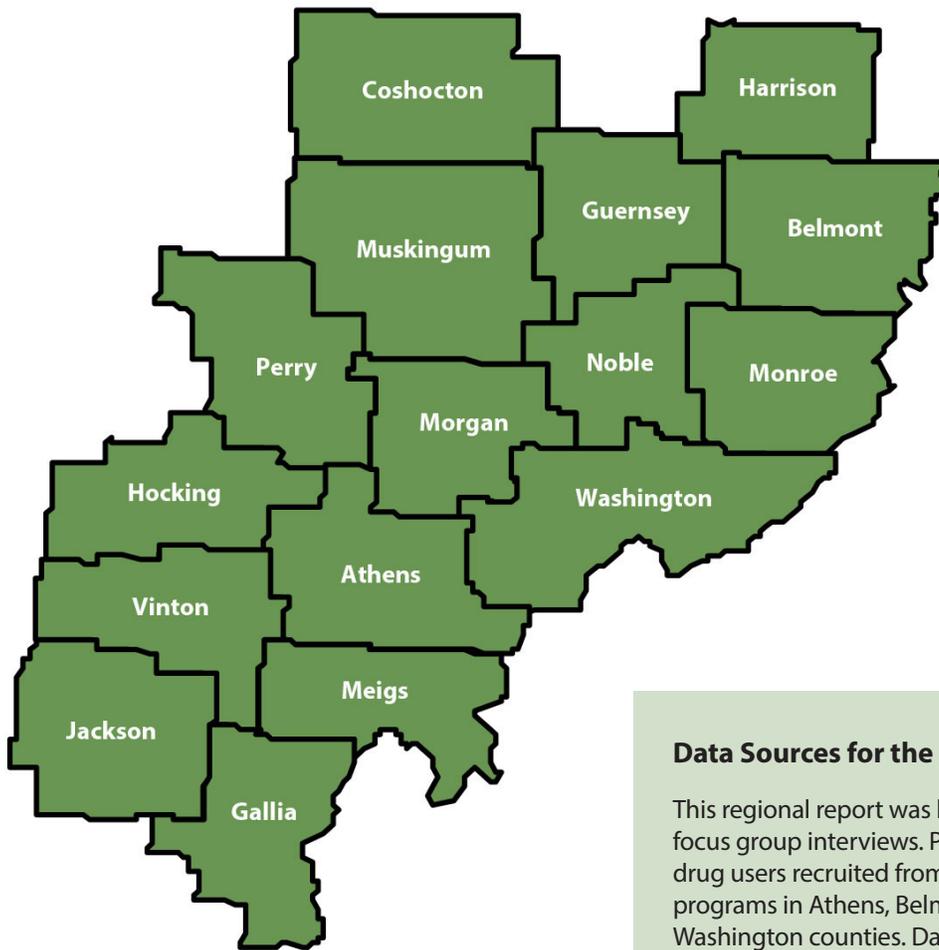




Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
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Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Belmont, Coshocton, Guernsey 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) 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 July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

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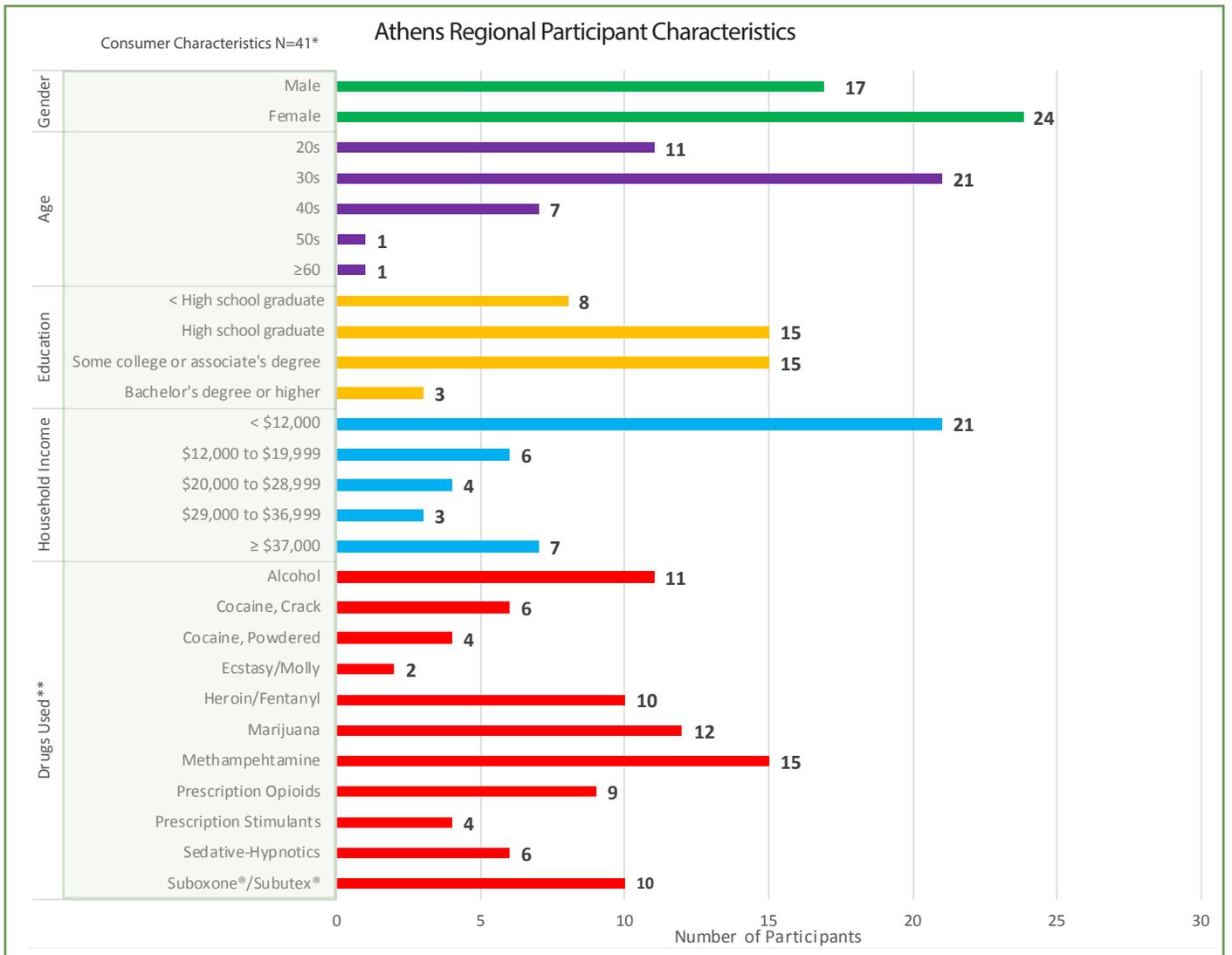
Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	578,650	41
Gender (female), 2016	51.0%	50.2%	58.5%
White, 2016	82.5%	94.9%	92.7%
African American, 2016	12.8%	2.3%	0.0% ²
Hispanic or Latino Origin, 2016	3.7%	1.1%	2.4%
High School Graduation Rate, 2012-16	89.5%	86.77%	80.5%
Median Household Income, 2012-16	\$50,674	\$41,522	Less than \$12,000 ³
Persons Below Poverty Level, 2016	14.6%	17.7%	56.1%

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

² Other races reported include "American Indian/Alaska Native" and "More than one race."

