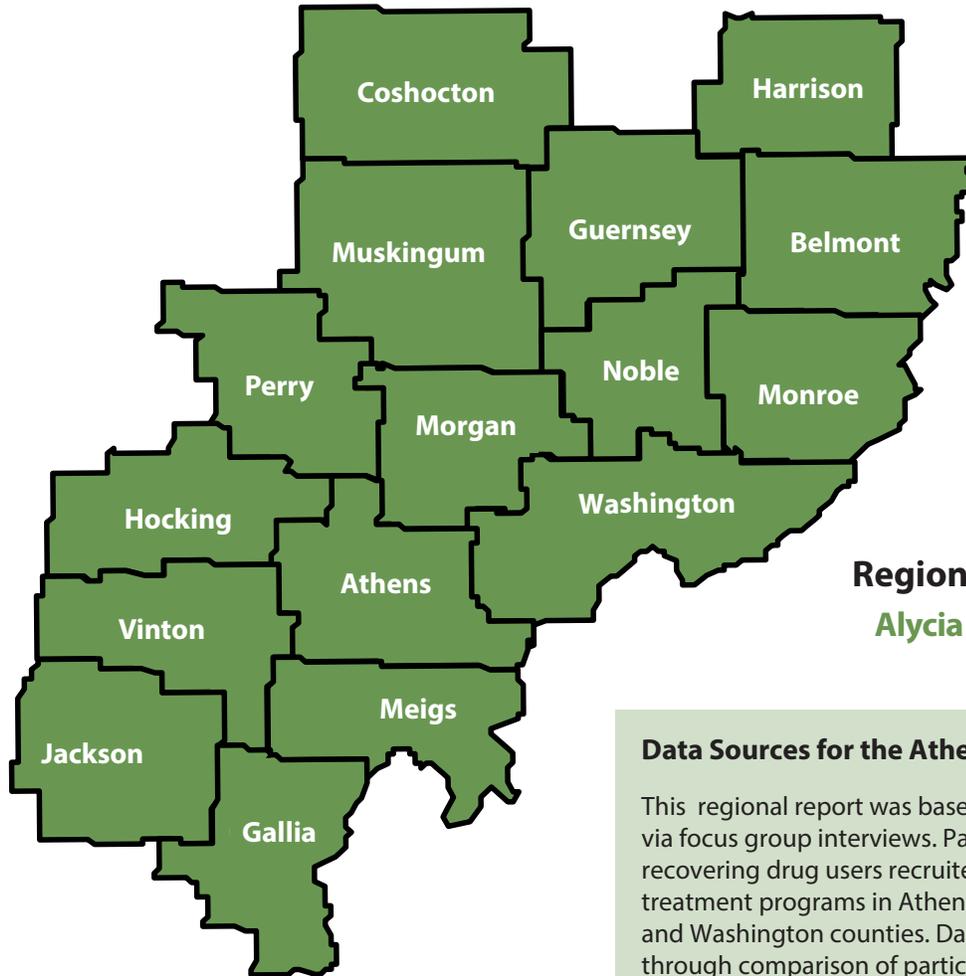




Drug Abuse Trends in the Athens Region



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, Coshocton, Hocking, Muskingum 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 January through June 2019. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2019.

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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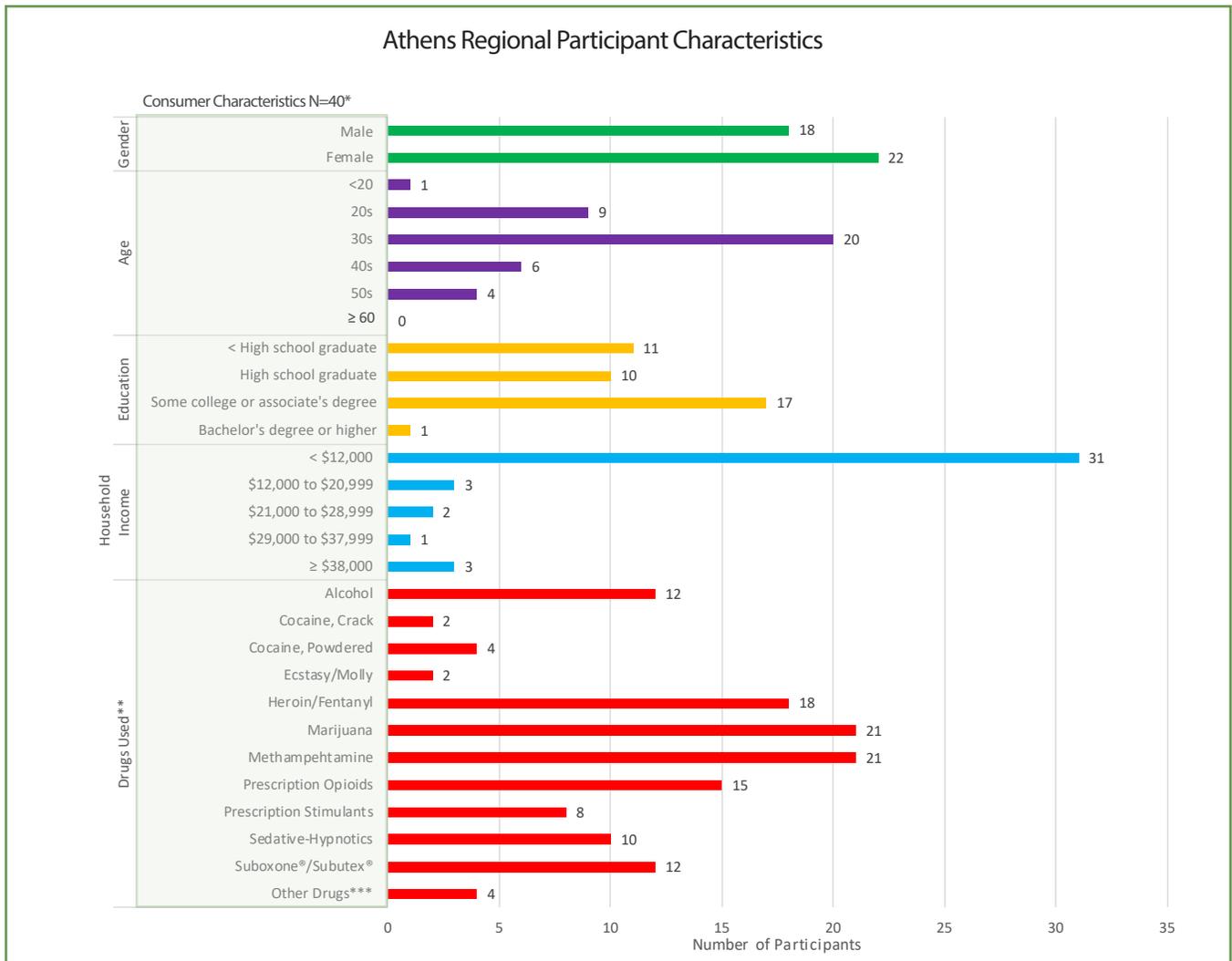
Regional Profile

