

Drug Abuse Trends in the Youngstown Region

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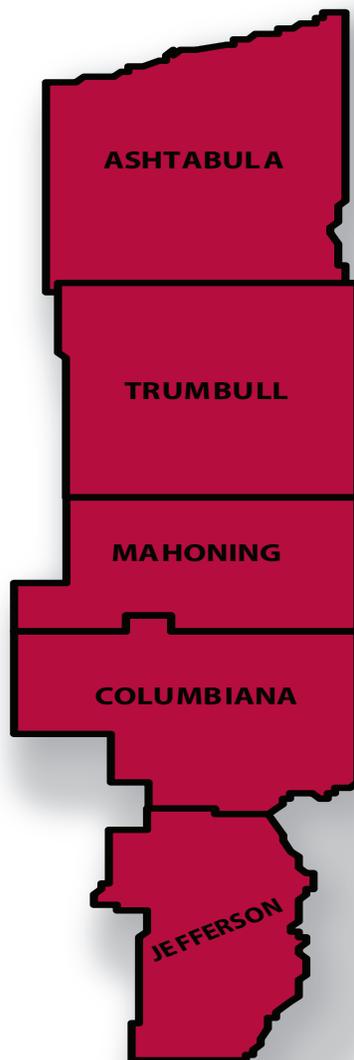
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Data Sources for the Youngstown Region

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, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as data surveyed from the Mahoning County Coroner's office and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

Regional Profile

Indicator ¹	Ohio ¹	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	48
Gender (female), 2010	51.2%	51.1%	29.2%
Whites, 2010	81.1%	86.3%	89.4%
African Americans, 2010	12.0%	8.7%	2.1%
Hispanic or Latino origin, 2010	3.1%	2.7%	6.2%
High School Graduation rate, 2010	84.3%	86.8%	85.4%
Median Household Income, 2011	\$45,803	\$40,447	\$11,000 to \$14,999 ²
Persons Below Poverty Level, 2011	16.3%	17.7%	54.2% ³

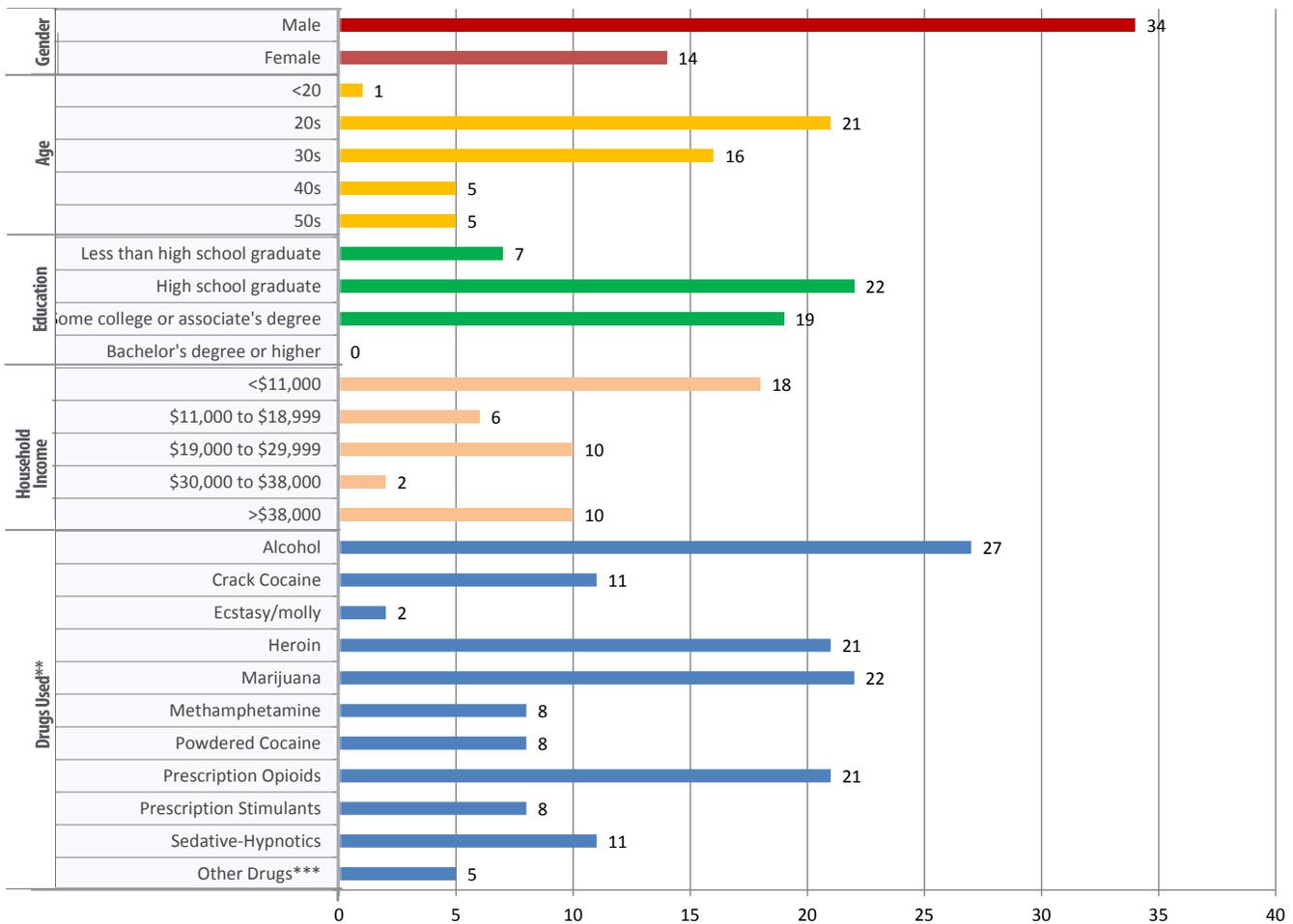
¹Ohio and Youngstown statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013-June 2013.

²Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one participant due to missing data.

³Poverty status was unable to be determined for one participant due to missing data.

Youngstown Regional Participant Characteristics

Drug Consumer Characteristics* (N = 48)



*Not all participants filled out forms; therefore, numbers may not equal 48.

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

***Other drugs refer to DMT, ketamine, psilocybin mushrooms, LSD, Seroquel®, trazodone and synthetic marijuana.

Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Changes in availability during the reporting period included likely increased availability for methamphetamine and synthetic marijuana.

Overall, participants and community professionals identified heroin as the region's primary drug problem and labeled it an "epidemic." Many participants experienced in heroin use reported using prescription opioids first, which seemingly led to heroin use. While many types of heroin were available in the region, participants and law enforcement continued to report that brown powdered heroin was the most available and the availability of black tar heroin as low. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes had increased during the reporting period.

While there were a few reported ways of using heroin, the most common route of administration remained intravenous injection. Most participants agreed that needle-sharing was a problem in the region and shared concerns regarding Hepatitis C. Participants and community professionals continued to describe typical heroin users as predominately white and younger than age 30. Participants estimated that six to eight heroin users out of 10 would "speedball" heroin with crack and/or powdered cocaine.

Collaborating data indicated that prescription opioids remained readily available and abused in the region. The Mahoning County Coroner's office reported prescription opioids as present in 44 percent of all drug-related deaths during the reporting period. Participants and law enforcement reported street availability of Suboxone® as '10' (highly available). Law enforcement saw more Suboxone® on the street openly traded among people who have prescriptions. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the reporting period. In terms of illicit use of Suboxone®, participants most commonly reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users.

Participants from Ashtabula and Columbiana counties most often reported the current availability of methamphetamine as '10'. A participant from Ashtabula County reported that methamphetamine, along with heroin, was the easiest substance to obtain. Law enforcement from Mahoning County noted a slight increase in methamphetamine during the reporting period, particularly in western Mahoning County. Many participants also reported purchasing boxes of pseudoephedrine and exchanging them for methamphetamine or for other drugs, particularly heroin. Participants continued to describe typical users of methamphetamine as predominately white.

The majority of participants expressed an aversion for bath salts and reported no attempts to purchase the drug. Community professionals reported knowledge of very few cases of bath salts during the reporting period. Participants also reported little firsthand experience with synthetic marijuana; however, law enforcement reported seeing a slight increase in synthetic marijuana. The BCI Richfield Crime Lab reported that the number of bath salts and synthetic marijuana cases it processes had increased during the reporting period.

