



### Drug Abuse Trends in the Athens Region



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#### Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Coshocton, Hocking and Perry 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, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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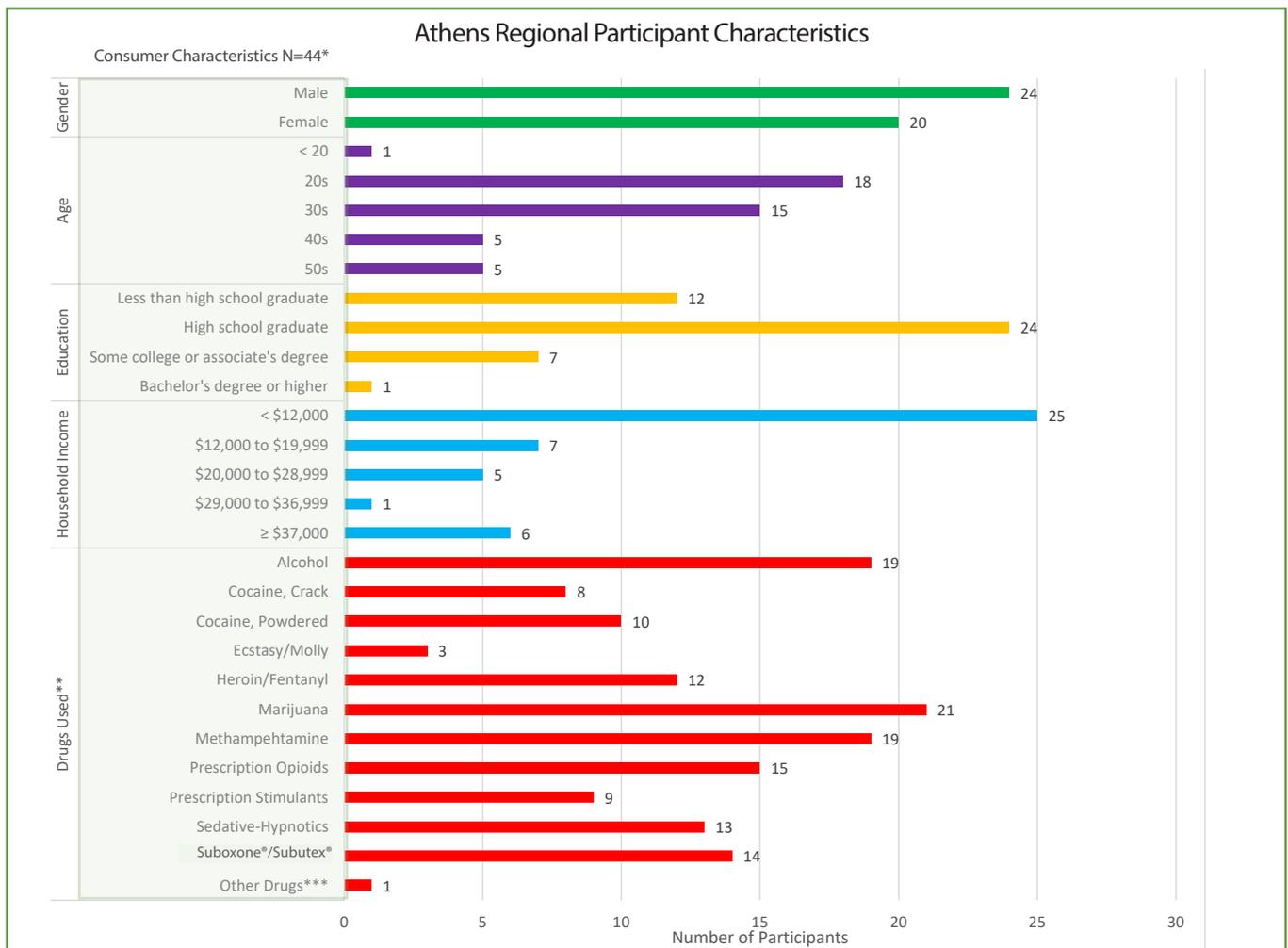
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## Regional Profile

Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	578,650	44
Gender (female), 2016	51.0%	50.2%	45.5%
Whites, 2016	82.5%	94.9%	88.6%
African Americans, 2016	12.8%	2.3%	0.0%
Hispanic or Latino Origin, 2016	3.7%	1.1%	6.8%
High School Graduation Rate, 2012-16	89.5%	86.77%	72.7%
Median Household Income, 2012-16	\$50,674	\$41,522	Less than \$12,000 <sup>2</sup>
Persons Below Poverty Level, 2016	14.6%	17.7%	70.5%

<sup>1</sup>Ohio and Athens region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



\*Not all participants filled out forms completely; therefore, numbers may not equal 44.

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

\*\*\*Neurontin® (gabapentin).

## Historical Summary

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

While it remained highly available, participants and law enforcement reported that heroin decreased in availability during the reporting period. 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 switched to other drugs, such as cocaine and methamphetamine.

Participants overwhelmingly reported that white powdered heroin was heavily cut with fentanyl or was 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 decreased during the reporting period, while the number of fentanyl, fentanyl analogue and carfentanil cases increased.

Reportedly, methamphetamine replaced heroin as the most available drug in the region. Participants and community professionals reported that the drug was 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" was less expensive ("cheap"), and provided a longer high than cocaine. Law enforcement reported that drug cartels had 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, and to the belief that the chance for overdose with methamphetamine was considerably lower.

Corroborating data indicated that methamphetamine was 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 reporting period (an increase from 334 cases during the previous reporting period).

Lastly, participants and treatment providers reported that the street availability of Neurontin® increased during the reporting period. Both types of respondents indicated that there was 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."

## Current Trends

### Powdered Cocaine

Powdered cocaine remains 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 discussed: "On campus and in the bar scene you can [get powdered cocaine] pretty easily; I know at least 20 people that, off the top of my head, have it and I know at least another 50 that can get it, and it is easily found on campus as well; Our little town is flooded with it."

Treatment providers most often reported the current availability of powdered cocaine as '7' and '10'; while law enforcement most often reported it as '7'; the previous most common scores were '2' and '6-7' for treatment providers and '6' for law enforcement. Treatment providers commented: "It's just prevalent in this area ... it comes right in and gets dropped off at the door; It's high demand ... people demand it; It's a big business ...". A law enforcement officer remarked, "Cocaine is more the one that college students tend to use, or if they (non-college students) cannot get the other (heroin or methamphetamine) then they use [cocaine]."

