Drug Abuse Trends in the Youngstown Region

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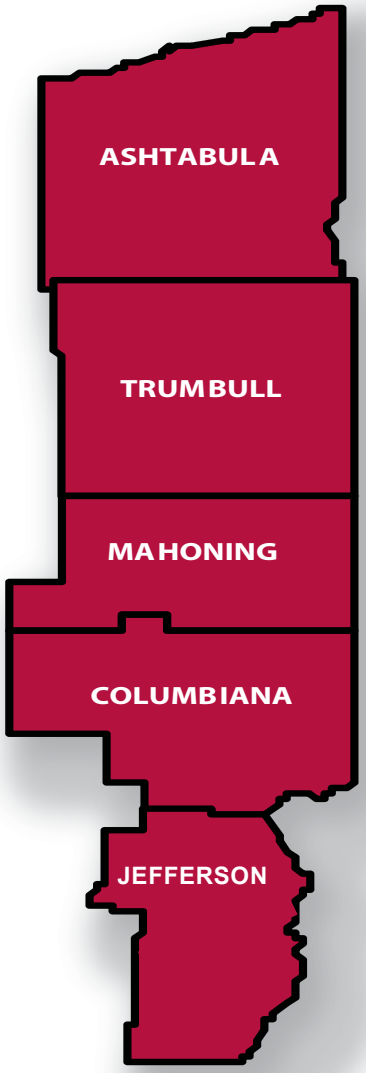


Data Sources for the Youngstown Region

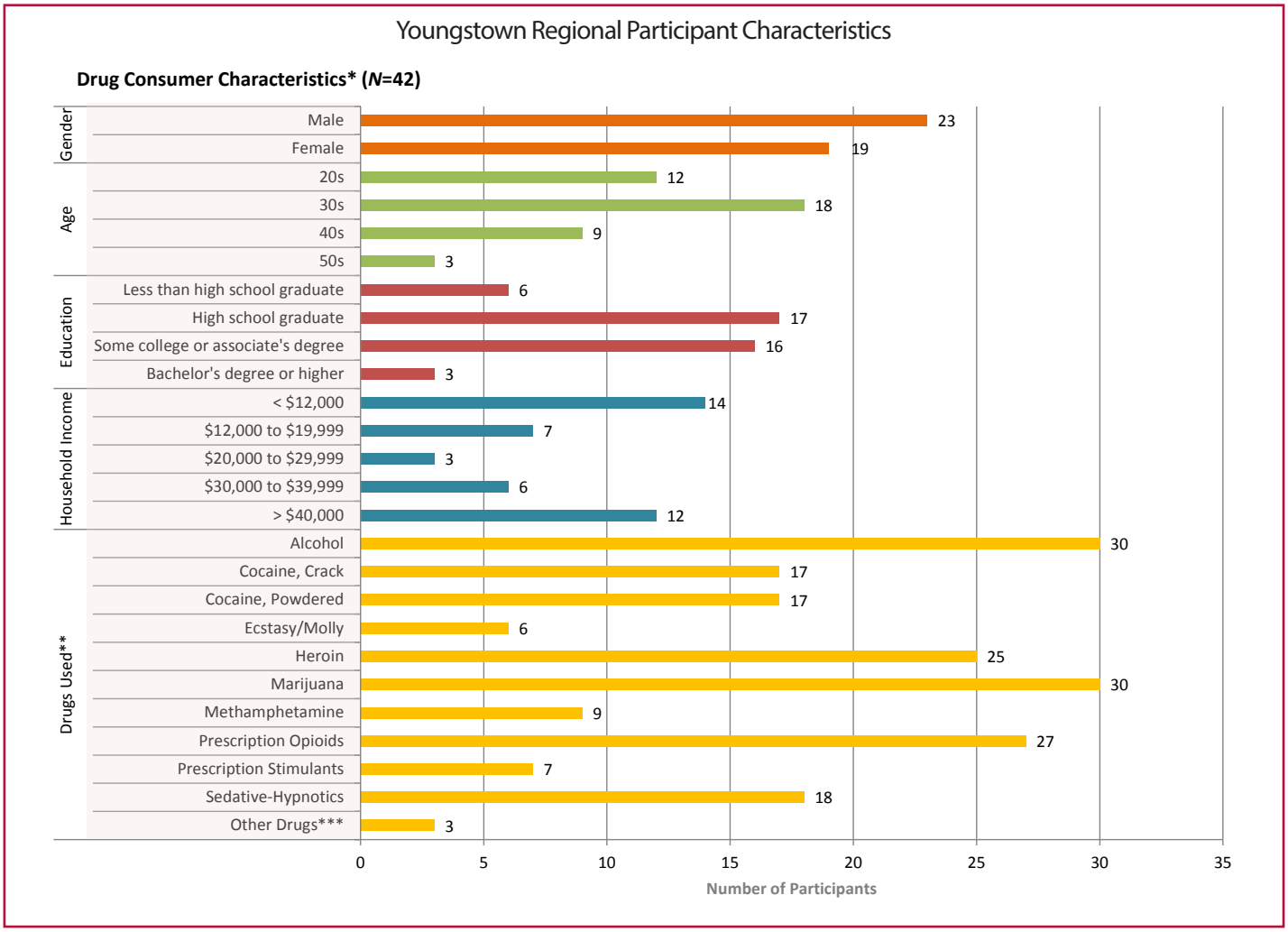
This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, Mahoning and Trumbull counties. Data triangulation was achieved through comparison 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) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted from the *Highlighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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.