| Indicator ¹ | Ohio | Athens Region | OSAM Drug Consumers |
|--------------------------------------|------------|---------------|---------------------------------|
| Total Population, 2019 | 11,689,100 | 574,261 | 40 |
| Gender (female), 2019 | 51.0% | 50.1% | 55.0% |
| White, 2019 | 81.7% | 94.7% | 90.0% |
| African American, 2019 | 13.1% | 2.2% | 5.0% |
| Hispanic or Latino Origin, 2019 | 4.0% | 1.2% | 10.0% |
| High School Graduation Rate, 2014-18 | 90.1% | 87.1% | 71.8% |
| Median Household Income, 2018 | \$54,533 | \$45,189 | Less than \$12,000 ² |
| Persons Below Poverty Level, 2018 | 13.9% | 18.0% | 87.2% ³ |

¹Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.

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

³Poverty status was unable to be determined for one participant due to missing and/or invalid data.



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

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

***Lysergic acid diethylamide (LSD).

Historical Summary

In the previous reporting period (January – June 2019), heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remained highly available in the Athens region; also, highly available were fentanyl and sedative-hypnotics. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for fentanyl; and decreased availability for prescription opioids.

Participants indicated high and increasing availability for fentanyl. They attributed increased availability during the reporting period to increased demand for the drug, discussing fentanyl as commonly found and preferred over heroin because it produced a more intense high than heroin. A participant remarked, “[Fentanyl] is better than heroin.” In addition to reporting the sale of “pure” fentanyl in the region, participants and community professionals also noted that the drug was pressed into pills resembling prescription opioids. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region had slightly increased during the reporting period.

Participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. Participants discussed inexpensiveness and the production of a long-lasting high as methamphetamine’s appeal to users. They also noted, along with treatment providers, that opioid users were switching from heroin/fentanyl to methamphetamine, with this transition most notable among users receiving Vivitrol® as MAT (medication-assisted treatment). Law enforcement concurred with participants that the availability of powdered (aka “shake-and-bake”) methamphetamine had decreased during the reporting period, due primarily to the wide availability of crystal methamphetamine which they noted was cheap and pushed by drug dealers in the region. Law enforcement also commented on harsher legal penalties for methamphetamine manufacture opposed to methamphetamine possession, as well as pharmacy restrictions on the sale of pseudoephedrine needed for the production of the drug, as reasons for increased demand/availability of crystal methamphetamine. BCI crime labs reported that the

incidence of methamphetamine cases they process from this region had increased during the reporting period.

Lastly, in terms of overall quality of methamphetamine, participants most often assigned a moderate quality score based on their reporting of the many adulterants (aka “cuts”) that were being added to methamphetamine, including fentanyl. Participants discussed overdoses caused by fentanyl-cut methamphetamine.

Current Trends

Powdered Cocaine

Powdered cocaine remains available in the region. However, participants were not able to rate 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 ‘3.’ Participants thought demand for powdered cocaine to be low in the region. Participants explained: *“The market for cocaine is not what it used to be; You do not hear about [powdered cocaine] anymore ... not here; I chose ‘meth’ (methamphetamine) over cocaine, so I am not looking for [powdered cocaine] anymore; The newer generation [of drug users] is after meth or heroin not cocaine ... [methamphetamine] is cheaper and [the high] lasts longer [than powdered cocaine].”*

Treatment providers most often reported the current availability of powdered cocaine as ‘7,’ while law enforcement most often reported it as ‘1-2;’ the previous most common scores were ‘3’ and ‘5-6,’ respectively. Treatment providers responded: *“I’ve had a lot of people report [powdered cocaine use] recently ... 3 to 4 people out of 10; People who have come into our agency ... if they are not testing [positive on a drug urine screen] for methamphetamine, they are coming in with powdered cocaine [in their system].”* Law enforcement commented: *“I haven’t seen a whole lot of [powdered cocaine]; It is there, but it’s not super abundant.”*

Corroborating data indicated that powdered cocaine is available in the Athens region. Ohio Department of Public Safety (ODPS) reported seizing 956.2 grams (2.1

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. Morgan County Sheriff's Office raided a mobile home in Windsor Township and seized unspecified amounts of cocaine and methamphetamine, arresting one man (www.wtap.com, Aug. 6, 2019). An Athens County grand jury indicted 14 people for their involvement in a large-scale cocaine, heroin and methamphetamine trafficking ring (www.athensnews.com, Aug. 30, 2019).

Participants reported that the availability of powdered cocaine has decreased during the past six months. A participant explained, "You have to travel to a city to get it ... Parkersburg (West Virginia) and Columbus." 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 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 | Decrease |
| |  Law enforcement | No change |
| |  Treatment providers | No change |

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was variable between '2' and '8.' One participant noted, "People are 'stomping on it' (adulterating powdered cocaine with other substances) more because they are all about the money." Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agent for the drug as baby laxatives. Other adulterants mentioned included: baking soda, benzodiazepines, creatine, ether, fentanyl and heroin. A participant commented, "It is everything and anything [cut into powdered cocaine] now-a-days." A law enforcement officer reported, "More of 'powder' (powdered cocaine) is being cut with methamphetamine." Overall, participants reported that

the quality of powdered cocaine has remained the same during the past six months. A participant indicated, "People have to travel to bordering counties to get good quality ... or to a city."

| Powdered Cocaine | Cutting Agents Reported by Crime Lab | |
|---|---|----------|
| |  | caffeine |
|  | levamisole (livestock dewormer) | |
|  | local anesthetic (lidocaine & 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. A participant stated, "If you are buying a 1/10 of a gram, you are only paying \$10, but I don't see anyone selling that quantity." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Current Prices for Powdered Cocaine | |
|------------------|-------------------------------------|-----------|
| | 1/2 gram | \$40-50 |
| | A gram | \$80-100 |
| | 1/8 ounce (aka "eight ball") | \$180-220 |

The most common route of administration for powdered cocaine remains snorting. However, participants most often reported that powdered cocaine would be "rocked" (manufactured) into crack cocaine to smoke. Participants discussed: "They cook [powdered cocaine] to 'crack' (crack cocaine) and smoke it; I usually snorted it or smoked it [as crack cocaine]; I would snort [powdered cocaine] ... I didn't like injecting it."