Lastly, several participants discussed either growing or having access to hydroponically grown marijuana and believed higher-quality marijuana was highly available. Participants and law enforcement also discussed increased access to medical marijuana in the region. Law enforcement reported that medical marijuana from western states was being intercepted and seized more frequently; medical marijuana was increasingly shipped into the region via the U.S. Postal Service and other large retail shippers.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8'. A participant remarked, "*We can walk 100 feet in any direction and find it [powdered cocaine] right now.*" Other participants described the availability of powdered cocaine as being dependent on one's connections. A participant explained, "*I think it [access to powdered cocaine] depends on who you know and the community, whoever you surround yourself*

with. *Everyone I knew did coke [powdered cocaine], so it was very available [to me].*" Another participant shared, *"It [powdered cocaine] was never my drug of choice, so I was never around anyone that dealt with it, so I wouldn't know where to get it."*

Treatment providers most often reported the drug's current availability as '10,' the previous most common score was also '10.' Law enforcement described powdered cocaine as less available and less popular than crack cocaine. A law enforcement officer reported, *"I think ... the preference is [for] crack [cocaine] ... the dealers buying it [powdered cocaine] up are cooking it up [manufacturing crack cocaine] because that's what their customer base wants; [Law enforcement] we're not buying hardly any powder ... [powdered cocaine] it's almost always converted to crack."*

Collaborating data also indicated the presence of cocaine in the region. The Mahoning County Coroner's office reported that 28.8 percent of all drug-related deaths (N = 59) it processed during the past six months was caused either by acute intoxication by cocaine or by combined effects of cocaine with another substance(s).

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Two men were arrested in Austintown (Mahoning County) after powdered cocaine, a marijuana joint and crack pipes were found in their possession; and ten individuals from Youngstown were among 17 people indicted by a federal grand jury for being part of a drug ring that distributed cocaine and heroin in the Youngstown area (www.vindy.com, May 15 and June 26, 2013, respectively).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. A participant explained, *"[Powdered cocaine] it's still pretty available. There's just more people [dealers] switching to heroin [sales], mainly because it [heroin] makes more money for them. If you're saying the sales-of-it-wise, coke's down and heroin's sales up."* Law enforcement and treatment providers also reported that the availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common

score was '6.' Participant comments on the current quality of powdered cocaine included: *"It's garbage; It's a negative 10 [on the quality scale]; The prevalence of finding good coke around here is slim to none compared to other places I've been."* A participant shared that quality often varies: *"Depends on who you know, where it [powdered cocaine] comes from. Sometimes you don't even want to do it because it's friggin' crap. A lot of times it's stomped down [adulterated/cut with other substances] by a lot of people."*

Participants reported that powdered cocaine in the region is cut (adulterated) with baking soda, baby laxative, Goody Powder® (a cutting agent sold at "head shops"), lidocaine (local anesthetic), methamphetamine, Tylenol® and vitamin B-12. A participant commented, *"I notice a lot of people cut everything with [vitamin] B-12 anymore."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that powdered cocaine is cut with caffeine, levamisole (livestock dewormer) and lidocaine (local anesthetic).

Current street jargon includes many names for powdered cocaine. The most commonly cited remain "girl" and "soft." Participants listed these as other common street names: "bitch," "blow," "fish scale," "powder," "stuff," "white bitch," "white girl" and "ya-yo." Participants also reported the following phrases refer to powdered cocaine use: "Going skiing" and "Do you want to go skiing?" Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that 1/4 gram sells for \$25; a gram sells for \$50-70; 1/16 ounce (aka "teener") sells for \$90-125; 1/8 ounce (aka "eight ball") sells for \$150-200.

Participants reported that the most common way to use 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. Most participants agreed that if users prefer heroin, they would inject powdered cocaine. A participant commented, *"Most people snort it [powdered cocaine] ... some people inject it."*

Participants described typical users of powdered cocaine as white adults over the age of 30. A participant stated, *"I don't see too many young people on cocaine anymore. You see lots of young people on heroin though."* Participants also shared that powdered cocaine is often used in bars: *"The bar crowd, you know, likes to do coke; Definitely at the bar"*

scene, [powdered cocaine] *it's real popular.*" A treatment provider shared, *"For the men, the ones over 30 [years of age], they're using powdered cocaine. They're snorting and sometimes rocking the cocaine up [into crack cocaine] and smoking it."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco. A participant shared, *"I used to snort a couple lines [of powdered cocaine] before I'd go out, and then have a couple [alcohol] drinks ... and I could party all night. If I started feeling down, snort a line, and I'd be off running again."* Another participant commented: *"Anything [is combined with powdered cocaine use] to come down off of it [the powdered cocaine high] ... downers, sleeping pills ... Valium®, Percocet® ... something to take the edge off the coke."* Participants suggested that powdered cocaine users use the drug with heroin to "speedball" or intensify the high. A participant commented, *"A lot of people are shooting, mixing that [powdered cocaine] and heroin together and booting it [injecting it]."* One participant stated, *"You can't stop smoking cigarettes when you're using coke."*

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'. Most participants agreed that crack cocaine is more available than powdered cocaine. Participant comments on current availability included: *"I mean for some reason, crack [cocaine] is more available. I tried, not too long ago, to get [powdered] cocaine and it was nowhere to be found ... but there was always crack; Most definitely [crack cocaine] it's more available than powdered cocaine; So [in regards to availability], heroin first, then crack cocaine – with the exception of marijuana, which is just really easy to get anywhere – then coke."*

Community professionals most often reported current availability as '10'; the previous most common score was also '10'. There was consensus among community professionals that crack cocaine is preferred over powdered cocaine among users in the region. Treatment providers commented: *"I don't know if [crack cocaine] it's more available than powder, but there's more people doing it [crack cocaine]; I think people are using crack more [than powdered cocaine]."* Law enforcement commented: *"Crack cocaine is*

far more available ... than powder. We're not buying hardly any powder, it's almost always converted to crack; I think it's ... not so much that it's more available, but the preference is [for] crack in Trumbull [County]."

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Two adults were arrested in Warren (Trumbull County) after the Trumbull Ashtabula Group Law Enforcement Task Force, Warren Police Department and Trumbull County Sheriff's office searched a residence and found crack cocaine and other drugs; and a man was arrested on the south side of Youngstown after crack cocaine and heroin were found inside his residence (www.vindy.com, May 6, and May 30, 2013, respectively).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers and law enforcement also reported that availability of crack cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. A participant reported, *"[Crack cocaine is] crap. You have to re-cook it, meaning you have to get the crack that you're sold, put it in a spoon with water and cook it back down. And then re-rock it."* Participants reported that crack cocaine in the region is primarily cut with baking soda, but suggested it could also be cut with flour and procaine (local anesthetic). One participant said, *"People use cuts from the 'head shops' [to adulterate cocaine] ... procaine is one of them."* Another said, *"It's different with crack cocaine because you can make it as pure as you want it. You can always cook the soda [adulterates] out of it."* Participants also reported that crack cocaine is being cut with methamphetamine. A participant shared, *"I've know people take powder [cocaine] and cut it with meth [methamphetamine]. You know, they'll get the rush from the meth, thinking it's half-way decent coke or crack, but it's meth."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited remain "crack" and "hard." Participants listed the following as other common street names: "food," "knots," "nuggets," "rock" and "work." Current

street prices for crack cocaine were consistent among participants with experience buying the drug. A participant commented, “[Crack cocaine] *it’s cheaper* [than powdered cocaine]. *You can buy it in lesser quantities.*” Participants reported that a gram of crack cocaine sells for \$50-75, depending on the quality; otherwise, crack cocaine is most commonly sold by the dollar amount for different-sized pieces (aka “rocks”). Participants explained that one can purchase a rock for any dollar amount. A couple participants said crack can be purchased for a little as a dollar or two: “*You can get crumbs* [of crack cocaine] *for a dollar; You can get it* [crack cocaine] *for \$2 if you have \$2. You can’t do that with powder though, or heroin.*” Other participants reported that crack cocaine can be obtained by trading other items of value: “*I’ve seen a guy trade his sneakers at the dope house. Take off his sneakers for a crumb* [of crack cocaine]; *I know a guy who traded a half-gallon of milk for crack; I know a lot of people stealing like meat and stuff, going to the grocery store to steal meat and take it to the dope man’s house; People sell their body too. My sister sold her body for heroin and crack.*”

While there were a few reported ways of administering crack cocaine, the most common routes of administration remain smoking and less commonly, intravenous injection (aka “shooting”). Participants estimated that out of ten crack cocaine users, eight would smoke and two would intravenously inject the drug. A treatment provider commented, “*People like to rock it* [powdered cocaine] *up. I say if they do get it in powder, they’ll rock it up to smoke* [as crack cocaine].” Another treatment provider shared, “[Users] *they’re also shooting crack cocaine.*”

Participants described typical users of crack cocaine as over 40 years of age and primarily African-American. Participant comments included: “[Typical crack cocaine users] *it’s mostly African-American; I had a neighbor, her and her husband, she was in her 60s and he was in his 70s. They’ve been smoking crack their whole life; A lot of African-Americans in their 50s, 60s and up. But, I also see a lot of the younger crowd that are taking heroin with it* [crack cocaine], *for the up and the down, ‘speed-balling.’*” Treatment providers described typical crack cocaine users similarly: “*Middle-aged, older people; More towards 35* [years of age] *and up. But, I’ve also had younger ones say they’ve used it* [crack cocaine] *before, but it’s not their drug of choice; I say more African-American for crack, but it’s a good mix, about the same for male and female; We* [treatment providers] *see 30 years old and up with it* [crack cocaine].”

