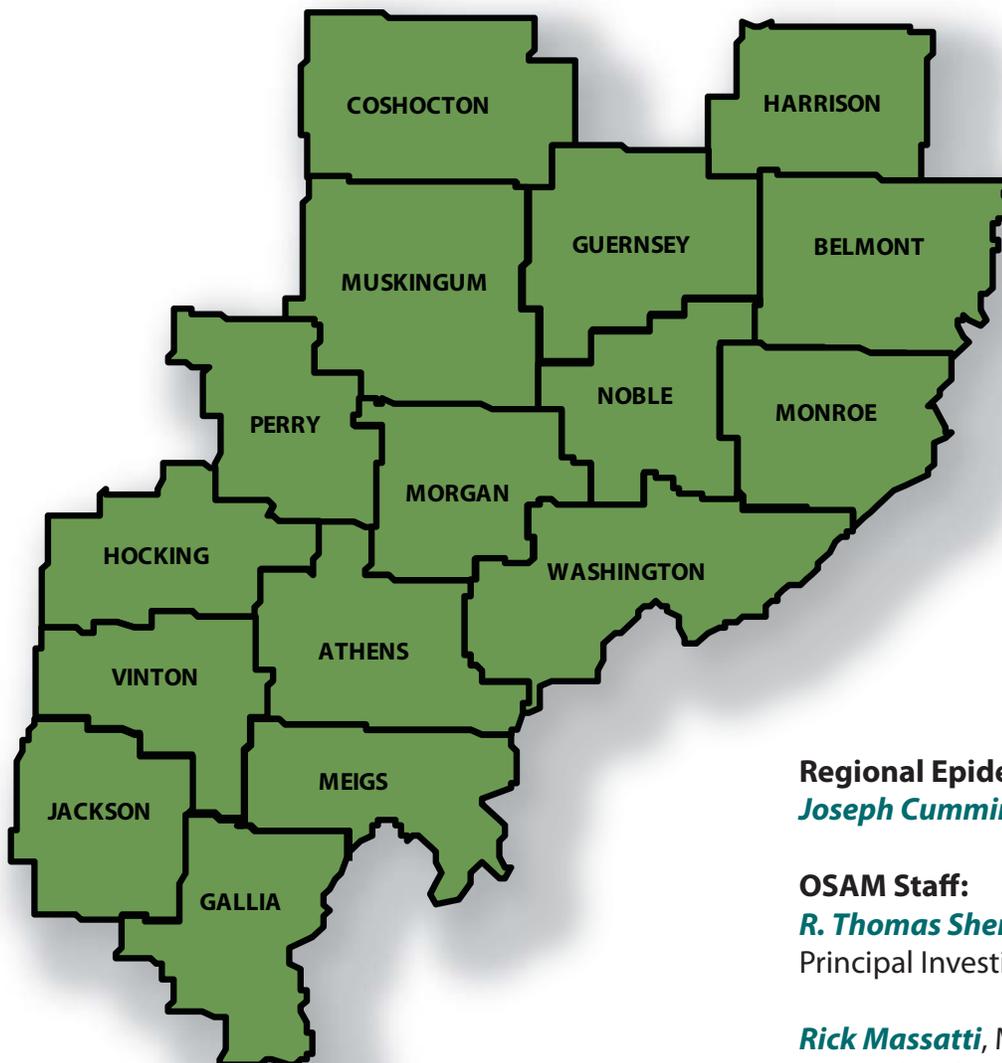


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Athens Region

June 2010-January 2011

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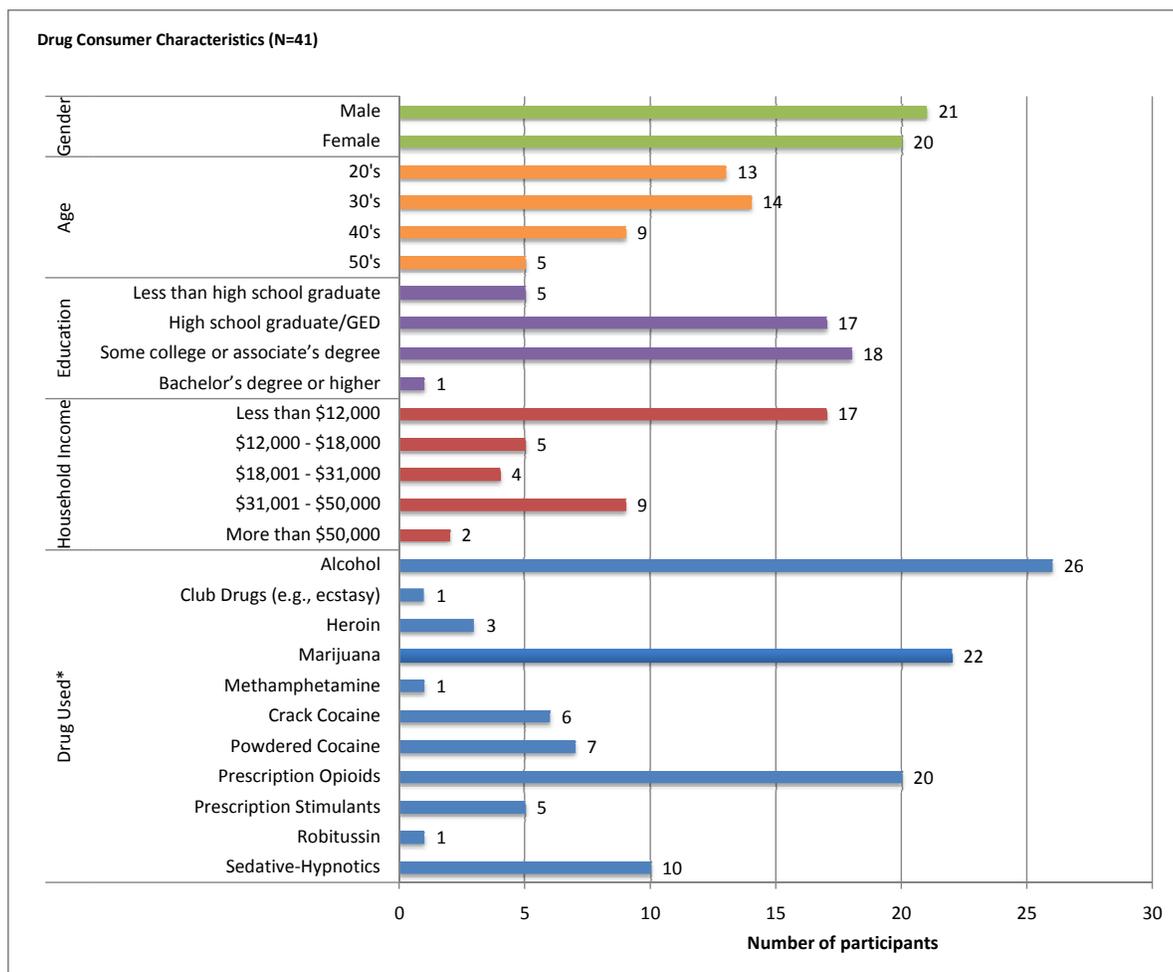
### Regional Profile

Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,514,603	575,241	41
Gender (Female), 2009	51.2%	50.8%	48.8%
Whites, 2009	82.2%	94.7%	87.8%
African Americans, 2009	11.9%	2.4%	7.3%
Hispanic or Latino Origin, 2009	2.8%	0.8%	0.0%
High school graduates, 2008	84.6%	90.4%	87.8%
Median household income, 2009	\$45,467	\$36,652	\$12,000-\$18,000 <sup>2</sup>
Persons below poverty, 2009	15.1%	19.2%	37.8% <sup>3</sup>

Ohio and Athens statistics are derived from the U.S. Census Bureau<sup>1</sup>.

Respondents reported income by selecting a category that best represented their household's approximate income for 2009<sup>2</sup>.

Poverty status was unable to be determined for four respondents due to missing or insufficient income data<sup>3</sup>.



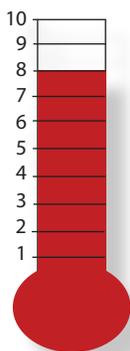
\*Some respondents reported multiple drugs of use over the past six months.

## Data Sources

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Belmont, Meigs and Muskingum Counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (i.e., treatment providers) via focus group interviews, as well as to data surveyed from Athens County Children's Services and the Bureau of Criminal Identification and Investigation (BCI&I) London Office, which serves central and southern Ohio. The aforementioned secondary data sources reported summary data for January to June 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the last six months (i.e., from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants. In addition to the aforementioned data sources, the following media outlets were queried for information regarding regional drug abuse for June 2010 through January 2011: *Athens NEWS*, *Marietta Times* and *The Post* (newspaper of Ohio University).

## Powdered Cocaine Current Trends

Powdered cocaine ranges from difficult to find to moderately available in the region. Participants in Meigs County most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get), while participants in Athens and Belmont Counties most often reported current availability as '3' and '4', respectively. Meanwhile, treatment providers across the region reported that powdered cocaine is moderately to highly available, most often reporting current availability as '8'. Treatment providers across the region indicated that they believed availability of powdered cocaine has remained the same over the course of the last six months. While many participants also reported the availability of powdered cocaine to be the same, some (especially in Athens and Belmont Counties) indicated that powdered cocaine has become less available over the last six months. A participant commented, *"It's gone down over the past five years [availability of powdered cocaine],*



*it use to be about a '9' [availability rating], now it is a '5' or '6.'" Other participants noted that many users are turning to other drugs. A participant said, "People are changing their drug of choice, to pills. Adderall® is cheaper, easier to get, and has the same effect." Even those participants who reported no change in availability mentioned that there is monthly fluctuation in availability: "Middle to end of the month, it [availability of powdered cocaine], is down. It's how it is transported, many have no money." BCI&I London crime lab reported that the number of powdered cocaine cases it processes has remained stable. Participant quality scores of powdered cocaine varied from '1' to '9' with the most common score being '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant explained, "It's [powdered cocaine] pretty stomped down [diluted] by the time it gets here. Stuff here has very little actual cocaine in it." Several participants thought that cocaine is "cut" (i.e., diluted) more in the region as the result of economic factors. A participant stated, "Poor economy, everyone is cutting it [powdered cocaine]." Another participant thought that the dealers who sold the least adulterated drugs are gone: "All the good dealers are in jail. There are no good drugs around here." Participants reported that powdered cocaine is most often cut with other substances. Substances cited as commonly used to cut powdered cocaine include: baby aspirin, baby laxative, baby powder, baking soda, creatine, "headache powder," Vicodin®/Percocet®, vitamin B-12 and "speed you buy at the gas station." According to BCI&I London crime lab, levamisole (dewormer for livestock) is the cutting agent in 90 percent of cases, but other agents like boric acid (found in antiseptics and insecticides), inositol (vitamin-like health supplement), as well as, the following local anesthetics are also used to cut powdered cocaine: benzocaine, lidocaine, procaine and tropacaine.*

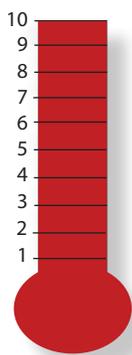
Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "snow" and "white girl." Participants listed the following as other common street names: "bitch," "dust," "powder," "snow," "soft," "sugar booger," "white candy," "white" and "yay." Participants reported a gram of powdered cocaine currently ranges in price from \$45 – \$100, with the most commonly reported price being \$100; 1/8 ounce, or "eight ball," sells for \$150 – \$250, with the most commonly reported price being \$200. While there were a few reported ways of consuming powdered cocaine, the most common route of administration is intranasal inhalation (i.e., snorting). Some users reported that they "cook it [powdered cocaine] down to make crack [cocaine]," while others reported that they "free-base" (i.e.,

heat the powder, inhaling the fumes). Participants reported, *"Only a few shoot it [inject powdered cocaine]."* A participant reported, *"Most of the time people who buy [powdered] cocaine are doing so to cook it [make crack cocaine]."*

There was a lack of consensus among participants as to the characteristics of typical users of powdered cocaine. Some participants cited that powdered cocaine continues to be used by individuals with money/incomes. A participant explained, *"People who work buy it [powdered cocaine] to enhance their work. There aren't many unemployed [powdered] cocaine users."* However, other participants disagreed, *"Money doesn't matter. It's how you hustle. Anyone who wants to use it [powdered cocaine] will use."* Treatment providers did not present a typical user profile for powdered cocaine, but they agreed that users tend to be individuals in their mid- to late-20's or older.