Corroborating data indicated that powdered cocaine is available in the region. The Ohio Department of Public Safety (ODPS) reported 12 drug task force seizures of powdered cocaine in the Athens region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Washington-Morgan-Noble Major Crimes Task Force officers took 11 people into custody after executing 15 search warrants at residences in Washington, Morgan, Muskingum and Athens counties, seizing heroin and large amounts of cocaine and prescription opioids ([www.nbc4i.com](http://www.nbc4i.com), Sept. 16, 2017).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Participants commented: *"It's always around ... we will never get rid of it; I know a couple of dealers who still sell it. I've known the same people for 10 years, it never changes."* A treatment provider commented, *"Cocaine has been a mainstay in this county. I have never seen the use go down, and I have been working here 16 years."* The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not 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	No change

Participants most often rated the current overall quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants discussed: *"It's not super, not bad ... it's good; I try not to buy drugs here because they suck ... they are 'stomped on' (adulterated) too much."* Participants reported the top cutting agents (adulterants) for powdered cocaine as: baby laxatives, baby powder and baking soda. Other adulterants mentioned included: aspirin, baby formula, benzodiazepines (Valium®), fentanyl, flour, Orajel™, prescription opioids (Percocet®, Vicodin®), prescription stimulants (Ritalin®) and teething tablets. Participants commented: *"I've even seen people try to use like crushed up pills. They'll crush it down and make it look like it's powder and try to sell it like it's cocaine; It just depends where you get it from. If you get it when it comes off the brick (packaged kilogram) then it comes in 80 - 85% pure so it is pretty good .... If you get it off the street, then it is probably down around 20% pure."*

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants stated: *"It gets stomped the heck out of. It's not worth it; You do not hear about people doing cocaine as much as 'meth' (methamphetamine) anymore; Most people I know have graduated to methamphetamine and they do not do it anymore; Cocaine is for kindergartners."*

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2 gram for \$50. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$50
	A gram	\$100-120
	1/16 ounce (aka "teener")	\$140
	1/8 ounce (aka "eight ball")	\$300-350

Participants reported that the most common routes of administration for powdered cocaine are snorting and smoking. Participants estimated that out of 10 powdered cocaine users, four would snort, four would smoke and two would intravenously inject (aka "shoot") the drug. A participant responded, *"Generally, you hang out with people who do the same as you. If you snort it, you hang out with people who snort ..."*

Participants described typical powdered cocaine users as of higher socio-economic status, white and Hispanic people, college students, government officials, business owners and people in certain occupations (military, construction, landscaping, adult entertainment). Participants reported: *"People who you do not think would use; People of all different incomes and households ... it varies from young to old and middle age; I was in the military, most all the people in the military did 'coke' (powdered*

cocaine) because it gets out of your system really fast ... we would have 'pop up' (random) drug tests ... you could do coke and two days later pass one (a drug test)."

Community professionals described typical powdered cocaine users as young factory workers, younger white males (18-28 years of age) and white females (30-40 years of age). Treatment providers stated, "Because they got these family problems, or all this stress, they go to powder cocaine; It's generally the pipeliners that come through that are using, to stay up, and I've heard that they can do some things at work that couldn't otherwise ... risk wise ...". A law enforcement officer remarked, "It's more available towards people with more money ... which typically goes towards the college students and not Athens County residents."

### 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 commented: "Our little town is flooded with it all over; If you want it, you can find it; I've been all over, you can get it anywhere; It is easy to get ... but if you have transportation, it's absolutely easy to get."

Treatment providers most often reported the current availability of crack cocaine as '9' and '10', while law enforcement most often reported it as '4'; the previous most common scores were '2', and '3' and '6', respectively. A treatment provider commented, "It's quick to pick that up if there are runners (people who travel and bring drugs into the region), and you know runners are running to Cleveland [to get crack cocaine]." A law enforcement officer noted, "If they can't find 'meth' (methamphetamine), then the next step would be to go find some crack."

Corroborating data indicated that crack cocaine is available in the region. ODPS reported 10 drug task force seizures of crack cocaine in the Athens region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Zanesville Police (Muskingum County), along with the Muskingum County Sheriff's Office, the Central Ohio Drug Enforcement Task Force and the Ohio State Highway Patrol (OSHP) arrested six people after 13 traffic stops and the execution of three

search warrants at different residences in Zanesville; officers seized crack cocaine, methamphetamine, marijuana, pills, and an unknown substance, as well as drug paraphernalia ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Oct. 26, 2017). The Meigs County Sheriff's Office and the Major Crimes Task Force of Gallia-Meigs County arrested two women while executing a search warrant of a home in Salisbury Township after seizing crack cocaine, powdered cocaine, methamphetamine, heroin, pills, marijuana, cash and firearms ([www.newsandsentinel.com](http://www.newsandsentinel.com), Dec. 5, 2017).

Participants and treatment providers 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 remarked, "I don't think it is as easy to get in Athens as it used to be. People are having to travel to get it." The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' and '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. A participant commented, "It's pretty much a hit or miss ... I can go get it now and then tonight, and it would be two totally different things." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby laxatives, baby powder and baking soda. Other cuts mentioned included: baby formula, benzodiazepines (Valium®), isotol (dietary supplement), methamphetamine, Orajel™, prescription opioids (Percocet®) and Tylenol®. Participants commented, "[It is] cut with whatever they can get; When they use the Orajel™, you get the numbing sensation; The only thing I know anyone's ever cut crack or cocaine with is baking soda." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

<b>Crack Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)
	●	local anesthetics (benzocaine, lidocaine and procaine)

Current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price for crack cocaine has remained the same during the past six months.

<b>Crack Cocaine</b>	<b>Current Prices for Crack Cocaine</b>	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$100

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. Participants stated: *"Depends on what your crowd does ... if you inject, you hang out with people who inject. Then you have people who do all three (smoke, inject and snort); It seems like people who smoke do not like to hang out with people who shoot; People who snort do not care for people who smoke ..."*

Participants described typical crack cocaine users as younger, aged 20s. Participants stated: *"They are not like people living on the street or anything, they are just like everyone one else; Can't really describe that ... I know people who are bums, then there are people with jobs like me who make \$50k-60K a year."* Community professionals described typical crack cocaine users as aged 20-30 years, white people, with some college education, and individuals of lower socio-economic status. A treatment provider commented, *"Same age [as powdered cocaine], 20s, 30s ... you can see older long-term crack users, but typically they're retired, dead or in jail."* Law enforcement commented: *"I think they are also for the most part generally heroin addicts. They are mixing or 'speedballing' (using crack cocaine with heroin) ... And so, if someone is addicted, and if someone is using crack ... they are using heroin and using them combined; The typical people I've seen are lower income."*

## Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"It's an epidemic in this area. I actually moved because it was in my housing complex; I am about 20 months sober from that, but I know I could get it."*

Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '4' and '5'; the previous most common scores were '8' and '9', and '10', respectively. Treatment providers commented: *"If someone goes looking for it, it's there; My clients talk about [how] they do not have to go far. They do not have to leave this block to get heroin, and that is anywhere in the county; Our people ... boy, they are learning quick ways to Cleveland, Columbus and Akron (cities where heroin availability is high); Freely available ... people have drug dealers [numbers] on their phone."*

