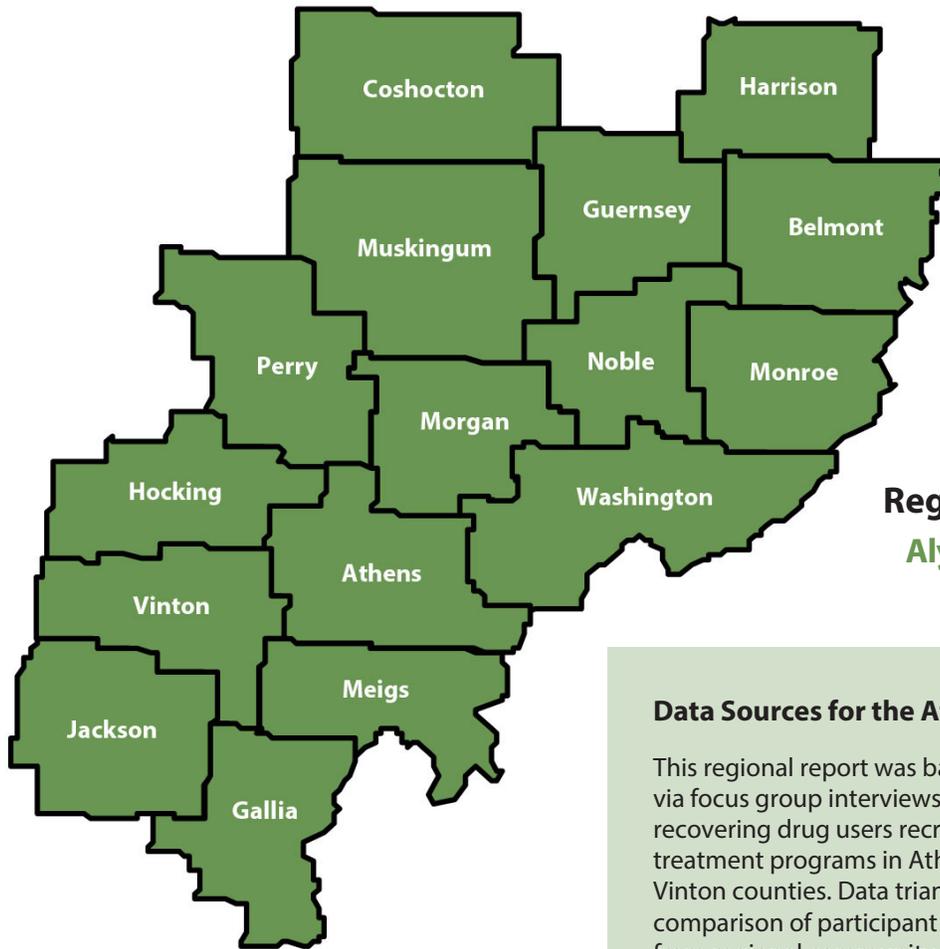




Drug Abuse Trends in the Athens Region



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, Gallia, Hocking, Perry and Vinton 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 Ohio Bureau of Criminal Investigation (BCI) and 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 to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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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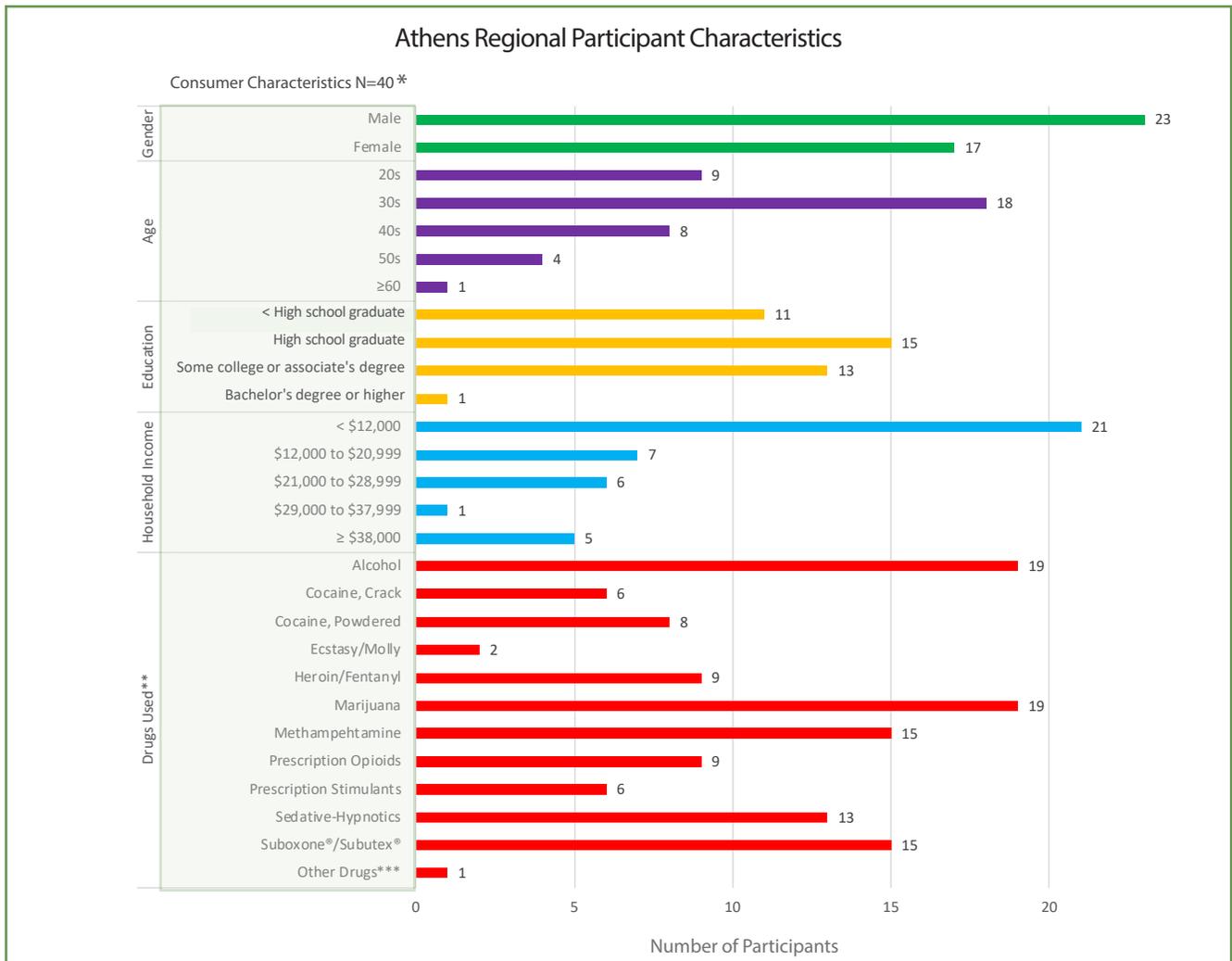
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Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	578,199	40
Gender (female), 2017	51.0%	50.2%	42.5%
Whites, 2017	82.2%	94.7%	97.5%
African Americans, 2017	12.9%	2.2%	2.5%
Hispanic or Latino Origin, 2017	3.8%	1.1%	5.0%
High School Graduation Rate, 2013-17	89.8%	87.0%	72.5%
Median Household Income, 2013-17	\$52,407	\$43,411	Less than \$12,000 ²
Persons Below Poverty Level, 2017	14.0%	17.1%	75.0%