In addition to alcohol, powdered cocaine is reportedly used in combination with marijuana and sedative-hypnotics. Participants, who reported using alcohol with powdered cocaine, stated they did so to, *"stay out all night and drink."* Other participants reported using powdered cocaine with alcohol because it *"mellows you out, lessens the nervousness."* Marijuana is reportedly used to create a different effect. A participant said he would, *"... lace it [marijuana] with powdered cocaine, [and] get a 'hybrid high'."* Another participant reported using marijuana with powdered cocaine because it helps *"to get your appetite back."*

### Crack Cocaine Current Trends



Crack cocaine is highly available in the region, with the exception of Athens County. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). In the City of Athens, participants most often reported current availability as '4', where participants reported that users need to drive to Columbus to obtain crack cocaine. A participant commented on the demand for crack cocaine in Athens: *"When [crack cocaine] gets here, it goes fast."* However, in other parts of the region, participants reported availability of crack cocaine as, *"off the charts."* Treatment providers ranked

the availability of crack cocaine as high, most commonly reporting availability as '9'. Participants and treatment professionals agreed that the availability of crack cocaine has not changed over the course of the last six months. However, participants in Muskingum County reported an increase, at least in the use of crack cocaine. A participant attributed the increase in crack cocaine use to the lack of other drugs: *"There have been so many marijuana raids and drug busts, crack [cocaine use] has gone up."* Another participant said that crack cocaine has become more popular because it is more powerful than other drugs: *"You don't get high on some of the drugs, so you switch to crack [cocaine]."* BCI&I London crime lab reported that the number of crack cocaine cases it processes has remained stable.

Participant quality scores of crack cocaine varied from '2' to '9' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants noted that the quality of crack cocaine is dependent on who is selling it and/or who is cooking it. Overall, it was reported that the quality of crack cocaine has decreased. A participant reported that crack cocaine is, *"not good quality, compared to what it [quality of crack cocaine] used to be, probably because the quality of [powdered] cocaine sucks."* Another participant echoed the same sentiment, *"I notice a difference. Dealers are trying to make money, so they cut it [dilute crack cocaine]. I cook it myself."* However, other participants disagreed, and said the *"good stuff"* can be found from *"established dealers."* A participant with experience selling crack cocaine said, *"If you sell good stuff, customers will be back."* According to BCI&I London crime lab, levasimole (dewormer for livestock) is used as a cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were *"hard"* and *"rock."* Participants listed the following as other common street names: *"boy," "boulders," "butter," "candles," "chronic," "crack," "pebbles"* and *"work."* Participants reported a gram of crack cocaine currently sells for \$100; 1/4 ounce sells for \$200 – \$350. However, most commonly, crack cocaine is purchased by the piece; reportedly, a typical piece sells for \$10 – \$30. A participant explained, *"Dealers keep portions [of crack cocaine] small. It's hard to get more than \$50 at a time."* While there were a few reported ways of consuming crack cocaine, the most common route of administration by far is smoking. Another popular method is intravenous injection (i.e., shooting). A participant stated, *"You cook it [crack cocaine] down and shoot [inject] it."*

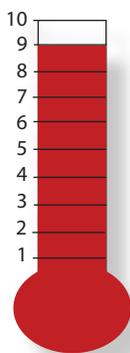
There was no consensus regarding the profile of a typical user of crack cocaine, though a number of participants in the region consider crack cocaine to be, “*more of a poor man’s drug*.” Some treatment providers agreed, citing that the drug is used by individuals of lower income status because it was, “*cheaper to get [than most other street drugs]*.” There was disagreement regarding the age of the typical user; some participants reported that users are typically older than 30 years while others reported that individuals as young as their late teens are using crack cocaine. Participants in a couple of groups commented that crack cocaine users often tend to steal to support their addiction. A participant stated, “*Once you start using [crack cocaine], then you have to steal to keep using it*.” Treatment providers in Belmont County noted a marked increase in women using crack cocaine over the past six months.

Participants reported that crack cocaine is often used in combination with alcohol because one, “*can smoke more and use more [crack cocaine]*,” alcohol also “*helps you come down*.” Similarly, individuals reportedly use crack cocaine with benzodiazepines to “*get rid of the geeks, you know, how you are when you are crawling on the floor looking for more*.” Heroin and Seroquel® were also identified as other drugs used in combination with crack cocaine to help with “*coming down*.”

## Heroin

### Current Trends

Heroin is highly available in the region, although participants in Muskingum County reported that one must travel to Columbus to obtain it. Participants most often reported the drug’s current availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants reported that the availability of heroin fluctuates: “*It [heroin] was up for awhile, now it is down again. A bunch of people are getting busted [arrested]. They [law enforcement] are cracking down*.” Law enforcement concurred that there are periodic times when availability fluctuates, citing several recent arrests. *The Post* reported in January that the Athens County Narcotics Enforcement Team found 82 balloons of heroin destined for Athens, Glouster and Nelsonville ([www.thepost.ohiou.edu](http://www.thepost.ohiou.edu), Jan. 31, 2011).



By far, the most common type of heroin available in the region is black tar, and many participants spoke about its widespread availability. A participant said, “*All I know about is black tar [heroin]*,” and another went even further, “*I’ve never seen powder [powdered heroin]*.” Participants described black tar heroin as black or brown. A participant stated that black tar heroin, “*looks like road tar*.” Participants described available powdered heroin as, “*light brown, very fine; pink tint, off-white; sandy looking*.”