Corroborating data indicated that heroin is available in the region. ODPS reported 16 drug task force seizures of heroin and/or fentanyl in the Athens region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Athens County Major Crimes Unit, Athens County Prosecutor's Office and several other law enforcement agencies arrested four people as part of a warrant sweep for various crimes, including heroin trafficking ([www.thenewscenter.tv](http://www.thenewscenter.tv), July 20, 2017). Coshocton County Sheriff's officers arrested three additional individuals connected to an earlier raid where officers arrested eight people; officers confiscated one gram of heroin, drug paraphernalia and cash from a Coshocton home ([www.coshoccontribune.com](http://www.coshoccontribune.com), July 24, 2017). The Athens County Major Crimes Unit arrested two people at a home in Athens County after a yearlong investigation; officers seized heroin, crack cocaine, digital scales and cash ([www.abc6onyourside.com](http://www.abc6onyourside.com), July 26, 2017). The Guernsey County Sheriff's Office Special Response Team, Cambridge SWAT, Monroe County Special Response Team, assisted by several other law enforcement agencies, executed search warrants at five different residences in Cambridge, Quaker City and Old Washington (all Guernsey County), arresting five

people and confiscating heroin, methamphetamine, crack cocaine, marijuana, pills, drug paraphernalia, weapons and cash ([www.usatoday.com](http://www.usatoday.com), Aug. 3, 2017). Coshocton County Sheriff's officers, assisted by the Coshocton County Special Response Team and the Coshocton Prosecutor's Office, arrested three people during the execution of search warrant at a Coshocton home; officers seized heroin, firearms, drug paraphernalia and cash ([www.timesreporter.com](http://www.timesreporter.com), Aug. 8, 2017). OSHP in Jackson County arrested two men during a traffic stop on US 35 after smelling marijuana coming from the vehicle which prompted a probable cause search; officers found 56 grams of heroin in the car ([www.wdtn.com](http://www.wdtn.com), Aug. 9, 2017). The Zanesville-Muskingum County Joint Drug Unit and the Central Ohio Drug Enforcement Task Force arrested a woman after executing a search warrant of a residence in Zanesville and seizing heroin, heroin-fentanyl mixtures, methamphetamine, cocaine, drug paraphernalia, a handgun and cash; as a result of this arrest, three other individuals connected to the woman were arrested, including an Ohio man arrested in New Jersey after being found with 15 bags of heroin ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Sept. 18, 2017).

While many types of heroin are currently available in the region, participants and community professionals reported black tar heroin as most available. Law enforcement commented: "[Black tar heroin is] *definitely what Athens County prefers. I don't know that we had that many cases of powder (powdered heroin) ... people say they use it and have it, but most of our cases and search warrants are for black tar.*"

Reportedly, brown powdered heroin is also widely available in the region. Participants most often reported its current availability as '10'. Although participants discussed high availability of powdered heroin, they reported black tar heroin as more prevalent. A participant commented, "*Usually, people just get 'tar' (black tar heroin).*"

Participants reported that the availability of heroin has remained the same during the past six months. A participant stated, "*When they get low on it, they send people to go [to Columbus, Akron or Cleveland] and bring it back.*" Treatment providers reported that the general availability of heroin has remained the same during the past six months, while law enforcement reported decreased availability. Law enforcement discussed: "*Enforcement out of this office ... have gone and arrested dealers in Columbus .... This office has gone to Detroit twice ... we've gone to South Carolina. We followed things back to their sources, and I think that has eliminated some of the people wanting to deal here.*"

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

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

Participants most often rated the current overall quality of heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants stated: "*It doesn't get you high; Around here people sell a lot of fake stuff; It sucks ... it didn't get you well or high.*" Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for heroin as coffee and fentanyl. Additional cuts mentioned included: benzodiazepines, brown sugar, candy, carfentanyl, caramel, chocolate powder, coffee creamer, cough drops, dark sodas, maple syrup, Sleepinal®, tea, teething tablets, toothpaste and Tootsie Rolls®. Participants commented: "*They cut it with everything; Anything under the kitchen sink; I've seen someone scrape a marijuana pipe and use it (resin); They mixed it with fentanyl and I had a buddy die off of it.*"

Overall, participants reported that the quality of heroin has decreased during the past six months. A participant commented, "*The only way I know if you are going to get pure heroin is when it comes in a big block (aka "brick").*"

<b>Heroin</b>	<b>Cutting Agents Reported by Crime Lab</b>
	<ul style="list-style-type: none"> <li>● acetaminophen</li> <li>● artificial sweeteners (sorbitol and lactose)</li> <li>● caffeine</li> <li>● cocaine</li> <li>● diphenhydramine (antihistamine)</li> <li>● dipyrrone (banned analgesic)</li> <li>● fentanyl/fentanyl analogues</li> <li>● mannitol (diuretic)</li> <li>● quinine (antimalarial)</li> </ul>

Participants described typical heroin users as people of low socio-economic status. Participants commented: *“An individual who does not have a lot of money; They feel like they get more bang for their buck going with heroin. They get a bigger high for \$25 bucks than they would if they went and bought ‘coke’ (cocaine) or a couple of pills.”* Community professionals described typical heroin users as aged 14-65 years and of low socio-economic status. Law enforcement stated: *“Then we have the people who transition from pills to heroin because pills are harder to get; We do find [heroin] with low-income people ... the high school athlete who had her life planned out and kind of fell apart.”*

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a 1/2 gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

<b>Heroin</b>	<b>Current Prices for Heroin</b>	
	<b>Black tar and brown powdered:</b>	
	1/10 gram	\$20-25
	1/2 gram	\$60-70
	A gram	\$100-120

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. A participant reported, *“When I started doing heroin, I snorted it. That did not last very long ... a couple of months ... the buzz wears off then you need something else (move to injection).”*

Participants reported that injection needles are most available from friends and family members who have diabetes. Additionally, participants reported obtaining needles from needle exchange programs, pharmacies, local retail stores and through Internet purchase. One participant remarked, *“Some people have fake diabetes cards to get them.”* Reportedly, injection needles most often sell for \$2 per needle on the street, and sharing needles is common. Participants commented: *“I would give people mine, but I would not use theirs; My wife and I shared needles.”*

## Fentanyl



Fentanyl is 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 not reported. Participants stated: *“Everyone has it; Everybody is putting fentanyl in everything.”* Community professionals most often reported the current availability of fentanyl as ‘10’; the previous most common scores were no reported. A treatment provider stated, *“It’s being cut into heroin.”* In addition to high availability of fentanyl, participants and community professionals also indicated high availability of carfentanyl.

Corroborating data indicated that fentanyl is available in the region. ODPS reported 16 drug task force seizures of heroin and/or fentanyl in the Athens region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Belmont County Sheriff’s Office issued a warning to first responders using Facebook after finding a bag of heroin mixed with carfentanyl confirmed by the Bureau of Criminal Investigation ([www.wtov9.com](http://www.wtov9.com), Sept. 22, 2017).

Participants reported that the availability of fentanyl has increased during the past six months. However, a participant noted, *“No one sells fentanyl on the street. It’s added into something else ... usually, it’s the pressed pills.”* Treatment providers reported that the general availability of fentanyl has increased during the past six months, while

law enforcement reported it has remained the same or decreased. A treatment provider stated, “Drug traffickers target this area.” Law enforcement indicated increased law enforcement in the region has led to decreased availability. The BCI London Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months; the lab also reported an increase in the number of carfentanil cases.