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant commented, “*Smoke weed* [marijuana] *... something to come down off of* [crack cocaine] *... Xanax® or something.*” Another participant suggested, “*Pills, ‘percs’* [Percocet®], *Xanax® ... people eat them, some snort, but mostly eat* [chew them and swallow] *after smoking* [crack cocaine] *or snorting* [powdered cocaine].” Participants also reported smoking crack cocaine and marijuana together. A participant stated, “*They* [users] *put it together – mixed – crack and weed.*” Most participants agreed that individuals who intravenously inject crack cocaine are often also injecting heroin to speedball. Participants shared: “*Crack or coke, it’s whatever you can get your hands on; I think crack is more preferable* [to speedball with heroin] *because it’s easier to get.*” A treatment provider also commented, “*I think they’re using it* [crack cocaine] *with heroin. They’ll use vinegar to make it more soluble and shoot both together.*”

Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin 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.’ Participant comments on current availability included: “*Heroin is a huge problem. Opiates, heroin, are a huge, huge, huge problem in this area; [Heroin availability] it’s a ‘10’* [highly available] *all day; Heroin is an epidemic in this part of the state ... in this region of the country; It depends on what you consider a ‘10.’ I mean if you consider a ‘10’ that you can walk less than two minutes from this building and in any direction and find it* [heroin] *in four, five or more places, than yes, it’s a ‘10.’*” Community professionals most often reported current availability as ‘10;’ the previous most common score was also ‘10.’ Law enforcement comments included, “*Heroin is still our biggest problem; We’re just so inundated with the heroin....*”

Collaborating data also indicated the presence of heroin in the region. The Mahoning County Coroner’s office reported that 42.4 percent of all drug-related deaths it processed during the past six months was caused either by acute intoxication by heroin or by combined effects of heroin with another substance(s).

Media outlets in the region reported on heroin seizures and arrests during this reporting period. Ninety-seven

individuals were charged in a successful drug and weapons sweep in Warren (Trumbull County); the individuals were involved in heroin, cocaine and marijuana trafficking, as well as illegal firearm sales (www.10tv.com, April 17, 2013; www.vindy.com, April 18, 2013). A drug dealer and a young man were arrested upon the death of a 17-year-old girl from Girard (Mahoning County) who overdosed on heroin they provided (www.vindy.com, May 24, 2013).

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as the most available type. Participants rated brown powdered heroin's availability as '10,' the previous most common score was also '10.' Participants described brown powdered heroin as follows: "Brown sugar, chunky, depends on how much you get. If you buy a lot, it's a rock. If you buy a little bit, it's powder; Sand. It's the way brown sugar would look, maybe a little lighter; Tan-ish, kind of like cocoa, chunks." Law enforcement noted, "[Available heroin is] mostly brown powder." The BCI Richfield Crime Lab also reported brown powdered heroin as most available in the region.

Participants reported the availability of black tar heroin as low, rating its current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '2.' A participant commented, "Black tar [heroin] is more upper class ... it's around, but more expensive." Law enforcement also continued to report low availability of black tar heroin, rating its current availability as '2,' the previous most common score was also '2.' A law enforcement officer reported, "We've had a little bit of black tar in Ashtabula; We've never bought it [black tar heroin] in a seizure here [in Trumbull County]." Another law enforcement officer reported, "As part of the big roundup [drug sweep] we [law enforcement] just did, one of the main players here in Warren, all he wanted was black tar ... he found that when he bought the black tar, he could put more cut on it to make it worth more money ... it [black tar heroin] was coming ... from Mexico to Chicago to Columbus and Dayton and then up to here." The BCI Richfield Crime Lab reported low availability of black tar heroin in the region.

Participants were unable to determine the overall availability change of heroin, but suggested it has either remained the same or has slightly increased during the past six months. A participant suggesting that availability has remained the same commented: "I don't think an

increase [in availability of heroin] as much as [an increase in heroin use as] the painkillers come off the shelf [and] more and more people turn to dope [heroin]." Other participants commented on no change in availability, even after a recent drug bust: "With the [recent heroin] bust, it [availability of heroin] really hasn't changed; You'll always have new people [selling heroin]; No matter how many people they put in jail, there's still somebody out there [selling heroin]." Community professionals reported that the availability of heroin has remained the same during the past six months. A treatment provider described high availability of heroin as being "steady for a long time." A law enforcement officer reported that availability of heroin has "remained very high for the past couple years." The BCI Richfield Crime Lab reported that the number of brown powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants generally rated the current overall quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score ranged from '3' to '9.' Several participants continued to discuss the variability in heroin quality. A participant stated, "You get some really good [heroin], and then you get some bunk [bad heroin]; It's hit or miss." Participants reported that brown powdered heroin in the region is cut with benzodiazepines (specifically Xanax®), methamphetamine, joint supplements, quinine (antimalarial) and vitamin B. A participant claimed, "I know one of the biggest leading causes of overdoses from what I've seen in this area is from cutting dope [heroin] with benzos [benzodiazepines], Xanax®, etc." Another participant reported, "I know for sure that they [dealers] cut it [heroin] with methamphetamines. These guys [other participants] might argue with me, but I know for sure they have, I've seen it; Meth and Xanax® together [cut into heroin] too because it's not too high and it's not too low. Xanax® is obviously going to give you that hard nod and when people do it, they think they're doing good dope." Overall, participants agreed that the quality of powdered heroin has decreased during the past six months. The BCI Richfield Crime Lab reported that there are not a lot of cutting agents in the heroin cases they process.

Current street jargon includes many names for heroin. The most commonly cited names were "boy" and "dog food." Participants listed the following as other common street names: "alpo," "China," "D," "dope," "food," "downtown julie brown," "H," "fire" and "smack." Participants reported that

brown powdered heroin is available in different quantities: 1/10 gram sells for \$10; 1/2 gram sells for \$60-100; a gram sells for \$150-200. A participant recalled, *"I've paid \$60 for a half [gram of heroin], and I've paid up to \$100 for a half ... just depends on the quality and who you're dealing with. It [pricing] varies."* Several participants reported that heroin is most often bought in "bags" or "folds" and sells for \$20. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, eight would intravenously inject and two would snort the drug. A participant said, *"Most [heroin users] inject, some snort, some smoke it ... most people inject it though."* Several participants continued to suggest a progression of use: *"[Heroin users] they'll end up shooting. Most people start out snorting, but end up shooting up later because after a while your tolerance builds; New users usually snort it, but they end up shooting up; It don't take long, they'll eventually shoot it up."* Treatment providers agreed, reporting: *"Most all of them [heroin users] are IV [intravenous] users. I'd say about eight out of 10 are typically IV users; eight or nine would shoot, one might snort and most start off that way [snorting heroin]."*

Participants reported purchasing needles from heroin dealers, pharmacies, friends, family members and others with diabetes and through the Internet. Reportedly, injection needles on the street sell for \$5 each. Participant comments included: *"I buy them [injection needles] by the bag, and I've never been asked [for ID]; They're readily available at pharmacies; You can go to tractor trailer supply and get horse needles easily; People get them [injection needles] off the Internet. Usually, the person that sells it to you can buy a big pack online and knows someone in the area that can get needles because of diabetes or something."* A participant recalled travelling out of the region to obtain needles: *"I know people that go to Cleveland to the needle exchanges ... bring their dirty needles, and they [The Free Clinic of Greater Cleveland] give you free clean ones. However many you bring ... you bring a couple hundred, they give you a couple hundred, so they go up there ... and I mean sometimes you going up there to get your dope anyway."*