Participants and treatment providers alike reported that availability and use of heroin has increased over the past year. A participant commented, “*In my home town, it [heroin use] is growing exponentially. Everyone is switching from pills [prescription opioids] to heroin*.” Another participant commented, “*Six months ago, it [the availability of heroin] was ‘3’ [in reference to the above availability scale] now it is ‘9’*.” They [law enforcement] are cracking down on the pills. It’s easier to get heroin.” A treatment professional stated, “*[Heroin] is a lot more prevalent. A lot more people with tar [black tar heroin] here than I thought I’d ever see*.” It was also cited by professionals that clinical assessments are now most often identifying heroin as a user’s primary drug of choice. All respondents commonly believed that the following factors have contributed to the steady increase in heroin use in the region: law enforcement “*crack down*” on street availability of prescription opioids, change in formulation of OxyContin®, which makes it difficult to use intravenously, and the relative cheap cost of heroin compared to prescription opioids. BCI&L London crime lab reported an increase in the number of powdered and black tar heroin cases it processes.

Participant quality scores of heroin varied from ‘4’ to ‘8’ with the most common score being ‘5’ on a scale of ‘0’ (poor quality, “*garbage*”) to ‘10’ (high quality). Participants reported that the quality of heroin varies depending on the dealer. A participant explained, “*It [quality of heroin] varies drastically. You could get heroin that is a ‘7’ or ‘8’ [quality scores], other times it’s a ‘3’ or ‘4’*.” This explains why people OD [overdose].” Overall, most participants reported that the quality of heroin has been going down over the past year. A participant said, “*Quality is going down. A year ago, I got stuff [heroin] that put you on your ass*.” Another participant commented, “*People are taking what they can get, they [dealers] stomping it [adulterating heroin]*.” A participant explained that “*good stuff*” looks different from poor quality heroin: “*If it’s [black tar heroin] good, it looks black, and it’s sticky. If not good, it’s hard, like coal*.” Participants reported that heroin is often “*cut*” (i.e.,

diluted) with substances like baby laxative, coffee grounds, marijuana resin and vitamins. A participant complained that dealers “will try to get people on it [addicted to heroin], then the purity will go down.” The heroin currently available in the region is very pure according to the BCI&I London crime lab, but benzocaine (local anesthetic) and metamizole (analgesic and antipyretic) are occasionally used as a cutting agents.

Current street jargon includes many names for heroin. The most commonly cited names were “boy,” “balloon” (as tar is most often packaged in balloons) and “H.” Participants listed the following as other common street names: “dog food,” “dope,” “horse,” “junk,” “mud,” “smack,” “stamps” and “tar.” Participants reported 1/2 gram of heroin sells for \$75, with a gram selling for \$100. The most common way heroin is purchased is by individual “balloons,” generally about 1/10 gram, or “one shot”; a balloon usually sells for \$15 – \$50, but most commonly sells for \$30 – \$40. Many focus group participants explained that, “in the city” (i.e., Columbus), individuals purchase balloons for half the price (\$10 – \$20). Participants said that the price of heroin has been increasing over the past year; however, they also said the price is still significantly cheaper than OxyContin®. While there were a few reported ways of consuming heroin, the most common route of administration is intravenous injection. A participant stated that injection “becomes inevitable” with heroin. Heroin is also consumed by snorting and smoking, and reportedly, each method of use “gives you a different buzz [high].”

Participants described the typical user of heroin as a person who is addicted to prescription opioids. A participant commented, “People who can’t afford to go to their doctors [to obtain prescription opioids] are going over to heroin. Even those who said they’d never shoot [inject heroin], they do.” A number of participants also said that younger people are using heroin, with one commenting, “I don’t know a heroin addict over 40.” Treatment providers agreed with participants that the population of users is getting younger: “The age [of heroin users] is dropping. Not a whole lot of old junkies [addicts].” Some participants noted that the typical heroin user is from a lower socioeconomic status. A participant commented that the heroin user is, “the very hard addict, who doesn’t work, who sells to support his habit.”

Heroin reportedly is used in combination with alcohol, benzodiazepines, marijuana and stimulant drugs. Participants said people use alcohol with heroin because the combination of the two drugs helps, “mellow you out.”

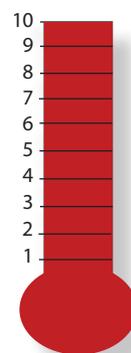
Reportedly, marijuana use with heroin is a preferred method because the combination of the two drugs intensifies the high. Participants mentioned that marijuana, “kicks it [heroin] in ... the buzz is 10 times better.” Stimulants like cocaine and Adderall® are also used in combination with heroin, allowing users to have “a good buzz” and “then you mellow out.” Using heroin with all of the aforementioned drugs is reportedly very common.

## Prescription Opioids

### Current Trends

Prescription opioids are highly available in the region. Participant most often reported the street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants reported the following medications as highly available throughout the region: Dilaudid®, Opana®, OxyContin®, Percocet® and Vicodin®. The availability of other prescription opioids varied throughout the region. Participants in Athens County also reported high availability of Roxicet® while participants of Belmont County reported high availability of methadone and Ultram®. A participant stated, “There’s always some form of painkiller out there. Maybe not a specific one, but you can always find pain pills.” Treatment professionals in the region also reported that prescription opioids are highly available, most often reporting the street availability of these drugs as ‘10’. The consensus among treatment professionals was that prescription opioids are “over prescribed,” and their availability and use have increased over the past six months, correlating increases with the noted regional increase in heroin use. Several professionals nodded their heads when one said, “When heroin is difficult to find, users use pills.” Law enforcement reported that prescription opioids are commonly found during drug arrests. In January, police found 140 Roxicodone® pills during a routine traffic stop in Athens County ([theohiojournal.com](http://theohiojournal.com), Jan. 31, 2011).