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

Participants most often rated the current overall quality of fentanyl as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); a previous most common score was not reported. Participants and community professionals discussed fentanyl as a top cutting agent (adulterant) for heroin and other drugs. A participant shared, “You do not know it’s fentanyl until it is too late. I almost ‘OD’ (overdosed) on my parent’s kitchen floor.” Treatment providers stated: “With any drug, they can tell you it’s one thing, when it’s something completely different ... or scarier, something that will really mess them up; You never know how much someone is putting in.”

Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the top cutting agents for fentanyl as coffee and heroin. Participants commented: “A lot of times they use the same things they cut heroin with to make it look like heroin; The only thing you can tell that has fentanyl in it is heroin because [fentanyl] changes the color of [heroin].” Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Regarding pressing fentanyl into pill form and feigning the drug as prescription opioids, participants reported: “No one knows what to look for. They just don’t taste right; They look identical; When we pressed fentanyl into the pills, we didn’t want people to overdose; Crush up a leaf to make it into a blue color, and then take out the OxyContin® and use fentanyl to make ‘perks’ (Percocet®).” Treatment providers

stated: “They thought it was heroin, or thought it was Percocet® [because they] are pressing it to make it look like Percocet® ... [clients] are testing positive [for fentanyl] and not [for] Percocet®; They call them ‘fake perks’”

Although participants were not able to report current prices for fentanyl, participants discussed the prevalence of selling fentanyl as prescription opioids on the street. Participants reported that Roxycodone® 30 mg lookalikes pressed with fentanyl sell for \$30-35. Participants stated: “You can make a pill for \$0.50 and sell them on the street; You can get 100 grams of fentanyl for \$100 [reportedly, through Internet purchase].”

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka “shooting”). Participants reported that out of 10 fentanyl users, nine would shoot and one would orally consume the drug. A participant stated, “You can shoot it like powdered (heroin) ....”

Participants and community professionals described typical fentanyl users as heroin or prescription opioid users. Treatment providers reported: “They were using some type of opioid and had advanced to fentanyl use or carfentanil; A long-term prescription opioid addict or the mistake person who just ends up with it.”

### Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants stated: “They are like non-existent; They are more and more harder to get. These doctors are cracking down; Doctors are doing it (not prescribing opioids) to save themselves; Pills aren’t really, I mean I don’t want to say they’re not ‘in’ anymore, but that’s kind of the only way to explain it; They’re out of fashion.”

Treatment providers most often reported the current street availability of prescription opioids as ‘6’, while law enforcement most often reported it as ‘4’; the previous most common scores were ‘10’ and ‘7’, respectively. A treatment provider stated, “I think that it’s available because it’s a legally produced medication and all kinds of people have it for all

kinds of reasons." Law enforcement commented: "There are continuous thefts of them via friends or burglary; When it is available, it is coming from doctors."

Corroborating data indicated that prescription opioids are available for illicit use in the region. ODPS reported 11 drug task force seizures of prescription opioids in the Athens region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Coshocton County Sheriff's officers took 18 people into custody after completing a raid of a home in Coshocton and seizing large amounts of prescription and illicit drugs ([www.whiznews.com](http://www.whiznews.com), July 20, 2017). Guernsey County Sheriff's officers arrested a child daycare worker for selling illegal narcotics out of the facility in Cambridge where she worked while looking after children ([www.nbc4i.com](http://www.nbc4i.com), Oct. 20, 2017). A former nurse at a Zanesville hospital faced up to 18 months in prison after pleading guilty in Muskingum County Common Pleas Court to stealing fentanyl, an IV bag and a 20-ounce syringe from a patient's hospital room ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Nov. 16, 2017).

Participants identified Dilaudid®, Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. Both treatment providers and law enforcement identified OxyContin® and Percocet® as most available. A treatment provider stated, "Percocet® and OxyContin® ... those are your good ones, is what a user would say."

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants stated: "You can't get prescriptions of narcotics anymore ... it is kind of hard, you have to go take a trip (go outside the region to purchase); They're so hard to get prescribed anymore because of people abusing them ... I can't even get them prescribed; The people I know who were actually selling their medication are now taking their medication, they're not selling it; The fake pills are going around [instead]." A treatment provider noted, "The doctors in this area ... most of them have changed the way they prescribe, how often and how many they prescribe ... that's cut down on the availability quite a bit." A law enforcement officer reported, "I think when there was a crackdown on the pill mills there was an awareness ... I think we are going back the other way (prescribing less)."

The BCI London Crime Lab reported that the number of oxycodone (OxyContin®), oxycodone/acetaminophen

(Percocet®), oxymorphone (Opana®), hydrocodone (Vicodin®), methadone and morphine cases it processes has increased during the past six months, while hydromorphone (Dilaudid®) and tramadol (Ultram®) cases have decreased or remained the same.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drug. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. A participant stated, "It's a very expensive habit to have." In addition a treatment provider discussed users trading prescription opioids for other drugs: "There's a big market for a lot of trading ... 'Hey, you have this, and I need that, let's trade,' or 'Hey, I'm getting this, I don't really need it or use it, but I know I can sell it and make money.'"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$25 for 8 mg
	Opana®	\$120 for 40 mg
	Percocet®	\$7-8 for 5 mg \$13-14 for 10 mg
	Roxicodone®	\$40 for 30 mg
	Vicodin®	\$4-7 for 5 mg

Participants reported obtaining these drugs for illicit use from drug dealers, clinics, deceased people, family, friends and pill mills. Participants stated: "I've heard of someone who has died and they had a stock of pain pills ... [users] found them ... also, older people realizing that their pills are worth money, they usually sell them; The 'street doctor' (drug dealer) ... if you

*don't get them from the street, [then you get them from] a prescription. I know people that will bounce from hospital to hospital to get pills."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. A participant stated, "One would smoke, one shoot and the rest would snort it . . ." A few participants also discussed specifically intravenously injecting (aka "shooting") Roxycodone 30® mg.

Participants described typical illicit prescription opioid users as aged 20 years to elderly, construction workers, military personnel and "soccer moms." Participants stated: "It has been my experience that people who are addicted to opiates are people who are self-employed, like contractors who work on houses, get odd jobs, because they can live their lifestyle where they can just show up when they need; Concrete workers . . . if you do concrete for 5 to 10 years you would be in pain; Stay at home moms . . . because they do not want to go to the street to buy [drugs]. Plus, it does not look as bad if they get a prescription for it." Community professionals described typical illicit prescription opioid users as anyone. A treatment provider remarked, "I don't think that the availability has changed, use has changed . . . it's anyone and everyone . . . young, old, male, and female."

### Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, "It is more available than Percocet® and other opiates. I know a bunch of people with a 'script' (prescription for Suboxone®) . . . it is easy to get, all you have to do is piss dirty (fail a drug urinalysis screen) for opiates and you get a script . . ."