Regional Profile

Indicator[1]	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	710,934	42
Gender (female), 2014	51.1%	50.9%	45.2%
Whites, 2014	84.8%	89.7%	85.7%
African Americans, 2014	13.6%	10.5%	0.0%
Hispanic or Latino Origin, 2014	3.3%	3.0%	7.5% [2]
High School Graduation Rate, 2014	82.6%	84.2%	85.7%
Median Household Income, 2014	$49,349	$41,405	$19,500 to $23,500[3]
Persons Below Poverty Level, 2014	15.3%	17.9%	45.2%

[1]Ohio and Youngstown region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.
[2]Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



*Not all participants filled out forms completely; therefore, numbers may not equal 42.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs included: hallucinogens (DMT, LSD, PCP, psilocybin mushrooms) and ketamine.

Historical Summary

In In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Youngstown region.

Participants and community professionals reported continued high availability of heroin. Treatment providers referred to a heroin epidemic and explained that heroin addiction was the primary addiction that they treated; they further explained that it was more common to find heroin on the streets than it was to find prescription opioids. The Mahoning County Coroner's Office reported that heroin was present at time of death in almost 40 percent of the drug-related deaths it processed during the reporting period.

While many types of heroin were available in the region, participants continued to report brown powdered heroin as the most available type and added that gray and white-colored heroin were also readily available. Additional colors of powdered heroin noted as available during the reporting period were blue, green and pink. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processed had increased during the reporting period.

Participants and community professionals noted an increase in heroin-related overdoses during the reporting period. Both groups of respondents attributed the increases in overdoses to an increased number of individuals using heroin, as well as to the high potency of the drug. Respondents reported that heroin was often adulterated (aka "cut") with fentanyl. The Mahoning County Coroner's Office confirmed fentanyl was linked to overdose deaths in the region. Participants estimated that out of 10 white powdered heroin purchases, five would have been cut with fentanyl. Law enforcement and participants reported that, in addition to being a cut for heroin, fentanyl was often sold in lieu of heroin.

The most common route of administration for heroin was intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, five to eight would share needles. In addition to participants admitting shared needle use, several participants admitted that they sold used needles to other users. Furthermore, out of 10 users, participants estimated that all users reused needles and explained that many users would use a needle repeatedly until the needle's tip broke off.

Participants found it difficult to describe typical heroin users, but noted many heroin users were younger (20-30 years of age). Treatment providers described typical users as mostly younger and white.

Participants reported that the general availability of prescription opioids had decreased during the reporting period likely due to stricter regulations and decreased prescribing by area physicians, as well as due to the low cost and high availability of heroin. Several participants discussed difficulty in getting treatment for pain and explained that doctors referred patients to pain clinics, which were described as difficult to gain admission into.

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. Additionally, treatment providers noted an increase in illicit methadone use and availability, and attributed this to increased heroin use. Law enforcement also mentioned higher availability of fentanyl due to the substance being used as a cut for heroin.

Participants and community professionals reported that all forms of Suboxone®, as well as Subutex®, were readily available throughout the region. Treatment providers reported that users preferred Subutex® because it could be crushed and snorted. Both respondent groups reported high street availability of Suboxone® due to overprescribing and added that many users sold some or all of their prescriptions. Several treatment providers noted that drug dealers traded heroin for Suboxone®. Participants and treatment providers described typical illicit Suboxone® users as opiate addicts who self-medicated with the drug to avoid withdrawal between "fixes" of heroin or those who tried to detox on their own.

Participants described methamphetamine as very popular in the region. Treatment providers also acknowledged the popularity of methamphetamine among users, but reported that they saw very few methamphetamine users in treatment. Law enforcement reported highest availability for the drug in Ashtabula County where most of the region's methamphetamine lab busts have occurred. Participants reported availability of powdered (aka "one-pot" and "shake-and-bake") and crystal (aka "ice") methamphetamine throughout the region; however, shake-and-bake was reported as most available in terms of widespread

use. Participants and community professionals attributed the high availability of methamphetamine to the ease in which users could produce the drug. Treatment providers pointed out that there were "how-to" videos online which made it very easy for anyone to make the powdered form of the drug.

Participants and community professionals noted a connection between heroin addiction and methamphetamine; they explained how methamphetamine cooks purchase heroin to exchange with users for pseudoephedrine, a precursor ingredient necessary for manufacturing methamphetamine. Participants and community professionals described typical methamphetamine users as white and 20-40 years of age. Participants added that these users are often stimulant users and/or individuals who had to (or wanted to) be awake for long periods of time.

Finally, a treatment provider reported availability and use of kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests). The provider said two clients disclosed they purchased the drug through the Internet.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant stated, "*Each day I felt like I met someone that was selling it ... just walking down the street.*" Another participant shared, "*That was something that I would use once in a while if I couldn't find my opiate.*" Treatment providers most often reported the current availability of powdered cocaine as '10,' while law enforcement most often reported it as '5;' the previous most common scores were '5' for treatment providers and '7-8' for law enforcement. An undercover officer commented, "*The demand isn't what it used to be, but when we go to buy it ... we can always get it.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Warren Police (Trumbull County) arrested a man after searching his residence and discovering 35 grams of cocaine and three grams of heroin (www.wkbn.com, July 1, 2015). A two-year investigation by Warren Police Street Crimes Unit and the U.S. Drug Enforcement Administration (DEA) Youngstown office resulted in the arrest of three individuals involved in a cocaine trafficking operation in Trumbull County; 25 pounds of cocaine were confiscated (www.wkbn.com, Oct. 21, 2015). Columbiana County Drug Task Force police raided a home in Rogers, confiscating 14 grams of cocaine, seven grams of heroin, marijuana and alprazolam (Xanax®) (www.wkbn.com, Nov. 13, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant stated "*I don't think it's changed in the last 20 years.*" A treatment provider stated, "*I haven't really seen any change with it.*" The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' A participant stated, "*It all depends on where you go ... it's not necessarily all the same 'cause people 'cut' (adulterate) it down.*" Another participant quipped, "*People in high places can get good stuff.*" Participants reported that the top cutting agents (adulterates) for powdered cocaine include: baby laxatives, inositol (dietary supplement), lidocaine (local anesthetic), Neurontin® (anticonvulsant), pain relievers (aspirin, Tylenol®) and trazadone (tetracyclic antidepressant and sedative). A participant reported, "*Now-a-days, they'll cut 'coke' (powdered cocaine) with anything that looks the same (as powder).*" Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant reasoned, "*There is*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole and tetramisole (pet andlivestock dewormers)

such a huge demand for drugs right now that the dealers just don't care anymore because they know you are coming back."