Regarding changes in availability with OxyContin®, participants reported that the drug is decreasing in desirability since its reformulation. Participants said that substance abusers are seeking the old OxyContin® (i.e., OxyContin® OC), which is very difficult to find. A participant explained, “People are going out of state to get oxy’s



[OxyContin® OC].” As a result of the decrease in OxyContin® OC, other prescription opioids, including morphine, Opana®, Percocet®, and Roxicet, are increasing in use. Some participants reported an overall decrease in availability of prescription opioids. A participant stated, “[It] is more difficult to get prescriptions [because of] a lot of busts [arrests] in the last few months.” Yet, others reported the availability of prescription opioids to be at least the same, if not increasing. A participant said, “A lot easier to get [prescription opioids] than last year. Just go to the urgent care, you’ll get at least a Tylenol 3®.” Results from Athens County Children’s Services drug tests conducted between January and August 2010, indicated that 38 percent of parents tested, tested positive for an illegal drug, and two of the top three drugs were prescription opioids. The most common prescription opioids found in parents’ systems were oxycodone (i.e., OxyContin®; 16%) and morphine (11%). Participants also reported knowing about “fly-by-night” pain clinics in the area that dispense medication. A participant stated that with “pop-up clinics, it’s easy to get a script [prescription]. When it is closed down, they move.” BCI&I London crime lab reported an increase in the number of prescription opioid cases it processes. In fact, prescription opioids are the most commonly reviewed drug at BCI&I London.

Reportedly, many different types of prescription opioids (a.k.a., “beans,” “candy,” “clouds,” “goodies,” “orange slices,” “potatoes,” “skittles” and “yummies”) are currently sold on the region’s streets. In terms of current street names, participants explained that prescription opioids are often called by the first letter(s) of the drug’s name or by the color of the pill. Prices for these drugs vary by specific medication and dose amount. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid®, methadone (\$2 per milligram), OxyContin® (a.k.a., “OC’s,” “old cars,” “old coins,” or “oxy’s;” old formulation sells for \$2 per milligram; new formulation sells for \$0.50 – \$1 per milligram), methadone (a.k.a., “dones”), Percocet® 5 mg (a.k.a., “P’s” or “perc’s;” \$3 – \$4 per pill), Percocet® 10 mg (\$5 – \$7 per pill), Percocet® 15 mg (\$13 – \$15 per pill), Percocet® 30 mg (\$25 per pill), Roxicet® 10 mg (\$8 per pill), Vicodin® 500 mg (a.k.a., “V’s” or “vikes;” \$2 – \$3 per pill) and Vicodin® 1000 mg (\$3 – \$5 per pill). Participants reported that these medications are cheaper to purchase at the beginning of the month, becoming more expensive as the month goes by.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration is intranasal inhalation (i.e., snorting). In addition, participants reported that pills are also crushed and injected. Participants in Meigs County reported that 70 percent of prescription opioid use is IV [intravenous] use. A participant also said that once a person begins IV drug use for other drugs “They will shoot [inject] pills. Once you shoot, you keep shooting.” There was a good deal of conversation in a number of focus groups regarding the difficulty of using OxyContin® intravenously, as the new formulation makes the process more difficult. However, participants of a focus group reported being aware of various methods to make the new OxyContin® (i.e., OxyContin® OP) injectable, which they said is becoming more popular. Participants also reported a new trend that is gaining popularity among university students: inhalation of vapors of OxyContin® or Opana® in order to become high.

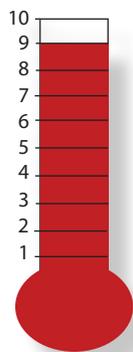
In addition to obtaining prescription opioids on the street from dealers, participants overwhelmingly commented on the relative ease of obtaining prescriptions from physicians, urgent care centers and emergency rooms. Participants reported that users know about clinics and physicians who are more apt to prescribe opiate medication. Some practices commonly employed to obtain prescription opioids include: going to more than one physician for the same injury/illness (including crossing state lines to see different doctors and pharmacies), feigning pain to get a prescription and then claiming to one’s primary physician to have lost, or that someone has stolen, the medication in order to receive a replacement prescription. In addition, participants reported obtaining prescription opioids from friends and family members.

A profile of a typical illicit user of prescription opioids did not emerge in the data, but participants and treatment providers agreed that the use of these drugs is very common throughout the region. Treatment providers said all age groups are using these medications, “from geriatric to pediatric.” The only group singled out was teenagers; treatment providers reported the use of prescription opioids as particularly increasing among young people. Treatment providers also spoke to how users are obtaining the drugs. A professional said, “The people who use [prescription opioids] are not the people who are being prescribed these medications. [Those with legitimate prescriptions] sell it to users.”

When used in combination with other drugs, prescription opioids reportedly are most often used in combination with alcohol and marijuana. Alcohol was reported to *"intensify the effect of the pills"* and *"make the effect stronger."* A participant spoke to the effects of alcohol and opioids: using one pill with a six-pack of beer would produce *"the effect of two or three pills."* Participants also reported using prescription opioids with benzodiazepines (i.e., Xanax®), which reportedly produces similar effects to using with alcohol. Participants explained, *"They [benzodiazepines] are sold by the same people [who sell prescription opioids] ... intensify the buzz"* while producing a calming effect. Products like over-the-counter cough medicine (i.e., those containing dextromethorphan) are also used with prescription opioids because they *"keep the pill buzz, but now you have energy."* Still, others reported using prescription opioids with *"just about anything. Pain pills take the edge off other drugs, for withdrawing or coming off them."* Participants reported that using prescription opioids with all of the aforementioned drugs is very common, though a participant noted, *"If I spend \$80 for a reason [a prescription opioid], I don't want to mess up [diminish the high]."*

### Suboxone®

#### Current Trends



Suboxone® is highly available in the region. Participants most often reported the street availability of Suboxone® as '9' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). A typical response about the drug's availability from participants was *"It's pretty easy to get a prescription [for Suboxone®]. It's easy to get off the street."* However, participants in Belmont County reported that Suboxone® was *"hard to get,"* and rated its availability as '5' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get).

Both participants and treatment professionals in Muskingum County reported that there are no licensed prescribers of Suboxone® in their county. Treatment professionals in Muskingum County reported, *"We used to have doctors prescribe Suboxone®, but now no one is prescribing because it ends up on the streets."* BCI&I London crime lab reported an increase in the number of Suboxone® cases it processes.