Both treatment providers and law enforcement reported the current street availability of Suboxone® as '10'; the previous most common scores were '10' and '7', respectively. Treatment providers stated: "Just have your

*\$350 and go to [a Suboxone® clinic] . . . five minutes and then you have your prescription; This is one that we struggle with the most here in rural Southeast Ohio. I think Suboxone® has become a kind of currency. You go in and get your prescription, you take half of it to take care of your own needs . . . the other half becomes currency to pay for other things."* Law enforcement stated: "They are very easy to find on the street; I think it is misused; We have had one individual [smuggle] three strips of Suboxone® within the jail; It's considered a money maker by most doctors; I would agree [that] anyone [who] would like to buy it can absolutely buy it without any problem."

Participants reported that the street availability of Suboxone® has increased during the past six months. A participant commented, "It's what everyone has went to since they quit taking the pills (prescription opioids)." Community professionals reported that street availability has remained the same. Treatment providers commented: "It's been steady, that's what the people are wanting and using; Abuse it or sell it . . . we see both." The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

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

Current Street Prices for Suboxone®		
Suboxone®	Filmstrip	\$20 for 8 mg
	Pill	\$7-8 for 2 mg \$10-15 for 4 mg \$20-25 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through clinics and people who have prescriptions for the drug. A participant stated, *"It all comes down to a prescription ... everyone has a prescription, and everyone who has a prescription sells that; It is easier to get [Suboxone®] than opiates and people ... don't need their whole script ... and a lot of people who are on [Suboxone®] are low-income based people, and so they sell their script to make (pay for) their doctor's appointment."* A treatment provider stated, *"I think they divert it for a lot of reasons ... they need money, they need to pay the bills. It's their hustle, not necessarily for using purposes but to survive. I could drive through (visit a clinic), give them \$250, turn around and make double that."* Law enforcement reported: *"We have clinics that prescribe Suboxone® and then we have people go and sell their Suboxone®."*

Participants reported that the most common routes of administration for illicit use of Suboxone® are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would shoot and five would snort the drug. A participant stated, *"I've seen people put the strips in water to snort it."*

Participants described typical illicit Suboxone® users as prescription opioid users and people aged 22-40 years. Treatment providers described typical illicit users also as people addicted to opiates. A treatment provider commented, *"Someone who has struggled with opiate abuse disorder ... maybe they have been dropped from a program ... they are using it."*

Law enforcement could not describe a typical illicit Suboxone® user. One law enforcement officer remarked, *"Individuals who are waiting for the next high ..."* Law enforcement discussed an increase in the number of parents who purchase Suboxone® on the street for their children. Law enforcement stated: *"We have heard of parents who have bought Suboxone® for their kids, so it's more they think like they're helping; I think they think it is better to have a known drug in their system than the unknown drug."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' and '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 '10'. Participants reported: *"They're pretty easy to find. They're easier to find than pain pills; I could go to the doctor today and get three of those off the list [of commonly prescribed opioids]."*

Both treatment providers and law enforcement most often reported the current street availability of sedative-hypnotics as '8'; the previous most common scores were '8' and '10' by treatment providers and '5' and '7' by law enforcement. A treatment provider stated, *"It kind of comes in spurts ... we see a whole lot then it dips a little."* A law enforcement officer stated, *"It seems like if someone knows where to get them, they all go."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. ODPS reported five drug task force seizures of benzodiazepines in the Athens region during the reporting period.

Participants identified Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant stated, *"Everyone is prescribed Xanax®."* Community professionals identified Klonopin® and Xanax® as most available. A treatment provider stated, *"Xanax® and Klonopin® ... these are the big ones."*

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. Participants discussed: *"Most of the people that I know sell them; My mom has been on Valium® for 25 years and she doesn't sell them. The only time she sells them is if she really needs money for something."* Treatment providers reported that availability of sedative-hypnotics has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider commented, *"It's based on the increased 'meth' (methamphetamine) use."* Reportedly, methamphetamine users use sedative-hypnotics to come down from the extreme stimulant high of methamphetamine.

The BCI London Crime Lab reported that the number of clonazepam (Klonopin®), diazepam (Valium®), alprazolam (Xanax®), carisoprodol (Soma®) and lorazepam (Ativan®) cases it processes have increased, while the number of zolpidem (Ambien®) cases has decreased during the past six months. In addition, the lab reported that it has seen an increase in cases of designer benzodiazepines during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Prices for Sedative-Hypnotics	
	Xanax®	\$2-5 for 1 mg

Participants reported obtaining these drugs for illicit use from drug dealers, prescription and Internet purchase (“the dark web”). In addition, a participant stated, “You can buy the powder and then you can press them into pills . . .” Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort, two would shoot (intravenously inject) and two would swallow the drugs.

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and treatment providers described typical illicit users as anyone, while law enforcement described typical illicit users as college students and individuals in their late 20s to 30s. A law enforcement officer stated, “It’s the young 18-25 [year old] college kid that is going out to drink [alcohol], and then it’s like the 35-year-old multi-[drug] addict just trying to spice up their addiction.”

## 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: “It’s so available . . . I can get it on a daily basis; Marijuana is everywhere.” A treatment provider stated, “It’s kind of like (as available as) alcohol . . . ten people looking for marijuana, everybody and anybody at the end of the night is gonna have what they needed.” A law enforcement officer stated, “I believe it’s almost easier to get than alcohol, especially for teens. Parents have it . . . it’s a part of their upbringing.”

Corroborating data indicated that marijuana is available in the region. ODPS reported 13 drug task force seizures of marijuana in the Athens region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Ohio University Police Department (Athens County) reported 58 marijuana incidents occurring in a two-week period at the beginning of the school year; students were cited for using marijuana in dormitories, and on golf courses and bike paths ([www.athensnews.com](http://www.athensnews.com), Sept. 10, 2017). The Central Ohio Drug Enforcement (CODE) Task Force and the Perry County Sheriff’s Office executed a search warrant at a residence in Somerset after receiving tips of marijuana trafficking from the home; officers found a large-scale marijuana grow operation; results from this investigation lead officers to conduct an additional search of a residence in Roseville (Muskingum and Perry counties), where officers seized 52 pounds of marijuana, as well as packages for sale containing butane hash oil (aka “dabs”); in an unrelated investigation, CODE Task Force officers arrested four people after executing a search warrant at two residences in Corning (Perry County) after seizing 58.4 pounds of marijuana and firearms ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Sept. 27, 2017). Perry County Sheriff’s Office, Muskingum County Sheriff’s Office, Muskingum County Prosecutor’s Office and Zanesville Police arrested two individuals after executing a search warrant at a home in Zanesville and seizing 30-40 pounds of marijuana, THC (tetrahydrocannabinol, the psychoactive component of marijuana) candies, vape oils, hash oil and drug paraphernalia ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Nov. 3, 2017).