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants reported: "*A drug dealer will sell you $5 worth if that's all you got; If you've got five bucks, they'll just throw a little line out. If you've got 10 bucks, they'll throw another line out. It all depends on the person who's giving it to you. They don't use scales too much.*" Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine
1/10 gram	$5-10
A gram	$60-70
1/16 ounce (aka "teener")	$120
1/8 ounce (aka "eight ball")	$150-200

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug.

Participants described typical powdered cocaine users as white males, bartenders, bikers, cooks and people in high-paced professions. One participant illustrated, "*Factory workers. I worked at* [a technology company] *for 12 years and people would do it at work all day and all night.*" Community professionals described typical users as educated, middle-class, middle-aged, white and male. One treatment provider noted, "*It's expensive ... it's a luxury drug.*" Another treatment provider indicated that alcoholics use cocaine and explained, "*A true alcoholic … they'll use the alcohol* [and] *as they start to come down, they'll use the cocaine to get back up.*" Law enforcement noted that powdered cocaine is also popular in the Hispanic community.

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated, "*If they're selling heroin, they're selling 'crack' (crack cocaine). If they're selling crack, they're selling heroin. They just go hand-in-hand now.*" Another participant remarked, "*It's all over Youngstown.*" Community professionals most often reported current availability as '10;' the previous score was bi-modal ('4-5' and '10') for treatment providers and '8' for law enforcement. A treatment provider stated, "*It's very easy to get.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Investigators seized 11 grams of crack cocaine, four grams of heroin and various prescription pills during a raid of a home in Wellsville (Columbiana County) (www.otfca.net, July 10, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants stated, "*It's a lot easier* [to find]." Community professionals reported that availability has remained the same during the past six months. A professional explained, "*It's always been easy to get.*" The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Crack Cocaine	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 crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' A participant explained, "*Depends on who makes it because you can get really good stuff from one guy and then the other guy can make it really horrible.*" Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. 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
	• levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants explained: "*Around here ... You just tell them how much money you got and they give you whatever; They'll give you whatever they see fit. Sometimes they'll give you a lot and then the next time you go back, they'll give you a little bit.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock")	$10-20
	A gram	$100
	1/16 ounce (aka "teener")	$120-150

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. One participant noted, "*It all depends what it is. Some of it smokes better, some of it 'shoots' (intravenously injects) better.*"

Participants described typical crack cocaine users as poor, unemployed and from city or suburban areas. A participant asserted, "*You can't keep a job when you smoke crack.*" Community professionals described typical crack cocaine users as 20-30 years old, black, female and of low socio-economic status. A treatment provider commented that crack cocaine users are getting younger. Law enforcement described: "*Probably lower income in general, blacks and whites; Caucasian females or black females engaged in prostitution; Slightly older demographic than the heroin users.*" One law enforcement official observed, "*In 20-something years, I don't think I've ever had a Hispanic person ...* [crack cocaine use is] *not very common in the Hispanic community.*"

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant described, "*I can throw a rock out this window and hit someone* [who has heroin] *... especially in this town* [today]." Another participant agreed, "*I've never been to Warren, Ohio in my life until I came here. When I stopped at a gas station, the first person I met asked me if I wanted crack or heroin.*" Another participant stated, "*I don't ever try to get it, but every time I buy pills or 'powder' (powdered cocaine), they're always asking, 'Do you do (heroin)?' or 'Do you know anybody who would want it?'*" Community professionals most often reported current availability as '10;' the previous most common score was also '10.' Treatment providers agreed, "*It's everywhere.*" A law enforcement officer stated, "*Give me about two minutes, I can go bring back a 'finger' (1/16 ounce of heroin) right now from about six different places ... within walking distance from here.*"

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as most available in terms of widespread use. A participant commented, "*It's easy to get, but good stuff is not going to be brown.*" Participants often discussed color variations of powdered heroin: "*Yellow-white, brown-white, white with brown specks; It's light colored heroin. It always has a brown tint to it; There is 'white china' (white powdered heroin) in Warren ... It comes back clear when you cook it.*" A law enforcement officer stated, "*We've never had a true white heroin.*"

Participants and law enforcement indicated that black tar heroin is more difficult to obtain in the region. Participants commented: "*Really rare; It would be hard for me to get black tar (heroin) ... I've gotten it once or twice; I've had it once ever.*" Law enforcement stated "*We had some 'tar' (black tar heroin) in Conneaut (Ashtabula County).*" Another officer reported, "*We (Mahoning County) haven't had tar in a long, long, time.*"