¹ Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

² 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 40.

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

***Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remained highly available in the Athens region. Changes in availability during the reporting period included: 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 the availability of heroin had increased, while community professionals reported that availability had remained the same. BCI crime labs reported that the incidence of heroin cases they processed from the region had decreased during the reporting period. However, all respondent types reported 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 that coffee and fentanyl/carfentanil were common cuts. They also discussed overdoses requiring multiple administrations of Narcan® as an indication that heroin was being cut with fentanyl/carfentanil. Reportedly, the most common route of administration for heroin remained intravenous injection, and participants continued to indicate sharing needles was 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 reporting period. Law enforcement reported that dealers gave 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 had remained high during the reporting period, 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 processed from this region increased during the reporting period. Respondents noted that some heroin users

receiving Vivitrol® as medication assisted treatment had switched to stimulant drug use (methamphetamine and cocaine).

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

Current Trends

Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '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 not reported. Participants stated: *"It is available if you want it ... but not as much as it used to be ... everyone is switching over to 'meth' (methamphetamine); You have to get it in Columbus [Franklin County]; It is not hard to get where I live. I could go five miles up the road to get it."* Treatment providers most often reported the current availability of powdered cocaine as '6', while law enforcement most often reported it as '7'; the previous most common scores were '5-7' and '10' for treatment providers and '4-6' for law enforcement. Treatment providers remarked: *"It is out there; We haven't seen it a lot. [Availability] is sporadic."*

Corroborating data indicated that powdered cocaine is available in the Athens region. Ohio Department of Public Safety (ODPS) reported seizing 9.0 kilograms (19.9 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. Athens Police (Athens County) investigated an overdose of a university student; autopsy records confirmed the student overdosed on a combination of alcohol and cocaine laced with fentanyl

(www.athensnews.com, Dec. 5, 2018). Ohio State Highway Patrol (OSHP) seized 47 grams of cocaine, 17 grams of crack cocaine and seven grams of heroin valued at approximately \$6,500 during a traffic stop in Cambridge Township (Guernsey County); OSHP arrested the driver of the car for possession of cocaine and heroin (www.timesreporter.com, Dec. 6, 2018).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement reported that the availability of powdered cocaine has decreased during the past six months. Law enforcement officers added: *"It is standard with the [college] students, but I think with our local community, it is less available; I think [cocaine] is getting overtaken by methamphetamine."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased 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	Decrease
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. Participants commented: *"I've seen other people do it and it ain't bad [because of the way the people act] ... zoom-zoom ... when [friends visit and start to] clean my house, I know something is on; [Quality is] hit or miss; When it makes you puke, it is good; Depends on who you get it from and how many people touch (adulterate) it."*

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents as baby laxatives and vitamin B-12. Other adulterants mentioned included: baking soda, creatine, "molly" (powdered MDMA) and Ritalin®. Participants shared: *"Ritalin® is used for speed; B-12 provides jitters ... and baby laxative is tasteless; Drug dealers are going to do what makes that money ... everyone is cutting and 'stomping on'*

(adulterating) the stuff ... making it trash." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current prices for powdered cocaine were varied among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants discussed: *"There is more of the crystal [methamphetamine] than anything ... powder [cocaine] is just a lot more expensive than crystal; It is cheaper to buy crack [cocaine]. Down here everything (illicit drug pricing) is ridiculous (expensive); We live in a poorer area and we have to travel to Columbus to obtain cheaper prices."* 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	
	1/10 gram	\$10-25
	1/2 gram	\$40-50
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$100-120
	1/8 ounce (aka "eight ball")	\$200-240

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. Participants remarked: *"People can start smoking or snorting but they always graduate to shooting. Eight people in my family went the same way, then they started shooting ... it got bad; I know a lot of people who snort; My group of people would be smoking, injecting and snorting; People snort because it is easier and you do not have track marks; They inject it for a better or instant high."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical powdered cocaine users as anyone. A participant noted, *"I have seen addicts look all different ways, and some of them you would not even know [that they were addicted]."* However, community professionals discussed that a user would need a good source of income to afford powdered cocaine. One treatment provider commented, *"[Powdered] cocaine is more expensive ... If you can't afford cocaine ... you have to do a lot more stealing."*

Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' and '10'. Participants stated: *"More people are wanting to smoke crack [cocaine] than 'coke' (powdered cocaine) ... and it is cheaper to get; It is already rocked up, so it is ready to go; You can get it here. It is a little difficult for me, but you can get it here; I've never heard of it being around here (rural setting). I would go to the city to obtain it."*