Participants described typical powdered cocaine users as older people of middle class means or someone with money, as well as workers for the gas pipelines. Participants reported: "Older individuals ... younger ones ... are doing meth and heroin; People in the city because it is easier to obtain [powdered cocaine in the city]; Powdered cocaine is mainly a party drug or ... used by the higher ups like your doctors, lawyers ... rich individuals." Community professionals also described typical powdered cocaine users as someone who has money and older people. A

law enforcement officer commented, "It is generally a little pricey, so people who can afford it."

Crack Cocaine

Crack cocaine remains available in the region. However, as was the case with powdered cocaine, participants were not able to rate the current availability of crack 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 '8' and '10.' Similar to powdered cocaine, participants thought demand for crack cocaine to be low in the region. A participant commented, "Crack has taken a backseat. Why pay \$20 for a 'rock' (small piece of crack crack) ... when you can do meth [for less money]?"

Community professionals too were unable to rate the current availability of crack cocaine; the previous most common availability score was '3-5.' A treatment provider stated, "I don't think I've heard much about [crack cocaine use during the past six months]." However, another provider said, "I wouldn't say no one is using [crack cocaine] ... it has been reported." A couple law enforcement officers who have encountered crack cocaine during the past six months commented: "[Crack cocaine] has not been the top drug; I am right in the middle again [on rating availability] ... based to drug testing results [we are seeing a moderate level of crack cocaine]."

Corroborating data indicated that crack cocaine is available in the Athens region. ODPS reported seizing 245.5 grams (0.5 lbs.) of crack cocaine from this region during the past six months. Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported decreased availability.

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

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

Participants most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants commented: "It needs to be buttery [in color] and hard, that is good quality. If it is soft and white, then that is bad quality; I know some people who will break off a piece and try it before they buy it."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda and methamphetamine. Other cuts mentioned included: Anbesol®, baby formula (Similac®), baby laxatives, "bath salts" (substituted cathinones), NoDoz® and powdered coffee creamer. Participants discussed: "Some people are putting 'ice' (crystal methamphetamine) in their crack, and bath salts ... because it [makes crack cocaine seem of] higher quality; I've seen [crack cocaine] cut with NoDoz® ... or the numbing cream (benzocaine or Anbesol®, local anesthetic) because it numbs you and you think you are getting good [crack cocaine]." 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 |
|---------------|---|
| | <ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  local anesthetic (lidocaine & 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 a gram. One participant remarked, "They don't sell 1/10 of a gram because a 1/10 is not going to do anything to you ... it's not even a good sized rock." 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") | \$5-10 |
| | 1/2 gram | \$40-50 |
| | A gram | \$80-100 |

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 and community professionals described typical crack cocaine users as of low socio-economic status. A participant shared, *"Typically, between 20 to 25 years old, jobless and had a rough upbringing. Typically, their drug use keeps them from holding down a job. Maybe they lack vocational skills as well."* A law enforcement officer commented, *"Lower to middle income ... due to the [low] price of the drug."*

Heroin

Heroin 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 '10' and '6-10,' respectively. One participant commented: *"Flooded in the area ... [heroin] is everywhere."* Treatment providers discussed: *"Based on the number of people I have heard talk about it [heroin is extremely available]; [Heroin] is very, very, very easy to find; They can drive across to Parkersburg [West Virginia] to obtain [heroin] or even [get it] here (Washington County)."*

Corroborating data indicated that heroin is available in the Athens region. ODPS reported seizing 1.2 kilograms (2.6 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. Coshocton County Sheriff's Office executed a search warrant and seized a large amount of drugs, cash, firearms and drug-related items from a Coshocton home; officers arrested a man and a woman for trafficking in heroin (www.coshoccontribune.com, July 5, 2019). Law enforcement in Perry County arrested six individuals for conspiring to sell heroin and other drugs during three separate drug busts over one weekend;

officers arrested all six individuals for tracking heroin/fentanyl and/or trafficking methamphetamine (www.zanesvilletimesrecorder.com, July 22, 2019). Hocking County Sheriff's Office, responding to a report of two people passed out, found a couple in a stolen vehicle with bulk amounts of heroin packaged for sale; the driver eluded officers and was eventually arrested a couple of weeks later at a property in New Straitsville (Perry County) where a large amount of methamphetamine packaged for sale was seized (www.zanesvilletimesrecorder.com, Aug. 19, 2019). Guernsey County Sheriff's deputies arrested two men in Cambridge during a traffic stop after the non-cooperative driver was removed from his vehicle and advised officers that he had two "rigs" (hypodermic syringes) in his pockets; the men admitted to recent heroin use and were transported to a hospital to be medically cleared (www.daily-jeff.com, Aug. 30, 2019). Gallia County Sheriff's Office seized an unspecified amount of suspected heroin and methamphetamine along with money and guns while executing a search warrant at a home in Cheshire Township; officers arrested one man and detained two others at the scene as a result of the warrant with charges pending consultation with the county prosecutor (www.wtap.com, Nov. 25, 2019). Athens County Sheriff's Office arrested two people at a mobile home in The Plains for trafficking heroin in a school zone; during the execution of a search warrant, officers found 14 grams of suspected heroin, digital scales and \$485 (www.nbc4i.com, Dec. 17, 2019).

While many types of heroin are currently available in the region, participants and community professionals indicated that black tar heroin is most available. Participants also mentioned brown, gray and tan powdered heroin as available in the region. Participants discussed: *"I haven't really seen 'china' (white powdered heroin); The only thing you can find around here is the tan or brown powder ... it comes in chunk form."* A treatment provider stated, *"China white' (finding white powdered heroin around here) is like hitting the lottery ... people will drive three hours to obtain it from areas such as Dayton or Columbus, and generally, they would have used it all before they got home."* Law enforcement commented: *"Primarily, we are seeing the tar heroin; We are not seeing much of the china. It has been a while since I've seen that."*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. BCI crime labs reported that the

incidence of heroin cases they process from this region has remained the same during the past six months; the labs reported processing beige, blue, brown, gray, pink, 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 '8-9,' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed: "[Quality] depends on where you get it from; If you get the tan [colored heroin] in the rock form, it is cheap and it is good; If they let you try it first, then you know it is good 'dope' (heroin)." Participants discussed adulterants (aka "cuts") that affect the quality of heroin and continued to report the top cutting agent for the drug as fentanyl. One participant asserted, "You are never going to get real (unadulterated) heroin anymore. It is always cut with fentanyl and it has been that way for over a year." Additional cuts mentioned included: baking soda, Benadryl®, brown sugar, cake mix, Coca-Cola®, coffee and cosmetics (powdered foundation). Participants commented: "Benadryl® ... people think they are getting high because they are getting drowsy; All the stuff that

| Heroin | Cutting Agents Reported by Crime Lab |
|--------|---|
| | <ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol ● xylazine (animal sedative) |

breaks down in water ... and looks like powdered heroin." Overall, participants reported that the general quality of heroin has increased during the past six months. One participant explained, "I think black tar is better [quality] ... because everyone is dying (overdosing)."

