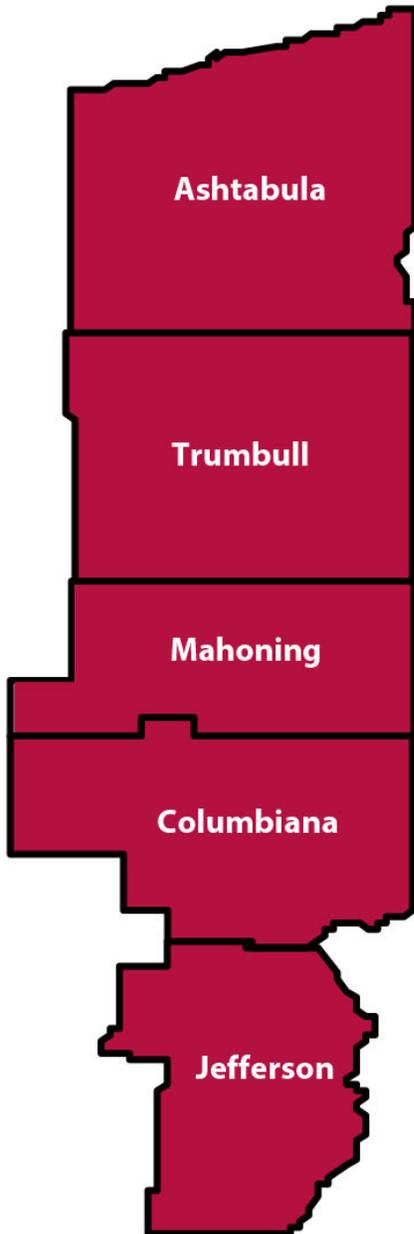




## Drug Abuse Trends in the Youngstown Region

**Regional Epidemiologist:**  
**Amanda Archer**, MPH



### 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, Jefferson, 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) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

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

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	697,419	47
Gender (female), 2017	51.0%	50.8%	48.9%
White, 2017	82.2%	87.9%	74.5%
African American, 2017	12.9%	9.2%	19.1%
Hispanic or Latino Origin, 2017	3.8%	3.4%	4.3% <sup>2</sup>
High School Graduation Rate, 2013-17	89.8%	88.9%	68.1% <sup>3</sup>
Median Household Income, 2013-17	\$52,407	\$44,061	\$16,000-\$20,999 <sup>4</sup>
Persons Below Poverty Level, 2017	14.0%	17.1%	63.8% <sup>5</sup>