³ 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 41.

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

Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and Suboxone® remained highly available in the Athens region; also highly available was fentanyl. Changes in availability during the reporting period included: 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 was highly available in the region. In addition, participants and community professionals also indicated high availability of carfentanyl. Participants and treatment providers reported that the availability of fentanyl had increased during the reporting period. However, according to participants, fentanyl was not generally sold by itself; it was generally cut into other substances, or it was pressed into pill form and sold as prescription opioids. Participants reported that Roxycodone® 30 mg lookalikes pressed with fentanyl sold 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”), had increased during the reporting period. 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 remained smoking, participants also reported orally consuming the drug in food products (aka “edibles”).

Participants and community professionals reported high availability of methamphetamine. Participants described that use of the drug was as prevalent as marijuana use. Treatment providers discussed that the increase in methamphetamine consumption in the region was 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 was available in both powdered and crystal forms throughout the region; however, participants reported that imported crystal methamphetamine was 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 who received Vivitrol® (medication assisted treatment for opiate use disorder) continued illicit drug use with methamphetamine.

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

Current Trends

Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. However, participants were not in agreement as to the current availability of powdered cocaine on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common availability score was ‘10.’ Participants indicated that the availability of powdered cocaine is dependent on the user’s drug connections and knowledge of where and how to obtain it. They stated: *“It’s easy to get, you just have to know the right people; There are so many out-of-town drug dealers living on the riverfront right now; You can go to the bar and get it off someone.”*

Treatment providers most often reported the current availability of powdered cocaine as ‘5-7’ and ‘10,’ while law enforcement most often reported it as ‘4-6;’ the previous most common scores were ‘7’ and ‘10;’ and ‘7;’ respectively. A treatment provider who reported powdered cocaine as moderately available stated, *“It doesn’t seem to be as popular as some of the other drugs.”* A treatment provider who reported powdered cocaine as highly available commented, *“It seems to be easy to get, but it depends on who you know.”* Law enforcement commented: *“It’s easy to get ... but it is not widely gotten in this area. ... People are scared to use powdered cocaine because it is being cut with other things; Cocaine has been on the back burner since methamphetamine has come into [the area] ... cocaine is more like a party drug; It is not as [popular] a drug as it used to be.”*

Corroborating data indicated that powdered cocaine is available in the Athens region. The Ohio Department of Public Safety (ODPS) reported seizing 911.8 grams (2.0 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Meigs County Common Pleas Court grand jury indicted a man for cocaine possession; the man was found with cocaine at a traffic stop in Middleport (www.mydailysentinel.com, April 12, 2018). The Muskingum County/Zanesville City Joint Drug Unit and Central Ohio Drug Enforcement Task Force executed a search warrant at a residence in Muskingum County and seized blue pills marketed as prescription oxycodone hydrochloride 30 mg; however, crime lab analysis revealed that the pills contained cocaine, heroin and fentanyl (www.zanesvilletimesrecorder.com, June 6, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do 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 '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported: "[Powdered cocaine is] trash; It sucks; It is always going to pass one, two, three hands and everyone cuts (adulterates) it to make their money." Participants reported the top cutting agents (adulterants) for powdered cocaine as: baby laxatives, baking powder and inositol (dietary supplement). Other adulterants mentioned included: diesel fuel, kerosene, laxatives, mannitol (diuretic), novocaine (local anesthetic) and Orajel™. A participant commented, "When [drug

dealers] got junk, they add novocaine to add the numbing effect and addicts think they got good stuff." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. In addition, one law enforcement officer commented, "Demand [for powdered cocaine] has gone down since methamphetamine has come in. Methamphetamine is cheaper and basically it is a better product... Cocaine in this area has been cut so much..."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)
	local anesthetics (lidocaine and procaine)	
	phenacetin (banned analgesic)	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. 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	
	A gram	\$80-100
	1/8 ounce (aka "eight ball")	\$300
	An ounce	\$1,000

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, all 10 would snort the drug.

A profile for a typical powdered cocaine user did not emerge from the data. Participants most often described typical users as anyone: "It doesn't matter ethnicity, age group or profession. I sold to coal miners, professionals and people who work at [a fast food restaurant]; It is a party drug. Everybody, anybody ... judges, congressmen..." However, some participants continued to discuss use of powdered cocaine as more typical among people of upper socio-economic status. One participant commented, "More upper class ... they call it the 'rich man's drug'"

Treatment providers most often described typical powdered cocaine users as white people, males and individuals aged 30-45 years. A treatment provider commented, "It is generally people who have money coming in because it is not the cheap drug, nor does it last long for a high. You have to have the money to go and actually buy an eight-ball." Law enforcement described powdered cocaine use as typical among college students and working professionals.

Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '7' 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'. One participant remarked, "It is available anytime you want it." Treatment providers most often reported the current availability of crack cocaine as '4' and '7', while law enforcement most often reported it as '6'; the previous most common scores were '9' and '10', and '4', respectively. A treatment provider stated, "I don't see it that much right now." Law enforcement commented: "I wouldn't say [that] crack cocaine... [is] popular; It's still available. I can take you to a house that has some right now."

Corroborating data indicated that crack cocaine is available in the Athens region. ODPS reported seizing 200.5 grams (0.4 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Belmont County Major Crimes Unit arrested a man after completing controlled drug buys where the man sold officers 4.5 ounces of crack cocaine, one ounce of heroin and 100 Percocet® pills; officers also found the man in possession of marijuana, Xanax® and cocaine; officers reported that the man purchased the drugs from a supplier in Canton (Stark County) and sold them out of a residence in Martins Ferry (Belmont County) (www.timesleaderonline.com, April 12, 2018). The Belmont County Drug Task Force arrested two people during a search of a home in Martins Ferry after seizing 20 grams of crack cocaine (www.timesleaderonline.com, April 12, 2018).

Participants and community professionals reported that the availability of crack cocaine has remained the same during

the past six months. A treatment provider stated, "It kind of plateaued in the last six months." BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' and '7'. However, participants discussed current quality as variable. They commented: "It depends on where you get it; Every once in while you will grab something that's not so 'stomped on' (adulterated)." One participant remarked, "Obviously, people want to make money. They get pretty pure powder and turn it into not so pure crack so they can stretch and sell [more crack cocaine]."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby laxatives, baking powder and inositol (dietary supplement). Other cutting agents mentioned included: ammonia, diesel fuel, kerosene, laxatives, local anesthetics (lidocaine and novocaine), mannitol (diuretic), Orajel™ and methamphetamine. Participants commented: "Sometimes they put some 'bath tub meth' (powdered methamphetamine) [into crack cocaine]. A little bit of crack, a little bit of meth; A lot of drug dealers get the 5% lidocaine if they can get it from the doctors because it makes the quality better; I was smoking meth one time and didn't know it... I thought it was crack..." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Crack Cocaine	 caffeine
	 levamisole (livestock dewormer)
	 local anesthetics (benzocaine, lidocaine and procaine)
	 phenacetin (banned analgesic)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2 gram. Participants discussed: *"I usually get a \$20 rock; It just varies from dealer to dealer; If it is a flooded market, you can pay less to get it. Some people will say we don't sell less than a \$50, and some will sell \$10. It varies."* Overall, participants reported that the price for crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	1/2 gram	\$50-60
	A gram	\$100

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. One participant commented, *"Smoking ... I do not know what other way to use it."* However, one participant said, *"Put some Kool-Aid® with it and then 'shoot' (intravenously inject) it."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users as anyone, while noting the drug's continued association with persons of lower socio-economic status and persons engaged in prostitution. A participant remarked, *"It does not discriminate...."* Treatment providers most often described typical crack cocaine users as aged in their 40s and unemployed, while law enforcement described typical users as of lower socio-economic status and long-time drug users.

