treatment provider remarked, "It's sort of around there with the LSD (lysergic

acid diethylamide). It's like a trendy drug that people use for 'enlightenment' ... they're like an occasional use kind of things, they're not the ones that people are using every single day ..." A law enforcement officer stated, "It's not something I see a lot. It's something that's more an uptown kind of issue, you know, with the college and the local bars and such."

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has remained the same. Regarding ecstasy, a participant stated, "It seems like it's harder and harder to find unless you're in a bigger city. I mean everybody's doing meth." Regarding molly, participants stated: "I think maybe [it remains available] because it's more acceptable. It's a recreational party drug; When somebody has it, it goes quick."

Community professionals reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has decreased. A law enforcement officer stated, "Molly has dropped ... I don't think the demand is there." The BCI London Crime Lab reported that the number of MDMA (ecstasy and molly) cases it processes has decreased during the past six months; while the number of MDA cases has increased.

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

Participants most often rated the overall quality of ecstasy as '1' and of molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); no previous quality scores were reported. Reportedly, ecstasy is cut with Benadryl® and cocaine, while molly is often cut with heroin, methamphetamine and powdered cocaine. Participants reported that lower quality molly is white and often cut with cocaine, while higher quality molly is brown and often cut with heroin. Overall, participants

reported that the quality of ecstasy and molly has remained the same during the past six months. However, regarding molly, a participant stated, *"The stuff I've been getting the past few months, has been really good stuff"*

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in grams or in capsules. Participants stated: *"It goes by grams or by free weight; I've always seen 'em in 'caps' (capsules); Caps have point two (2/10 grams) in it and you pay 20 bucks for it."* Regarding ecstasy, a participant stated, *"Honestly, down here it's \$15-20. That's what the college kids are gonna pay."* Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

		Current Prices for Ecstasy/Molly	
		Ecstasy/Molly	Ecstasy:
Low dose (aka "single stack")			\$10
Medium dose (aka "double stack")			\$20
High dose (aka "triple stack")			\$30
Molly:			
	1/10 gram		\$10
	2/10 gram (aka "cap")		\$20
	1/2 gram		\$50
	A gram		\$100

Participants indicated that molly is obtained through drug dealers, Internet purchase, on college campuses, at "raves" (dance parties) and bars. A participant stated, *"Ecstasy and molly are used as party drugs; Athens is notorious for having ecstasy and molly or any kind of hallucinogen because the college is one of the biggest party schools in the nation."*

Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs by mixing them with water or by "parachuting" (placing molly or crushed ecstasy in tissue and swallowing). In addition, a few participants reported that molly can be snorted or intravenously injected. Participants reported: *"You only metabolize 75% of it if you snort it. If you don't eat it, your body won't metabolize the full chemical; Parachute it. You crush it up and put it in a pill (capsule) and you get way more."*

Participants and community professionals described typical ecstasy and molly users as younger people, hippies and college students. Participants stated: *"I've seen it with a bunch of college kids. Somebody who wants to go out and dance and party a lot; Molly tends to be younger people."* A treatment provider remarked, *"That's with the festival crowds and the hippie kids."*

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), Neurontin® (gabapentin, an anticonvulsant used to treat nerve pain), promethazine (antihistamine, a neuroleptic) and Seroquel® (antipsychotic).




Hallucinogens

Hallucinogens remain available in the Athens region. Participants reported the current availability of hallucinogens as variable: '5' or '10' for LSD and '1,' '8' or '10' for psilocybin mushrooms 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' for LSD; no previous availability score was reported for psilocybin mushrooms. Participants commented: *"[LSD availability] can be a '10' if you know people that have it; 'Shrooms' (psilocybin mushrooms) are huge around here; They're pretty available. I bought some not that long ago."*

Community professionals most often reported the current availability of hallucinogens as '1-2' for LSD and '6-7' for psilocybin mushrooms; no previous availability scores were reported. One Treatment providers remarked: *"I just don't see as many people using LSD as I do with the other drugs; People probably use mushrooms a little more than the LSD. They think it's safer."* Law enforcement officers stated: *"[LSD is in] low demand ... it's limited to the city here; I don't think that [psilocybin mushrooms are] highly used around here."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens arrested a college student during a traffic stop after finding an ounce of psilocybin mushrooms and 100 doses of LSD in his vehicle (www.nbc4i.com, April 27, 2017).

Participants and community professionals reported the availability of LSD and psilocybin mushrooms has remained the same during the past six months. The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

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

Reports of current prices for hallucinogens were provided by participants with experience buying the drugs. Participants reported that a single dose (aka "hit") of LSD is sold either in capsules or on blotter paper. A participant stated, "It's a little bit pricier, depending on where you go and who you know, because only some people can make it."

Hallucinogens	Current Street Prices for Hallucinogens	
	LSD:	
	A liquid drop or a single dose (aka "hit")	\$10
	10 doses (aka "strip")	\$80-100
	100 doses (aka "sheet")	\$600-1,000
	Psilocybin mushrooms:	
	1/8 ounce	\$20-25
	1/4 ounce	\$40

Participants reported that LSD is obtained through friends and family, Internet purchase or at festivals. A participant stated, "You have to know someone ... and a lot of times it comes from out of state ... it gets mailed." Participants most often reported obtaining psilocybin mushrooms by picking them in the woods.