Treatment providers most often reported the current availability of crack cocaine as '5-6', while law enforcement most often reported it as '8'; the previous most common scores were '4' and '7' for treatment providers and '6' for law enforcement. Treatment providers remarked: *"It is cheap to make; It is probably lower [in availability] than powder ... we do not see a lot of it..."* A law enforcement officer noted, *"We are seeing crack cocaine come back partly because of methamphetamine but also because our opiate addicts are in treatment and they are on Vivitrol® and can't get high off opiates. So, the same dealers that were bringing them heroin are bringing them crack or methamphetamine and in some cases both."*

Corroborating data indicated that crack cocaine is available in the Athens region. ODPS reported seizing 450.1 grams (1.0 lbs.) of crack cocaine from this region during the past six months. Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider observed, *"It is still out there ... it is just not as popular as the heroin."* BCI crime labs reported

that the incidence of cocaine cases they process from this region has slightly increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3' and '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7'. Participants discussed: *"It all depends on how good the coke was before they 'rocked it' (formed crack cocaine); The stuff I got from here, has been crappy; If it is good ... it knocks your socks off; You are wasting your money here with what we can find."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby laxatives and vitamin B-12. Other cuts mentioned included: baking soda, creatine, MDMA (ecstasy/molly) and Ritalin®. However, a participant stated, *"I don't ask [what it is cut with] ... I get it 'rocked up' (in rock form)."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Participants shared: *"I can get a gram for \$80; People usually just ask for what you got ... like I asked for \$25 worth;*

Sometimes [dealers] take what they can get, and sometimes you get ripped off." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$25-35
	1/2 gram	\$40-50
	A gram	\$80-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participants explained: "[Smoking] is the way most people do it. It is too complicated to breakdown and shoot; You smoke crack ... that's how you do crack." One participant even asked, "Is there another way to do it?"

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. One participant stated, "It could be someone from any social economic status." However, community professionals noted crack cocaine use among individuals of lower socio-economic status. A treatment provider commented, "Poverty has a play in that. The powder is more expensive, and crack is less expensive ... I think individuals from impoverished areas [use crack cocaine] ... [use is] not [based on] gender or race."

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug 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 '10'. Participants stated: "It is a phone call away; It is easy to get here." Treatment providers most often reported the current availability of heroin as '10', while law enforcement most often reported it as '9'; the previous most common scores were '9' and '10', respectively. Treatment providers remarked: "A lot of people are dealing it; What I see mainly here is heroin and methamphetamine."

Corroborating data indicated that heroin is available in the Athens region. ODPS reported seizing 820.0 grams (1.8 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. Bridgeport Police charged a woman with possession of heroin and drug abuse instruments; while being booked into Belmont County jail, law enforcement discovered a package containing white powder and a vial whose cap had come off containing an unknown substance the woman was attempting to smuggle into the jail (www.cbs17.com, July 3, 2018). Law enforcement in Belmont County arrested a man after he led them on a high-speed pursuit and crashed his car into an officer's cruiser; officers found the man with heroin and arrested him for reckless operation of a vehicle and drug possession (<https://wtov9.com>, Aug. 22, 2018). A Monroe County Sheriff's officer seized over three grams of heroin during a traffic stop for a marked lane violation and arrested the driver of the stopped vehicle for possession of heroin (www.wtrf.com, Sept. 6, 2018). Cambridge Police (Guernsey County) went to a hotel after a guest was reported to be leaving tools to repair his car in the hotel's parking lot; officers saw suspected methamphetamine and heroin lying in plain view in the guest's room and arrested the guest for possession of drugs after seizing approximately 50 to 100 bindles (small packets) of suspected heroin, an undisclosed amount of methamphetamine and drug paraphernalia (www.daily-jeff.com, Oct. 31, 2018). Central Ohio Drug Enforcement Task Force agents investigated information reporting the transportation of bulk quantities of heroin from Columbus to New Lexington (Perry County); agents arrested a drug dealer for trafficking heroin, possession of heroin and methamphetamine and tampering with evidence (www.zanesvilletimesrecorder.com, Nov. 27, 2018). Belmont County Sheriff's officers executed a search warrant and seized seven grams of heroin, drug paraphernalia and more than \$1,000, arresting two individuals for drug trafficking (<https://wtov9.com>, Nov. 28, 2018).

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. A participant commented, "Where I live, they make mainly the tar." Treatment providers mentioned black tar heroin and rated its current availability as '6', while law enforcement rated it as '9'. Treatment providers observed: "I hear more about the black tar than any of them; It is the same as it has been for the last few years." A law enforcement officer added, "Black tar is available because there is a pipeline from Columbus."

Reportedly, white powdered heroin is also available in the region. Participants most often rated the current availability of this type of heroin as '8'. A participant mentioned, "There is still 'china' (white powdered heroin, aka 'china white') out there. More people like it because it is purer, but it is more expensive." Community professionals reported white powdered heroin as the most available heroin type in the region. Community professionals shared: "I think the powder is more prominent than the black tar; It is more the 'china' that is cut with the fentanyl that I hear about more; The 'white china' just keeps popping up."

Participants and community professionals reported that the availability of heroin has remained the same during and the past six months. A participant stated, "It still remains pretty steady." BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

Heroin	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 heroin as '3' and '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants discussed: "About a '3' because the more people 'stomp on' (adulterate) it to sell it [the poorer the quality]; It is not great, you don't get a buzz (high); I have seen and heard people fussing about it." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and continued to report the top cutting agents for heroin as fentanyl and coffee.

Additional cuts mentioned included: brown sugar, Coca-Cola®, laxatives, methamphetamine, Pepsi®, powdered cocaine, sugar, tar and Tylenol®. A participant remarked, "They cut it with the cheap stuff, 'shake-and-bake' (powdered methamphetamine), so they give someone the speed (stimulant) buzz." Overall, participants reported that the general quality of heroin has remained the same during

the past six months. A participant noted, "People stomp on it too much, and so there is no pure heroin now on the streets. It is all fentanyl!"