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 always available if I want it; You see like 10 [dealers] being taken*

down (arrested), and 10 [dealers] pop back up [to sell heroin]; It's cheaper and easier to get [than prescription opioids]." Treatment providers most often reported the current availability of heroin as '9,' while law enforcement most often reported it as '10,' the previous most common scores were '10' and '4-5,' respectively. One treatment provider responded, *"People do not have a problem getting it."* Law enforcement reported: *"Everyone knows where to find heroin; There are houses where everyone flocks to... they have a lot of five-minute visitors."*

Corroborating data indicated that heroin is available in the Athens region. ODPS reported seizing 859.5 grams (1.9 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Washington County Sheriff's officers arrested two people after executing a search warrant at a home in Marietta and seizing suspected heroin, as well as several baggies containing a white residue and drug paraphernalia; a toddler in the home at the time of the arrests was taken into the custody of family members (www.thenewscenter.tv, April 13, 2018). Middleport Police (Meigs County) and the Major Crimes Task Force of Gallia-Meigs counties arrested two people after executing a search warrant at a residence in Middleport and seizing unspecified amounts of heroin, cocaine, marijuana and cash (www.mydailysentinel.com, April 16, 2018). Belmont County Drug Task Force arrested two people after executing a search warrant at a residence in Shadyside and seizing one gram of heroin, unidentified pills and drug paraphernalia (www.timesleaderonline.com, April 17, 2018). Ohio Organized Crime Investigations Commission agents and the Washington-Morgan-Noble Major Crimes Task Force arrested three men after conducting a search warrant of a home in Vincent (Washington County) and seizing more than 53 grams of heroin and 5.6 grams of methamphetamine (www.thenewscenter.tv, April 20, 2018). Ohio State Highway Patrol (OSHP) in Cambridge (Guernsey County) arrested a woman during a traffic stop on Interstate 70 after criminal indicators prompted a search of her vehicle; officers seized 110 pounds of heroin and methamphetamine (www.statepatrol.ohio.gov, May 10, 2018). Belmont County Major Crime Unit officers arrested one individual after conducting a search warrant at a home in Bridgeport and seizing 13 grams of heroin and cash from the home (www.wtov9.com, May 30, 2018). A Washington County grand jury indicted a man for felony heroin possession from an arrest stemming from a high-speed chase that ended in a collision with another vehicle; officers found heroin and drug

abuse instruments at the scene of the collision www.mariettatimes.com, June 5, 2018).

While many types of heroin are currently available in the region, participants reported black tar and white powdered heroin as most available. Participants stated: “[Black tar heroin is] more available because it is easier to cut; You see more of the ‘white china’ (white powdered heroin). . . . It’s readily available . . . they are cutting it with fentanyl!” Treatment providers also reported black tar and white powdered heroin as most available, while law enforcement reported black tar heroin as most available. A treatment provider stated in response to white powdered heroin, “They do not care what color it is as long as they are getting high.” Law enforcement reported, “Don’t see white china in this area. It is the black tar, the Mexican stuff.”

Participants reported that the availability of heroin has increased during the past six months, while community professionals reported that availability has remained the same during the past six months. A participant remarked, “Meth (methamphetamine) and heroin is really overtaking [the region];” while a treatment provider stated, “I think it is about the same . . . it has been consistent.” Law enforcement observed: “I think it is available but I think with the Vivitrol® program from the court system, where you can’t get high from any type of heroin or opioid, they go to other drugs. They go to crack cocaine; They go to meth (methamphetamine). Thus, we are seeing people court ordered for Vivitrol® go to another drug.” BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs do not differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘4.’ Participants commented: “I would say the black tar is purer than the powder; [Quality of white powdered heroin] depends on where you get it from.” Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and

reported the top cutting agents as coffee and fentanyl. Additional cuts mentioned included: brown sugar, carfentanil, cosmetics, Pepsi®, sand, tire sealant, Tootsie Rolls® and vitamins. Participants stated: “They put carfentanil in the stuff and it is killing people. [We can tell this by] the amount of overdoses and the amount of Narcan® it takes to bring people back up (revive people who overdosed); They go with the brown powder because you can use the [cosmetic] compacts to make the drug brown . . . people get pretty creative.” Overall, participants reported that the general quality of heroin has remained the same during the past six months. A participant commented, “It has been the same around here for a couple of years, at least.”

Heroin	Cutting Agents Reported by Crime Lab	
		acetaminophen
	caffeine	
	cocaine	
	diphenhydramine (antihistamine)	
	fentanyl	
	inositol (dietary supplement)	
	lidocaine (local anesthetic)	
	mannitol (diuretic)	
	methamphetamine	
	quinine (antimalarial)	
	sorbitol/lactose (artificial sweetener)	
	tramadol	

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 gram. Participants commented: “I got the capsule, a clear capsule filled up with heroin. The tar I would get in balloons or wrapped in clear saran (Saran™ wrap). The saran [with heroin in it] was like \$20.” Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Black tar and powdered:	
	1/10 gram	\$20-30
	1/2 gram	\$70-80
	A gram	\$130-150

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, all 10 would inject the drug.

Participants reported that injection needles are most available from drug dealers, needle exchange programs and pharmacies. Additionally, participants also reported obtaining needles from people with diabetes, big box stores and through Internet purchase. Participants remarked: *“You can also get them from a diabetic who does insulin, or they steal them; Now they have the needle exchange facilities and they are making them easier to get.”* Reportedly, needles most often sell for \$2-5 per needle. One participant remarked, *“One free with purchase of heroin.”* Participants reported that sharing needles is very common among heroin users. Participants discussed: *“I’ve seen it. Some people do not care; They are high and sick (in opiate withdrawal) ... they do not care; I shared them with my ‘old lady’ (spouse); When you are high, you do not care.”*

A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as anyone or as someone who was previously prescribed opioids. Participants reported: *“I’ve seen it all. I’ve seen all genders, all ages; People usually just go from the pain pills to heroin; I’ve known African-Americans that have used it.”* Treatment providers described typical heroin users as people aged 20-30 years, while law enforcement described typical users as anyone. A treatment provider reported, *“A wider age range 20-something to 30-something. What we are seeing is just past college student age. This is the average curve.”* Law enforcement commented: *“Everybody. Rich, poor, and a lot of users switched from pain pills.... Once the state started cracking down on the pills, then they switched to heroin because it is cheaper.”*