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. However, participants discussed variability in pricing, saying: "[Price] depends on where you go and who you get it from; If you get it from Columbus, it is cheaper compared to going to a smaller town; If you go to Parkersburg, it is better pricing, and it is better [quality]." Reportedly, the most common quantity of purchase for heroin is 1/10 gram. 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 (aka "point") | \$20-30 |
| | 1/2 gram | \$50-60 |
| | A gram | \$70-100 |
| | 1/4 ounce | \$250 |
| | An ounce | \$700-800 |

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, six would shoot, two would snort, and two would smoke the drug. A participant stated, "Smoking and injecting is what I have observed."

A profile of a typical heroin user did not emerge from the data. Participants discussed an array of people using heroin. They said: "Older people who have been taken off their prescription pain medicines turn to [heroin] because they are in pain; It really hits the middle class ... we have problems that we want to forget about ... rich people use [heroin] because they have money and they just like to get high; Rich people are like social users; I was in jail with a [woman] who did [heroin] with her 13-year old; A lot of people allow their kids to do [heroin] because they don't want their kids to tell on them." Community professionals also discussed that anyone could be a heroin user. A treatment provider stated, "I got 18-year olds to 60-year olds [in treatment for heroin use]." One law enforcement officer remarked, "Across the board ... it is everybody."

Fentanyl



Fentanyl remains moderately to 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: "[Fentanyl] is in everything now; I was so addicted to it that I was doing 4 to 5 [fentanyl pressed] pills a day." Community providers most often reported the current availability of fentanyl as '4-7;' the previous most common scores were '9' for treatment providers and '4' for law enforcement. Treatment providers shared: "People who are looking for heroin get fentanyl; I had a client who was addicted to meth and ... was [drug testing positive for] fentanyl. Thus, it is not only in the heroin." Law enforcement reported: "Our task force has seized some [fentanyl] on the streets [recently]; Our buyers (undercover agents) ... are trying to buy heroin, but [fentanyl] is what they [often] receive."

Corroborating data indicated that fentanyl is available in the Athens region. ODPS reported seizing 505.5 grams (1.1 lbs.) 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. Washington-Morgan-Noble (counties) Crimes Task Force arrested two West Virginia men after searching their hotel room in Marietta (Washington County) and seizing over 200 grams of fentanyl (www.wtap.com, July 23, 2019). Belmont County Sheriff's Office arrested a Cleveland man after executing a search warrant at a remote location near the Monroe County line; after a month's long investigation, officers found the man with more than 40 grams of fentanyl and charged him with drug possession and drug trafficking (www.wtov9.com, Aug. 7, 2019). An Athens County Common Pleas judge set bond for two people connected to an Athens County drug ring; the two people reportedly bought heroin and methamphetamine to sell on multiple occasions from the alleged supplier of the drug ring (www.woub.org, Aug. 22, 2019). Central Ohio Drug Enforcement Task Force raided a Cambridge home in response to numerous complaints of drug activity at the home; officers seized fentanyl and drug paraphernalia and made one arrest (www.daily-jeff.com, Oct. 11, 2019). Following three overdoses on one Saturday, Hocking County Sheriff's Office issued a warning in a Facebook post to any person

who recently purchased narcotics to not use as the drugs might contain fentanyl; the sheriff's office believed the overdoses to be linked to a known drug dealer in Logan (www.nbc4i.com, Oct. 12, 2019).

Participants reported that the availability of fentanyl has increased during the past six months. One participant observed, "Increased ... I guess people enjoy it ... [fentanyl] seems to be everywhere." Participants attributed increased availability partly to increased demand among heroin users for something stronger than heroin. A participant reasoned, "If you are a heroin user and have been using for a long time, then the drug may not affect you anymore, so you seek out something that will, and people generally transition to [fentanyl]." Community professionals reported that the availability of fentanyl has remained the same 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 reported that the incidence of carfentanil cases has also increased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' A participant shared, "I know that [fentanyl] is in about every drug right now ... because of the extreme potential of addiction (fentanyl is used to get more people addicted to drugs)...." Other participants added: "I had a friend that overdosed on a quarter of a [fentanyl] pill; Every time I 'fell out' (aka 'nodded out') was because of fentanyl; I did a tiny line and 'my lap was in my face' (I nodded out); [Fentanyl] is super powerful and highly dangerous."

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the following cutting agents for drug: baking powder, Benefiber®, creatine, heroin, MiraLAX® and powdered sugar. In addition, a law enforcement officer commented, "We have found our fentanyl mixed with meth.... Also, we found a quite bit of

fentanyl in homemade pills. Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. However, a participant noted, “[Price] depends on where you go.” Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

| Fentanyl | Current Prices for Fentanyl | |
|----------|-----------------------------|----------|
| | 1/10 gram | \$20-30 |
| | 1/2 gram | \$40-60 |
| | A gram | \$80-100 |

The most common route of administration for fentanyl remains intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, all 10 would shoot the drug. Participants described typical fentanyl users as heroin users and young people. A participant stated, “The younger generation because it is cheaper than [prescription opioids] and it is glorified in movies and rap music.” Community professionals described typical fentanyl users also as heroin users. A Law enforcement officer stated, “Mostly between 20-50 years old, male and female.”

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 ‘2.’ Participants commented: “The doctors won’t prescribe them; ‘Dope’ (heroin) is easier to obtain and it is cheaper.” Treatment providers most often reported the current availability of prescription opioids as ‘7,’ while law enforcement most often reported it as ‘10;’ the previous most common scores were ‘10’ and ‘3,’ respectively. A treatment provider reported, “A lot of the opioid users will seek out [prescription opioids] instead of heroin because they feel it is safe ... safer because they know what is in it.” A law enforcement officer commented, “If someone is looking for it, then I think it is pretty easy to find [prescription opioids].”

However, another officer warned, “People think they are receiving Percocet®, but it is coming back as fentanyl [as confirmed through crime lab analysis].”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A federal grand jury indicted the Belmont County Coroner for running his pain clinics as “pill mills,” prescribing more than 1.5 million opioids in two years; reportedly, the doctor also used his two clinics in St. Clairsville to submit reimbursements to Medicaid and Medicare for services that he did not perform (www.cleveland.com, Oct. 13, 2019).

Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider stated, “Doctors prescribe these particular ones (Percocet® and Vicodin®), and a lot of them come in higher doses.” One law enforcement officer observed, “We are seeing a lot of Percocet®.”

Participants reported that the street availability of prescription opioids has decreased during the past six months. A participant stated, “Less available because of the pharmacies ... [prescriptions are] being monitored. There is more awareness.” Community professionals reported that the street availability of prescription opioids has remained the same during the past six months. A law enforcement officer remarked, “They are still there.”

BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased, while the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases has 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 | No change |

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

| Current Street Prices for Prescription Opioids | |
|--|--|
| Prescription Opioids | Percocet® \$7 for 5 mg \$8-10 for 7.5 mg \$25 for 15 mg \$30 for 20 mg |
| | Roxicodone® \$20 for 15 mg \$30 for 20 mg \$40-45 for 30 mg |
| | Vicodin® \$5-8 for 5 mg \$10 for 10 mg |

Participants reported obtaining prescription opioids for illicit use from doctors, drug dealers, elderly people with prescriptions, on-line pharmacies and the “dark web” (websites operated by criminal enterprises). Participants reported: *“There are on-line pharmacies that you can obtain them.... You do a phone consultation with a doctor; Older people go to the doctor ... and they sell their pills.”* A treatment provider shared, *“A lot of clients are still obtaining them through a prescription at the ER.”* One law enforcement officer reflected, *“People say, ‘someone gave it to me’ ... there is a lot of trading going on.”*

The most common route of administration for illicit use of prescription opioids remains snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. Participants explained: *“Snort, because it reacts quicker; Quicker high.”* In addition, a few participants mentioned intravenous injection (aka “shooting”) as another route of administration. One participant said, *“The harder drugs like Opana® and ‘roxi’ (Roxicodone®), they are going to crush and shoot.”*

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, especially someone in pain. A participant commented, *“The older people have to buy them on the streets because they do not have any more prescribed. Some ... have turned to heroin.”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants and community professionals 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 were ‘10’ and ‘9-10,’ respectively. Participants commented: *“[Suboxone®] is everywhere ... it is easy [to obtain]; I know several people who get [Suboxone®] from the clinic; It is always readily available.”* One treatment provider shared, *“It is available ... I have patients who come in and say they have been taking it for three years [obtaining Suboxone®] off the streets.”* Law enforcement commented: *“They are trading [Suboxone® for other drugs]; We are finding ... empty packages ... doctors are keeping track of the lot number on the packages.... Now, they are just taking the ‘strip’ (Suboxone® sublingual filmstrip) out [when selling or trading] and keeping the packaging [for doctor checks].”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Several Washington County law enforcement agencies participated in executing a search warrant at a Marietta home; officers arrested six people and seized more than 42 grams of heroin, methamphetamine, Suboxone® and drug paraphernalia (www.wtap.com, Aug. 8, 2019).

Community professionals identified filmstrips as the most popular form of Suboxone® in terms of widespread illicit use. Treatment providers commented: *“Strips are more prevalent because of insurance; Strips are also easier to get into [correctional] facilities.”* A law enforcement officer stated, *“You do find more of the strips than pills.”* Participants and community professionals reported that the availability of Suboxone® for illicit use has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

| Reported Availability Change during the Past 6 Months | | |
|---|--|-----------|
| Suboxone® |  Participants | No change |
| |  Law enforcement | No change |
| |  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 | \$10 for 4 mg \$20-25 for 8 mg |
| | Pill | \$25-30 for 8 mg |

In addition to obtaining Suboxone® on the street from drug dealers, participants reported getting the drug through people who have prescriptions and from doctors. One participant responded, "You can get [Suboxone®] from the doctor, or Joe next door or Fred down the street." Treatment providers shared: "The reason people do not want to go to the clinic [to obtain a prescription for Suboxone®] is because many people do not want to do the treatment aspect. They just want the medication. They don't want to do counseling or group [therapy]; Also, some people like the thrill of trying to purchase it."

Participants reported that the most common route of administration for illicit use of Suboxone® is snorting, followed by intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, seven would snort and three would shoot the drug. Participants and community professionals continued to describe typical illicit Suboxone® users as heroin users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '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: "They are around ... you know the people to go to for 'benzos' (benzodiazepines); I know people with mental health and anxiety disorders. These people typically have them." Community professionals most often reported the current availability of sedative-hypnotics for illicit use as '7'; the previous most common scores were '10' for

treatment providers and '6-7' for law enforcement. A treatment provider shared, "I have patients who get them that don't need them...."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Belmont County Sheriff's Office arrested two people during a traffic stop in St. Clairsville after a K-9 officer alerted to narcotics in their car; officers seized an unspecified amount of Xanax® pills, heroin, marijuana and 32 grams of crystal methamphetamine (www.wtov.com, Dec. 17, 2019).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants stated: "[Klonopin® and Xanax®] are high in demand; They are the ones that people want most." Treatment providers reported: "[Klonopin® and Xanax®] is what doctors mainly prescribe; Most of my clients who have a drug of choice of meth or heroin use ... Xanax®." Law enforcement discussed: "Xanax® is always there; We see a lot of Klonopin® on the street now; I've seen a lot of Klonopin® prescriptions lately ... I had a girl last week, who gets 90 of them, took 30 a day."

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®), clonazepam (Klonopin®) and diazepam (Valium®) cases from this region has decreased or remained the same during the past six months, while the incidence of lorazepam (Ativan®) cases has increased, although remains low in number. BCI labs reported processing very few cases of carisoprodol (Soma®) 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. 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® | \$2 for 1 mg \$4 for 2 mg |
| | Xanax® | \$7 for 2 mg |

Participants reported obtaining sedative-hypnotics for illicit use from family members, friends and elderly people with prescriptions. A participant commented, *"People get them from someone they know or the doctor."* The most common routes of administration for illicit use of sedative-hypnotics remains snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. A law enforcement officer stated, *"The younger generation eats (swallows) them like Tic Tac."*

Participants and community professionals described typical illicit sedative-hypnotics users as females. Participants reported: *"I think females can get them prescribed to them easier than men; Females use it more than males; Soccer moms, because she has to run all over the place with the kids, and she is yelling and screaming ... so you just pop a pill."* In addition, a participant observed, *"Heroin users, because their tolerance goes up ... combining [heroin] with the benzos intensifies the effect (high)."*