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 (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: "A lot of people don't sell by the whole gram; Nobody is cutting deals on larger quantities because they are greedy, and they know you will pay." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered and black tar:	
	1/10 gram	\$20-30
	1/2 gram	\$70-80
	A gram	\$100-125

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot the drug. A participant observed, "They shoot to make it work faster." Participants and community professionals described typical heroin users as a current or former prescription opioid users as well as anyone. A participant added, "I've seen all kinds [of people use heroin]." Treatment providers mentioned: "It is hitting everyone ... young, old, poor, rich; It goes across the board. I have seen every demographic."

Fentanyl

Fentanyl is moderately to highly available in the region. However, participants most often reported the current availability of fentanyl (not adulterated in other drugs) as '1-2' 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. Participant availability rating reflects the viewpoint that "just fentanyl" is difficult to obtain; participants acknowledged a high prevalence of fentanyl-cut drugs in the region. One participant stated, "I have only seen pure fentanyl once or twice in the last year ... usually it is cut into the heroin."

Treatment providers most often reported the current availability of fentanyl as '8'; while law enforcement reported it as '3'; the previous most common scores were '7-8' and '10', respectively. Treatment providers remarked: "We have had a lot of deaths and overdosing due to fentanyl; We have a lot of people working with the courts due to fentanyl [use]." A law enforcement officer noted, "It does pop up now and again in prescription meds that are brought over from China." Community professionals also reported carfentanil (synthetic opioid significantly more potent than fentanyl) as available in the region. A treatment provider commented, "We have had some carfentanil that has caused deaths." One law enforcement officer noted, "We had test results come back for carfentanil!"

Corroborating data indicated that fentanyl is available in the Athens region. ODPS reported seizing 33.1 kilograms (73.0 lbs.) of fentanyl from this region during the past six months.

Participants reported that the availability of fentanyl has decreased during the past six months, while treatment providers reported that the general availability of fentanyl has increased. A treatment provider shared, "You are starting to hear more about it." Law enforcement was unable to come to a consensus, reporting that the availability of fentanyl has increased and remained the same during the past six months. A law enforcement officer who reported increased availability said, "More available, a trend nationwide ... a lot of the drugs we are getting now are laced with fentanyl!" BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil cases has decreased, and remains low.

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

Participants were unable to rate the current overall quality of fentanyl; the previous most common score was '10'. A participant mentioned, "It hits you quick ... it goes straight to your brain, blood stream." Participants were unable to report the current prices for fentanyl. One participant stated, "I never actually bought fentanyl, it was in my heroin." Community professionals described typical fentanyl users as a heroin and illicit prescription opioid users.

Prescription Opioids



Prescription opioids are moderately to highly 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 '8'. Participants shared: "I can get them kind of easy ... it depends on who you know ... more and more people don't have them anymore because the doctors were cutting them off ... some people got off of them completely and went to alcohol or something like marijuana; Not so much ... people are turning to 'boy' (heroin); Doctors ... reduced down (limited) the number [of pills] in the prescription."

Treatment providers most often reported the current street availability of prescription opioids as '9'; while law enforcement most often reported it as '10'; the previous most common scores were '5' and '6', respectively. Law enforcement commented: "These doctors ... they over prescribe ... it is all about money and they do not care; We have had a long history of over prescription ... and it has not changed; There is no oversight with the pharmacy reps and how much they provide to the doctors...."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 1,000

oxycodone pills valued at approximately \$40,000 after a traffic stop in Gallia County; officers arrested the driver and passenger of the vehicle for possession and trafficking in a schedule II substance (www.statepatrol.ohio.gov, Aug. 7, 2018).

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant noted, "Vicodin® ... that's about all you can get around here, and you have to go under the knife to get those." Community professionals identified Percocet® and OxyContin® as most popular in terms of widespread illicit use. Treatment providers observed: "Most addicts won't go for a Vicodin®; I just had a client tell me they ate like 15 [Vicodin®] and couldn't get a 'buzz' (high) off of them; Percocet®, Roxicodone® and Opana® [are most desired] because they are stronger medicines; [Percocet®] is what I hear that people are using." Law enforcement added: "Roxicodone® and oxycodone are actually being bought in bulk and shipped in, like from Detroit [Michigan]; Percocet® ... local population likes to get 'scripts' (prescriptions) for those and they like to sell them."

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants commented: "You are not going to obtain them; A lot of doctors are prescribing less now ... it is all about who you know, and where you can find them ... when they are around they go quick." Treatment providers reported that the street availability of prescription opioids has decreased during the past six months, while law enforcement reported that the availability has remained the same. Treatment providers shared: "Not as easy to get ... maybe if you are terminal; I think some doctors are being educated on this and are changing the way they prescribe; You can't get it as much... You only get a certain amount.... There are a lot more restrictions, and to get them filled at a pharmacy is difficult."

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region have decreased or remained the same during the past six months. BCI labs 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. Participants discussed: "It is always at least a dollar per milligram; People would pre-pay for the script [to ensure that they obtain opioids as soon as the seller fills their prescription]." Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$3 per milligram
	Percocet®	\$7-8 for 5 mg \$10-14 for 10 mg \$18-20 for 15 mg
	Roxicodone®	\$6-8 for 5 mg \$40 for 30 mg
	Vicodin®	\$1 per milligram

Participants reported obtaining these drugs for illicit use from the elderly, drug dealers and individuals who sell their prescriptions. While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. Participants discussed: "A lot of people do not try to 'shoot' (intravenously inject) them because ... there is the bonding agent (abuse deterrent making breaking down pills for injection difficult); Snort ... depending on which one it is ... you can't snort everything." A profile of a typical illicit prescription opioid user did not emerge from the data. Participants and community professionals described typical illicit users as anyone.