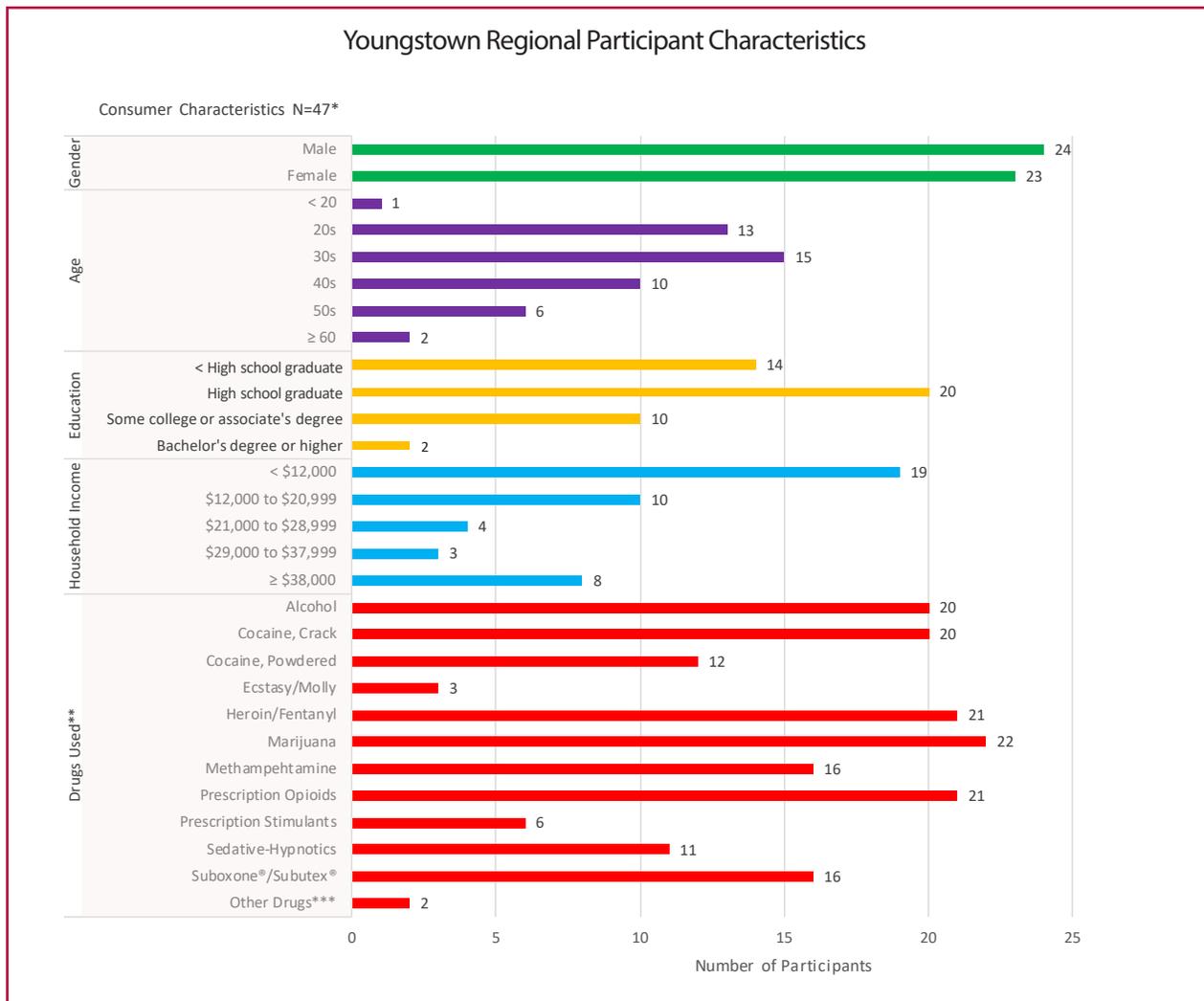
<sup>1</sup>Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January through June 2019.

<sup>2</sup>Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>3</sup>Graduation rate does not include 1 participant due to missing and/or invalid data.

<sup>4</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 3 participants due to missing and/or invalid data.

<sup>5</sup>Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 47.

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

\*\*\*Lysergic acid diethylamide (LSD).

## Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine and sedative-hypnotics remained highly available in the Youngstown region; also, highly available in the region was Suboxone®. Changes in availability during the reporting period included: increased availability for powdered cocaine; likely increased availability for marijuana extracts and concentrates (aka “dabs”); and decreased availability for prescription opioids.

*“It’s everywhere,”* said a participant in describing the high availability of powdered cocaine in the region during the reporting period. Corroborating data indicated that powdered cocaine was available. Ohio Department of Public Safety (ODPS) reported seizing 26.9 kilograms (59.4 lbs.) of powdered cocaine from the Youngstown region during the reporting period. BCI crime labs reported that the incidence of cocaine cases they processed from this region had increased during the reporting period.

Participants and community professionals indicated that opiate users were switching to cocaine use due to fear of overdosing on fentanyl. However, participants discussed users overdosing on powdered cocaine due to fentanyl “cut” (adulterated) cocaine. In addition, treatment providers noted a correlation with medication-assisted treatment (MAT) and cocaine use. Since MAT (Suboxone®) blocks an opiate high, they reported that powdered cocaine had become a substitute high for many MAT clients. One provider remarked, *“Many times there’s cocaine in their system ... they seem to gravitate towards the cocaine as a secondary [drug]. . . .”*

Participants reported that the availability of crystal methamphetamine had increased during the reporting period. Similar to cocaine, participants cited fear of fentanyl overdose as the driver for increased methamphetamine demand. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period. Law enforcement described a shift in methamphetamine availability to urban areas when previously the drug was almost exclusively found in rural settings.

Lastly, in addition to stimulant drugs, several other substances were reportedly used by opiate users to alleviate opiate withdrawal symptoms (aka “dope sickness”): over-the-counter drug, Imodium®, as well as Neurontin® and kratom (mitragynine, a psychoactive plant substance).