Participants estimated that roughly five out of 10 heroin users share needles. A participant commented, *"A lot of people share [needles]. I know a lot of people with Hep C [Hepatitis C] because of it [needle sharing]."* Most partici-

pants agreed that Hepatitis C is a problem in the region. Participants commented: *"Hep C for sure is a problem here; A third of the people here probably have it [Hepatitis C]; My sister has Hepatitis C. It's beginning to be a much bigger problem; Making needles not readily available is causing more harm than good – spreads Hep C and HIV."* A participant suggested, *"We need a needle exchange up here. People are using old needles, reusing and then people get so desperate they end up sharing them."* A treatment provider added, *"[Heroin users] start IV [intravenous] using at 18, 19 [years of age] and are coming in [for treatment] at 20, 21 [years of age]."*

Participants and community professionals described typical heroin users as white, male and female, between the ages of 18 and 30. Participant comments on typical users included: *"I'd say a lot more younger now [using heroin] ... 16-25 [years of age]; A lot of high schoolers are starting to use it [heroin]; There's a lot of suburban kids doing it [heroin] too. You don't just got to be from an urban area [to use heroin], it's getting everywhere."* Treatment providers reported, *"Generally, [heroin users] they're around 28 years old on average; It does seem like over time [heroin use] it's been trending younger ... and definitely in the last six months, we've had calls from other folks working with the 18, 19 year old asking, 'What do I with them? They need a detox bed.'" Many participants and community professionals also continued to describe typical users as those who progressed from using prescription opioids to using heroin: *"People who were taking pills [prescription opioids] previously and can't get them anymore [use heroin]; Most of my opiate addicts [in treatment program] are heroin users; however, they started out using Vicodin®, then Opana®, 'roxies' [Roxicodone®]."**

Reportedly, heroin is used in combination with crack and powdered cocaine, marijuana, methamphetamine, prescription opioids and sedative-hypnotics. Several participants explained that heroin is used with other drugs to increase the heroin high: *"Crack, benzos [benzodiazepines], weed [marijuana] ... it increases the high; You know, if you don't feel the effects of heroin, you take a benzo to nod; Any kind of benzos ... benzos get you higher."* Many participants with experience using heroin reported "speedballing" with crack cocaine, powdered cocaine or methamphetamine. Participants reported that roughly half of heroin users speedball: *"I'd say half of the people do. If people shoot cocaine, they're 'speedballing' [with heroin]; They mix them together and speedball right then and there."*

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability as of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread use; they identified Ultram® as also highly available but less desired. Several participants commented on Ultram®: *"I'd say [Ultram®] it's easily available because it's commonly prescribed; They're weak, nobody really looks for them [Ultram®]; My brother has a bottle of 800 of them [Ultram®] in his house from his doctor ... just keeps feeding it to him; If you eat a lot of them [Ultram®], like six or eight, they help you with your sickness [from heroin withdrawal]; You can go to the hospital and get those [Ultram®]; Anybody can have those."*

Community professionals most often reported the current availability of prescription opioids as ranging from '7' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on the prescription type; the previous most common score was '10'. Community professionals identified Percocet®, Roxicodone® and Ultram® as the most popular prescription opioids in terms of widespread use. A law enforcement officer commented, *"Definitely here in Trumbull [County], heroin, along with prescription pills, is a problem ... opiates, hydrocodone, oxycodone are probably equal ... any prescribed opiate [is available]."* Another law enforcement officer shared, *"Up north [in Ashtabula County], Percocet® is what [law enforcement] we're purchasing the most – or oxycodone [through undercover drug buys]. The availability of Percocet® in Ashtabula is far higher than anything else we're having an opportunity to buy, and I would say it's a '9' or '10' [highly available]."*

Collaborating data also indicated the presence of prescription opioid use in the region. The Mahoning County Coroner's office reported that 44.1 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by a prescription opioid(s) or by combined effects of a prescription opioid(s) with another substance(s).

Media outlets in the region reported on prescription opioids seizures and arrests during this reporting period. Four nurses were indicted for stealing prescription opioids (Dilaudid®, fentanyl, morphine and Vicodin®) from a hos-

pital in Boardman (Mahoning County); and Liberty Police (Trumbull County), who were tipped off about a wanted man staying in a local hotel, entered the room and arrested the man after finding prescription opioids (www.vindy.com, May 9 and June 25, 2013, respectively).

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants shared: *"[Law enforcement] they're cracking down on doctors [who overprescribe] I think; 'Roxies' [Roxicodone®] ... they've definitely been harder to get; A lot of them [prescription opioids] have gone down, especially Percocet® went down; [Prescription opioids] they're too much energy to get and sell them."* Treatment providers and law enforcement reported that availability of prescription opioids has remained the same during the past six months. However, a law enforcement professional reported lower incident rates of prescription opioids arrests in Youngstown: *"Not [seeing prescription opioids] so much, [law enforcement] we're doing probably about 8 percent of our trafficking caseloads ... are pharmaceutical cases as opposed to nearly 40 percent heroin."* The BCI Richfield Crime Lab reported the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

Reportedly, many different types of prescription opioids (aka "beans," "candy," "poppers," "skittles" and "vitamins") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Norco® (sells for \$5 per pill), Opana® (aka "panas" and "pandas;" old formulation, 40 mg sells for \$40-60; new formulation, 40 mg sells for \$20-30), Percocet® (aka "peaches" and "percs;" 7.5 mg sells for \$3-5; 10 mg sells for \$6-8), Roxicodone® (aka "IR 15s," "IR 30s," "blues," "blueberries" and "roxies;" 15 mg sells for \$10-15; 30 mg sells for \$25-30), Ultram® (aka "trams" and "trims;" sells for 50 cents-\$1.50 per pill) and Vicodin® (aka "vikes;" 5 mg sells for \$1-2; 7.5 mg sells for \$2-3; 10 mg sells for \$4-5). Most participants agreed that Opana® 40 mg old formulation is very rare in the region: *"You might come across them, but they're rare now; There's none around here. I know one person that leaves the state and comes back with them, the 40's; I've paid \$78 for an Opana® 40 [old formulation]."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption (swallowing and/or “eating,” crushing/ chewing). Participants reported that out of 10 illicit prescription opioids users, eight would orally consume and two would snort the drugs. Participants explained: *“Most people [users] chew them [prescription opioids] ... gets into your system faster; I know a lot of people will chew them [prescription opioids] because they like the taste of it. Like I would chew them because I liked it.”* Participants also noted other routes of administration including intravenous injection, smoking and dissolving prescription opioids in drinks. Most participants agreed that injecting prescription opioids is common among intravenous heroin users.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them through the Internet, pain clinics, emergency rooms and family physicians. A participant commented: *“Some [prescription opioids are obtained through] prescription, many [obtained] off the street. I know when I was using, I had a buddy that had 5,000 [prescription opioid pills] sent to him every couple weeks from California. I know it was gang organized and the shipment was split between specific people.”* However, most participants agreed that the most common way to obtain prescription opioids is through people who have prescriptions. Participant comments included: *“Either older people who sell them [prescription opioids] or you know someone, family members ... and steal them; I stole them out of the bathroom; A lot of people have prescriptions [for opioids], and they never take them. That was their income every month. You can buy the whole script [prescription].”* Several participants also reported selling prescription opioids to obtain a preferred drug of choice: *“People here [Ashtabula County] are selling Percocet® to get heroin; I know someone who sold their script, had 180 of them [Percocet®], and they probably sell about 150 of them a month to get their heroin.”*

Participants described typical illicit users of prescription opioids as white and under age 30. A participant observed, *“The young people are buying them off the street, and the older people have the prescriptions and are selling them [opioids]. They’ll take half [use half the prescription] and sell the other half.”* Two participants noted that their own initiation of illicit use occurred in adolescence, at age 14 and 16. Law enforcement reported that illicit users of prescription opioids are diverse, although more often white than black.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana, methamphetamine and sedative-hypnotics. Participants shared that other substances are used to intensify the high of the prescription opioid(s). A participant stated, *“You get real messed up when you drink alcohol and take pills [prescription opioids].”* Another participant explained, *“People smoke weed [marijuana] just before they pop them [prescription opioids] to get high ... just before the pill kicks in.”*

Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant commented, *“I know a lot of people that got those [Suboxone®]. It’s everywhere now.”* Another participant shared, *“People take them [Suboxone®] when they can’t get their dope [heroin] or pain pills to not get sick. I don’t think people abuse them and shoot them. I would buy them in bulk and save them for when I couldn’t get dope, so I wouldn’t get sick.”* Treatment providers and law enforcement most often reported the drug’s current availability as ‘10’; the previous most common score was ‘8’. Treatment provider comments on current availability included: *“You can find it [Suboxone®] ... all the heroin dealers have it; I think it’s high [highly available].”* A treatment provider also observed, *“[Heroin users] they’re trading their Suboxone® with the heroin dealers for the heroin.”*

Collaborating data also indicated the presence of Suboxone® in the region. The Mahoning County Coroner’s office reported that 8.5 percent of all drug-related deaths it processed during the past six months was caused by acute intoxication by combined effects of buprenorphine – an ingredient in Suboxone® – with another substance(s).