Suboxone®



Suboxone® (buprenorphine) 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.' Participants stated: *"Almost everybody and their brother is on them, either ordered by the court or you can just get them [from other users]; It used to be easier to obtain them on the street, but it is now easier to just go get your own [prescription]; More heroin users ... going to the clinics [to obtain Suboxone®] ... until they get kicked out ... can't pass the drug test (monitoring)...."*

Treatment providers most often reported the current street availability of Suboxone® as '10,' while law enforcement most often reported it as '9-10;' the previous most common scores were '8' and '10,' respectively. Treatment providers remarked: *"It is very easy. I think you can obtain both [Suboxone® filmstrip and pill forms]. It is just what you prefer; It is everywhere; A lot of doctors are prescribing it ... it is more readily available, and people are abusing it."* Law enforcement noted: *"There are so many people in opiate treatment [who are prescribed Suboxone®]; You can obtain it anywhere you turn."*

Participants and law enforcement reported that the availability of Suboxone® has increased during the past six months, while treatment providers reported that availability has remained the same. A law enforcement officer observed, *"We have seen an increase, I don't know if it is the new Suboxone® clinic in town ... the more people who get on it ... the supply goes up."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

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

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

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from clinics and from individuals selling their prescriptions. Participants mentioned: *"People who were selling them ... get two a day, they sell one; A lot of people will trade their [prescribed Suboxone®] for heroin. Then your heroin dealer has the Suboxone®; You go every week [to the Suboxone® clinic] and you usually get 28 pills, and then they sell them."*

Participants reported that the most common routes of administration for illicit use of Suboxone® are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, five would snort and five would shoot the drug. Participants shared: *"There is a way to shoot the 'strips' (Suboxone® sublingual filmstrips) ... you can dilute them in water to shoot them; More inject the strips than take them [orally]."*

Participants and community professionals described typical illicit Suboxone® users as opiate users. Participants explained: *"Anyone trying to get off of opioids; Heroin addicts or a 'pill head' (illicit prescription opioid user)."* A treatment provider commented, *"Opiate addiction ... then they get onto Suboxone® and that becomes their drug of choice, and of course, you know they are abusing it."*

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 score

was also '5'. One participant commented, "It is not prescribed as much ... they are getting like the opioids (difficult to obtain)."

Treatment providers most often reported the current street availability of sedative-hypnotics as '5, while law enforcement most often reported it as '6,' the previous most common scores were '6' and '4,' respectively. Treatment providers commented: "I don't hear about them that much; With the opiate problem, we don't see a whole lot of 'benzos' (benzodiazepines)." Law enforcement officers commented: "It is not something we see a whole lot of in this area; We just ended a trend where students loved Xanax® ... it is kind of going away though."

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A treatment provider commented, "Klonopin® and Xanax®, this is what I hear the most of. I think they are prescribed more ... especially Klonopin® because doctors feel that it is less of a benzo."

Participants and treatment providers reported that the general availability of sedative-hypnotics has remained the same during the past six months. A treatment provider noted, "To me, the same [availability] for my clients. They know who to go to and they are not as restricted [as opioids], yet." Law enforcement reported that the availability of sedative-hypnotics has decreased during the past six months. A law enforcement officer commented, "We had a really good bust [seizure of these drugs] ... also pop culture is not focused on this anymore."

BCI crime labs reported that the incidence of alprazolam (Xanax®) cases they process from this region has slightly increased during the past six months, while the incidence of clonazepam (Klonopin®) and diazepam (Valium®) cases has 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	Decrease
	 Treatment providers	No change

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant stated, "The more you buy, the cheaper it gets..." 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	
	Klonopin®	\$3-4 for 2 mg
	Xanax®	\$2.50 for 1 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers and people selling their prescriptions. Participants commented: "Some people sell their whole script to the dealer or they trade for something else; I used to trade them for 'weed' (marijuana); I know a guy who would trade them for food stamps." 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 drugs. A participant stated, "[Snorting] is more intense than eating them."

Participants described typical illicit sedative-hypnotics users as female. One participant commented, "Women like Xanax®." Community professionals described typical illicit users as someone who was depressed and alcohol dependent. Treatment providers noted: "Depressed ... and alcoholics and those with anxiety; It seems like we are dealing with benzo people and alcoholics ... they seem to go hand-in-hand."

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'. A participant noted, "If you live out in the country, it is pretty available [due to marijuana grown in rural areas of the region]." A treatment provider commented, "It is becoming acceptable [to use

marijuana] because other states are legalizing [marijuana use].” Law enforcement commented: *“Our region is just known for growing [marijuana] ... grown everywhere; It is everywhere you turn; It is being shipped by the [U.S.] postal service from Colorado and California.”*

Participants and law enforcement also discussed 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 ‘8;’ the previous most common score was ‘10’ for the waxy form of the drug and ‘6-7’ for hash oil. Participants remarked: *“It’s pretty easy to obtain; Most people are wanting high grade or dabs.”* Law enforcement most often reported the current availability of marijuana extracts and concentrates as ‘5;’ the previous most common score was ‘4.’ Treatment providers did not report on the current availability of marijuana extracts and concentrates.

Corroborating data indicated that marijuana is available in the Athens region. ODPS reported seizing 272.2 kilograms (600.0 lbs.) of marijuana 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 seized more than 2,600 marijuana plants valued at approximately \$1.25 million, growing equipment, a stolen vehicle, two assault rifles, a crossbow and ammunition during a county-wide marijuana sweep (<https://wtov9.com>, Aug. 6, 2018). With assistance from OSHP and Ohio BCI, Coshocton County Sheriff’s Office seized 1,314 marijuana plants during a county-wide marijuana sweep (www.coshoccontribune.com, Aug. 20, 2018). With assistance from several law enforcement agencies, Guernsey County Sheriff’s Office seized 146 pounds of marijuana plants after an officer spotted six suspected marijuana growing locations from a helicopter; Guernsey County Sheriff’s Office arrested nearly a dozen people (www.daily-jeff.com, Aug. 30, 2018). Washington County Sheriff’s Office and Marietta Police executed a search warrant and seized approximately one ounce of marijuana, \$3,000 and cell phones; officers arrested a man for conspiracy to drug trafficking (www.mariettatimes.com, Sept. 1, 2018). Marietta Police seized 1,280 grams of packaged marijuana, fake IDs from different states and \$300 from a vehicle during a traffic stop; officers arrested the driver for drug trafficking, possession of criminal tools and marijuana (www.wtap.com, Nov. 19, 2018).