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.' Treatment providers commented: *"Most of my patients smoke [marijuana]; Marijuana in this area is socially acceptable like cigarettes."* Law enforcement stated: *"It is rare if someone didn't have [marijuana] when we make a drug arrest]; We see it all the time."*

Corroborating data indicated that marijuana is available in the Athens region. ODPS reported seizing 87.9 kilograms (193.8 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. Washington County Sheriff's Major Crimes Task Force executed a search warrant at a Marietta home and arrested a man for marijuana trafficking; officers seized two pounds of marijuana and a firearm from the home (www.wtap.com, Sept. 13, 2019). Ohio State Highway Patrol (OSHP) seized 350 grams of THC wax (concentrated tetrahydrocannabinol, aka "dabs") and 100 grams of heroin worth approximately \$21,500 during a traffic stop in Scioto County; troopers discovered the drugs as a result of a probable cause search and arrested the driver, a North Carolina man, for drug possession (www.abc6onyourside.com, Oct. 10, 2019).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (dabs). Participants most often reported the current availability of marijuana extracts and concentrates as '10;' the previous most common score was also '10.' One participant shared, *"I know where to get it and a lot of it."* Treatment providers most often reported the current availability of marijuana extracts and concentrates also as '10,' while law enforcement most often reported it as '5;' the previous most common scores were '6-7.' Treatment providers commented: *"It is out there; I have patients that [marijuana extracts and concentrates] is all they do."*

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A law enforcement officer reflected, *"It has always been around."* However, participants and treatment providers indicated that the availability of marijuana extracts and concentrates has increased during the past six months, while law enforcement reported that availability has remained the same. Participants reported: *"[Dabs] are becoming readily available; I think the popularity and awareness has increased in the last six months; More people are trying [dabs]."* BCI crime labs reported that the incidence of cannabis (including edible cannabis) as well as concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants reported: "[Quality] is way up there; You cannot find a seed in your 'weed' (marijuana) anymore; It is all medical [grade]." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. Participants also discussed current high quality of marijuana extracts and concentrates and indicated increased quality of these forms of marijuana 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 for both forms of the drug. Overall, participants reported that the price of marijuana has remained the same during the past six months.

| Marijuana | Current Prices for Marijuana | |
|-----------|-----------------------------------|---------------|
| | High grade: | |
| | A blunt (cigar) or a gram | \$10-20 |
| | 1/4 ounce | \$60-70 |
| | An ounce | \$300 |
| | A pound | \$1,500-1,800 |
| | Extracts and concentrates: | |
| | A gram | \$30-50 |
| | A cartridge | \$40 |

Participants reported obtaining marijuana extracts and concentrates from dispensaries and through on-line purchase. A participant added, "People are trying to look

up on the Internet on how to make [dabs]." A treatment provider shared, "Most of them are not going to the dispensary because it is super expensive.... Most of them are just getting the [medical marijuana] card, and they think that if they are stopped [by police] with weed, they will be okay (will not get arrested)." The most common route of administration for marijuana remains smoking/vaping. Participants estimated that out of 10 marijuana users, all 10 would smoke; and out of 10 extracts and concentrates users, all 10 would vape. A participant explained, "Smoking, because it is the easiest way and [the high] lasts longer."

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical users as anyone. A participant stated, "[Marijuana] is kind of like a maintenance program for people who are trying to get off of the harder drugs.... You hear it all the time." Law enforcement pointed out that marijuana extracts and concentrates users are typically young people. A participant's comment also supported use of extracts and concentrates by young people when they shared, "I know one of my kid's friends who is 12 [years of age] got a vape pen with dabs in it, and they all sat around and smoked a vape pen." One law enforcement officer observed, "There might be some older people, but the majority of [dabs users] will be your younger crowd."

Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: "It is so easy to obtain [methamphetamine]; I've seen people throw it over the fence [of a treatment facility]." A treatment provider stated, "Is there a higher scale? ... If they relapse in my clinic, [methamphetamine] is usually what they are relapsing on." A law enforcement officer shared, "[Methamphetamine] is probably 3/4 of what we are seeing [in drug arrests and seizures]."

Corroborating data indicated that methamphetamine is available in the Athens region. ODPS reported seizing 11.7 kilograms (25.7 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. Cambridge Police arrested a woman on a warrant for failing to appear in court, and when the woman arrived at the Guernsey County jail, she was found with suspected methamphetamine hidden in her bra (www.dail-jeff.com, July 2, 2019). Cambridge Police seized suspected methamphetamine during two different traffic stops during an eight-hour span; officers arrested a woman for possession of a drug abuse instrument when they discovered a syringe in the woman's vehicle and she confessed to having a bag hidden in her pants containing methamphetamine; officers arrested a man after he was removed from a stopped vehicle for a weapons check and a bag of suspected methamphetamine fell from his shorts (www.daily-jeff.com, July 3, 2019). Portsmouth Police (Scioto County) arrested four people while executing a search warrant of a woman's apartment; officers seized more than two pounds of suspected methamphetamine with an estimated street value of \$35,000, 10 grams of heroin and fentanyl, two loaded guns and \$2,000 (www.wsaz.com, July 21, 2019). OSHP arrested three suspects from Michigan during a traffic stop in Jackson County after a probable cause search recovered over \$100,000 worth of crystal methamphetamine; troopers charged all three suspects with drug trafficking and possession of methamphetamine (www.abc6onyourside.com, Aug. 23, 2019). OSHP arrested a Portsmouth man during a traffic stop in Scioto County after a probable cause search of the man's vehicle resulted in the discovery of 58 grams of methamphetamine worth about \$5,800 and a loaded handgun (www.wsaz.com, Sept. 9, 2019). Guernsey County Sheriff's Office seized suspected crystal methamphetamine, pills and drug paraphernalia during a traffic stop in Cambridge; officers cited the driver for a traffic violation and driving under license suspension with other charges pending against him, and arrested his passenger after crime lab confirmation of methamphetamine (www.daily-jeff.com, Sept. 16, 2019). Cambridge Police found suspected methamphetamine and drug paraphernalia during a probable cause search of a vehicle they stopped for a traffic violation; after a K-9 officer alerted to drugs in the car, the female passenger admitted to officers that she had methamphetamine hidden in her bra that the male driver asked her to hide (www.daily-jeff.com, Oct. 15, 2019). OSHP arrested a Dayton man for methamphetamine trafficking during a traffic stop in Gallia County after discovering 728.4 grams of methamphetamine on the rear seat of the