Corroborating data indicated the presence of heroin in the region. The Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 60

grams of heroin in Steubenville (Jefferson County) in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Youngstown man was charged with heroin trafficking and involuntary manslaughter after the heroin overdose death of someone to whom he sold heroin (www.wfmj.com, Sept. 9, 2015). Youngstown officers confiscated 100 grams of heroin and an ounce of cocaine during the execution of a search warrant (www.wkbn.com, Sept. 17, 2015). Mahoning County law enforcement and Austintown Police executed a search warrant of a residence and confiscated 150 grams of heroin, a small amount of marijuana and prescription medication (www.wkbn.com, Sept. 22, 2015). The Columbiana County Drug Task Force confiscated 24 grams of heroin, 24 grams of cocaine, marijuana, buprenorphine and Xanax® during the search of a home in Rogers (www.wkbn.com, Oct. 1, 2015). Police arrested two individuals in possession of approximately two ounces of heroin from a Warren (Trumbull County) home (www.wkbn.com, Oct. 26, 2015). Multiple cars were nearly hit as a car drove in the wrong direction on State Route 422 in Niles (Trumbull County); police found the car after it had come to a stop with an unconscious driver due to overdose; the driver was revived with Narcan® (www.wkbn.com, Dec. 10, 2015). A police chase culminated in the arrest of two men in possession of 60 grams of heroin and crack cocaine; the arrest also lead to the search of a motel in Wellsville (Jefferson County) where an unspecified amount of marijuana and prescription pills were found (www.wytv.com, Dec. 23, 2015).

Participants reported that the availability of heroin has increased during the past six months. Participants commented: "*More people have it; All the crack dealers are now selling both* [heroin and crack]." One participant explained, "*More people are chasing* [white powdered heroin]. *More people are dying from it, so more people want it.*" Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that the general availability of heroin has remained the same. An officer replied, "*It's remained at such a high level of availability for so long.*" The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with some off-white and brown heroin.

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage")

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

to '10' (high quality); the previous most common score was '7-8.' However, most participants similarly reported: "*Depends on the area;* [Quality] *varies ... You never know what you're going to get when you're messing with heroin.*" A participant identified white heroin as, "*It's here and it's good.*" Other participants shared: "*It was always chunky and it was a whitish-blue and that was the best stuff I could get; The purple that has been around is the really good shit.*" Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants reported that heroin is often adulterated (aka "cut") with other substances and reported baby formula, fentanyl and vitamin B-12 as the top cutting agents for powdered heroin in the region. Additional cuts mentioned included: baby laxatives, mannitol (diuretic), prescription opioids, quinine (antimalarial) and sedative-hypnotics. A participant noted, "[Xanax®] *makes you fall out more.*" Another participant claimed, "*They cut it with makeup and it turns it purple.*" Furthermore, a treatment provider mentioned a recent experience with a client and shared, "[Phencyclidine (PCP)] *came up within the last month in a drug screen for a client at intake and she said, 'I don't even know what this is ... it must have been in the heroin.'*"

Heroin	Cutting Agents Reported by Crime Lab
	diphenhydramine (antihistamine)

Reports of current prices for heroin were consistent among participants with experience buying the drug. Participants indicated that the most common quantity purchased is a tenth of a gram. Many participants mentioned trading prescription medications for heroin. A participant disclosed, "*I just give* [Ultram®] *to my dope dealer for dope, for heroin ... I don't even know what milligram they are, or*

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "folds")	$20
	1/2 gram	$60-80
	A gram	$140-150
	Black tar:	
	1/10 gram (aka "balloon")	$20

how much they go for. I just go to my dope dealer with them and be like, 'Give me something.'"

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, all 10 would shoot the drug. One participant stated that smoking heroin is unpopular because, "*... it tastes like shit.*" Other participants explained: "*Anyone who snorts heroin, once they shoot it, there's no going back; Nobody snorts it unless they're newcomers.*" However, several participants shared: "*I know a lot people that'll snort a line and then 'bang up' (inject) really quick; Most shooters will do both.*"

Participants reported that injection needles are most available from retail stores, but that users also obtain needles from dealers and through Internet purchase. One participant shared, "*Since I learned that you can buy 'em from* [a pharmacy]*, it's definitely been a lot more sterile because you aren't reusing your same needle.*" The most commonly reported price for needles on the street is $2-3 per needle.

A profile for a typical heroin user did not emerge from the data. Participants stated that there is no typical user of heroin. Participants commented: "*It could be anybody ... you'd be surprised; I used to think it was dirty, junkie people, and it's not; I never thought I'd be a heroin addict.*" However, many participants did agree that there are overwhelmingly more white users than black. A participant shared, "*When I see someone that's black doing heroin, I'm like, 'What the hell?'*" Participants also indicated increased use by teens and shared: "*It's in high schools now; It doesn't sound like they build up to it anymore. It sounds like the kids now-a-days just jump right into it; Most of the younger people that I know ... they talk about, 'Oh, you know, I was doing heroin when I was 15.' That was unheard of when I was in school.*"

Community professionals described typical heroin users as white and those who began abusing drugs with prescription opioids, but many treatment providers shared similar observations: "*There is no typical user anymore; Gone is the day where you're having a conversation about somebody who's experienced significant trauma, significant mental health, significant, you know, environmental stressors. You're seeing the kid who graduated from the suburban, white, upper middle-class school who's coming in* [for heroin treatment] ...." Law enforcement reported: "*White, lower income; We are, by far, seeing more whites than blacks using heroin; For every 10 heroin users, probably one black.*" One law enforcement official explained, "*Most of the white heroin dealers are abusing it ... supplying their own habit. Most of the black heroin dealers ... aren't using it. They are dealing it, but not using it.*"