## 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.’ Participants commented: *“It’s very available; I don’t have to look very hard; It’s always been available with one phone call.”* Treatment providers most often reported the current availability of powdered cocaine as ‘10,’ while law enforcement most often reported it as ‘8;’ the previous most common scores were ‘8.’ A treatment provider commented, *“I think ‘powder’ (powdered cocaine) is really available, and a lot of people use it ... if it’s not their primary drug of choice, it’s at least a secondary or tertiary [drug].”* Law enforcement noted: *“It’s always available; Cocaine is the number two cause of OD (overdose) deaths in the county right now for this year; Stimulants and cocaine in general have definitely increased and maintained [high availability] for the last year.”*

Corroborating data indicated that powdered cocaine is available in the Youngstown region. ODPS reported seizing 2.9 kilograms (6.4 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Mahoning County executed a search warrant at a home and seized 1,280.95 grams of cocaine, \$86,000 and two guns; officers arrested an individual for cocaine possession and conspiracy with intent to distribute cocaine ([www.vindy.com](http://www.vindy.com), March 6, 2019). Youngstown Police (Mahoning County) conducted a traffic stop that resulted in the seizure of four bags of cocaine, a bag of marijuana, suspected methamphetamine, a digital scale

and a crack cocaine pipe; police arrested and charged three suspects on multiple drug-related charges, including possession of cocaine, possession of methamphetamine and possession of drug paraphernalia ([www.wfmj.com](http://www.wfmj.com), March 8, 2019). Federal postal inspectors and a Mahoning County drug task force conducted an investigation after postal inspectors determined a package contained more than two pounds of cocaine; after an undercover postal inspector delivered the package and police arrested the package’s recipient for trafficking in cocaine ([www.vindy.com](http://www.vindy.com), April 9, 2019). A Trumbull County grand jury indicted a man on three counts of trafficking in cocaine, two counts trafficking in a fentanyl-related compound and one count of trafficking in heroin ([www.wkbn.com](http://www.wkbn.com), May 21, 2019). A Jefferson County drug task force searched a vehicle and executed two search warrants that resulted in the seizure of more than one kilogram of cocaine, 320 grams of heroin/ fentanyl, 300 grams of cocaine/fentanyl, 10 grams of fentanyl, \$164,000 and a gun; police took one suspect into custody ([www.wtov9.com](http://www.wtov9.com), June 19, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement reported: *“Talking to different users, some have said they’re so tired of being down from the heroin that they’re using something to pick themselves up; Prosecuting people that have resulted in the death of someone with opioids with fentanyl in it [is the reason dealers are shifting from heroin/ fentanyl sales to cocaine sales]; You’re seeing a lot of people who are getting out of prison that were cocaine and crack dealers that are going back to what they know.”* In addition, a treatment provider noted: *“We have patients that are on the Vivitrol® shot (medication-assisted treatment for opioid use disorder), and we tend to see their cocaine use go up in particular.”* BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ However, participants shared that quality can vary. They discussed: *“The level of the dealer determines the quality of it. The higher up, the ‘quantity people’ (dealers who deal in large amounts), they get the good stuff, whereas the street level [powdered cocaine] is ‘cut’ (adulterated) so bad; Anything around here is garbage, but if you go to the city, you’re going to find something decent there.”* Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baby laxatives, baking soda and fentanyl. Another adulterant mentioned was caffeine. Participants added: *“They’re adding fentanyl; They cut it so much just to stretch it out.”* Overall, participants reported that the quality of powdered cocaine decreased during the past six months. One participant commented, *“Everyone just cuts everything down to nothing out here.”*

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

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and an “eight ball” (1/8 ounce). Participants discussed: *“Coming from the suburbs to the city, we’re going to pay more ... \$75 to \$80 for a gram; [The price] depends on how much you buy and who you are; If you keep coming back every week [you get better prices]; The more you’re buying, the less you’re paying.”* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$60-80
	1/16 ounce (aka “teener”)	\$100-125
	1/8 ounce (aka “eight ball”)	\$150-180

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, nine would snort and one would intravenously inject (aka “shoot”) the drug. However, many participants believed injecting powdered cocaine to be on the rise, stating: *“Because it’s so bad (of poor quality) that the only way to get the best ‘buzz’ (high) [is to shoot powdered cocaine]; Any drug addict these days that is on ‘dope’ (heroin), they’re use to shooting everything [so they’d also shoot powdered cocaine]. I heard a guy say he’d shoot his cornflakes in the morning if he could.”*