Fentanyl



Fentanyl remains available in the region. However, participants were not in agreement as to the current availability of fentanyl on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common availability score was ‘10.’ Participants could not speak of fentanyl apart from heroin. They discussed heroin as being adulterated with fentanyl in the region, particularly white powdered heroin. A participant remarked, *“They are cutting it with fentanyl!”*

Other participants indicated that they believed fentanyl availability to high. One participant stated, *“Some [dealers] have so much of it...”*

Treatment providers most often reported the current availability of fentanyl ‘7-8,’ while law enforcement most often reported it as ‘10;’ the previous most common score among community professionals was ‘10.’ Community professionals also had difficulty speaking to fentanyl use apart from heroin. One treatment provider commented, *“This one is confusing because we have some clients that say they did not know they were using [fentanyl] with or in place of heroin.”* Law enforcement commented: *“It is so intertwined with the heroin now. It is always there, and they are always together; We got the results back from someone who had an OVI (operating a vehicle under the influence of alcohol or drugs) and they tested for fentanyl and ... he said he didn’t know he had fentanyl and that he has never taken fentanyl. However, he buys pills off of someone and it had to be in the pills.”* In addition, community professionals reported that some users seek fentanyl: *“They know where to get it; We actually had some clients who were using fentanyl only.”*

Corroborating data indicated that fentanyl is available in the Athens region. ODPS reported seizing 7.9 grams (0.3 oz.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Athens County grand jury indicted a woman for involuntary manslaughter and corrupting another with drugs for providing fentanyl to her boyfriend that resulted in his fatal overdose; the woman purchased the fentanyl, thinking it was heroin, from a drug dealer living in the Ohio River village of Hockingport (Athens County); an investigation lead by the Athens County Major Crimes Unit found that the drug dealer responsible for selling the woman fentanyl also trafficked methamphetamine from his residence (www.dispatch.com, June 6, 2018). An Athens County grand jury indicted a man and a woman responsible for selling fentanyl that resulted in the fatal overdose of a man in Washington County in March 2018 (www.athensnews.com, June 17, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Law enforcement officers commented: *“It is growing; The dealers will give away samples in order to get more clientele ... people like it, then it is a win for them; Everyone flocks to the one who sells the best stuff.”*

BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while the incidence of carfentanil cases has remained the same.

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

Participants were unable to rate the current overall quality of fentanyl on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. However, they discussed the lethality of the drug. One participant shared, "People are doing 1/2 gram of heroin and fentanyl, and then they die." All respondent types continued to discuss fentanyl as an adulterant for other drugs. A treatment provider stated, "I am not sure how much people are fully aware that they are getting it with other things." Law enforcement discussed: "They are starting to cut 'coke' (cocaine) with it and 'meth' (methamphetamine); The dealer wants to put enough fentanyl in there that people come close to overdosing [but] not overdosing ... so, others will know just how good their stuff is ... users want to be as high as possible, as long as possible."

In terms of current pricing for fentanyl, participants commented: "The cost is the same as 'china' (white powdered heroin); If it is liquid, then it is \$10 a teaspoon." Participants reported that the most common routes of administration for fentanyl are intravenous injection (aka "shooting"), snorting and smoking. Participants estimated that out of 10 users, four would shoot, three would snort and three would smoke the drug. A participant commented, "You can do it any way...." Participants and community professionals described typical fentanyl users as heroin or prescription opioid users. A treatment provider commented, "It's about the same as a heroin user."

Prescription Opioids



Prescription opioids remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available,

extremely easy to get); the previous most common score was '5'. Participants commented: "There are still a lot of them out there; There is always someone selling pain pills ... selling their prescription." Treatment providers most often reported the current street availability of prescription opioids as '5', while law enforcement most often reported it as '6'; the previous most common scores were '6' and '4', respectively. Law enforcement commented: "They are easily available to get if you want them ... they are stolen all the time; You can get it, but heroin is so much cheaper ... that's where everyone goes."

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant remarked, "Vicodin® is more widely prescribed because it is lesser on that totem pole of addiction." Treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, while law enforcement identified OxyContin® and Percocet® as most popular. A treatment provider remarked, "Percocet® is definitely one of the big ones around here."

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants commented: "[Prescription opioids] are really harder to come by... [prescribers] don't hand them out like they used to; You have to search for them You used to be able to go to the doctor and tell them you had a headache and they'd give you Percocet®. Now ... you have to go to a pain clinic and they keep count; I say it is harder. The doctors are making it harder for you to get them. And, the individuals who do get a prescription ... they sell so quick; People buy heroin because it's cheaper and they can't find pills."

Treatment providers reported that the street availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers commented: "It's harder to get; That's why they are going to heroin; We had a few doctors in this area who got in trouble ... [Doctors] stopped prescribing..." A law enforcement

officer commented, "It's more of the black market with the prescriptions (opioids), but they are available. There are black market pills coming out of China where you cannot tell the [difference from] prescription medication. And, the scary part is that [clients] do not know what is in the medication in the pills."

BCI crime labs reported that the incidence of oxycodone (OxyContin®, Percocet®), tramadol (Ultram®), hydrocodone (Vicodin®) and morphine cases they process from this region have decreased or remained the same during the past six months. BCI labs also reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants remarked: "You will pay out the sky for them; They are expensive!"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$10 for 10 mg \$20-25 for 15 mg
	Percocet®	\$7 for 5 mg \$8-10 for 7.5 mg \$10-14 for 10 mg
	Roxicodone®	\$1.50 per milligram
Vicodin®	\$5-8 for 5 mg \$10 for 10 mg	

Participants reported obtaining these drugs for illicit use from drug dealers, doctors, emergency rooms, pain management clinics and through theft. Participants commented: "[Users] would get them when they are in pain and then abuse them and sell them; You can get them from acquaintances; Crime has increased.... You have people breaking into old people's houses robbing them for pills because they have made it so much harder to get [the drugs prescribed]; A lot of old people get them, and the dealer buys from them...."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would orally consume the drugs. Participants commented: "If they have acetaminophen in them, then they are going to eat them or snort them; I don't think too many people inject the pain pills unless you are a heavy needle user. I was a heavy needle user, but I felt that would waste it, I would snort them; OxyContin® I do orally. Percocet® I crush up and snort."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anyone and people who could afford the high price of the drugs. A participant commented, "Generally, it is people who have more money because they are more expensive ... like \$30-35 a pill." Community professionals described typical illicit prescription opioid users as individuals who were injured and abuses the drugs and people of middle to upper socio-economic status. A treatment provider commented, "I see more males ... [who] tend to be involved in riskier behaviors, then they would be injured and get them prescribed."

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 scores was also '10'. A participant commented, "If you are not prescribed yourself ... at least five people you know are." Treatment providers reported the current street availability of Suboxone® as '8', while law enforcement most often reported it as '10'; the previous most common

score was '10' for both treatment providers and law enforcement. Treatment providers discussed: *"Highly available; It is very easy for them to go in [to] some of the less reputable places. I've had people say that they didn't even test positive [for opiates] and they got a prescription. Thus, if you have the money, they will give it to you."* A law enforcement officer commented, *"Of the prescription pills, I would say that [Suboxone®] is the most abused thing in town."* Participants reported the most available type of Suboxone® as the sublingual filmstrip form (aka "strip").