Prescription Opioids

Prescription opioids remain highly available 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 bimodal, '7' and '10.' Community professionals most often rated current street availability as '8-9;' the previous most common score was '10.' A treatment provider shared "*It's accessible, but it's more expensive* [than other drugs]." Participants identified Vicodin® as the most popular prescription opioid in terms of widespread illicit use during the past six months, while community professionals identified Vicodin® and Percocet®. Treatment providers added: "*I hear 'roxies' (Roxicodone®) a lot; I hear Ultram® consistently.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Howland (Trumbull County) man turned himself in to police after being accused of stealing prescription painkillers from residents living in a local retirement community; he was linked to at least five burglaries in the community (www.wkbn.com, Nov. 5, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants reasoned: *"The doctors are cutting back; Everybody is getting their 'scripts' (prescriptions) cut down, so they are hanging onto them ... or they are more expensive."* Treatment providers reported that the general

availability of prescription opioids has remained the same during the past six months, while law enforcement reported a decrease in availability. Law enforcement asserted: "*It's changed because of the changes ... that are holding the doctors and the pharmacies more accountable. We have seen that's an influence on availability; Doctors know we're watching.*"

The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes have increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants indicated that these medications are less expensive when purchased in larger quantities: "*If you buy a lot, you get them cheaper; If I didn't buy a script*, [Percocet®] *would be like $5* [apiece]. *If I bought a script, it would equal out to less than that, it would be like three bucks ....*" Many participants also disclosed trading prescription opioids for heroin. One participant said, "*They work great on the barter system.*" The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

In addition to obtaining these medications for illicit use from dealers, participants also reported getting them from someone who has a prescription. A participant reported, "*I've seen people up in their 50s ... they get prescribed ... and they sell them.*" Another participant shared, "*I know people that go to the methadone clinic ... and some people have sold it.*" A law enforcement officer reported, "*We're seeing imported tramadol* [and] *Ultram® coming in ... We just seized 5,000 or 6,000 pills from an online pharmacy ... they are being shipped over from India marked as healthcare products.*"

While there were a few reported ways of consuming prescription opioids, generally the most common route of

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	$10-30 for 100 mcg
	methadone	$6-7 for 10 mg
	Percocet®	$1 per mg
	Roxicodone®	$15 for 15 mg $20-25 for 30 mg
	Vicodin®	$1-3 for 5 mg $5 for 7.5 mg $5-6 for 10 mg

administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. Participants indicated that in some cases, the route of administration depends on the type of prescription opioid pill and illustrated: "*Roxies, you would snort those; When it comes to Vicodin®, Percocet®, Lortab® ... Norco® ... those are what we would always call the 'little pills,' everybody eats those because you ain't going to snort 'em because they have acetaminophen in them and that's just gross.*"

A profile for a typical illicit prescription opioid user did not emerge from the data. However, participants described illicit users as mostly white and aged teens to 50s. Community professionals described typical illicit users as mostly white, crossing all genders, socio-economic statuses and occupations, including young people who are experimenting and older people who have experienced an injury. A treatment provider stated, "*More than 90 percent of the clients that I have come into contact with say that it all started with a prescription ... A lot of them will report an injury and it just escalated to heroin.*" Another treatment provider shared, "*You have the individuals who are living in an environment that either one parent* [or] *two parents are* [addicted] *and sometimes get high with them.*"

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant explained, "*Mostly people with the 'scripts'*

(prescriptions) go trade it or sell it." Community professionals reported current street availability of Suboxone® as '8;' the previous most common scores were '8-10' for treatment providers and '4' for law enforcement. A treatment provider stated, "*I hear from a lot of clients* [that] *when they are waiting to get into residential treatment, they are out there actively using, buying Suboxone® off of the street to try and not get 'sick' (go through withdrawal). I hear that really, really frequently.*" A law enforcement officer reported, "*Now you are starting to see, every time a person who is addicted to heroin is arrested and they're searched or whatever, you always find little packets of Suboxone®.*"

Participants and community professionals reported that the most available type of Suboxone® is the sublingual filmstrip (aka "strips"). A law enforcement officer stated, "*I can't tell you the last time I saw Suboxone® pill. It's all strips now ... They're easier to hide.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man and a woman, who had outstanding warrants, were arrested after Youngstown police pulled over their vehicle, later finding that the man was hiding cocaine, marijuana, heroin and Suboxone® in his boxer shorts (www.wkbn.com, Dec. 22, 2015).

Participants were not able to reach a consensus on change in availability of Suboxone® during the past six months. A participant shared, "*More and more people that I know that were on heroin are going to get Suboxone® and then they'll sell them just to go back out and buy heroin.*" Others reported: "*Doctors are cutting down; People are getting their scripts cut in half.*" Treatment providers reported that the availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider explained, "*I had my first* [client for whom] *Suboxone® was her drug of choice. I've never seen that before.*" The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. However, some participants reported that pricing is variable. A participant shared, "*People that get their Suboxone® scripts ... if they were running low, they'd be like, 'Well, I can't let it go unless you can pay $20.'*"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	$15-20 for 8 mg
	tablet	$10-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other addicts, as well as through prescription from doctors. A participant stated, "*One out of seven days a week I can get one ... my 'chick' (girlfriend) goes to the doctor every week.*"

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption, followed by intravenous injection (aka "shooting"). A participant shared, "*I've heard people that don't have an opiate addiction could actually get high off them and those people ... I've actually heard that they shot them up ... the strips.*"

Participants described typical illicit Suboxone® users as opiate addicts who use the drug to stop withdrawal symptoms. A participant remarked, "*Anybody who's dope sick.*" Community professionals described typical illicit users as white and around 20 years of age. A law enforcement professional thought, "*Poorer people ... because richer people, or people who have insurance, or people who have more money, have other means of dealing with their habit. They can go get the injection ... the Vivitrol®. Poorer people have less opportunity to get Vivitrol®.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available 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.' Treatment providers most often reported current availability as '10,' while law enforcement most often reported

current availability as '8;' the previous most common scores were '8' and '6-7' respectively. A treatment provider commented, "*We have a lot of people abusing it.*"

Participants identified Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. One participant commented, "*Valiums® are pretty easy to get.*" Community professionals identified Xanax® as most available. A law enforcement officer stated, "*Xanax® is the one that I see the most ... in collaboration with the heroin.*"

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months while the number of cases for all other sedative-hypnotics has either decreased or remained the same.