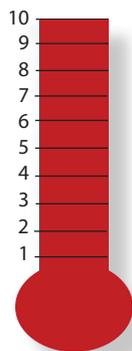
No slang terms or common street names were reported for Suboxone®. Participants reported that Suboxone® 2 mg sells for \$8 and Suboxone® 8 mg generally sells for \$8 – \$15. Participants reported that the price could vary depending on how badly the buyer needed the drug. As a participant noted, the price, *"depends on how sick you are."* Participants also commented that the new Suboxone® "strips" are available on the street for \$10 – \$15, but, *"no one wants" them because they are more difficult to abuse.*

Participants reported that individuals use Suboxone® for several reasons, stating that users occasionally need a few pills to avoid withdrawal symptoms between highs. As a participant explained, *"When you can't find your drug [of choice], at least there is Suboxone®."* Participants also reported that people without much experience with opioids are trying Suboxone®: *"Some [substance abusers] use it to get high."* A participant described the high from Suboxone® as *"an opiate high, not like OxyContin® or Opana®, but I know when I come off it."* While some participants reported acquiring Suboxone® via prescription, others reported that users frequently purchase Suboxone® on the street from other drug consumers or from drug dealers. Some participants reported greater ease in purchasing it off the street rather than obtaining a legitimate prescription: *"It's not easy to get a doctor, big waiting lists. So it is easier to get them [Suboxone®] from someone who has a prescription."*

The manner by which individuals use Suboxone® depends on the reason they are using. Those using to avoid withdrawal most often take Suboxone® orally, letting it dissolve under the tongue. However, those seeking to get high off the drug tend to snort Suboxone®. While not as common, participants also said they have *"heard of people trying to shoot [inject] them."* Participants reported that the Suboxone® "strips" are not preferred: *"They changed to [Suboxone®] strips; it's more difficult to snort or shoot."* Generally, no other substances are reportedly used in combination with Suboxone®. A participant stated, *"You don't use with any other drug. It [Suboxone®] blunts it. You won't get high from the other drug."* Only one participant mentioned that Suboxone® is used in combination with marijuana and Neurontin® by some users, though this individual described the experience as *"Getting messed up, [and] not a pretty sight."*

## Sedative-Hypnotics

### Current Trends



Sedative-hypnotics (i.e., benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Respondents most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Many consumers said availability of sedative-hypnotics was, "very abundant" and "prescribed like skittles."

Participants described some sedative-hypnotics as more readily available than others. Across the region, Klonopin® and Xanax® are said to be the most available while Ativan® and Valium® are reportedly less available. The use of Valium® seems to be decreasing; a professional stated, "Xanax® has taken the place of Valium®." The availability of Soma® varied from county to county; participants reported it highly available in Belmont County while treatment providers reported it highly available in Washington County. Participants reported no change in the availability of these medications over the last six months. BCI&I London crime lab reported that the number of sedative-hypnotic cases that it processes has remained stable.

Reportedly, many different kinds of sedative-hypnotics are currently sold on the region's streets. In terms of current street names, participants explained that sedative-hypnotics are often named by the color of the pill (e.g., "blues" or "peaches"). Other street names for sedatives include: "beans," "downers," "muscle relaxers," "nerve pills" and "vervies." In terms of current street prices, participants consistently stated that the price of sedative-hypnotics depends on dosage. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan (\$0.50 per milligram), Klonopin® 1 mg (a.k.a., "green monsters" or "k-pins;" \$1 per pill), Xanax® (a.k.a., "bars," "blue boys," "xani's" and "xanibars;" \$1 – \$6 per pill) and Valium® 10 mg (a.k.a., "vitamins;" \$1 – \$2 per pill).

In addition to obtaining sedative-hypnotics on the street, participants reported there are physicians known by users who prescribe these medications liberally throughout the

region. Many participants agreed when one person said, "You hear from friends about a doctor who is more likely to prescribe [sedative-hypnotics]." However, participants in Athens County mentioned that doctors are being "more careful" with prescribing these medications, recognizing that they can be "too addicting." A participant stated, "Doctors are tightening up. It's harder to get a prescription." Many participants also reported getting sedative-hypnotics from friends and family members who have been prescribed these medications, as well as, ordering them online from Web sites like E-bay or Craig's List. Treatment providers stated concern that drug users are "very resistant" to coming off these medications, and put a lot of pressure on physicians to prescribe.

While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration are oral consumption and intranasal inhalation (i.e., snorting). Participants explained that the route of administration often depends upon the specific medication and drugs used in combination. For example, those that use sedative-hypnotics with alcohol tend to use the drugs orally while those who use with marijuana, often crush the sedative-hypnotic pill to lace into their marijuana "joint" (i.e., marijuana cigarette). Participants also said that users who prefer Ativan® and Xanax® are more likely to snort them. Still others stated that they "get a better high by eating them [sedative-hypnotics]." Most participants reported that intravenous use of these drugs is rare, very difficult to do, though some consumers have heard about other users abusing Xanax® this way.

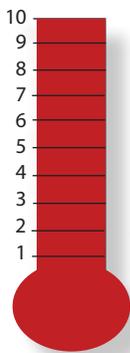
Descriptions of typical users of sedative-hypnotics varied. However, a common theme was that both participants and professionals noted an increase in the frequency of young people using benzodiazepines, especially Xanax®. Participants reported benzodiazepine use among teens is popular because it "mixes with binge drinking." A group of professionals reported that heroin users are using Xanax® to boost the effect of heroin, which they indicated has increased the number of heroin overdoses in the region. Participants identified typical users as "depressed people; people with a lot of stress, like students; a lot of people who use opiates." However, a participant stated, "Demographics widens with benzo's [benzodiazepines]." In addition, many participants reported that many different people of different ages and economic status use these medications. Treatment

providers disagreed slightly with participants and reported that women between the ages of 35 and 60 tend to be overrepresented among sedative-hypnotic users.