Participants and community professionals also discussed current availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘10’; the previous most common score was ‘5-6’. Participants

stated: "It lasts longer [than regular marijuana]; Lots of people tried it and it really took off; You are allowed to have it if you have a medical card ... you're allowed to have oil." Treatment providers most often reported current availability of marijuana extracts and concentrates as '5,' while law enforcement most often reported it as '10,' previous most common scores among community professionals were not reported.

Participants reported that the availability of marijuana has increased during the past six months. One participant remarked, "Is it harvest time?" Community professionals reported that the availability of marijuana has remained the same during the past six months. A law enforcement officer stated, "We just took out 110 pounds of marijuana ... all that's going to do is have more flown in ... the U.S. Postal Service is used specifically to transport ... marijuana and it happens all the time ...."

Participants and law enforcement reported that the availability of marijuana extracts and concentrates, often referring to hash oil, has increased during the past six months, while treatment providers reported that the availability of marijuana extracts and concentrates has remained the same. A treatment provider remarked, "Not as available as plant based marijuana ... haven't seen it as much." The BCI London Crime Lab reported that the number of marijuana and marijuana extracts and concentrates (oils, "dabs") cases it processes have increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.'

Regarding the difference in quality between grades of marijuana, a participant commented, "The 'dank' (high-grade marijuana), you could smoke a joint (marijuana-filled

cigarette) the size of that pen and sit there and drool on yourself ... and the poor [quality] stuff, you can sit there and smoke a joint about the size of that pop can and not even get a buzz (high)." Participants indicated that the quality of high-grade marijuana has increased during the past six months. Participants stated: "Everybody likes that good high, that mellow, dramatic weed; I think it is increased, because ... people wanted something better; Everybody's wanting the better weed ... you can't find 'mids' (middle grade, aka 'regular' marijuana) ... there's only certain [dealers] that still sell the 'mids' because of the higher-grade weed [is in demand]."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Current Prices for Marijuana		
<b>Low grade:</b>		
A blunt (cigar)		\$5
A gram		\$20
1/8 ounce		\$25
1/4 ounce		\$40-50
An ounce		\$100-120
<b>High grade:</b>		
A blunt (cigar)		\$10
A gram		\$10-20
1/8 ounce		\$40-50
1/4 ounce		\$100
1/2 ounce		\$150-200
An ounce		\$300
<b>Extracts and concentrates:</b>		
A hit		\$5
A gram		\$50

While there were a few reported ways of consuming marijuana and marijuana extracts and concentrates, generally the most common route of administration for all forms of marijuana remains smoking. Participants estimated that out of 10 users, all 10 would smoke the drug. Participants stated: *"Yeah, dabs smoke; Dabs is smoking."* Participants also reported orally consuming marijuana in food products (aka "edibles"). Participants stated: *"We would all smoke it. Maybe one would eat it; I've seen people eat it and smoke it. Not like eat it out of the bag, but bake it in cookies; You can bake it ... make candy or butter."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone. Participants commented: *"It's hard to tell now-a-days; My grandma is almost 80 [years old] and she smokes [marijuana] and I have a cousin who is 13 [years old] who smokes ... there is a big age range; The college group is the group who typically uses higher-grade marijuana; I would say younger kids with the 'mids' because it's cheaper and it's easier to get."* Treatment providers stated: *"Male, female, young, old, rich, poor, job or no job; It's a part of the culture."* Law enforcement stated: *"[Anyone] breathing ... anyone 18 to 85 years of age; We were told that there were high school students smoking [marijuana] in their cars before they walked into school every morning."*

Regarding typical marijuana extracts and concentrate users, a participant specified, *"I would say like teenagers and people into their 30s or more like vaporizing and dabbing it."* Treatment providers described typical marijuana extracts and concentrate users as people in their 20s, while law enforcement described typical marijuana extracts and concentrate users as anyone.

## Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine in crystal form as '8' and in powdered form as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common overall score for methamphetamine was '10'. Participants discussed: *"Meth'*

*(methamphetamine) is the new crack (as available as crack cocaine); You can walk out the door and get meth; Meth is the new marijuana in town ... everyone uses it; It's cheap and easy to get ... and it lasts a lot longer [the high produced is longer in duration than the highs of other drugs]; The biggest epidemic is meth; So many people around here have become so addicted to it ... I'm serious ... it's absolutely ridiculous. I am sick of seeing 'meth heads' (users addicted to methamphetamine) around here."*

Treatment providers most often reported the current overall availability of methamphetamine as '10', while law enforcement most often reported it as '7'; the previous most common scores were '10' and '8', respectively. Treatment providers stated: *"[Users] are hearing that this will not kill you; I can get a lot done, I can work more hours' [say users] ... some have lost their job while using meth; It is brought in from Mexico, and then we have it made here."*

Corroborating data indicated that methamphetamine is available in the region. ODPS reported 23 drug task force seizures of methamphetamine in the Athens region during the reporting period (26.1% of the seizures were made in Coshocton County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. New Castle Police (Coshocton County) arrested a couple whom they called the "modern day Bonnie and Clyde" after capturing the couple in Cadiz (Harrison County); the couple committed a series of heinous and violent crimes over the course of several days while high on methamphetamine, including severely beating an elderly man and his son, breaking into and robbing various locations, and holding a young girl for ransom; police were able to locate the girl and bring her to safety ([www.sharonherald.com](http://www.sharonherald.com), July 5, 2017). Central Ohio Drug Enforcement (CODE) Task Force officers arrested a man during a traffic stop in Licking County after seeing marijuana in plain sight; a probable cause search of the vehicle also found methamphetamine; during this time, Muskingum County CODE agents searched a hotel room in Zanesville where two men, who were connected to the first man arrested, were staying, and arrested the two men after finding 12 pounds of methamphetamine ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), July 26, 2017). An investigation led by the Athens Police (Athens County) lead to the arrest of 13 people responsible for trafficking methamphetamine in the