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An investigation conducted by the Coshocton County Sheriff's Office lead to the arrest of a woman responsible for attempting to ship Suboxone® and methamphetamine using a Bible to an inmate in the Coshocton County Justice Center; officers intercepted the Bible before the inmate received it (www.cbs17.com, April 17, 2018).

Participants reported that the overall street availability of Suboxone® has increased during the past six months. A participant commented, *"[Suboxone® is] more available because a lot of people are starting to go to the clinics now."* Community professionals also reported that the availability of Suboxone® has increased during the past six months. A treatment provider stated, *"A big trend, probably more [available] than the heroin."* A law enforcement officer remarked, *"The problem with those clinics is ... [medication alone is] not treatment."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Overall, participants reported that the price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$20-25 for 8 mg
	Pill	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through acquaintances with prescriptions for it. A participant shared, *"People either buy prescriptions from other people or pay for them to go to the clinic to obtain the prescription."* A treatment provider reported, *"Family members depend on that income from their addicted family member [who] ... sell it for the income. And, there are some folks that want to get clean but they can't because of their family environment"*

Participants reported that the most common route of administration for illicit use of Suboxone® in filmstrip and pill form is snorting. Participants commented: *"I say most people snort them, or [place the drug] under the tongue; Shooting (intravenously injecting) Suboxone® is about stupid.... It hardens your veins; You could 'mud puddle' a strip (mix the drug with water and snort it) like they do with heroin."*

A profile for a typical illicit Suboxone® user did not emerge from the data. Participants described typical illicit users as anyone, but specified that people who used to use heroin will abuse Suboxone®. A participant remarked, *"Any ... ex-heroin addicts."* Treatment providers described typical illicit Suboxone® users as people with prior opioid abuse history, heroin users, people aged mid-20s to 30s, people with some court involvement, and more often males than females, while law enforcement described typical illicit users as drug dealers and heroin users. Law enforcement commented: *"Dealers who are hooked on heroin use it to function ... to make their daily sales; They are supplemental drugs. I don't know if I ever arrested a heroin user who did not say they are on Suboxone® or methadone."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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 scores were '5' and '10'. A participant commented, "It's rarely around." Treatment providers most often reported current availability of sedative-hypnotics as '6', while law enforcement most often reported it as '4'; the previous most common score was '8' for both treatment providers and law enforcement. A treatment provider commented, "We have a lot of primary care doctors who are no longer prescribing this and they are actually referring patients to a psychiatrist. We are not just getting people who are getting Klonopin® scripts (prescriptions) anymore from their primary care physician as they were before." A law enforcement officer commented, "We still get them, not like we used to [though]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Jackson County Sheriff's Office deputy arrested two men during a traffic stop near Coalton after discovering the passenger in the vehicle had an active warrant for his arrest; a search of the vehicle yielded 75 suspected clonazepam (Klonopin®) pills, 12 Suboxone® filmstrips, 46.9 grams of marijuana, and several red and white capsules of an unknown substance (www.vintonjacksoncourier.com, Feb. 19, 2018).

Participants and treatment providers identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use; law enforcement identified Xanax® as most available. A law enforcement officer remarked, "Everyone has Xanax® ... they use Xanax® to come down off of [methamphetamine]...."

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. BCI crime labs reported that the incidence of alprazolam (Xanax®) cases they process from this region has increased during the past six months, while the incidence of clonazepam (Klonopin®) and diazepam (Valium®) cases from this region have decreased or remained the same. BCI labs reported processing very few cases of carisoprodol (Soma®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$2-3 per milligram. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Prices for Sedative-Hypnotics	
	Valium	\$2-3 for 10 mg
	Xanax®	\$3 for 1 mg \$6-7 for 2 mg

Participants reported obtaining these drugs for illicit use most often from drug dealers and doctors. In addition, law enforcement discussed people using pill presses to manufacture counterfeit sedative-hypnotics. A law enforcement officer reported, "They are starting to make their own pills. They are imprinting them like a pharmacy. We send them to the lab and when we get it back it is 'hot' (positive) for fentanyl. They are actually starting to break down their pills, add in fentanyl and then repress them." Generally, the most common route of administration for illicit use of sedative-hypnotics remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would snort the drug.

Although participants could not provide a description for a typical sedative-hypnotics user, treatment providers described typical illicit sedative-hypnotic users as females and individuals who are depressed. Law enforcement described typical illicit sedative-hypnotic users as college students. A law enforcement officer stated, "It is mostly college students we see with Xanax®."

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"It's always been in abundance; You can always get 'weed' (marijuana); You can get marijuana anywhere."* Treatment providers discussed: *"It's everywhere; Availability is through the roof ... and ... there are some pretty highly powerful strands going around."* Law enforcement commented: *"You can buy that at the gas station; If there is another drug abused, marijuana is always there (abused as well)."*

Participants and community professionals also discussed the current availability of high-grade 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' for the waxy form of the drug and '6-7' for oil; the previous most common score for marijuana extracts and concentrates generally was '10'. Regarding different forms of marijuana extracts and concentrates, participants commented: *"'Shatter' looks like glass; 'Crumble' looks like ear wax."* Treatment providers did not report on the current availability of marijuana extracts and concentrates, while law enforcement reported current availability as '4'; the previous most common scores were '5' and '10', respectively. A law enforcement officer commented, *"It's on the campus. Those students up there are notorious for doing it. Dabs don't have a smell. They can 'vape' (vaporize) a dab and no one knows they are doing it."*

Corroborating data indicated that marijuana is available in the Athens region. ODPS reported seizing 114.8 kilograms (253.2 lbs.) of marijuana from this region in the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Jackson County Sheriff's Office deputy arrested a man during a traffic stop near U.S. Route 35 after the man informed the officer that he had marijuana in his possession and smoked the drug within two hours of the traffic stop; the officer found a mason jar containing marijuana while searching the man's car (www.vintonjacksoncourier.com, Jan. 2, 2018). A Washington County Common Pleas Court judge sentenced