Participants reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. A participant remarked, *“[Dabs] is more available ... because it got popular quick ... it has more THC (tetrahydrocannabinol, the psychoactive component of marijuana) than ‘bud’ (regular marijuana).”*

Law enforcement reported that the overall availability of marijuana has increased during the past six months, while treatment providers reported that it has remained the same. Law enforcement shared: *“We are seeing local [marijuana] growers coming back because of ... legalization [of medicinal marijuana use]; [Users] are seeing it as more acceptable and the penalties are getting less and less [for marijuana possession] ... there are not a whole lot of repercussions for their actions.”* Treatment providers mentioned: *“[Marijuana] has always been there; I don’t think it will go away; ‘Meigs County Gold’ (supposed famous strain of marijuana grown in the region) is right down the street.”*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has remained the same during the past six months, while the incidence of concentrated THC (oils, dabs) cases they process from this region has decreased.

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 scores were ‘8’ and ‘10.’ Participants discussed: *“A lot of it going around is the medical, so it is higher quality; Very intense high.”* Participants also discussed the high quality of marijuana extracts and concentrates. Participants stated: *“It is pure THC. You take the bud and heat it up and squeeze it, and all the THC comes out; It’s like 80% THC and weed is like 17% THC, so it is way pure; I did a dab one time, it about killed me. I about coughed my head off; It is a more intense high.”*

Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *"The high grade is more expensive ... it takes more time to make it; It is cheaper down here ... because it is the country ... and we are close to Meigs County; They grow a lot of weed [in Meigs County] and they take pride in it. I went to California and South Carolina and people knew where I lived because of Meigs County Gold."* Overall, participants reported that the price of marijuana has decreased during the past six months. A participant remarked, *"It's cheaper because there is more around, and people are cutting better deals for the high grade."*

		Current Prices for Marijuana		
		High grade:		
Marijuana	A blunt (cigar) or a gram	\$10-20		
	1/8 ounce	\$40-50		
	1/4 ounce	\$100		
	1/2 ounce	\$225		
	Extracts and concentrates:			
	A gram	\$50-100		

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A participant remarked, *"Smoking is the way to go because with 'edibles' (food products made with marijuana) you have about 45 minutes to two hours before they kick in. Plus, edibles are more expensive."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as anyone. Treatment providers added: *"You'd be amazed at some of the people who smoke weed; I have an older lady client who is here, and she is having a hard time trying to get off of it; A lot of people smoke it."* A law enforcement officer shared,

"Everybody ... there is no social, economic difference there ... it is across the board."

Methamphetamine

Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. One participant remarked, *"Meth' (methamphetamine) is readily available here."* Treatment providers commented: *"It is like an epidemic around here ... [methamphetamine] is everywhere; It is easy to get, and it is cheap."* Law enforcement noted: *"It is all 'Mexican ice' (crystal methamphetamine trafficked from Mexico) anymore ... you don't see any home cooks [producing powered methamphetamine, aka "shake-and-bake"] because Mexican ice is cheap and so potent ... it is coming in from the cartels; Everywhere you turn, anybody and everybody [has methamphetamine]."*

Corroborating data indicated that methamphetamine is available in the Athens region. ODPS reported seizing 12.2 kilograms (26.9 lbs.) of methamphetamine 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. Law enforcement in Meigs County received information that two men and a woman were selling narcotics out of their car; upon investigation, law enforcement seized two large plastic baggies with approximately 80 grams of suspected methamphetamine, heroin, crack cocaine and marijuana (www.wsaz.com, July 15, 2018). Central Ohio Drug Task Force along with local law enforcement executed seven search warrants in Muskingum County resulting in the seizure of 1,900 grams of methamphetamine, 550 grams of cocaine, 45 grams of heroin, 45 grams of fentanyl, 1,300 grams of marijuana, hundreds of prescription pills, six firearms and approximately \$60,000; law enforcement arrested six individuals in relation to the raids (www.zanesvilletimesrecorder.com, Aug. 8, 2018). Martins Ferry Police (Belmont County) seized over three ounces of crystal methamphetamine valued at about \$10,000 and arrested two suspected drug dealers during a traffic stop; between the traffic stop and a subsequent

house search, law enforcement also seized guns, ammunition and other narcotics, charging the two drug dealers with drug trafficking, possession of drugs and endangering children since one drug dealer was pregnant at the time of the arrests (<https://wtov9.com>, Aug. 16, 2018). Law enforcement in Monroe County, aided by a K-9 officer, seized methamphetamine, a digital scale, syringes and a handgun during a traffic stop; three people were arrested on drug charges (<https://wtov9.com>, Aug. 28, 2018). Ohio Organized Crimes Investigations Commission and Washington-Morgan-Noble Major Crimes Task Force executed a search warrant and seized 84.42 grams of methamphetamine, a small amount of crack cocaine, marijuana, a handgun and drug paraphernalia; law enforcement arrested a man for trafficking of methamphetamine and illegal weapons possession (www.mariettatimes.com, Sept. 1, 2018). A Monroe County Sheriff's deputy conducted a welfare check and after observing a vehicle sitting on state property, the deputy seized over 67 grams of methamphetamine and arrested two people for bulk possession of methamphetamine and possession of drug abuse instruments (www.wtrf.com, Sept. 6, 2018). Monroe County Sheriff's Office and other law enforcement agencies investigated suspicions of methamphetamine distribution in the area; law enforcement seized a total of 60 grams of methamphetamine and arrested three people for bulk possession of methamphetamine and trafficking in methamphetamine (www.wtrf.com, Sept. 6, 2018). Gallia County Sheriff's officers apprehended a wanted person at his residence; while on the scene, deputies discovered chemicals and components used in the manufacture of methamphetamine and summoned Gallia County Sheriff's Office and Ohio BCI meth lab enforcement teams to process and collect the hazardous materials and evidence (www.mydailytribune.com, Oct. 12, 2018). OSHP arrested a man matching a description of a wanted person and requested Cambridge Police (Guernsey County) to respond; law enforcement seized a substance suspected of being methamphetamine as well as several various pills and a prescription bottle (www.daily-jeff.com, Nov. 26, 2018). Central Ohio Drug Enforcement Task Force agents arrested a drug dealer in Perry County after she sold law enforcement methamphetamine in front of her 18-month-old child; officers charged the drug dealer with aggravated trafficking in methamphetamine, illegal manufacturing in