Reportedly, sedative-hypnotics are used in combination with alcohol, heroin, marijuana, prescription opioids and Suboxone®. Participants reported that it is very common to use these drugs with alcohol. A participant stated, *“Everyone I know uses them [sedative-hypnotics] with alcohol, in search for the ultimate high.”* Consumers reported that alcohol intensifies the effect of both substances. Participants explained, *“You feel the buzz quicker; it [combination with alcohol] knocks you out.”* A number of participants also mentioned using sedative-hypnotics with heroin is common. A participant stated, *“Xanax® intensifies the effect of heroin, but you need to be careful, it could cause a coma.”* Participants also reported using sedative-hypnotics in combination with marijuana because it *“makes you sleepy”* and *“makes the buzz better;”* cocaine because it *“makes you feel able to get high, but not hyper;”* and methadone so that *“you get a lot higher.”*

### Marijuana Current Trends

Marijuana is highly available in the region. Respondents most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants and treatment providers described marijuana as being extremely easy to get. A participant commented that marijuana was *“on any street corner around here;”* and another commented, *“You can grow it [marijuana] yourself, it’s easy to grow.”* Results from Athens County Children’s Services drug tests conducted between January and August 2010, indicated that 38 percent of parents tested, tested positive for an illegal drug—marijuana was the most common drug found in a parents’ systems (49% of all positive cases). Participants offered varying opinions on whether the availability of marijuana has changed over the previous six months, some participants (particularly from Muskingum and Athens Counties) asserted that the availability of marijuana has decreased. A participant commented that availability is *“down a lot. It [marijuana] used to be everywhere. Now you need to know the right people.”* There were a couple



of reasons for the decrease in availability cited, including recent law enforcement activity. A participant commented, *“A lot [of marijuana] has been taken off the streets;”* and another explained, *“A lot of pot [marijuana] dealers and growers were busted lately.”* Another participant commented that people are *“using different things. Marijuana went down when heroin went up.”* This belief was affirmed in another focus group, where a participant commented, *“Heroin is easier to find than marijuana now.”* Participants in focus groups held in Meigs and Belmont Counties reported no change in the availability of marijuana: *“It’s [marijuana] been readily available as long as I can remember.”* Treatment professionals reported that the availability of marijuana is consistent. A professional commented that the availability of marijuana decreased about a year ago *“due to big drug busts in Meigs County,”* but that it is now very available again. An article in the Marietta Times reported that there have been many recent marijuana busts. Law enforcement was quoted as saying, *“More marijuana has been confiscated in growing operations this month than in the past five years combined,”* with a recent bust bringing in 43 pounds of marijuana worth \$60,000 ([mariettatimes.com](http://mariettatimes.com), Sept. 1, 2010). Professionals also reported that more clients across the region are growing their own marijuana.

Participants reported that the quality of marijuana varied with the most common score being ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality) for high-grade marijuana, and ‘5’ for low-grade marijuana. Several participants explained that the quality of marijuana differed with the different grades of marijuana. Low- to mid-grade marijuana is considered “commercial weed” while “hydroponic,” “denk,” “kush” and “home grown” (i.e., “Meigs County Gold”) are considered high-grade marijuana. Participants reported that commercial marijuana looks brown and dull in color while high-grade marijuana is green, fluffier than commercial marijuana with *“the brighter the color, the better [quality marijuana].”*

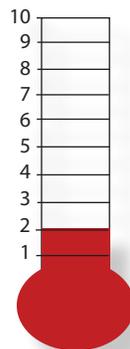
Current street jargon includes numerous names for marijuana. The most commonly cited names were “green,” “pot,” “trees” and “weed.” Participants listed the following as other common street names: “dirt pot,” “grass” and “mids” for low- to mid-grade marijuana; “kush,” “red hair,” “KB,” “killer bud,” “purple” and “purple haze” for high-grade marijuana; and “hydro” for hydroponically grown marijuana. Other general street names for marijuana include: “dope,” “grass,”

“herb,” “jimmy,” “marilyn,” “smoke” and “sticky icky.” Reportedly, the price of marijuana depends on the quality desired. Participants reported they could buy commercial-grade marijuana in many different quantities: a “joint” (i.e., single cigarette; roughly a gram) sells for \$5; 1/8 ounce sells for \$15 – \$30. Participants also reported they could buy high-grade marijuana in many different quantities: 1/8 ounce sells for \$30 – \$65; and an ounce of “Meigs County Gold” sells for \$300 – \$400. While there were a few reported ways of consuming marijuana, the most common route of administration for this drug is smoking. Some users reported eating marijuana in food or mixing it with butter.

When asked to describe the typical user of marijuana, respondents were unable to be specific. Treatment providers summed up the attitude shared by other professionals and participants alike: “It’s [marijuana use] across the board.” Reportedly, marijuana is used in combination with numerous other substances, including alcohol, crack cocaine (a.k.a., “cocoa puffs” or “primo” when laced into a “blunt” (i.e., marijuana cigar), heroin, methamphetamine, PCP (phencyclidine) and psilocybin mushrooms. The consensus among participants was that it is very common to use marijuana with other drugs. One commented, “*Marijuana goes with anything.*” Another participant commented, “*Most people start using marijuana. They go to other drugs, but keep using marijuana.*” The most commonly cited reason individuals use marijuana with other substances, is as a participant put it: “*They intensify each other.*” Another participant commented that using marijuana with cocaine “*gives you two buzzes, it intensifies the high, gives you more energy.*” Lacing marijuana with psilocybin mushrooms increases the psychedelic effect: “*You see stuff.*” A participant reported that when using marijuana with PCP “*you don’t feel like you’re in your own body.*”

### Methamphetamine Current Trends

Methamphetamine is relatively rare in the region, with the exception of Muskingum County. Participants most often reported the drug’s current availability as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). As a participant commented, “*If you don’t know how to make it [methamphetamine], you cannot find it.*” However, participants in Muskingum County most often reported the drug’s current availability as ‘8.’