area; one man purchased crystal methamphetamine in Zanesville and sold it to Athens County residents; during a search of one residence, officers seized 12 ounces of methamphetamine, 14 firearms and other weapons ([www.zanesvilletimesrecorder.com](http://www.zanesvilletimesrecorder.com), Aug. 15, 2017). Belmont County Drug Task Force officers arrested a man after an investigation lead to the seizure of 28 grams of crystal methamphetamine in Bellaire ([www.wtov9.com](http://www.wtov9.com), Aug. 23, 2017). Marietta Police (Washington County) arrested a man after receiving a tip that he was manufacturing methamphetamine in his vehicle at a local campground and finding methamphetamine, as well as several different chemicals in his vehicle ([www.thenewscenter.tv](http://www.thenewscenter.tv), Aug. 30, 2017). The Ohio Organized Crimes Investigations Commission and the Washington-Morgan-Noble Major Crimes Task Force arrested six people in Belpre (Washington County) after officers searched a residence and confiscated 68.9 grams of methamphetamine, 10.8 grams of heroin, and drug paraphernalia ([www.mariettatimes.com](http://www.mariettatimes.com), Sept. 23, 2017). The Washington-Morgan-Noble Major Crimes Task Force arrested four people after executing a search warrant at a home in Marietta and finding methamphetamine was trafficked out of the home; officers also removed two children from the home living in unsafe, unsanitary conditions ([www.thenewscenter.tv](http://www.thenewscenter.tv), Sept. 25, 2017). Athens Police arrested two people after responding to a call of a disturbance at a hotel and finding the two people in possession of methamphetamine and drug paraphernalia ([www.athensreview.com](http://www.athensreview.com), Oct. 5, 2017). The Noble County Sheriff's Office and the Washington-Morgan-Noble Major Crimes Task Force executed a search warrant at a home in Belle Valley (Noble County) and arrested a man for possessing a large amount of methamphetamine ([www.daily-jeff.com](http://www.daily-jeff.com), Oct. 5, 2017). Cambridge Police (Guernsey County) arrested three people while investigating calls regarding individuals attempting to break into a vehicle in a Walmart parking lot; officers found crystal methamphetamine, 20 unidentified pills, methamphetamine pipes and hypodermic needles ([www.daily-jeff.com](http://www.daily-jeff.com), Oct. 25, 2017). Law enforcement in Hocking County arrested four people during a traffic stop on State Route 93 near the Hocking and Perry County line after a search of the vehicle unveiled 32 grams of methamphetamine, drug paraphernalia and cash ([www.nbc4i.com](http://www.nbc4i.com), Oct. 30, 2017). An Athens County Common Pleas Court judge sentenced a man to 10 years in prison after he found the man guilty of assault and

for his involvement with a methamphetamine ring, as well as possessing heroin among other crimes ([www.athensnews.com](http://www.athensnews.com), Nov. 12, 2017). OSHP in Jackson County arrested four people during a traffic stop after the raw smell of marijuana prompted a search of their vehicle; officers seized 453 grams of methamphetamine and three grams of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 25, 2017). Gallia County Sheriff's officers arrested two people after the Gallia County Probation Department asked for assistance in locating one of the individuals on parole; officers located the man, and arrested him and a woman after finding methamphetamine, drug paraphernalia and cash in their home ([www.wowktv.com](http://www.wowktv.com), Dec. 16, 2017). Cambridge Police arrested a babysitter after the mother of an infant girl and 2-year-old boy informed police that her two children were missing; officers located the woman at a local business and returned the children to the mother, who found the infant breathing erratically and having seizures; physicians reported that the child had methamphetamine in her system ([www.nbc4i.com](http://www.nbc4i.com), Dec. 26, 2017).

Participants reported that methamphetamine is available in both powdered and crystal forms throughout the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce 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 that crystal methamphetamine is more prevalent throughout the region. Participants stated: *"You don't really hear about 'shake-and-bake' anymore; People want the 'rocks' (crystal methamphetamine); They have taken everyone who made 'shake-and-bake' to prison."* Treatment providers and law enforcement did not identify a specific form of methamphetamine as more prevalent in their area.

Participants and community professionals reported that the overall availability of methamphetamine has increased during the past six months. Participants commented: *"It's all about the money, to make fast money ... that's where they see it's at [dealers have found methamphetamine sales to be lucrative]; It's gotten so available that it's people's next door neighbors. I mean, to the point in which you're sitting in your*

living room and you're smelling the chemicals coming through your window ... it's like, 'Whoa, it's about time to leave this whole entire block and call the police' ... it's scary."

Treatment providers discussed: "It's available. It's cheap, quick, easy to make, boom ... go sell; There are a lot of ideal places to make it out here, out in the hills or in your [vehicle's] trunk; We have gone from this home-grown model to the bigger drug dealers." Law enforcement stated: "Our elimination of opiate addicts and supply [of opiates] [are reasons for the increase in methamphetamine]; "Breaking Bad" (a movie that fantasizes the manufacture of crystal methamphetamine) has made it kind of like this cool thing to go out and do." 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 blue, clear, pink and white crystal methamphetamine as well as white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2' for powdered methamphetamine and '8' for crystal methamphetamine. Participants stated: "You can always tell how the quality is ... if it turns brown, it's crappy ... and if it stays white or clear, it's an excellent product; I used to make it, so I know types .... Nowadays, yes, the quality has come up ...."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for methamphetamine as: battery acid, MSM (methylsulfonylmethane, a joint supplement) and rock salt. Additional cuts mentioned included: Adderall®, bath salts (synthetic cathinones), butane, caffeine, Drano®, MDMA (ecstasy/molly), lighter fluid,

matches, MSG (monosodium glutamate) and propane. Participants commented: "Instead of using Sudafed®, you can use Adderall®; It's all about wanting to be more (the most) potent." The BCI London Crime Lab reported dimethyl sulfone (dietary supplement) as a cut for methamphetamine.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/2 gram. However, a participant shared, "The bigger quantity you buy, the more discounts you're gonna get."

Methamphetamine	Current Prices for Methamphetamine	
	1/2 gram	\$35-50
	A gram	\$70-80
	1/16 ounce	\$90-120

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. A participant stated, "There's different ways of smoking it. You can put it on a foil, in a white bulb ... each one of those [methods] has a different reaction and a different feel."

Participants described typical methamphetamine users as anyone. A participant stated, "It's one of the cheapest drugs [so it appeals to everyone]." Treatment providers described typical methamphetamine users as aged 20 years and older, and users addicted to opiates, while law enforcement reported typical users as rural individuals, of low socio-economic status, and aged 20 years and older. Treatment providers stated: "We see a lot of clients switching [from opiates]. They may be on Vivitrol® and want to get high and then they switch over to meth; What I am seeing is a lot of our meth users have that past opioid use." Law enforcement commented: "Most of the people I see are low-income; We don't see a lot of college students using meth. It's more like our rural residents."

## Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported the current street availability of prescription stimulants as '8,' while law enforcement most often reported it as '3,' the previous most common scores were '7' and '4,' respectively. A treatment provider stated, *"Kids get them, and they are able to sell them and trade them."* A law enforcement officer discussed, *"I think it's readily used and abused, and they don't think it's a crime [to share prescription stimulants] ... they give it to each other ... it happens all the time."*

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. Both treatment providers and law enforcement identified Adderall® as most available. Treatment providers stated: *"Everybody wants Adderall®; A lot of people try to go doctor shopping for Adderall®."* A law enforcement officer remarked, *"It is crazy the amount of high school kids that are taking Adderall® ... crazy."*

Participants reported that the street availability of prescription stimulants has remained the same during the past six months. Although participants most often indicated unchanged availability, they indicated higher street prices for these drugs and lessened interest in their use as the availability of methamphetamine continues to increase. Participants commented: *"It's another one that is becoming increasingly difficult to obtain, even legally and legitimately; People can just do meth; People [are] going straight to meth."* Treatment providers reported that the street availability of prescription stimulants has remained the same during the past six months, while law enforcement reported decreased availability.