Participants reported that the most common route of administration for hallucinogens is oral consumption. Participants explained a variety of ways to orally consume these substances. Participants discussed: "Put [LSD] on your tongue ... it makes your tongue numb and stuff. It tastes

weird; Drop [LSD] on a sugar cube and put it in your mouth; I don't chew [psilocybin mushrooms] when I eat them, I swallow them like pills; I've seen people put [psilocybin mushrooms] on pizza." In addition, a few participants explained that LSD can be administered via ocular absorption similar to the way one would use eye drops.

Participants described typical LSD and psilocybin mushroom users as younger people, hippies, party-goers and skateboarders. Participants stated: "I've seen it with a bunch of college kids ... somebody who wants to go out and dance and party a lot." Community professionals described typical LSD and psilocybin mushroom users as college students and hippies. A law enforcement officer remarked, "I think that's one of the ones that you occasionally get in more of the college student setting."

Neurontin®






Neurontin® remains highly available for illicit use in the region. Participants most often reported the current street 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: "That's the easiest thing to find; It helps with sickness (opiate withdrawal) and it does kind of give you a drunk high; I think that's the big thing now, Neurontin® ... it doesn't show up on a lot of drug tests; I've seen someone who's on Suboxone® and he's prescribe 'em (Neurontin®) ... he'll eat 'em and eat 'em ... I think he gets that feeling of nodding out ... I think that's what he's trying to get."

Law enforcement was not able to rate the current street availability of Neurontin®, and only a few treatment providers reported on current street availability, reporting it as '7-8'; the previous most common scores were '10' for treatment providers and '5' for law enforcement. Treatment providers commented: "It's readily available as a prescription, and more often than not what we hear is if they're getting the prescription, they're abusing it; I just want to give clarification on who is abusing it. It's usually people taking more of what they're prescribed. I don't think that there are many people saying, 'I don't have a prescription, I'm going out to find Neurontin®.'" Law enforcement officers stated: "I think I've seen it on a couple search warrants, but it's nothing that I can say that we've bought; I think with that being a prescription drug there's always some level of abuse with it."

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Participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Participants stated: *“Doctors are prescribing them more; You can get Neurontin® fairly easily and it’s pretty cheap.”* A treatment provider stated, *“We’re just waking up to the fact that that’s something they’re abusing.”*

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

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

Neurontin®	Current Street Prices for Neurontin®	
	300 mg	\$0.25-0.50
	600 mg	\$1
	800 mg	\$2

Participants reported that Neurontin® is obtained through drug dealers, doctors and friends and family members with prescriptions. Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. However, some participants reported that snorting the drug is common in jails. *“In jail they’ll snort them; It’s like jail heroin.”* Participants described typical illicit Neurontin® users as heroin addicts or people trying to get off opiates. Participants stated: *“Somebody that is withdrawing [will use Neurontin®]; I used them to come off Suboxone®.”*

Promethazine

Participants most often reported the current street availability of promethazine as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); no previous availability score was reported. Participants discussed that promethazine is most commonly used illicitly as “lean” (a mixture of promethazine and soda, aka “sizzurp”). Despite few participants indicating low availability of promethazine,

one participant stated, *“My doctor hands it out like it’s candy.”* Reportedly, promethazine sells for \$30 for one ounce.

In addition, one treatment provider reported on the illicit use of over-the counter (OCT) cough syrups. She stated, *“The younger kids, like the high school and the college kids, do for whatever reason, the Robitussin®, they call it ‘robotrippin’ ... Obviously it’s the same as getting anything because they just go to the store and get it, so it’s readily available.”* A law enforcement officer remarked, *“You might get to the fluke guy who can’t afford anything so they get drunk on cough syrup or mouth wash.”*

Seroquel®

Only one participant group in Washington County (home of Marietta) reported that Seroquel® is highly available for illicit use. A participant remarked, *“It’s easy to get.”* Another participant added, *“Definitely [for] people in jail!”*

Conclusion

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

While it remains highly available, participants and law enforcement reported that heroin has decreased in availability during the past six months. They attributed decreased availability to an increase in fentanyl as a substitution for heroin, as well as an increase in the number of heroin users receiving Vivitrol® who have switched to other drugs such as cocaine and methamphetamine.

Participants overwhelmingly reported that white powdered heroin is heavily cut with fentanyl or is straight fentanyl. Treatment providers also reported on the high prevalence of fentanyl used as a cutting agent for heroin in the region. The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months, while the number of fentanyl, fentanyl analogue and carfentanil cases has increased.

Reportedly, methamphetamine is replacing heroin as the most available drug in the region. Participants and community professionals reported the drug as extremely available, particularly in crystal form. They discussed the increase in court-mandated Vivitrol® programs as a driver for increased methamphetamine use; they also noted that “crystal meth” is less expensive (“cheap”), and provides a longer high, than cocaine. Law enforcement reported that the drug cartels have flooded the region with crystal methamphetamine. One law enforcement officer relayed hearing users attributing their switch from heroin to methamphetamine to fear of fentanyl overdose and death, believing the chance for overdose with methamphetamine to be considerably lower.

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 418 methamphetamine cases reported during the past six months (an increase from 334 cases for the previous six months).

Lastly, participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Both types of respondents indicated that there has been an increase in the number of prescriptions written. Participants described the drug as easy to obtain from a doctor and desired by heroin users to alleviate withdrawal symptoms when out of heroin. A treatment provider stated, *“We’re just waking up to the fact that that’s something they’re abusing.”*