Participants reported that the availability of Suboxone® has remained the same during the past six months. Although most community professionals agreed that availability of Suboxone® has generally remained the same during the past six months, some treatment providers reported an increase in use. Their comments included: *“I don’t know if [Suboxone®] it’s more available, but we’ve seen an increase in the amount of people using Suboxone® in the last six months; I think the biggest change here [in substance*

abuse trends] is the increase in Suboxone®. More and more clients are using it." The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes remained the same during the past six months.

No current street jargon was reported for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg (strips and pills) sell for \$15-20. Participants suggested that pricing has increased during the past six months: "I used to pay two [Suboxone®] for \$25 but now they're \$20 apiece. They went up a lot; I used to get the 8 mg [Suboxone®] strips for \$10 a piece ... they went up." Most participants reported that 8 mg pills are rarely available in the region and that 8 mg sublingual strips are much more available: "You don't really see the [Suboxone®] pills too often, it's the 8 mg strips; [I] haven't seen [Suboxone®] pills lately, it's mostly the films. They're doing away with the [Suboxone®] pills."

While there were a few reported ways of consuming Suboxone®, the most common route of administration is sublingual (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, nine would orally ingest and one would intravenously inject (aka "shoot") the drug. A participant observed, "Most people just let it [Suboxone®] dissolve under their tongue." Other participants commented on injecting the drug: "I know people that shoot them [Suboxone®], that's not real common; Some people have injected it. I don't think it's as common. [Injection of Suboxone®] that's really for the heavy, heavy heroin user; I've heard of people shooting them up, but no, I've never done it. It's not real common."

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug through prescriptions from clinics and doctors. A participant commented, "People go to the doctor get a [Suboxone®] prescription, and then they sell their prescription; All you got to do is piss dirty [fail a drug screen] and go to the thing [clinic] and get Suboxone®." Other participants suggested: "If you really want them [Suboxone®], you can go to a clinic and sit there all day and I'm sure you can get them; Either get a prescription or go to the dope [heroin] dealer, they sell that [Suboxone®] too; Get your heroin and Suboxone® all in one shot." Some participants reported giving Suboxone® to heroin dealers in exchange for heroin: "A lot of dope [heroin] dealers do carry it [Suboxone®] ... they'll get it from the user who's sick and swap them for the heroin. He'll have

a prescription for 30 strips and sell them to dealer for heroin. Just trading it, back and forth; Either sell it [Suboxone®] to the dealer or to other people who want it, either way." A treatment provider also reported, "I see a lot of people selling Suboxone®. They get a prescription for it and sell it for their drug of choice."

Participants and community professionals described typical illicit Suboxone® users as having the same profile as heroin users. Participant comments on typical illicit use included: "Heroin users ... people going through withdrawals; People who are addicted to an opiate or heroin. There aren't people who use other drugs that would go use Suboxone® for the fun of it." Treatment providers explained, "When opiate addicts can't get anything, they're buying Suboxone® off the street to not be sick; They know if they can't get the other [drug of choice – typically heroin], [Suboxone®] it'll keep them from getting sick." Reportedly, when used in combination with other substances, Suboxone® is used with marijuana, prescription opioids and sedative-hypnotics.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Xanax®, followed by Klonopin®, as the most popular sedative-hypnotic in terms of widespread use. Participants also identified Ativan® and Valium® as highly available in the region; however, less desirable than Xanax® and Klonopin®. A participant commented, "I know a lot of people who are prescribed Klonopin®, and they're like, 'Hey you want one?'"

Community professionals most often reported current availability of sedative-hypnotics as '6'; the previous most common score was '8'. Community professionals identified Ativan®, Klonopin® and Xanax® as most popular. A treatment provider reported, "Xanax®, Ativan® and Klonopin® – we see all of those [in client use histories]. A lot of them [clients] are prescribed it ... They can go to their doctor or psychiatrist [to obtain sedative-hypnotics]." A law enforcement officer added: "We've bought Xanax® ... I think it's not nearly available as Percocet® ... the opiates are still more of an issue [than sedative-hypnotics]."

Collaborating data also indicated the presence of sedative-hypnotics in the region. The Mahoning County Coroner's office reported that 44.1 percent of all drug-related deaths it processed during the past six months was caused by acute intoxication by combined effects of a benzodiazepine(s) with another substance(s).

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. A participant remarked, "No changes [in availability of sedative-hypnotics] ... probably never will [be]." Community professionals also reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of a decrease in the number of Soma® cases.

Reportedly, many different types of sedative-hypnotics (aka "benzos" and "skittles") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. 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® (sells for 50 cents-\$1 per pill), Klonopin® (aka "k-pins" and "pins;" 2 mg sells for \$1-2), Valium® (10 mg sells for \$1-2) and Xanax® (aka "blues," "footies," "forget-me-nots," "greens," "mind-erasers," "peaches" and "xanies;" 0.5 mg sells for 50 cents-\$1; 1 mg, aka "footballs," sells for \$1-3; 2 mg, aka "bars," "handle bars," "ladders" and "xanibar," sells for \$3-5).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted between types of sedative-hypnotics, the most common routes of administration remain snorting and oral consumption (swallowing and "eating," crushing/chewing). Participants reported that out of 10 illicit sedative-hypnotics users, eight would snort and two would "eat," or swallow, these drugs. Participants explained: "Xanax® is more common to snort I think then the other ones [sedative-hypnotics]; I didn't see too many people who were abusing them [sedative-hypnotics] not chewing them ... people who abuse them most of the time chew them up."

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from physicians and family doctors, as well as from people with prescriptions. A participant commented,

"Mine [sedative-hypnotics] was free because my insurance covered [them], so I would just trade them for other things [other drugs]; Some people will buy the whole script [prescription] from the person." Another participant said, "Dealers sell them [sedative-hypnotics], too; You can walk in and see heroin, weed, crack, pills, all in the same room."

Participants described typical illicit users of sedative-hypnotics as under age of 30. Participants also noted additional profiles of individuals who use sedative-hypnotics, reporting: "I notice people more that drink [alcohol] and party [abuse sedative-hypnotics]; I notice that people that sell drugs use benzos [benzodiazepines] more than anything else." Several participants with experiencing using heroin reported that sedative-hypnotics are often used as a substitute for heroin when heroin cannot be obtained. A participant reported, "When you want dope [heroin] and can't find dope or don't have money ... the benzos are the first thing they go for ... Xanax®, Valium®, Klonopin®... helps with the withdrawals."

A treatment provider reported, "Opiate addicts [use sedative-hypnotics] ... when they can't get heroin, they'll use the benzos to fill in. That's what I hear a lot of." Treatment providers also observed additional characteristics of typical sedative-hypnotic users: "The guys [clients] I've had that use Xanax® are between the ages of 18 and 30 [years]; We do see it [sedative-hypnotic use] among younger, adolescents, although I'd say for women who are using Xanax®, [they] are older, like 35 [years of age] and up – more so than men of that age; Before I thought it was more females [using Xanax®], but I've seen a lot of males too."

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids and Suboxone®. Several participants commented that these drugs are used with a variety of other drugs: "Everything ... weed, alcohol; Pain killers, coke, crack ... benzos help you come down from coke or crack or whatever ... to help you come down or sleep; A lot of people taking Suboxone® take them [sedative-hypnotics] ... to get higher or to help sleep; People are mixing anything and everything these days."

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 scores were also '10'. Participants remarked: "[Marijuana availability] it's a '12' ... a '15' [extremely available]; Everybody's growing it [marijuana] in their backyards." Participants commented on the high prevalence of high-grade marijuana: "I've never ever seen regular stuff [low- to mid-grade marijuana] ... before I got locked up [in-carcerated] that's all I would see is high quality stuff [marijuana]; Most of it [high-grade marijuana] is grown indoors. The good stuff ... hydroponically [grown]; Good weed's around here. You don't normally find the crap, commercial [marijuana] ... it's all kush [high grade]." Law enforcement observed, "Every dealer has marijuana in his house. Every dealer no matter what they're dealing has marijuana in his house. Even where there's hard drugs, there's soft drugs."