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 decreased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Overall, participants reported that the price of prescription stimulants has increased during the past six months. A participant stated, *"No one wants them anymore because they are too expensive."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 10 mg \$15 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from people with prescriptions, drug dealers and physicians. A law enforcement officer stated, *"Parents go to the doctor and say [their child] can't concentrate ... it is getting prescribed at a pretty high amount."* 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 prescription stimulant users as college students, teenagers and "soccer moms." A participant reported, *"Anybody takes it, but it's more like a younger person's drug."* Community professionals described typical illicit users as high school and college students. A law enforcement officer reported, *"This is definitely more of a younger generational thing ... you don't go above 35 [years of age] ... after this [age], people go to meth."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '5' and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '2-3' and '5', respectively. Treatment providers most often reported the current availability of both ecstasy and molly as '5', while law enforcement most often reported the current availability of both drugs as '1-2,' the previous most common scores from both treatment providers and law enforcement were '5' for both ecstasy and molly. Treatment providers stated: *"It's available if you want it; There is just not much of a demand for it; It's very much a, 'let's go party' seasonal drug."*

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. A treatment provider stated, *"It's not an everyday type of drug."* The BCI London Crime Lab reported that the number of MDMA (ecstasy/molly) cases it processes has increased during the past six months.

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

Participants discussed the quality of ecstasy and molly and most often rated the current quality of ecstasy as '4,' '5' and '7,' and of molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '1' for ecstasy and '9' for molly. Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were reported by participants with experience buying the drug.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$15-20
	<b>Molly:</b>	
	1/10 gram	\$10

Participants indicated that molly is obtained through drug dealers or through Internet purchase. A participant stated, *"It's called like the dark web ... it's where everyone gets their [drugs] .... The kids will go on the Internet and order them."* Participants reported that the most common route of administration for both ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs. A participant stated, *"Most people I know would eat it because it burns too much [to snort]."*

Participants described typical ecstasy and molly users as individuals aged 15-30 years and college students. Community professionals described typical ecstasy and molly users as teenagers and college students. A law enforcement officer stated, *"I would say we have a lot of music festivals and amongst the high school students whose parents are a little bit more trusting ... [teenagers] are starting to use at the festivals ... mixing with the college students."*

## 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: Anabolic steroids, inhalants, Neurontin® (gabapentin) and over-the counter (OTC) cough syrups.

In addition, secondary data sources reported on other drugs not mentioned by respondents. The BCI London Crime Lab reported that the number of bath salts cases (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") and the number of psilocybin mushroom cases it processes have increased

during the past six months, while the number of DMT (dimethyltryptamine) and LSD (lysergic acid diethylamide) cases have decreased or remained the same. The lab also reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months.

### Anabolic Steroids

Reportedly, anabolic steroids are available for illicit use in the region. However, only a few law enforcement officers were able to discuss current availability, most often reporting current availability of anabolic steroids for illicit use as '3-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. A law enforcement officer commented, *"It's mostly the gym crowd [who use anabolic steroids]. We have a community center [and] there are people selling it there and we have some high school athletes that have been alleged to be on it ..."*

These law enforcement officers reported that the availability of anabolic steroids for illicit use has decreased during the past six months. An officer stated, *"We've prosecuted people, that has something to do with it, and some more people are more scared now of purchasing it."* Law enforcement described typical anabolic steroids users as males who desire to be very muscular.

### Inhalants

Inhalants (duster [DFE] and nitrous oxide [N2O], aka "whippets") remain available for illicit use in the region. However, participants were not able to rate the current availability of inhalants for illicit use. Treatment providers most often reported the current availability of inhalants 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 not reported. Treatment providers commented: *"It's high availability; People who come to treatment have something to fall back on."* Law enforcement was not able to rate the current availability of inhalants for illicit use in the region. Treatment providers reported that the availability of inhalants for illicit use has remained the same during the past six months.

### Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) 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: *"Everyone's getting prescribed them; Easy to get a prescription."* Although law enforcement could not comment on the current street availability of Neurontin® in the region, treatment providers most often reported current street availability as '10'; the previous most common score was '7-8'. Treatment providers remarked: *"We cannot really pinpoint when it got bad here because we weren't testing for it; They share [the drug]."*

Participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Participants commented: *"It's not a controlled substance yet; You normally get like a script of 30 [pills]."* A treatment provider commented, *"A lot of them have a prescription."*

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. Reportedly, 600 mg sells for \$0.50; and 800 mg sells for \$0.75-1. Participants reported that the most common routes of administration for illicit use of Neurontin® are oral consumption and snorting. Participants estimated that out of 10 illicit Neurontin® users, five would orally consume and five would snort the drug. Treatment providers described typical illicit Neurontin® users as aged 20-30 years, and more often female.

## OTCs

Over-the-counter (OTC) cough syrups remain available for illicit use in the region. A few treatment providers reported the current street availability of cough syrups as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Treatment providers commented: *"Always an issue; Usually if someone tests positive for alcohol they say, 'I took some Nyquil™'; It's not really considered [by users] as a drug of abuse. It's something that is in the medicine cabinet."*

## Conclusion

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

There was consensus among participants and community professionals that fentanyl is highly available in the region. Participants stated: *"Everyone has it; Everybody is putting fentanyl in everything."* In addition to high availability of fentanyl, participants and community professionals also indicated high availability of carfentanil. Participants and treatment providers reported that the availability of fentanyl has increased during the past six months. However, according to participants, fentanyl is not generally sold in its powdered form or by itself; it is generally cut into other substances, or it is pressed into pill form and sold as prescription opioids. Participants reported that Roxycodone® 30 mg lookalikes pressed with fentanyl sell for \$30-35.

Participants and law enforcement reported that the availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"), has increased during the past six months. Regarding typical marijuana extracts and concentrates users, participants and treatment providers described them as people in their 20s. And, while the most common route of administration

for marijuana remains smoking, participants also reported orally consuming the drug in food products (aka "edibles").

Participants and community professionals reported high current availability of methamphetamine. Participants described the use of the drug to be as prevalent as marijuana use: *"Meth is the new marijuana in town, everyone uses it; It's cheap and easy to get . . . and it lasts a lot longer [the high produced is longer in duration than the highs of other drugs]; The biggest epidemic is meth."* Treatment providers discussed that the increase in methamphetamine consumption in the region is due to greater fear of death by heroin/fentanyl overdose. Law enforcement attributed increased availability of methamphetamine to their efforts to eliminate the opiate supply.

Reportedly, methamphetamine is available in both powdered and crystal forms throughout the region; however, participants reported that imported crystal methamphetamine is the most prevalent form of the drug. And, while participants described typical methamphetamine users as anyone, community professionals described typical users as rural individuals, of low socio-economic status, aged 20 years and older, and users addicted to opiates. Treatment providers also discussed that some users receiving Vivitrol® (medication assisted treatment for opiate use disorder) continue illicit drug use with methamphetamine.

Lastly, Neurontin® remains highly available for illicit use in the region. Participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Treatment providers described typical illicit Neurontin® users as aged 20-30 years, and more often female.