methamphetamine and child endangerment (www.zanesvilletimesrecorder.com, Nov. 27, 2018). Cambridge Police stopped a man for traffic violations after he left a known drug house; officers found a vial containing suspected crystal methamphetamine in the man's vehicle and arrested him (www.daily-jeff.com, Dec. 12, 2018).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, there was consensus that crystal methamphetamine is the more prevalent form in the region. A participant commented, "[Crystal methamphetamine] is purer ... better high ... people are bringing it in." One law enforcement officer said, "It is primarily crystal [methamphetamine] right now ... it is the new wave (drug trend)..." 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 the availability of crystal methamphetamine has remained the same during the past six months, while the availability of powdered methamphetamine has decreased. A participant observed, "[Shake-and-bake] is a thing of the past. Why would you want to get a [felony charge for] manufacturing a drug when you can get charged for possession [a less serious charge]?" Treatment providers reported that the general availability of methamphetamine has remained the same during the past six months, while law enforcement reported that it has increased.

Law enforcement commented: "People switched to [methamphetamine] because they want to continue to get high ... if they are in opioid [medication-assisted] treatment; Too many good highways going through [Ohio to transport drugs] ... Columbus is 500 miles from 50% of the population in the U.S. or something like that. We are just right in the danger zone ... we are right on Route 33. Deputies fought a guy for 20 minutes in his car ... they had to taser him 10 times just to get him out of his car. We are seeing more

violence with [methamphetamine use].” 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	Increase
	 Treatment providers	No change

Participants most often rated the current quality of crystal methamphetamine as ‘8-10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ However, participants reported that quality can vary. They said: *“Crystal, sometimes it is hit and miss. Everyone ‘stomps on’ (adulterates) it ... and everyone is hooked on it, so they are going to sell it whether it is good or bad; [Quality] depends on who you get it from. It depends on who cuts it and what they cut it with.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported the following cutting agents for the drug: Adderall®, albuterol, Epsom salts, horse tranquilizer, mannitol (diuretic), MDMA (ecstasy/molly), salt, Suboxone® and sugar. Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant stated, *“The purity has decreased because people are in jail ... good dealers are in jail...”*

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; 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 amount of purchase is 1/2 gram to a gram. Participants remarked: *“[Price] depends on who you go to ... anywhere from \$50-70 for 1/2 gram; People do half to one gram a night.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and crystal:	
	1/2 gram	\$40-70
	A gram	\$100-140
	1/16 ounce	\$120-125
	An ounce	\$225

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, all 10 would shoot the drug. A participant observed, *“They inject because it is quicker and more intense.”*

A profile for a typical methamphetamine user did not emerge from the data. Participants and community professionals described typical methamphetamine users as anyone. However, treatment providers noted methamphetamine use among opiate users and users receiving Vivitrol® (medication-assisted treatment for opioid use disorder). One treatment provider shared, *“Vivitrol® has increased the sales of meth because it blocks the opiate and some people who are in treatment are still wanting to get high.”*

Prescription Stimulants

Prescription stimulants are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘4-5’ and ‘8.’ Participants stated: *“It ain’t too hard to get*

it in my town; A lot of parents have their kids on that stuff, and they sell their kids' medicine." Treatment providers most often reported current street availability as '8,' while law enforcement most often reported it as '6-8,' the previous most common scores were '5' and '10,' respectively. However, a law enforcement officer noted, "Our community is split ... it is like a six or seven in the college and our locals it is like a three or four." Treatment providers remarked: "People use them ... especially if they are using meth and they can't get it, they will eat Adderall®. We have a couple of clients who are claiming they have narcolepsy because they think they are going to get a prescription; I think it is just a drug of choice to keep people moving."

Participants identified Adderall® and Concerta® as the most available prescription stimulants in terms of widespread illicit use. Participants commented: "Almost everybody gets on Adderall® now ... you take it to speed; Concerta® is a lot of what the kids are getting prescribed." Community professionals identified Adderall® and Ritalin® as the most available for illicit use. One law enforcement officer observed, "College students are being prescribed [Adderall®], and they have no issues sharing or selling off some pills to their friends."

Participants reported that the street availability of prescription stimulants has decreased during the past six months. A participant remarked, "The doctors have pulled back on prescribing." Treatment providers were unable to come to consensus on change of availability, while law enforcement reported the street availability of prescription stimulants as having remained the same during the past six months. BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

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®	\$6-7 for 20 mg \$6-8 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from parents who sell their childrens' prescriptions. A participant stated, "Parents are selling." A law enforcement officer added, "Locals see it is like a legal form of methamphetamine ... their child was prescribed it and they are taking their child's medication [and selling it]."