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.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$1 per mg
	Valium®	$1-2 for 10 mg
	Xanax®	$1 for 1 mg $4-5 for 2 mg

In addition to obtaining sedative-hypnotics for illicit use from dealers, participants also reported getting them from other users, as well as through prescription from doctors. A participant explained, "*One way or another, somebody gets them from a person who goes to the doctor, but by the time it gets to me it just might be a random dealer.*" A law enforcement officer stated, "*People who use Xanax® all have their own little clique ... You don't have people doctor shopping for Xanax® like you do pain pills.*"

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. Participants described typical illicit users of sedative-hypnotics as anxious, stressed-out people. Community professionals described typical illicit sedative-hypnotic users as white females of all ages. A treatment provider noted, "*I do see females wanting that 'psych doctor' (psychiatrist) appointment ... maybe over exaggerating symptoms ... so they can get that script.*"

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of marijuana 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' for both respondent groups. Participants stated: "*Everybody got 'weed' (marijuana); You can just randomly find it; Nobody's hiding it like they used to.*" A law enforcement officer reported, "*We do a search warrant ... you're always finding weed.*"

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol [THC] from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10;' the previous most common score was '4.' A participant reported, "*I just came into contact with the dabs in the last six months, so it's starting to get popular.*" Law Enforcement most often reported current availability of marijuana extracts and concentrates as '2-3.' Law enforcement commented: "*We've seen them extracting the THC from marijuana; It's not just the marijuana, it's the wax now.*" An officer added, "*It's imported from the medical states, California and Colorado, in particular.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested after police executed a search warrant in Columbiana County; 28 grams of marijuana, 12.5 grams of crack cocaine and three grams of heroin were seized (www.otfca.net, Aug. 26, 2015). Several confidential sources alerted police to a man selling marijuana out of a hotel in Liberty (Trumbull County); the man was arrested and charged with several drug-related offenses (www.wkbn.com, Oct. 23, 2015).

Participants reported that the availability of low-grade marijuana has remained the same during the past six months, while the availability of the high-grade marijuana has increased. A participant said, "*It's easier for me to get high grade now. A lot of stuff is coming from California* [and] *people are growing themselves now*." Others affirmed: "*It's easier to find high grade than low grade now; The good stuff is around. I wouldn't even know where to get a bag of bad marijuana*." Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. A participant observed, "*Those have gotten more popular over the last year or so*." Another participant reasoned, "*It's becoming legal across the states, easier to get*." Similarly, community professionals reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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' for high-grade marijuana and '2' for low-grade marijuana. A participant stated, "*Technology has advanced good marijuana and access to it*." Another participant reflected, "*Nowadays, you can get everything you need to grow great marijuana, including seeds ... You can get the seeds online to grow ... it's just really easy*." One participant reasoned, "*Now that's it's legal in so many states* [quality has increased]."

Overall, participants reported that the quality of marijuana has remained the same during the past six months. A participant reported, "*I was told that we are getting most of our 'swag' (low-grade marijuana) from Mexico*." Participants also noted the high quality of marijuana extracts and concentrates. Participant shared: "*Dabs are good; All you need is one* [hit] *... and you are high for hours*."

Marijuana	Reported Availability Change during the Past 6 Months	
	Participants	Increase (high-grade & extracts/ concentrates)
	Law enforcement	Increase (extracts/ concentrates)
	Treatment providers	Increase (extracts/ concentrates)

Reports of current prices for marijuana were consistent among participants with experience buying the drug.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	1/4 ounce	$25
	1/2 ounce	$40-50
	An ounce	$100-125
	A pound	$900
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$10-20
	1/8 ounce	$60-100
	1/4 ounce	$110-200
	1/2 ounce	$300-325

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants mentioned that users will sometimes eat marijuana in baked goods, but pointed out: "*Eating it just takes too long* [to get high]*; Everyone would probably be eating brownies if they were there ... If they were already prepared*."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anybody and commented: "*It's harder and harder to discriminate that now; It's not just the hippies anymore.*" Likewise, community professionals were unable to identify a typical marijuana user. A treatment provider noted, "*A lot of people think of it like alcohol.*" Law enforcement observed that typical users of marijuana extracts and concentrates are younger.

Methamphetamine

Methamphetamine is 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.' A participant reported, "*My next door neighbor sells it, and uses it, and does it the 'shake-and- bake' way (produces powdered methamphetamine), so it's just always there.*" Another participant shared, "*I was looking for cocaine and* [the dealer] *was like, 'I have this* [methamphetamine]." Community professionals most often reported the current availability of methamphetamine as '6-7;' the previous most common scores were '3' for treatment providers and '8-9' for law enforcement. A law enforcement officer reported, "*The availability of 'meth' (methamphetamine) in Ashtabula is just as high as the availability of heroin. It's probably even more available because everybody's cooking it.*"

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region and identified powdered as the most prevalent form during the past six months. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing 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, although one participant reported, "*It's getting harder to buy the ingredients.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A small methamphetamine operation was shut down in Columbiana County after police raided a home in Hanoverton and confiscated seven one-pot methamphetamine labs (www.wkbn.com, July 2, 2015). A four-month investigation by Lisbon Police (Columbiana County) culminated in the search of a residence where officers seized one methamphetamine lab, as well as additional chemicals needed for manufacturing the drug (www.otfca.net, Aug. 12, 2015). A Drug Task Force and sheriff's office found a trailer in Kensington (Columbiana County) in which they discovered multiple one-pot methamphetamine labs and other chemicals and tools used for methamphetamine production (www.wkbn.com, Oct. 7, 2015). Detectives and a special Investigations unit searched a home in Alliance (Stark and Mahoning counties), found and dismantled an active methamphetamine lab (www.wkbn.com, Sept. 18, 2015).