a man to 60 days in jail and three years of probation after for being convicted of trafficking marijuana; at the time of the man's arrest, officers found one ounce of marijuana the man intended to trade for heroin (www.mariettatimes.com, Jan. 22, 2018). The Athens County Sheriff's Office and Athens County Prosecutors Office collaborated in arresting a man after executing a search warrant at a residence and seizing over 400 oxycodone pills, multiple pounds of packaged marijuana and a large amount of cash from two marijuana-grow rooms in the Athens home (www.thepostathens.com, Feb. 27, 2018). The Muskingum County Common Pleas Court indicted a man with marijuana possession and trafficking, hashish possession, oxycodone possession, money laundering and child endangerment; law enforcement officers seized 13.9 pounds of marijuana, 21 grams of hashish and multiple oxycodone pills from his home in Zanesville (Muskingum County) (www.zanesvilletimeserecorder.com, March 5, 2018). A judge in the Muskingum County Common Pleas Court indicted a man and a woman responsible for cultivating marijuana, possessing drugs and money laundering, following the seizure of 15,000 grams of marijuana, 163 marijuana plants, firearms and financial records from a marijuana-grow operation in Frazeyburg (Muskingum County); the man sold the drugs throughout Muskingum, Coshocton and Licking counties; the woman was charged with cultivation of marijuana in the case and entered a guilty plea (www.zanesvilletimeserecorder.com, March 26, 2018). Jackson Police collaborated with the Jackson County Municipal Court to conduct a court-mandated search at a residence and arrested three people after finding 133 grams of marijuana and 30 grams of crystal methamphetamine (www.thetelegramnews.com, April 24, 2018). Law enforcement in Cambridge (Guernsey County) responded to a one-vehicle crash on an exit along Interstate 77 in which a man and woman suffered minor injuries; law enforcement recovered marijuana at the scene (www.daily-jeff.com, May 8, 2018). The Perry County Common Pleas Court indicted two brothers on several drug-related charges following an investigation lead by Central Ohio Drug Enforcement Task Force officers; the officers executed a search warrant at one of the brother's homes in Somerset (Perry County) and found a marijuana-grow operation; officers searched the other brother's home in Roseville (Perry and Muskingum counties) and seized 57.1 pounds of marijuana and firearms (www.whiznews.com, May 8, 2018). The Jackson County

Sheriff's Office announced the seizure of 4,000 grams of marijuana and drug paraphernalia from a Jackson County residence after serving an arrest warrant with the U.S. Marshals Fugitive Investigative Strike Team (www.vintonjacksoncourier.com, June 18, 2018).

Participants and community professionals reported that the overall availability of marijuana has remained the same during the past six months. Treatment providers commented: *"It's about the same; it's been very available for a while."* Participants also indicated that the availability of marijuana extracts and concentrates has remained the same during the past six months, while community professionals were unable to report on the change in availability of marijuana extracts and concentrates. BCI crime labs reported that the incidence of marijuana (cannabis, including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region have decreased during the past six months.

Participants most often rated the current overall quality of marijuana as '8' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' While participants reported a generally high quality of current marijuana, they discussed that quality can vary. Participants commented: *"Unless it is from the dispensaries, the quality will be lesser; it depends where you get it from. You can get some Texas hydroponic (high-grade marijuana) or Kentucky 'skunk weed' (low-grade marijuana)."* A law enforcement officer reported, *"The THC is so much higher than in the 60s. Now they have the butane oil and they are sophisticated to melt it down to extract the THC which [makes] the marijuana a very potent drug."* Participants indicated that the overall quality of marijuana and marijuana extracts and concentrates have remained the same.

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

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. Overall, participants reported that the price of both low-grade marijuana and high-grade marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$10-15
	1/4 ounce	\$50
	High grade:	
	A blunt (cigar)	\$10
	A gram	\$10-20
	1/8 ounce	\$50
	An ounce	\$225-300
	Extracts and concentrates:	
	A gram	\$50

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. A participant commented, *"Smoking or vaping [are common]."* In addition, law enforcement discussed edible forms of marijuana. One officer observed, *"We have hit a lot of marijuana-grow houses and what we have seen is more edibles that were geared toward children, [like] gummy bears ... children would be targeted for those items."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone, while treatment providers specified that low-grade marijuana is more often used among younger teens. Treatment providers reported: *"I am never surprised when anyone uses;*

[Low-grade marijuana is] readily available amongst our teen population and they have no problem getting it. Adults don't seem to care about it in this area right now. They will use it if there is nothing else. Adults want the medical grade marijuana; The teens will use the crap or whatever they can get." Law enforcement reported: "It's more socially acceptable now since it has been decriminalized; There is no discretion on who uses."

Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine in crystal form as '10' and in powdered form as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' for crystal and '10' for powdered methamphetamine. Participants commented: "It is everywhere; You can get more 'meth' (methamphetamine) than you can get anything else; It is readily available, you can get it everywhere, all day."

Community professionals most often reported the current overall availability of methamphetamine as '10'; the previous most common scores were '10' for treatment providers and '7' for law enforcement. Treatment providers commented: "It seems to be the most common thing we're working with right now. ... With the reduction of opioid use, some turn to this; What is frightening is sitting here in this office we can throw a rock and hit a house that sells it. That's how bad it is in this town; There are raids all the time, pick up the paper and you will see the SWAT team, sheriff departments go to another house, another house, another house ... they spring up as fast as they shut them down, down here." Law enforcement commented: "People can make their own [methamphetamine] when they want meth, as well as [obtain] the stuff that comes from Mexico; It's crystal methamphetamine coming out of Columbus and Mexico."

Corroborating data indicated that methamphetamine is available in the Athens region. ODPS reported seizing 1.3 kilograms (2.8 lbs.) of methamphetamine from this region in the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this

reporting period. Washington-Morgan-Noble Major Crimes Task Force agents arrested a woman and man after executing a search warrant at a home in Marietta (Washington County) and seizing 4.5 grams of methamphetamine, a pill bottle and drug paraphernalia; both were charged with possessing and trafficking methamphetamine (www.thenewscenter.tv, Jan. 5, 2018). Vinton County Sheriff's officers arrested a man after responding to a call regarding a car stopped in the middle of a road; officers learned the man had a loaded firearm with no permit and searched the vehicle where they confiscated two containers holding methamphetamine (www.wsaz.com, Jan. 5, 2018). A judge in the Muskingum County Common Pleas Court sentenced a man to 15 years in prison for possessing and trafficking in methamphetamine; in a separate arrest in July, law enforcement in Muskingum County arrested a man at a motel in Zanesville after finding 12 pounds of methamphetamine in the man's room (www.zanesvilletimesrecorder.com, Jan. 31, 2018). Local law enforcement arrested a man for possession and trafficking in methamphetamine after Guernsey County deputies observed the man hide items inside the shelves of a gas station; the use of a K-9 officer resulted in the seizure of two packages of methamphetamine from the store; (www.daily-jeff.com, April 8, 2018). Cambridge Police (Guernsey County) arrested a woman during a traffic stop after the woman admitted having methamphetamine in her vehicle (www.daily-jeff.com, April 10, 2018). Law enforcement in Noble County arrested a man during a traffic stop on Route 78 after a K-9 officer alerted to presence of drugs in the vehicle; officers seized 22.81 grams of methamphetamine (www.daily-jeff.com, April 11, 2018). Meigs County Sheriff's officers and the Gallia-Meigs Major Crimes Task Force, assisted by the Middleport Police Department, arrested three individuals during a traffic stop after a vehicle search yielded approximately 1-2 grams of methamphetamine (www.mydailysentinel.com, April 23, 2018). Cambridge Police arrested two men during a traffic stop after finding methamphetamine hidden in a plastic container in the middle console of the vehicle; in a separate incident, Cambridge Police cited a man during a traffic stop after noticing the smell of marijuana coming from the vehicle and seeing an open alcoholic beverage in plain sight; officers found methamphetamine, a syringe and a scale also in the vehicle (www.daily-jeff.com, April 23, 2018). A man was sentenced in the Muskingum County Common Pleas