man's car; OSHP reported the seizure as one of the largest methamphetamine stops in recent Gallia County history (www.mydailytribune.com, Nov. 12, 2019). Belmont County Sheriff's Office executed a search warrant at a Bellaire home and arrested a man for possession of methamphetamine and alleged drug trafficking; the man's home was located in a school zone (www.wtov9.com, Dec. 5, 2019). Acting on a tip that methamphetamine hidden inside a doll was being shipped to a woman in Scio (Harrison County) from California; a Harrison County Sheriff's detective with the aid of a K-9 officer intercepted a package with a doll containing 15 ounces of methamphetamine at the Scio Post Office and arrested the addressee of the package (www.wtov9.com, Dec. 18, 2019).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants and community professionals indicated crystal methamphetamine as the most prevalent form of the drug. Powdered 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 discussed: "*Mostly 'ice' (crystal methamphetamine) now ... because it is a big process to get the shake-and-bake; It is not worth the risk [of arrest] and the hassle [to make shake-and-bake] ... and ice is easier to obtain [than all the needed pseudoephedrine] and it's cheaper [than powdered methamphetamine].*" Law enforcement commented: "*Most of it is 'crystal' (crystal methamphetamine); We don't run into a lot of shake-and-bake anymore.*"

Participants reported that the availability of methamphetamine has increased during the past six months, while community professionals reported that availability has remained the same. Participants attributed increased availability to higher demand as more heroin/fentanyl users switch to methamphetamine use. A participant remarked, "*Meth helped me get off of fentanyl.*" 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 | Increase |
| |  Law enforcement | No change |
| |  Treatment providers | No change |

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' One participant remarked, "It is all top notch." A law enforcement officer also indicated high quality of methamphetamine, stating, "[Crystal methamphetamine] that we believe is coming out of Mexico is high quality." Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as top cutting agents for the drug: bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka"), fentanyl and MSM (methylsulfonylmethane, a joint supplement). Additional cuts mentioned included: battery acid, Drano®, ecstasy (MDMA) and salt. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

| 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 remains a gram. However, a participant shared, "I get 'balls' (aka 'eight balls,' approximately 1/8 ounce) all day long for \$80-100." Participants discussed a variety of payment options available for methamphetamine: "You steal items from Walmart, then return the items and get a

\$100 Walmart card to trade for your meth; I take food stamps [in exchange for methamphetamine]; Cars, letting people borrow your car for a couple of hours [in exchange for methamphetamine]; [Drug dealers] usually have a list of items that they need; My one drug dealer's daughter was having a birthday. I went and stole a whole bunch of [birthday party supplies to trade for methamphetamine] ... You just have to know who your dealer is and what they like ... and take it to them." Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

| Methamphetamine | Current Prices for Methamphetamine | |
|------------------------|------------------------------------|-----------|
| | 1/2 gram | \$25-30 |
| | A gram | \$40-50 |
| | 1/8 ounce (aka "eight ball") | \$80-100 |
| | An ounce | \$285-300 |

The most common routes of administration for methamphetamine are intravenous injection (aka "shooting"), followed by smoking and snorting. Participants estimated that out of 10 methamphetamine users, four would shoot, three would smoke and three would snort the drug. Participants discussed: "I feel it quicker, that is why I use the needle; I can do a 1/2 gram of meth all day if I shoot it. If I smoke it, I will go through 1 to 2 grams a day." Participants described typical methamphetamine users as heroin users. Participants commented: "Age don't matter ... young, old ... lawyer, etc.; A heroin user and a meth user ... the meth and heroin epidemic is one and the same."

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. However, while participants and treatment providers were in agreement in reporting current low availability of these drugs for illicit use, they were unable to rate the current street availability of prescription stimulants 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' and '7,' respectively. Participants discussed: "The doctors are

cracking down on [prescribing stimulants]; You are not getting it if you are over 18 [years of age]; They will give you everything else but Adderall® ... unless you are a kid [with a diagnosis of ADHD, attention-deficit-hyperactivity disorder], then they will give it to you." A treatment provider reasoned that low availability is due to methamphetamine, a cheaper alternative to prescription stimulants. The provider said, "Meth is cheaper than Adderall®." Law enforcement most often reported the current street availability of prescription stimulants as '5,' the previous most common score was '4.' A law enforcement officer commented, "It all goes down to the meth. If we find someone who has [drug] tested positive for the meth, they generally have Adderall®...."

Participants and treatment providers identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. A participant specified, "Adderall® ... 30 mg extended release." A treatment provider stated, "If I get someone who tests positive for stimulants, it's because they have used Adderall®." Law enforcement identified Adderall® and Vyvanse® as most available. A law enforcement officer detailed, "Adderall® and Vyvanse® ... I have had people on Adderall® during the day and Vyvanse® during the evening."

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 any cases of lisdexamfetamine (Vyvanse®) or methylphenidate (Ritalin®) from this region during the past six months, and very few cases of amphetamine (Adderall®).

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

Participants had limited experience with illicit use of prescription stimulants and could not report on current street prices for the drugs. However, participants reported users obtaining prescription stimulants for illicit use from individuals selling their or their child's prescriptions. A participant stated, "There are a lot of

younger kids who are prescribed this. Then, instead of the parents giving the kids the medication, they sell it." Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting. They estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drug.

Participants and community professionals described typical illicit prescription stimulant users as mothers, as well as high-school and college students. Participants commented: "Kids are doing it at school and at parties; College students ... 18-24 [years of age]." A treatment provider explained, "Usually, women who are mothers [abuse prescription stimulants] ... they are usually working two to three jobs and they have two to three kids ... [extreme stress] is why they use meth, too." Law enforcement commented: "It seems to be very popular with college kids. They are prescribed it and ... they share it; I see a lot of high school students who are prescribed it and the parents start abusing it."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) 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 scores were '6' and '10,' respectively. Participants discussed: "I have seen [ecstasy] around here some, it is not readily available. It is more on college campuses with the college kids; Molly, if you seek it out, you can find it."

Treatment providers most often reported the current availability of both ecstasy and molly as '7,' while law enforcement most often reported the current availability of both as '2,' the previous most common scores for treatment providers were '2' for ecstasy and '8' for molly, while law enforcement previous most common scores were '4-5' for both ecstasy and molly. One treatment provider noted, "I have 60 percent of my patients who test positive for meth and ecstasy." A law enforcement officer commented, "It is available, but it is not something we are targeting."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a

West Virginia man and woman during a traffic stop in Gallia County, seizing 40 grams of crack cocaine, five grams of marijuana and 50 ecstasy tablets, all worth approximately \$4,750; troopers detected the smell of raw marijuana, and after questioning, the driver admitted to possessing the drugs (www.abc6onyourside.com, July 9, 2019). Central Ohio Drug Enforcement Task Force arrested an alleged Cleveland (Cuyahoga County) drug dealer during a sting operation in Guernsey County; acting on a tip from OSHP that the dealer was traveling to Cambridge to deliver drugs, the task force stopped the alleged dealer's vehicle, conducted a probable cause search and recovered a significant amount of fentanyl and ecstasy tablets (www.daily-jeff.com, Sept. 3, 2019).