Participants reported that the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drugs. A participant mentioned, "All would snort because it gets to your blood stream faster ... it gets to you faster. That is the only reason why anyone snorts, it works quicker." Participants described typical illicit prescription stimulant users as "soccer moms," while community professionals described typical illicit prescription stimulant users as 5-25 years of age.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. However, respondents were only able to report on the powdered form of MDMA (aka "molly"); respondents had no current knowledge of ecstasy, the pressed tablet form of MDMA. Participants most often reported the current availability of molly 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 '2-3' for ecstasy and '4' for molly. Participants stated: "[MDMA is] not as popular anymore; On the [college] campus it is real popular; It is mainly [found] right here on campus." Treatment providers did not report on ecstasy and molly; the previous most

common availability scores were '2' and '5,' respectively. Law enforcement most often reported the current availability of molly as '4-5,' the previous score was '3.' Law enforcement remarked: *"The trend right now is more molly with high school and college students; It is a party drug; There are no big dealers in this area, so they can't get ecstasy right now."*

Participants and law enforcement reported that the availability of ecstasy and molly has remained the same during the past six months. A participant noted, *"If they don't have ecstasy, then they will use molly. I know more people who like molly more than they do ecstasy."* 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	No change
	 Law enforcement	No change
	 Treatment providers	No comment

Participants did not rate the quality of ecstasy or molly on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, one participant described, *"It's more of an intense high with the molly, than ecstasy."* Reports of current prices for molly were consistent among participants with experience buying the drug. Reportedly, molly most often sells for \$100 a gram. Participants indicated that ecstasy and molly are obtained through drugs dealers and at nightclubs/bars. One participant stated, *"If you are going to a club or something, you get into it."*

Participants reported that the most common routes of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs. Participants and community professionals described typical ecstasy and molly users as college students or "partiers." A law enforcement officer mentioned, *"[It stems from] pop culture ... and our high school and college [students see it as a] party drug."*

Other Drugs in the Athens Region

Participants and community professionals listed another drug as being present in the region, but this drug was not mentioned by the majority of people interviewed: Neurontin® (gabapentin). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported processing very few cases of hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), synthetic cathinones ("bath salts") and synthetic marijuana (synthetic cannabinoids) from this region during the past six months.

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. Participants and treatment providers 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 scores were '7-8' and '10,' respectively. Participants stated: *"More doctors are giving out this medicine instead of pain pills; All the doctors are writing prescriptions for this right now; Everyone is on it; A lot of [programs] don't test for them ... so you can take them and pass a drug test."* Treatment providers discussed: *"It is becoming popular ... it seems that it is a go to if they can't get something else; It is expensive to test for ... we do random testing."* Law enforcement most often reported the current street availability of Neurontin® as '7-8,' the previous most common score was not reported.

Participants and law enforcement reported that the availability of Neurontin® has increased during the past six months. A participant stated, *"It's all you can get [in terms of prescribed medication]."* Participants discussed increased demand for Neurontin®. They said: *"It is another drug that people are asking for, and they are not looking at it as an addiction; People who have to [take a] drug test, can take this and pass."* A law enforcement officer added, *"Every time we busted a dealer or someone, they seem to have [Neurontin®] on them, and they do not have a prescription."*

Reports of current prices for Neurontin® were consistent among participants with experience buying the drug. A participant shared, *"They are not that expensive..."* Reportedly, Neurontin® 600 mg most often sells for \$0.50; 800 mg most often sell for \$1-2. Participants reported that the most common route of administration for illicit use of Neurontin® remains oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. A participant observed, *"It gives you the buzz that you want, and you feel drunk at the same time."*

A profile of a typical illicit Neurontin® user did not emerge from the data. Participants described typical illicit users as anyone. Community professionals described typical illicit users as 19-30 years of age, while law enforcement described typical users as opioid users. A treatment provider commented, *"A lot of the younger ones aren't ready to get clean [and continue their drug use with Neurontin®], and the older ones are fed up ... and are ready to put in the effort to get clean [and use Neurontin® to alleviate withdrawal symptoms]."*

Conclusion

Heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remain highly available in the Athens region; also highly available in the region is Neurontin® (gabapentin). Changes in availability during the past six months include: increased availability for Suboxone®; likely increased availability for marijuana extracts and concentrates (aka "dabs") and Neurontin®; and decreased availability for prescription opioids.

While there was consensus among respondents that the availability of heroin has remained highly available in the region during the past six months, participants and law enforcement reported low current availability of fentanyl. These respondents shared the perception that fentanyl, apart from heroin (aka "straight fentanyl"), is challenging for users to obtain; reportedly, dealers typically sell the drug mixed with heroin. Participants continued to discuss fentanyl as a top cut (adulterant) for heroin.

Corroborating data indicated that fentanyl is highly available in the Athens region. ODPS reported seizing 33.1 kilograms (73.0 lbs.) of fentanyl from this region during the past six months. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months; the labs also reported that the number of heroin cases from this region has increased.

Participants and law enforcement were also in agreement that the availability of high-grade marijuana extracts and concentrates (dabs, oil and waxy forms of marijuana) has increased during the past six months. Participants attributed the increased availability of dabs to heightened popularity for this form of marijuana due to its higher content of THC (tetrahydrocannabinol, the psychoactive component of marijuana). Law enforcement discussed legalization and greater social acceptability of marijuana generally, along with reduced sentencing guidelines for marijuana possession, as having led to more growers of marijuana, and thus more producers of the popular dabs.

Participants and community professionals continued to report high current availability of methamphetamine in the region, with law enforcement and BCI labs indicated increased cases of methamphetamine during the past six months. One treatment provider remarked, *"It is like an epidemic around here ... [methamphetamine] is everywhere."* There was consensus among respondents that crystal methamphetamine is the more prevalent form of methamphetamine in the region. Law enforcement reported that crystal methamphetamine is trafficked into the region via drug cartels originating in Mexico. Participants and community professionals described typical methamphetamine users as anyone. However, treatment providers noted methamphetamine use among opiate users and users receiving Vivitrol® (medication-assisted treatment for opioid use disorder).

Lastly, respondents discussed high current availability of Neurontin® for illicit use. Participants explained that doctors are prescribing this medication more while prescribing opioids less. Reportedly, opiate users seek Neurontin® to alleviate withdrawal symptoms and because this drug is not typically screened for by treatment providers and probation officers.