Court to seven years in prison for methamphetamine possession; in February, officers observed the man jump from the car he was driving in to another car before stopping him; officers confiscated 18 grams of methamphetamine, a firearm and cash from the man (www.zanesvilletimesrecorder.com, April 27, 2018). Law enforcement in Jackson County responded to a call at a Walmart after staff recognized a man was not allowed to be in that store due to previous shoplifting charges; officers found the man in the electronics sections and demanded he hand over a tin of breath mints containing crystal methamphetamine; officers also found a Suboxone® pill and arrested the man for trespassing and drug-related charges (www.thetelegramnews.com, April 27, 2018). Jackson County Sheriff's officers arrested a couple while performing a court-ordered house check southwest of Jackson and confiscating chemicals used to manufacture methamphetamine (www.thetelegramnews.com, April 29, 2018). An investigation lead by the Central Ohio Drug Enforcement Task Force, along with the Perry County Sheriff's Office, New Lexington Police and the Perry County Juvenile Court Probation Department lead to the indictment of a couple for methamphetamine distribution; task force officers arrested two people after executing a search warrant at a home in New Lexington and finding bulk amounts of methamphetamine, drug paraphernalia, cash and firearms in the home; during the investigation, officers learned the couple sold the drug to a 17-year-old boy (www.zanesvilletimesrecorder.com, April 30, 2018). OSHP arrested two women for possession of methamphetamine after seizing 453 grams of the drug during a traffic stop along U.S. 35 in Gallia County (www.nbc4i.com, May 9, 2018). An investigation led by the Muskingum County/Zanesville City Joint Drug Unit, the Zanesville Police and the Central Ohio Drug Enforcement Task Force resulted in the arrest of two women responsible for possessing and trafficking drugs; officers arrested the women during a traffic stop on Interstate 70 after finding methamphetamine and heroin in the women's vehicle (www.whiznews.com, May 10, 2018). A Washington County grand jury indicted three men during two separate sting operations; in one incident, officers arrested a man after purchasing 1.18 grams of methamphetamine and finding him in possession of 29.74 grams at the time of purchase; in the other incident, officers arrested two men after purchasing an unspecified amount of methamphetamine from the men (www.mariettatimes.com, June 5, 2018). Eleven law enforcement agencies in Ohio and West

Virginia collaborated in an investigation of a drug distribution organization, resulting in the federal indictments of 31 people on drug charges, including trafficking in crystal methamphetamine, heroin and cocaine (www.mydailysentinel.com, June 14, 2018). Cambridge Police arrested a man during a traffic stop after seizing an undisclosed amount of methamphetamine, marijuana and drug paraphernalia from the man's vehicle (www.daily-jeff.com, June 26, 2018). Cambridge Police arrested a man after he attempted to swallow a bag of crystal methamphetamine upon the officer's approach to inquire about his interaction with another man in a closed section of a street in the early morning hours (www.daily-jeff.com, June 26, 2018).

Participants reported that methamphetamine is available in 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 commented: *"Meth is the big thing. The stuff is so easy to make. You can get the stuff (precursor drug) at the drug store; It's shake-n-bake ... everyone thinks they can make it ... we have people who think they are chemists ... and they are not."* A law enforcement officer commented, *"Shake-n-bake is available, but it is not as popular."* Participants continued to report crystal methamphetamine as the most prevalent form of the drug throughout the region.

Participants reported that the availability of crystal methamphetamine has remained the same during the past six months, while noting increased difficulty in obtaining pseudoephedrine to manufacture powdered methamphetamine as leading to decreased availability of this form of the drug. They commented: *"They have put more caps (restrictions) on buying the pills to make the 'shake-and-bake;' They make it harder to buy [pseudoephedrine] ... you have to show your ID..."* Community professionals reported that the overall availability of methamphetamine has remained highly available during the past six months. A treatment provider commented, *"The trend has been going longer than six months."*

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current quality of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. However, participants discussed varying quality: "[Quality] varies... sometimes it is good and sometimes it's not so good; It might burn your nose and veins if it is horrible; If you do not cough or gag after you do a shot (intravenous inject) then that stuff is trash. If you did not puke, then it is trash. If [shake-n-bake] is made in one pot, then it is trash."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for methamphetamine as: acetone, ammonia, baby Tylenol®, battery acid, comet, Drano®, Epsom salt, fentanyl, heroin and MSM (methylsulfonylmethane). Overall, participants reported that the quality of crystal methamphetamine has increased during the past six months, while the quality of powdered methamphetamine has decreased. One law enforcement officer commented, "The crystal I just saw from an arrest was the clearest crystal I have ever seen ... they are not making it here [it is imported]."

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (dietary supplement) ● magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of methamphetamine has remained the same during the past six months. One law enforcement officer remarked, "Crystal... is actually very pure. The clearer it is, the more money you will get."

Methamphetamine	Current Prices for Methamphetamine	
	Crystal and powdered:	
	1/2 gram	\$40-50
A gram	\$80-100	

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, three would shoot and two would snort the drug. One participant commented, "I think the majority of the people around here shoot it." A treatment provider commented, "Majority of my clients are using the powder (powdered methamphetamine)... They are snorting it... they think it is the safer way."

Participants described typical methamphetamine users as white people, people who work in the oil and gas industry, and people who abuse opiates. Participants commented: "They call it the 'white man's drug'... because it keeps him working and he can make money for his family; I know a lot of people who were on pills, and then they switch to something else... a lot of people go to meth; It's here because the 'pipe liners' (workers in the oil and gas industry) are here... so they can work 20 hours a day, then go drink all night and go back to work."

Community professionals described typical methamphetamine users as younger individuals in their 20s, who may be opiate users, stimulant users and people of lower socio-economic status. Treatment providers reported: "The younger users say... 'I am not going to die from it. I am going to die from heroin'... that is

a direct result from the amount of heroin overdoses we had in the community that they are scared and they say, 'I am not going to die from methamphetamine;' It seems to be an overlap with the opioid user, especially the heroin user. Even though they are still using heroin they are supplementing that with meth, or co-function on methamphetamine; In the last two years, we have had a lot of people dying off of heroin ... it's almost as if it scared them into methamphetamine; I know some opioid users think that using meth is going to help them get off of heroin." Law enforcement reported: "Anyone who uses a stimulant. Someone who is willing to use cocaine; Lower income people [use methamphetamine]. It is not your higher-end drug. [It is prevalent in] poorer neighborhoods because the families would make the methamphetamine [to manufacture and sell the drug for profit]."

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 '4,' '5' and '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 '7.' Participants commented: "They are harder to find; I say they are available; You can find anything if you want it." Treatment providers most often reported current street availability as '5,' while law enforcement most often reported it as '10,' the previous most common scores were '8' and '10,' respectively. One treatment provider discussed, "We have a lot of kids that are prescribed those things and are not using them necessarily. I think the parents are taking advantage of that." A law enforcement officer commented, "In Athens, I would classify [prescription stimulants] as the number two drug [abused among college students after marijuana]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Belmont County Common Pleas Court judge sentenced a physician to one year in prison for conducting drug transactions with a confidential informant; during a search of the physician's home, officers also found Adderall® and Suboxone® (www.timesleaderonline.com, Feb. 9, 2018). A Meigs County Common Pleas Court grand jury indicted a woman for possessing unspecified amphetamines

during a traffic stop in Middleport (www.mydailysentinel.com, April 12, 2018).