Collaborating data also indicated the presence of marijuana in the region. The Mahoning County Coroner's office reported that 15.3 percent of all drug-related deaths it processed during the past six months involved cannabinoids.

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. A young man in Youngstown was shot and hospitalized after a marijuana drug deal went bad; two individuals were arrested on the west side of Youngstown because of marijuana found in a vehicle and in baby food jars throughout their residence, as well as for possession of other drugs including heroin, ecstasy and crack cocaine; and two young adults were arrested in Boardman Township (Mahoning County) for possession of marijuana (www.vindy.com, Jan. 11, Jan. 16 and June 10, 2013, respectively).

In general, participants reported that the availability of marijuana has remained the same during the past six months. However, participants noted that the availability of high-quality marijuana has increased: "I've seen an increase in high-quality [marijuana], indoor-grown marijuana in the last six months; It seems like ... more and more people are getting it [marijuana] [and] selling it, in higher and better

quality." In general, community professionals reported that the availability of marijuana has remained the same during the past six months. However, law enforcement also noted increases of high-quality marijuana in the region. A law enforcement officer reported, "We continue to see increases in medical marijuana [high-grade marijuana] from the legal states, medical marijuana states – California, Colorado, more so from California than Colorado. It's been more and more, continuously increasing." Treatment providers also reported that high-quality marijuana is preferred among clients: "My young clients get low-grade marijuana because they don't have money, but they prefer the higher grade; We have more people claiming, you know, to be addicted to the [high-quality] marijuana when they come in. They have more trouble stopping the use of it." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participants most often reported the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participant comments on current quality included: "I heard we got some of the best weed in the country - in Ohio; Everybody's into selling the high-grade kush around here. They don't mess with the garbage; I ain't seen no regs [regular, low-grade marijuana] around here lately; I mean some of that [high-grade marijuana], you take one hit and you're stoned [high]."

Current street jargon includes countless names for marijuana. The most commonly cited were "bud" and "weed." Participants listed the following as other common street names for low-grade marijuana: "bobby brown," "commercial," "commerish," "dirt," "downtown brown," "headache," "lows," "marsh," "reggie," "schwag" and "Youngstown brown." Participants listed the following as other common street names for high-grade marijuana: "Afghani," "baby dro," "blueberry," "bubble gum," "chronic," "dank," "diesel," "dro," "fire," "hydro," "kind bud," "kush," "loud," "premium," "purple," "purple haze," "red hair," "sugar bush" and "Vietnam bud." Current street prices for marijuana were consistent among participants with experience buying the drug and were based on the quality of the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (single cigar) or two joints (cigarettes) sell for \$10-15; 1/8 ounce sells for \$15-20; 1/4 ounce sells for \$40-50; an ounce

sells for \$100-120; 1/4 pound sells for \$350; a pound sells for \$500-800. Higher-quality marijuana sells for significantly more: a blunt or two joints sells for \$20-30; 1/8 ounce sells for \$50-80; 1/4 ounce sells for \$100-120; an ounce sells for \$250-350; 1/4 pound sells for \$1,200.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that 10 out of 10 marijuana users would smoke the drug. A participant listed smoking devices used with marijuana as, *"bongs, bowls, blunts, papers."* Participants commented on using marijuana in edibles as less common than smoking: *"You might get them hippies eating a brownie or something [containing marijuana], but they're smoking a blunt while they're eating it; More like festivals is where they have edibles; People eat it in brownies, make butter; I made a lot of concentrates, oils; I guess some eat it – maybe at parties. I don't see people doing it though, just sitting, eating pot all day."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as: *"Ages 5 to 90 [years]; Black, white, Hispanic, males, females, everybody; I think just about everybody around here smokes marijuana; From normal people to judges; I'd say a lot of high-schoolers, too, when they first start experimenting with drugs; Everybody, and they're starting younger."* Community professionals also described typical users of marijuana as "everybody."

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, methamphetamine, prescription opioids and sedative-hypnotics. Participants estimated that out of 10 marijuana users, two would lace marijuana with crack or powdered cocaine (aka "woolie"). Participants also reported lacing marijuana with promethazine/codeine and prescription pills. Participant comments included: *"Dip it [marijuana blunt] in promethazine and let it dry out. Oh yeah, that's common ... you smoke it, dip the blunt wraps; I've seen people crush up pain killers and throw it on top of weed and smoke it ... Vicodin®, Percocet®; I know people around here that take blunts and lace blunts with Viagra®. It's called a 'woody.'"*

Methamphetamine

Methamphetamine is rarely available in some areas of the region, while highly available in other areas. Participants and community professionals from Ashtabula, Mahoning and Trumbull counties all provided varying reports on the availability of methamphetamine among the region's counties. However, reports on availability from respondents were consistent within each county. Participants in Mahoning County most often reported current availability of methamphetamine as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '2'. Mahoning County participants reported: *"I don't think [methamphetamine] it's very popular at all. Around Ashtabula, yes, but not around here; [Methamphetamine] it's in more rural areas; That's for people that can't get real drugs."* A Mahoning County law enforcement professional also reported low incidence rates of methamphetamine in the county: *"We haven't had any methamphetamine cases in the last six months, but that's not saying it's not available."*

Participants reported high availability elsewhere in the region. Participants rated availability as '8' in Trumbull County and '10' in Ashtabula County; previous scores were '2' for Trumbull County and '10' for Ashtabula County. Trumbull County participants commented: *"I know some people that have smoked it [methamphetamine] ... bought it here in Warren; It just lasts so much longer because you spend \$20 on coke and that's it, but you smoke it [methamphetamine] and spend a little more and be up for days."* A participant in Ashtabula remarked, *"[Methamphetamine] it's the easiest [drug to get] around here."*

There was no consensus between the community professionals of the two counties in regards to current availability. Treatment providers from Trumbull County most often reported current availability as '5', while law enforcement in the county continued to report low availability, rating current availability as '3'. Community professionals in Ashtabula County reported current availability in their county as '10'. A law enforcement officer from Trumbull County commented: *"The deputies up there [in Ashtabula County] have lived it [high availability of methamphetamine] the last 10 years ... They're getting [busting] several [methamphetamine] labs a week up there; Usually anybody*



we [law enforcement] arrest down here [Trumbull County] for meth is from Ashtabula or has some kind of connection to Ashtabula; There's still a significant connection with meth down here [Trumbull] that can go back to Ashtabula. Some of their people [methamphetamine cooks] are migrating down here to make their product or to turn people on to it, showing them how to make it here in Trumbull County."

Participants reported that methamphetamine is primarily available in "shake-and-bake" or "one-pot" method forms. Participants commented about the production of one-pot or shake-and-bake, which means users are producing methamphetamine 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 typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

Participants from Ashtabula County reported that other forms of methamphetamine are also available, specifically anhydrous and red phosphorous types. However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine. A law enforcement officer stated, *"The one-pot method by far is the most common. The anhydrous method is almost becoming extinct, because there's no reason to have to go out and steal it [precursor materials]. Why take the chance when you can just get a cold pack and go have somebody go to the local drug store to get those?"*

Participants reported that the availability of methamphetamine has remained the same in Mahoning County, has increased in Trumbull County and has decreased in Ashtabula County during the past six months. A Trumbull County participant remarked, *"I think more people are learning how to do it [manufacture methamphetamine] here. It's pretty easy."* Ashtabula participants explained a perceived decrease in availability as follows: *"[Methamphetamine] it's still easy to get, but I definitely think it's harder [to obtain], and a lot of people are getting in trouble; Like everyone I know [who produces methamphetamine], they just got out [of jail] and just got popped [arrested] again ... and now going back [to jail]; ... small groups of people making it [methamphetamine], and people are more paranoid about selling it to people they don't know. It's not widespread like crack."*

Treatment providers reported that methamphetamine has increased in Mahoning County and has remained the

same in the rest of the region. However, treatment providers explained that the increase in methamphetamine users can be attributed to clients who were referred from Ashtabula County. Law enforcement reported that the availability of methamphetamine has increased in Trumbull County and has remained the same in Mahoning and Ashtabula counties. A Trumbull County law enforcement professional shared, *"We've had a lot more [methamphetamine] labs this year compared to any other year ... and we're not proactively working them like Ashtabula. They're definitely here and we're coming across a lot more of them."* The BCI Richfield Crime Lab reported the number of methamphetamine cases it processes has increased during the past six months.