Participants reported that the availability of powdered methamphetamine has increased during the past six months. A participant said, "*It's getting more popular.*" Treatment providers commented: "*We are seeing more* [treatment] *referrals for it; You hear more about it.*" Law enforcement reported: "*... seeing a surge in meth lab stuff ... We've done about seven or eight labs so far this year* [in Mahoning County] *... there is an uptake in methamphetamine manufacturing at least.*" Another officer added, "*We're getting information that there is more import meth, like crystal meth ... we haven't seen it, but we're hearing it, a lot.*" The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine.

Participants most often rated the current quality of powdered methamphetamine as '8' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '9-10' respectively. Participants indicated that quality often varies and commented: "*Depends on who cooks it; Depends on how many boxes* [of Sudafed®] *they shake with.*" One participant asserted, "*The guy that I would*

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

get it off of, my neighbor, like sometimes he would use more expensive Sudafed®. It would be way stronger, way better." Overall, participants reported that the quality of both powdered and crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that the most common amount purchased is a gram. Participants also reported that ingredients are traded for the drug and said: "*It's sold by the box; You're paying him in (pseudoephedrine) instead of cash.*"

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	$50
	A gram	$60
	Crystal:	
	A gram	$60-130

Participants reported that the most common routes of administration for methamphetamine are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. One participant added, "*If it's cooked well, you can smoke it.*"

Participants described typical methamphetamine users as mostly male, as well as truck drivers and factory workers. A participant said, "*Anyone that has to stay up a long time.*" Community professionals stated that methamphetamine users are typically of lower socio-economic status, unemployed, white and aged 20s to 40s. Law enforcement observed: "*We are also finding people that are meth* [addicts] *that are dealing heroin to get money for meth ... It used to be you were either a heroin person or meth person, now the lines have blurred. There are more people doing both and they are dealing one to support a habit in the other.*"

Prescription Stimulants

Prescription stimulants are moderately to highly available 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). A participant stated, "*They are kind of hard to get.*" Treatment providers most often reported current street availability as '10,' while law enforcement most often reported it as '7;' the previous most common score was '1-3' for community professionals. Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use during the past six months, while community professionals identified Adderall®.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. However, one participant noted, "*They are trying to start cracking down on it.*" Another noted that availability decreased for her when she moved away from a college campus. Community professionals also reported that availability of prescription stimulants has remained the same during the past six months. A treatment provider stated, "*I don't hear a lot about it.*" The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® cases has increased.

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

Reports of current street prices for prescription stimulants were reported by participants with experience buying these drugs.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	$5 for 30 mg
	Ritalin®	$.50 per tablet
	Vyvanse®	$2 for 40 mg

Participants reported obtaining these drugs from connections with someone who has access to a prescription or is personally prescribed them by a physician. A participant said, "*It's usually somebody, who knows somebody who gets*

them prescribed." Another participant shared, "*Most people, since you don't really have to have any testing for it, they can go in and fake* [symptoms to obtain a prescription]." A treatment provider reported that clients have said parents will obtain prescriptions for their child, "*but they don't give it to the child; they either take it or they sell it*."

Participants reported that the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, seven would snort and three would orally consume the drugs.

Participants described typical illicit users of prescription stimulants as teenagers, college students, mothers of young children and third-shift workers. A participant added, "*I hear college kids use them like crazy*." Community professionals described typical illicit users as high-school and college students, as well as mothers of young children.

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 as '3' 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 '3.' One participant stated "*I've come into it once, twice in the past five years*." While another participant said, "*It's easier for me because I just started hanging out with a different crowd* [that has access to ecstasy]." Participants most often reported the current availability of "molly" (powdered MDMA) as '5;' the previous most common score was '1.'

Treatment providers did not reach a consensus on the availability of ecstasy tablets or on the availability of molly; previous availability scores were '1' and '1-3' respectively. A treatment provider shared "*We don't even see a lot of that anymore*." Law enforcement rated the availability of ecstasy tablets as '5' and of molly as '0.' An undercover agent stated "*We're hearing about it, but we actually haven't bought it*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman, high on bath salts, broke into a home in Campbell (Mahoning County) and accidentally dropped a bag of molly on the porch on her way in; police were notified, and while the EMS checked her condition, the woman started talking about having drugs in her home, which police later searched and discovered marijuana, cocaine and heroin (www.wkbn.com, Dec. 1, 2015).

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were reported by participants with experience buying the drugs. Participants reported that molly is typically sold by the gram, and a participant qualified, "*If you have the money*." Another participant explained, "*At a show (concert or music festival) it would be cheaper*."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	$10-20
	Molly:	
	A gram	$80

While there were a few reported ways of using ecstasy and molly, participants reported that the most common routes of administration remain oral consumption and snorting. Participants explained that ecstasy tablet users would orally consume the drug, while molly users would most often snort the drug. A participant shared that ecstasy can be snorted, but "*It burns ... so I wouldn't do it*." Another participant mentioned that ecstasy users also "parachute" the drug and explained, "*You put it in a little tissue, you crush it up and swallow it*." One participant added, "*When* [molly] *comes around now, my crowd of people ... we 'shoot' (intravenously inject) it*." Participants described typical ecstasy

and molly users as younger (16-24 years of age), people who attend clubs and skateboarders. Likewise, community professionals described typical ecstasy and molly users as those who go to clubs and are younger (18-25 years of age).