Participants and law enforcement identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. A participant commented: "Adderall® is everywhere; It is easily prescribed. Ritalin® is less prescribed." One law enforcement officer remarked, "I've seen a lot of Adderall® and Ritalin®." Treatment providers did not identify the most popular prescription stimulants in terms of widespread illicit use.

Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) in this region during the past six months; they reported processing very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$4-5 for 10 mg \$8 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from drug dealers and friends and family members with prescriptions. A participant commented, "From friends, dealers and people will go to the doctors and

tell them that their kids are hyper-active, whether they are or not." Participants reported that the most common routes of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs. One participant reported, "My sister ate some, and she swallows them."

Participants described typical illicit prescription stimulant users as "soccer moms," stay-at-home moms, upper-class individuals, construction workers and college students. Participants commented: "Moms because they are up early and stay up late; Construction workers because they work long days; Pretty much anybody who has a few bucks in their pocket ... works long hours or shifts continuously."

Treatment providers described typical illicit users as millennials, middle-class individuals, and high school and college-aged students, while law enforcement described typical users as anyone. Treatment providers commented: "It is more prevalent with college students to get that edge (allow them to study or stay up longer); In my experience, more college students abuse it." A law enforcement officer reported, "Parents will go get their children prescribed [stimulants], so the parents can abuse it."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2' and '3' and of "molly" (MDMA; powdered form) as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' and '7,' respectively. Participants commented: "I just know a few people who like to do it; I think molly is more common right here than ecstasy; That's for the college students; Molly is the new one ... it is bigger than ecstasy."

Treatment providers most often reported the current availability of ecstasy as '2' and of molly as '5,' while law enforcement most often reported the current availability of ecstasy as '3' and of molly as '5;' the previous most common scores for ecstasy and molly were '5' for treatment providers '1-2' for law enforcement. Treatment providers reported: "I don't hear much about ecstasy anymore; I don't see much of

it. It is out there but I don't think they care too much for it; It's not a drug a choice for people in this area." Law enforcement reported: "We see it here and there; We don't see it much in the county [Athens County] ... just at the university."

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants commented: "[Molly is] not unobtainable, but it is not something you just go out and get; [Ecstasy] I hear about ... every now and then, I think it comes in waves. It appears for a while and then goes for a while." Treatment providers and law enforcement reported that the availability of ecstasy and molly has remained the same during the past six months. A treatment provider commented, "I am not hearing much about that in the last six months. It seems to have peaked." BCI crime labs reported processing very few cases of MDMA (ecstasy/ molly) from this region during the past six months.

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

Participants did not rate the quality of ecstasy or molly on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4,' '5,' and '7' for ecstasy and '7' for molly. Participants did not discuss adulterates (aka "cuts") for ecstasy or molly.

Reports of current prices for ecstasy and molly were not reported. Participants indicated that molly is obtained from drug dealers and in bars. Participants commented: "Molly is more of a bar scene drug; A party drug." 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. Participants described typical ecstasy and molly users as college students, people aged 18-24 years and people in the bar scene. A community professional commented, "Millennial and younger ... and the 'rave' (dance party) crowd."

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 (psilocybin mushrooms) and Neurontin® (gabapentin).

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of psilocybin mushrooms 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 commented: *"Mushrooms grow under cow poop; Cows are everywhere around here; You just need to know someone who will go get them; Either that or in the woods. You have to know the right people. And, not everyone tells you where they are grown; Magic mushrooms are pretty much everywhere, we are in cow country."* Community professionals most often reported the current availability for psilocybin mushrooms as '3'; the previous was not reported.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Athens County Sherriff's Office arrested a university student after seizing 100 doses of suspected LSD (lysergic acid diethylamide), psilocybin mushrooms and Adderall® in a university residence hall (www.thepostathens.com, April 23, 2018).

Participants reported the availability of psilocybin mushrooms as seasonal (more readily available in spring and summer) and reported that the drug has remained the same during the past six months. BCI crime labs reported processing very few cases of LSD and psilocybin mushrooms from this region during the past six months.

Participants reported that the most common route of administration for psilocybin mushrooms is oral consumption. Participants estimated that out of 10 psilocybin mushroom users, all 10 would orally consume the drug. Participants described typical psilocybin mushrooms users as young teens to mid-20s. A participant commented: *"It's more of a selective audience ... younger kids who are curious [and] people who are wanting to 'trip' (experience a hallucinogenic high)."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants commented: *"They are highly prescribed and stolen; People are not prescribed pain pills anymore ... doctors are prescribing everyone gabapentin; It also helps with opioid withdrawal."* Although law enforcement could not comment on the current street availability of Neurontin® in the region, treatment providers most often reported the current street availability of the drug as '10'; the previous most common score was also '10'. Treatment providers remarked: *"It's readily available from physicians and it is being abused; It's prescribed for numerous conditions; It's gotten highly popular with polysubstance abusers wanting to kick off the high (wean themselves) from something else."*

Participants reported that the street availability of Neurontin® has remained the same during the past six months, while treatment providers reported increased street availability. A treatment provider commented: *"Prescribers feel comfortable prescribing [Neurontin®] to people [in lieu of opioids]..."*

Neurontin®	Reported Availability of Ecstasy Change during the Past 6 Months	
	 Participants	No change
	 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 \$0.75 and 800 mg sells for \$1. Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated out of 10 illicit Neurontin® users, all 10 would orally consume the drug. Treatment providers described typical illicit Neurontin® users as individuals with opiate use disorder or individuals with drug court involvement.

Conclusion

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

There was no consensus as to an availability change for heroin in the region. Participants reported that availability of heroin has increased, while community professionals reported that availability has remained the same. BCI crime labs reported that the incidence of heroin cases they process from the region has decreased during the past six months. However, all respondent types reported current high availability of heroin and noted black tar and white powdered heroin as most available.

Participants discussed an array of substances used to cut (adulterate) heroin and continued to report fentanyl/carfentanil as common cuts. They also discussed overdoses requiring multiple administrations of Narcan® as an indication that heroin is being cut with fentanyl/carfentanil. Reportedly, the most common route of administration for heroin remains intravenous injection, and participants continued to indicate sharing needles as a common practice among heroin users.

While participants and community professionals had difficulty speaking to fentanyl use apart from heroin, all respondent groups perceived an increase in the availability

of fentanyl during the past six months. Law enforcement reported that dealers give away free samples of the drug to get more clientele. Participants and community professionals continued to describe typical fentanyl users as heroin and prescription opioid users.

Respondents continued to discuss the high prevalence of methamphetamine in the region. Participants reported that the availability of crystal methamphetamine has remained high during the past six months, while noting increased difficulty in obtaining pseudoephedrine to manufacture powdered methamphetamine as leading to decreased availability of this form of the drug. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Respondents noted that some heroin users receiving Vivitrol® as medication assisted treatment have switched to methamphetamine and cocaine.

Lastly, Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately to highly available for illicit use in the region. Respondents reported that physicians seem more comfortable prescribing Neurontin® than opioids. They observed that the drug is prescribed for numerous conditions and that it helps with opiate withdrawal. Treatment providers reported increased street availability of Neurontin® during the past six months.