Participants most often reported the current overall quality of shake-and-bake methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Overall, participants reported that the quality of methamphetamine has decreased during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "chicken feet," "crank," "glass," "go-fast," "jib," "shards" and "speed." Participants with experience buying the drug were able to provide pricing for shake-and-bake methamphetamine: 1/4 gram sells for \$20-25; 1/2 gram sells for \$40; a gram sells for \$80-100. In Ashtabula, most participants agreed that 10 out of 10 methamphetamine users would purchase pseudoephedrine in exchange for methamphetamine. Participants reported: *"It's very common [to exchange pseudoephedrine for methamphetamine]; At one time, they [meth cooks] wouldn't even take cash ... meth dealers, all they would want was the [pseudoephedrine] boxes."* Participants also continued to report purchasing boxes of pseudoephedrine in exchange for other drugs, primarily heroin. Law enforcement from Ashtabula County also reported trends of heroin users purchasing pseudoephedrine in exchange for heroin or making methamphetamine themselves. A law enforcement officer reported, *"What we're finding now is that heroin addicts are trying to make meth ... they're making meth to sell it to support their heroin addiction. So, that's helping, creating and making the [methamphetamine] problem even bigger because there are more people out there cooking it."*

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking, followed by snorting and intravenous

injection (aka “shooting”). Participant comments included: *“I think smoking is most common [route of administration for methamphetamine], then snorting and then injecting; People shoot it [methamphetamine], snort it, parachute it [wrap methamphetamine in tissue and swallow], take it in capsule form. Whatever meth you got, you can put it in a capsule.”*

Participants continued to describe typical users of methamphetamine as primarily white. Participants observed typical use as follows: *“White people ... under 30 [years of age] ... a lot of mountain folk [Appalachian population]; White people, old, young, male, female; Mostly white people. Really though, for real, you seen any black people in that ‘operation meth head’? No ... maybe Hispanic.”* Community professionals agreed that the typical methamphetamine user is white. A law enforcement officer commented, *“White ... I can think of one time the whole time I been up there [Ashtabula County] of one person [user] who was black that we had any kind of meth issues with. [Typical methamphetamine use] it’s white people.”*

Reportedly, methamphetamine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A participant explained, *“[Methamphetamine users use] heroin to ‘speedball’ and benzos to come down.”* Other participants agreed: *“People will take Xanax® [with methamphetamine] to come down; You need something to help come down because when you come down, it’s a real bad crash, so alcohol, weed a lot ... I smoked weed a lot with it [methamphetamine]; Anything to come down.”* A treatment provider shared, *“We have seen more people testing positive for both marijuana and methamphetamine. Dealers are sprinkling ... methamphetamine on marijuana. Some people are reporting this, but mostly people are just testing positive [for both drugs].”*

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of Adderall® as a ‘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 commented, *“I can like find, the lower [milligram] Adderall® and Ritalin®, you know. Adderall®, I mean it’s not as strong [as methamphetamine], but I could probably find that before I’d be able to find meth on the street.”* Participants most often reported the current availability of Concerta® as ‘8’ and identified the drug as less available than

Adderall®. Conversely, treatment providers most often reported the availability of Adderall® as a ‘2’. A treatment provider remarked, *“Rarely ... we just don’t see it [Adderall®].”* The BCI Richfield Crime Lab reported Adderall® and Dexedrine® as available in the region.

Participants reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were variable among participants with experience buying the drug. Participants only provided pricing information for Adderall®: 15 mg sells for 50 cents-\$2; 20 mg sells for \$3-5; 30 mg sells for \$5-10. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from family doctors, physicians or from others who have prescriptions. While there were several reported ways of using prescription stimulants, the most common routes of administration remain oral consumption and snorting. A participant commented, *“Most people snort them [prescription stimulants] or eat them ... chew them up.”*

Participants described typical illicit users of prescription stimulants as high school and college students. Participants explained: *“College kids [use prescription stimulants], so they can stay up all night; High-schoolers, college kids, mainly school people who use it to study, focus.”* In addition, participants named methamphetamine users as often illicit users of prescription stimulants: *“I know a lot of people that can’t find any meth do that; It’s used kind of like a substitute for speed, methamphetamine.”* Treatment providers also reported use of prescription stimulants as typical among adolescent populations. A treatment provider said, *“[Use of prescription stimulants] it’s popular with kids – a lot of the kids take it.”* Another treatment provider shared, *“I’ve had a few [clients] that have been prescribed it [stimulants], but they’ve also abused it.”*

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, most participants and community professionals were unable to provide an availability rating for bath salts and did not have experience using the drug. A participant suggested bath salts are still available: *"I tried that [bath salts]. Nope, it's crazy. There's still stores that sell them."* A participant discussed: *"[Bath salts] they were big but not since they got taken out of the stores. I haven't seen it really."* A treatment provider remarked, *"[Bath salts] they came out in a storm and I think they just dwindled down."* A law enforcement professional also reported, *"We've heard some stores in Ashtabula that are still selling salts [bath salts] and synthetic weed ... primarily synthetic marijuana."* Another law enforcement officer explained, *"I don't think we're getting a lot of tips on it [bath salts]. I think since the change in the law, it's kind of dropped off. Our job is basically what our informants tell us ... It doesn't mean [bath salts] it's still not existing out there, but we haven't seen any, no new tips."*

Media outlets in the region reported on bath salts seizures and arrests during this reporting period. In June, two people from Newton Falls (Trumbull County) were indicted on charges of intent to distribute bath salts via the Internet (www.newsnet5.com, June 26, 2013).

A treatment professional suggested the availability of bath salts has decreased during the past six months: *"Since the stores have stopped selling [bath salts], we've seen a decrease in it. Plus, all the hype around it ... the stories people heard about it scared some people off [bath salts]."* The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has remained the same during the past six months.

Participants were unable to provide any street names for bath salts. Also, participants did not have experience purchasing the drug, so they could not provide information on pricing. Participants described typical users of bath salts as *"younger; adolescents; mid-to-late teens."* However, a treatment provider shared, *"We've had a few [bath salt users]. They were older, Caucasian, 30s to 40s [in age] [and] female."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, most participants were unable to report on availability of synthetic marijuana because they did not have experience using the drug. A participant said, *"Spice [synthetic marijuana], it was just huge for a while and now ... done."* Another participant commented, *"You can buy it [synthetic marijuana] online. Like, the bath salts, K2 ... a lot of the pills you mentioned ... you can buy that online, so that makes those easily available."*

The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participants were unable to provide any street names for synthetic marijuana. Also, participants did not have experience purchasing the drug, so they could not provide information on pricing. Participants described typical users of synthetic marijuana as people who do not want to fail a drug screen. A participant commented, *"People on probation and shit use that [synthetic marijuana], but they test for that now, too."* Another participant said, *"Younger [people] or people with good jobs that don't want to fail a drug test [use synthetic marijuana]."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is highly available in the region. Participants most often reported the drug's current availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.' Most participants agreed that powdered MDMA (aka "molly") is more available than ecstasy in the region. Participant comments on current availability included: *"Molly's more common than 'X' [ecstasy]; Nobody really does ecstasy no more. It's molly [that is common]; Somebody just tried selling me molly."*

Participants from all participating counties in the region consistently reported that the availability of ecstasy, or more specifically, molly, has increased during the past six months. A participant remarked, *"I never even heard of molly until a year ago ... I think it's increased significantly"*



in the past six months.” Other participants commented: “Everybody’s talking about it [molly]; It’s definitely more popular in the last six months than it’s ever been; I’ve heard a lot more [about molly] lately.” Treatment providers agreed that the availability of powdered MDMA, or molly, has increased during the past six months. A treatment provider commented, “It’s been in the last six months that I’ve heard a lot about molly than I have had in the past.” A law enforcement professional reported increases in ecstasy availability during the past six months, “[Law enforcement] we’re seeing big increase in ecstasy in the last six months up north [Ashtabula] ... We not only bought, but also did a seizure two to three weeks ago and got over 225 ecstasy pills...” The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

Participants with experience using powdered MDMA reported that the current quality of the drug is high. However, some participants noted that powdered MDMA in the region is being cut with cocaine or bath salts. A participant shared, *“Molly is more available than ‘X,’ but most of the molly is bath salts - or it’s cut with coke, really anything else they [dealers] could put in it.”* A law enforcement professional agreed, reporting, *“I know a lot of our lab reports, at least of what I’ve seen through the city, through the PD [police department] and the case we did here with that big roundup, was bath salts ... or the people arrested said it’s molly, and it was actually cocaine-cut ecstasy. We’re very rarely seeing pure MDMA on the labs here in Trumbull County.”*

Current street jargon includes several different names for ecstasy. The most commonly cited remain molly for powdered MDMA and X for ecstasy. Current street prices for ecstasy and powdered MDMA were variable among participants with experience buying the drugs. Participants reported that a “double stack” or “triple stack” (high dose) of ecstasy tablets sell for \$10-20; a gram of powdered MDMA sells for \$75-100.