Participants and community professionals reported the availability of ecstasy and molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has slightly increased during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the current quality of both as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '6' for ecstasy and '10' for molly. Reportedly, ecstasy and molly are often adulterated with MSM (methylsulfonylmethane, a joint supplement). Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy were consistent among participants with experience buying the drug; participants could not provide current pricing information for molly. Overall, participants reported that the price of ecstasy has remained the same during the past six months.

| Ecstasy | Current Prices for Ecstasy | |
|--------------------------------|----------------------------------|--------|
| | Low dose (aka "single stack") | \$7-10 |
| | Medium dose (aka "double stack") | \$15 |
| High dose (aka "triple stack") | \$25 | |

Participants maintained that ecstasy and molly are obtained through drug dealers and at bars. The most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants and community professionals described typical ecstasy and molly users as college students. Treatment providers commented: *"I hear more about it amongst younger people ... like students 18-25 [years of age]; College students."*

Other Drugs in the Athens Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]), inhalants and Neurontin® (gabapentin). In addition, BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has slightly increased during the past six months, although it remains low. BCI labs also reported that they processed very few cases of synthetic cannabinoids from this region during the past six months.

Hallucinogens

LSD is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Community professionals did not report on current LSD availability. BCI crime labs reported that the incidence of LSD cases they process from this region has decreased during the past six months. In addition, BCI labs reported that the incidence of psilocybin mushrooms they process from this region has increased during the past six months, although the number remains low.

Participants most often rated the current overall quality of LSD as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Reportedly, "a hit" (single dose) of LSD sells for \$10. Overall, participants reported that the price of LSD has remained the same during the past six months. Participants reported that the most common route of administration for LSD is oral consumption. However, a participant indicated, "Use a dropper to place LSD under the tongue or you can put the liquid [LSD] in your eyes." Participants described typical LSD users as college students.

Inhalants

Inhalants (duster [DFE] and nitrous oxide [N₂O], aka "whippets") are available in the region. Participants most often reported the current availability of inhalants as '10,' while law enforcement reported it as '2-3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were not reported. Treatment providers did not report on inhalants. A participant commented, "You can get [inhalants] from Walmart or even Speedway [gas stations]." Law enforcement shared: "We had a few people 'dusting' (inhaling aerosol duster); We had a few people inhaling (aka 'huffing') gasoline."

Participants and law enforcement reported that the availability of Inhalants has remained the same during the past six months. Participants described typical inhalant users as young people or socially inept individuals. Participants reported: "Social outcasts ... those who do not feel like they are a part of a group; Younger kids." Law enforcement described typical inhalant users also as young people. A law enforcement officer shared, "I've seen anyone from 15 to 30 [years of age] abuse inhalants."

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 drug's current street availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while treatment providers most often reported it as '10'; the previous most common scores were not reported. A treatment provider shared, "This is

the new thing that people are [drug] testing positive for. They think it helps with withdraws with their meth." One law enforcement officer remarked, "We do have some around."

Participants reported that the availability of Neurontin® for illicit use has increased during the past six months. Participants reported: "People are seeking it out; You can find it easier [than previously]; Another reason for the demand is, it does not show up on a [standard] drug test." Community professionals reported that the street availability of Neurontin® has remained the same during the past six months. A treatment provider explained, "I think we are catching them more in the last six months ... now we can catch them with the updated drug screens ... [although illicit] use probably has remained the same."

| Neurontin® | Reported Availability of Ecstasy Change during the Past 6 Months | |
|---|---|-----------|
| |  Participants | Increase |
| |  Law enforcement | No change |
|  Treatment providers | No change | |

Current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, Neurontin® 800 mg sells for \$1-3. A participant remarked, "They are cheap." Overall, participants reported that the street price of Neurontin® has remained the same during the past six months. Participants and treatment providers indicated that users obtain Neurontin® for illicit use from people with prescriptions. A participant stated, "It is highly prescribed around here." A treatment provider also commented, "I think doctors prescribe it a lot." Participants and treatment providers described typical illicit Neurontin® users as an opiate and methamphetamine users.

Conclusion

Heroin, marijuana, methamphetamine and illicit Suboxone® (buprenorphine) remain highly available in the Athens region. Changes in availability during the past six months include: increased availability for marijuana; and likely increased availability for fentanyl and methamphetamine.

Participants and community professionals discussed that fentanyl is found in many illicit street dugs and in pill form resembling prescription opioids and benzodiazepines. Participants continued to report that the top cutting agent for heroin is fentanyl. Respondents said: “[Fentanyl] is in everything now; People who are looking for heroin get fentanyl.” However, participants noted that some users seek fentanyl, attributing increased availability of fentanyl partly to increased demand among heroin users for something stronger than heroin. 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 reported that the incidence of carfentanil cases has also increased.

Participants and treatment providers indicated that the availability of marijuana extracts and concentrates (aka “dabs”) has increased during the past six months. Participants discussed that the awareness of dabs has increased leading more users to try dabs. BCI crime labs reported that the incidence of cannabis (including edible cannabis) as well as concentrated THC (oils, dabs) cases they process from this region has increased during the past six months. Participants and law enforcement pointed out that marijuana extracts and concentrates users are typically young people.

Participants and community professionals reported crystal methamphetamine as the most prevalent form of methamphetamine in the region and noted increased

availability of crystal methamphetamine during the past six months. Participants explained that crystal methamphetamine is cheaper and easier to obtain than powdered (aka “shake-and-bake”) methamphetamine, while acknowledging harsher legal penalties for manufacturing powdered methamphetamine than for possession of crystal methamphetamine as another reason for user preference for crystal methamphetamine. Participants also attributed increased availability to higher demand as more heroin/fentanyl users switch to methamphetamine use to avoid experiencing opiate withdrawal symptoms and overdose. However, participants continued to report fentanyl as a top cutting agent for methamphetamine. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Lastly, Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately to highly available for illicit use in the region. Participants reported that the availability of Neurontin® for illicit use has increased during the past six months. Participants and treatment providers indicated that users obtain Neurontin® for illicit use from people with prescriptions. They discussed users seeking the drug as it does not show up on a standard drug screen. Participants and treatment providers described typical illicit Neurontin® users as opiate and methamphetamine users who use Neurontin® to alleviate withdrawal symptoms.