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants reported no personal experience with the drug during the past six months and could not report on the drug's current availability. Participants commented: "*I haven't seen it; It fell off about two years ago.*" Community professionals most often reported current availability of synthetic marijuana as '0-3;' the previous most common score was '3.' Law enforcement commented: "*In six months, we haven't seen it; Since the legislature caught up to that, we haven't seen it at all.*"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants reasoned: "*It was banned; People started dying from it.*" Treatment providers reported decreased availability during the past six months, while law enforcement reported that availability has remained the same. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Participants reported that synthetic marijuana sells in bags of one to three grams and ranges in pricing from $10-50. Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants described typical synthetic marijuana users as marijuana users who have to submit to drug screens for probation or for employment. A participant explained, "*People that smoked 'pot' (marijuana) that's on probation ... they'll use that so they can get high still.*"

Other Drugs in the Youngstown 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] and psilocybin mushrooms) and Neurontin® (anticonvulsant).

Hallucinogens

Hallucinogens remain rarely to moderately available in the region. Participants most often reported the current general availability of hallucinogens as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-5.' A participant shared, "*I can just order 'shrooms (psilocybin mushrooms)* [online]. *It's pretty easy to get.*" Furthermore, participants reported high availability of psilocybin mushrooms in Trumbull County. Community professionals most often reported the current availability of LSD as '3-5' and of psilocybin mushrooms as '1-3.'

Participants reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. Community professionals reported that the availability of LSD has increased during the past six months, while the availability of psilocybin mushrooms has remained the same. A law enforcement officer eflected on LSD availability and stated, "*It's definitely increased.*" The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Participants most often rated the current overall quality of LSD as '7' on a scale of '0' (poor quality, "garbage") to '10'

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A dose (aka "a hit")	$5-10
	10 hits (aka "strips")	$40-50
	Psilocybin Mushrooms:	
	1/8 ounce	$25-50
	1/4 ounce	$60
	1/2 ounce	$80-90
	An ounce	$150-180

(high quality). Reports of current prices for LSD and Psilocybin mushrooms were variable among participants with experience buying the drug. A participant reported that the price of LSD depends on the dealer. A participant shared, "*With liquid LSD ... they get sugar cubes and then they'll put drops on it and each drop is a 'hit' (one dose).*" Participants also indicated that prices of psilocybin mushrooms depend on location and are more expensive in the city.

Participants indicated that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants described typical hallucinogen users as hippies, "stoners" (marijuana users) and younger. A participant said, "*Most of them ain't like addicted to opiates or anything ... they're mostly like ... people that constantly go to concerts.*" Community professionals described typical users of hallucinogens as younger (teens to 20s).

Neurontin®

Neurontin® was discussed quite a bit in one participant focus group. A participant said, *"You can get them easy."* Another participant claimed, "*People take it like Tylenol®.*" Participants indicated an increase in street availability and use of the drug and reported: "*It's probably getting more popular; Now, it seems like I hear of it more and more.*" Participants reported that Neurontin® sells for $0.50-1 per pill and the drug can be traded for other drugs. A participant reported, "*A 'dime of dope' ($10 worth of heroin) for a 'script' (prescription of Neurontin®).*" Participants reported that the most common routes of administration for illicit use of Neurontin® are snorting and oral consumption. Participants described typical illicit Neurontin® users as a heroin addicts. A participant shared, "*I hear a lot of people asking for them when they are 'sick' (going into withdrawal) ... coming off of heroin. They say it helps.*" Another participant disclosed, "*I think it increased my high with my heroin ... it made it last longer.*"

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Youngstown region. Changes in availability during the past six months include increased availability for heroin, marijuana and methamphetamine.

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as most available in terms of widespread use. Participants and law enforcement indicated that black tar heroin is more difficult to obtain in the region. The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with some off-white and brown powdered heroin.

Participants observed that more crack cocaine dealers are now selling heroin than previously. Participants also noted that there are more heroin users seeking white powdered heroin as it is thought to be of higher quality due to its having been linked to overdoses in the region. Participants continued to report fentanyl as an adulterant for heroin. Participants agreed that heroin users are overwhelmingly white and indicated an increase in heroin use by teens during the past six months.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates has increased during the past six months. Participants also noted increased popularity for these forms of marijuana during the past year. Participants most often reported high current overall quality for marijuana due to the many technological advances in producing the drug with higher THC content, as well as to an increase in high-quality products coming into the region from states where marijuana use is legal in some capacity. Law enforcement observed typical users of marijuana extracts and concentrates as younger than traditional marijuana users.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region but identified powdered methamphetamine (aka "shake-and-bake") as most prevalent. Participants indicated that the availability of powdered methamphetamine has increased during the past six months due to its increased popularity. Treatment providers noted more users entering treatment during the past six month for methamphetamine use. Law enforcement reported an increase in the number of methamphetamine labs it has shut down during the past six months.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal, off-white and powdered methamphetamine. Participants described typical methamphetamine users as

mostly male, as well as truck drivers and factory workers. Community professionals stated that methamphetamine users are typically of lower socio-economic status, unemployed, white and aged 20s to 40s. Law enforcement observed that they are finding heroin use connected with methamphetamine use: users are either doing both drugs or selling one drug to buy the other.

Lastly, participants indicated an increase in street availability and illicit use of Neurontin® during the past six months. Participants described typical illicit Neurontin® users as a heroin addicts who use the drug to help ease withdrawal, and for some the drug is used with heroin to intensify the heroin high.