While there were several reported ways of using ecstasy and powdered MDMA, the most common route of administration remains oral consumption. Some participants also reported inserting ecstasy tablets rectally. A participant shared, *“I’ve done that once. It was an X pill. Just put the whole pill up there [in the rectum] and it dissolves. Any pill you can do it with, but for me it was more common with ecstasy. Everybody was doing it that way.”*

Participants described typical users of ecstasy as younger. A participant commented, *“[ecstasy use] it’s in that 16 to 25 [year age] range ... males and females.”* Another participant observed, *“‘Ravers’ [people who attend dance parties, aka ‘raves’], I think more girls, more female, more younger, white kids.”* A participant added, *“I think drug lords mainly use molly. I’m saying, like richer people use molly, and it happens to be the drug dealers.”* Treatment providers reported that typical users of ecstasy are adolescents. A treatment provider said, *“I see it [ecstasy use] with 15 to 17 year olds. My clients are males, but I do hear that both female and male are using it.”* A law enforcement officer stated, *“On the couple cases that we had [ecstasy], it’s been more younger persons using it. Out of the cases I’ve had, late teens to late 20s [in age].”* Reportedly, ecstasy is used in combination with alcohol. A participant commented, *“It’s common with big partiers, drinking [alcohol] with it [ecstasy].”*

Other Drugs

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: anabolic steroids, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cough and cold medications.

Anabolic steroids are moderately available in the region. Participants most often reported the current availability of anabolic steroids as ranging from ‘6-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant commented, *“Steroids are around.”* Some participants felt that the availability of steroids has increased during the past six months. A participant shared, *“I’ve seen many people using [anabolic] steroids just to go to the gym and get in their workouts. Their moods just change completely from what they were before.”* Another participant recalled, *“A lot of my son’s friends that been going to the gym for like a year, are you know, they were a pretty decent size but in the last two months, they’ve, whoa, you can just see it [anabolic steroids use] ... and then they have the acne on their shoulders, the lumps in the back of their arms, real heavy acne on their face.”* Still another participant mentioned, *“Steroids here ... I think it’s growing [use is increasing], literally.”* Participants reported typical users of anabolic steroids as most often younger athletic males. Participant comments included: *“Ages 17-30 [years]; younger crowd, athletes, males; A lot of kids in high school use them for lifting, for football!”*

Hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] are moderately to highly available in the region. Participants most often reported the current availability of psilocybin mushrooms as ranging from '5-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on "who you know;" the previous most common score was '10'. A participant said, "Mushrooms [psilocybin mushrooms], LSD, you can't get them all year round." Most participants continued to describe hallucinogens as a "seasonal" drug. Participant comments included: "There's mushrooms here and there; It's a summertime drug ... In the winter it [availability] dies down." Participants reported that 1/8 ounce of psilocybin mushrooms (aka "shrooms") sells for \$25-30; a "hit" (single dose) of LSD (aka "acid") sells for \$5-10. A participant commented, "[Hallucinogenic use] it's at festivals. I know hippies that will go to shows in Cleveland and bring back acid, liquid acid." In addition, participants reported baking psilocybin mushrooms into candy or baked goods. A participant shared, "At the festivals, you can buy chocolates or candy bars, Rice Krispies® [baked with psilocybin mushrooms]."

A few participants discussed the use of inhalants in the region. A participant commented, "[Inhalants] that's readily available at your local [office supply store]." Another participant shared, "Nitrous oxide, [aka] 'whippets,' I think at festivals is common." Participants described typical inhalant users as follows: "I think it's younger kids, high school [who use inhalants to get high]; Younger adolescents that are starting to experiment, first time [drug use], trying something." A participant shared, "I think people look down on you if you're huffin' [inhaling] a can of duster [computer keyboard cleaner]."

Lastly, participants also discussed over-the-counter (OTC) medication, particularly Coricidin® Cold and Cough (aka "triple Cs") and Robitussin® as being abused in the region primarily by adolescents. A participant reported "'Triple Cs' are big out in Newton Falls [Trumbull County]. My buddy took 90 of them things. It's younger, you're not gonna see no 40-year-old walking around on Triple Cs. [Typical users] they're like 19 to 20 year olds." Participants also talked about "lean" or "dirty Sprite" (abuse of promethazine with soft drinks). However, a participant stated, "Promethazine, I don't think it's necessarily easy to find." A participant described: "'Dirty Sprite' ... you mix Sprite®, promethazine, put a Jolly Rancher [candy] in there." Participants described the typical lean users as black and drug dealers. A participant

remarked, "I say it's basically the dope boys [who drink lean]; they're the ones that buy it – promethazine."

Conclusion

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

Ecstasy and powdered MDMA (aka "molly") generated much discussion in the focus groups this reporting period. Participants and community professionals noted an increase in the availability of these drugs during the past six months. Most participants agreed that molly is now more available than ecstasy in the region. In fact, participants from all participating counties in the region consistently reported that the availability of molly has increased; whereas law enforcement referred to an increase in the number of ecstasy tablets seized during the past six months. Participants with experience using molly reported the current quality of the drug to be high. However, some participants noted that molly is cut with cocaine and bath salts. Law enforcement added that dealers are selling what they call molly, but that seized molly often comes back from crime labs as ecstasy cut with cocaine or bath salts. Law enforcement reported that they rarely find "pure" MDMA. Ecstasy and molly continue to be connected to younger users (late teens to early 20s) who attend parties and raves.

While participants and community professionals reported that the overall availability of marijuana has remained the same during the past six months, participants and law enforcement indicated that the availability of high-grade marijuana (medical and hydroponic) has increased. Participants and law enforcement attributed the wider availability and the increased quality of high-grade marijuana to an increase in medical marijuana being brought in from states which have legalized the sale of the drug, as well as the ease with which people can grow marijuana hydroponically. Treatment providers reported that high-quality marijuana is preferred among clients. When discussing the high prevalence of high-grade marijuana, participants noted that lower grades of marijuana are becoming increasingly more difficult to obtain.

Methamphetamine is rarely available in some areas of the region, while highly available in other areas. Mahoning County participants and law enforcement reported low availability of methamphetamine in their county, while participants elsewhere in the region reported high availability. Participants rated current availability as '8' in Trumbull County and '10' in Ashtabula County on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals in Ashtabula County also reported current availability in their county as '10'. Law enforcement in Trumbull County reported that methamphetamine "cooks" have migrated from Ashtabula County to Trumbull County. Participants reported that the availability of methamphetamine has increased in Trumbull County during the past six months. Overall, participants and community professionals generally agreed that methamphetamine availability has increased in at least part(s) of the region. The BCI Richfield Crime lab also reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants reported that methamphetamine is primarily available in "one-pot" or "shake-and-bake" method forms. Participants from Ashtabula County also reported other forms of methamphetamine as currently available, specifically anhydrous and red phosphorous methamphetamine.

However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine. Participants continued to report that some users trade boxes of pseudoephedrine for either methamphetamine or their drug of choice; law enforcement reported it is increasingly more common for heroin users in the region to trade pseudoephedrine for heroin or to manufacture methamphetamine as a way to support their heroin dependence. While there are many ways of using methamphetamine, the most common route of administration remains smoking. Participants and community professionals continued to cite white individuals as typical users of methamphetamine.

Lastly, prescription stimulants remain highly available in the region. Participants most often reported the current availability of Adderall® as a '10'. In addition to obtaining prescription stimulants on the street from dealers, participants also continued to report getting them from family doctors, physicians, or from others who have prescriptions. And while participants continued to describe typical illicit users of prescription stimulants as high-school and college students who use the drugs to study and to remain focused during exams, for the first time this reporting period participants identified methamphetamine users as also typical illicit users of prescription stimulants; these users seek the drugs when methamphetamine cannot be obtained.