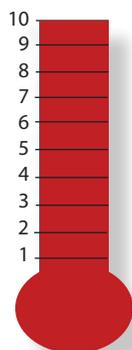
When asked whether the powdered form or the crystal form was more available, participants in Muskingum County said that both forms are equally available. Treatment professionals in Muskingum County agreed that methamphetamine is “*very available*” in their region. These professionals rated the availability as ‘8’ in Muskingum County, citing reports they have received from clients of a number of “meth” labs in an adjacent county. Most participants said the availability of methamphetamine has changed little

over the last six months, though some participants reported that availability has decreased, citing difficulty in acquiring the ingredients (i.e., pseudoephedrine) needed to make methamphetamine. Participants in Muskingum County identified two types of methamphetamine: powdered and crystal. Reportedly, the powdered form is more locally made, whereas “ice” (a form of crystal methamphetamine, which “*looks like glass shard*”) is “*coming from out of state.*” These participants reported that the quality of crystal methamphetamine as “4 or 5,” and the quality of “ice” as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). A user commented that the quality of crystal methamphetamine has gone down, due to the “*shutting down of meth labs.*”

Current street jargon includes a number of names for methamphetamine. The most commonly cited names were “glass” and “ice,” but terms like “bitch,” “crank,” “diamonds,” “dope,” “girl” and “shards” were also mentioned. Participants reported that they could buy a gram of powdered methamphetamine for \$50 – \$75 and a gram of “ice” for \$140. The most common routes of administration for this drug include intranasal inhalation (i.e., snorting) and smoking. Participants reported that individuals also vaporize methamphetamine and inject it as well. A participant noted that many young people are “*switching from cocaine to meth,*” but otherwise, no user characteristics were noted among participants. Treatment professionals described typical users of this drug as being in their 20’s and 30’s, almost exclusively White: “*I’ve rarely heard of it [methamphetamine use] among African-Americans,*” and they mentioned that methamphetamine use was common “among the Appalachian population.”

### Prescription Stimulants

#### Current Trends



Adderall® and Ritalin® are highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants also reported that the availability has increased over the past six months. Participants commented that these medications are “very easy to find; easy to get pills [prescription stimulants] on the streets.” Participants reported that these medications are “commonly prescribed.”

Another commented, “Parents are selling their children’s scripts [prescriptions] for added income.” A participant described these medications as, “a poor man’s cocaine.” Participants reported that prescription stimulants are very popular among college students (per Athens focus group).

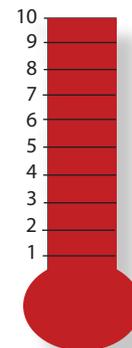
No slang terms or common street names were reported for prescription stimulants. Adderall® is commonly available to street-level users in the region, and Adderall® 30 mg sells for \$8 – \$10 per pill. The most common reported method of administration is crushing and snorting the medicines, followed by oral administration. Participants reported that prescription stimulants are often used with methamphetamine because “when you run out of meth, you take Adderall® to keep you high.” It was also reported by participants that users use these drugs with alcohol because “everything goes better with alcohol.”

### OTC Cough Medicines

#### Current Trends

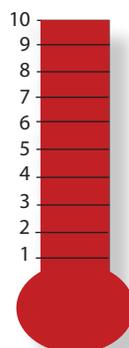
Over-the-counter (OTC) cough medicines are highly available and popular in the region, especially in Belmont County. Participants in Belmont County most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants reported that the use of dextromethorphan (DXM) is a, “growing practice.” A participant shared that the use of DXM is growing in popularity because its use is hard to detect, and it is relatively cheap to purchase. Treatment providers in Muskingum County identified the use of DXM

products as “a growing trend of abusive use.” Providers reported that the users of these products tend to be individuals in the teens or early 20’s. A participant described personal experience with this drug as “like a hallucinogenic high. You get tons of energy. Everything looks more colorful. It intensifies every other drug you use, so you buy less of the other drugs.” The only reported route of administration by participants in the region is oral consumption. Participants reported that it is common to use cough medications containing DXM with alcohol and marijuana.



### Hallucinogens

#### Current Trends



Hallucinogens are moderately available to very available in the region. Psilocybin mushrooms are the most available hallucinogen in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). A participant commented, “You can grow your own [psilocybin mushrooms].” Participants reported that 1/8 ounce of mushrooms sell for \$25 – \$50. The most commonly reported method of administration is

oral consumption. A participant reported, “It [psilocybin mushrooms] tastes bad, so we put it on pizza.” Participants also reported psilocybin mushrooms are boiled as a tea or smoked. Lysergic acid diethylamide (LSD) was mentioned by a few participants while others reported not having seen it in awhile. Participants most often reported LSD’s current availability as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get), a participant commenting that its availability fluctuates: “It comes in spurts.” Reportedly, LSD is available in multiple forms to street-level users, including paper (\$10 per hit) and sugar cubes (\$7 – \$8 per cube).

## Other Drugs

### Current Trends

Participants and professionals listed a variety of other drugs as being present in the area, but these drugs were not mentioned by the majority of people interviewed. Participants reported that synthetic marijuana (e.g., "K2") is very popular among teenagers and college students. A treatment provider commented, "Every kid I've worked with has tried it [synthetic marijuana]." Providers expressed frustration with K2 because it is still available at head shops and gas stations. Providers commented on the dangerous side effects (e.g., hallucinations) and reported that there have been some deaths due to overdose in Washington County. Inhalants were also mentioned as being popular with younger people (< 18), although none of the participants interviewed reported using them. News reports about drug abuse in the Athens region mentioned inhalant use among teenagers. According to the *Marietta Times*, a 19-year-old girl had a car accident after inhaling from a can of air duster ([mariettatimes.com](http://mariettatimes.com), Sept. 15, 2010).

### Conclusion

Heroin (i.e., black tar), prescription opioids, sedative-hypnotics, marijuana and prescription stimulants are the most available drugs throughout the Athens Region. Crack cocaine, with the exception of Athens County, also continues to be highly available. Noted increases in availability over the previous six months exist for heroin, prescription opioids and prescription stimulants. Referred to as "a poor man's cocaine," prescription stimulants (i.e., Adderall® and Ritalin®) are very popular among college students. The use of prescription opioids is particularly increasing among young people (teens to early 20's). OxyContin® remains the most popular prescription opioid, although decreasing in desirability due to reformulation; Dilaudid®, Opana®, and Percocet® are also popular. Suboxone® continues to be used when heroin is unavailable in order to avoid withdrawal, and to produce a high for non-opioid addicts. Clinical assessments are now most often identifying heroin as the primary drug of choice of users coming into treatment. Heroin too is becoming more popular among young people. Alarming, the most common route of heroin administration is intravenous injection. Sedative-hypnotics (i.e., Klonopin® and Xanax®) are widely desired for their ability to help modify the high of other drugs. OTC cough medicines are becoming increasingly popular among younger users because of their wide availability and the hallucinogenic effects they produce.