Participants described typical powdered cocaine users as individuals who party and people of high socio-economic status. Participants commented: *“It’s a social drug; It’s a party drug; It’s something you get for a weekend; It’s a rich person’s drug.”* Community professionals described typical powdered cocaine users also as those of high socio-economic status. Treatment providers discussed: *“There are a lot of higher up people that use; They don’t want the stigma of using crack cocaine, and the use of powder is more socially acceptable.”* Law enforcement added that a shift in a typical user profile includes heroin users. An officer said, *“People who are tired of the down of heroin, who are just tired of being so depressed from the heroin that they’re trying to use something to pick themselves back up.”*

## 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 commented: *“It’s very available; You can walk down the street and get [offered] ‘crack’ (crack cocaine).”* Treatment providers most often reported the current availability of crack cocaine as ‘10,’ while law enforcement most often reported it as ‘8;’ the previous most common scores were ‘7’ and ‘8,’ respectively. One treatment provider commented, *“I could probably get some right now, and I don’t live in that world ... it’s everywhere.”* A law enforcement officer commented, *“With the influx of powdered cocaine into the area, and kilos are cheaper than they’ve ever been, the availability of crack cocaine went up ... it’s the drug of choice now over the heroin [due to fentanyl overdose risk].”*

Corroborating data indicated that crack cocaine is available in the Youngstown region. ODPS reported seizing 780.9 grams (1.7 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Mahoning County conducted a traffic stop and seized a bag of suspected crack cocaine and drug paraphernalia; police arrested two suspects ([www.wkbn.com](http://www.wkbn.com), Jan. 2, 2019). Lisbon Police (Columbiana County) responded to a complaint at a local hotel and arrested a high individual with a needle; a local drug task force seized 89 grams of crack cocaine and 20 grams of heroin/fentanyl valued at \$12,000 and \$1,400 ([www.wkbn.com](http://www.wkbn.com), Jan. 16, 2019). Law enforcement in Trumbull County conducted a traffic stop and found remnants of drug abuse, suspected crack cocaine, a bag of white powder and drug paraphernalia; police arrested the driver for possession of drugs and drug paraphernalia ([www.vindy.com](http://www.vindy.com), Jan. 18, 2019). Mill Creek Metro Parks Police (Mahoning County) conducted a traffic stop and seized six grams of crack cocaine and \$1,300; officers arrested the driver for trafficking in cocaine ([www.vindy.com](http://www.vindy.com), March 4, 2019). During another traffic stop in Mahoning County, law enforcement seized two bags of crack cocaine and \$998 ([www.vindy.com](http://www.vindy.com), March 8, 2019).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported increased availability. A treatment provider commented, *“It’s always available.”* A law enforcement officer stated, *“Cocaine in general is more available, crack has probably increased slightly.”* BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between crack and powdered cocaine.

		Reported Availability Change during the Past 6 Months	
		Participants	Law enforcement
Crack Cocaine		No change	No change
		Increase	Increase
		No change	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 '4.' Participants commented: *"I don't know where the [crack cocaine] is coming from, but it's good; I was getting great stuff... When I hit it, I got the urge to throw up, that's how you know it's good; If it's yellow, they call it 'butter,' and that means it's good, it's fire (high quality)."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda, fentanyl and lidocaine. Other cuts mentioned included: creatine and vitamin B-12. Participants explained: *"I know a [drug dealer] who was actually mixing fentanyl with their crack cocaine ... intentionally; People are getting hooked on crack cocaine, that's why they're putting fentanyl in it, you're going to need it now ... they're putting fentanyl in it and it's physical (creates a physical dependence), like heroin; You can buy powdered lidocaine online [and] basically turn it into crack, but it's not cocaine, it's lidocaine, it'll make your mouth numb (mimics the numbing effect of cocaine)."* When asked if there is a difference in appearance when fentanyl is added to crack cocaine, one participant shared, *"[You] can't tell, and maybe the dealer doesn't even know, half the time, they don't even know, they just tell you to be careful..."* Overall, participants reported that the quality of crack cocaine has increased during the past six months. Participants commented: *"You can make [poor quality] powder into decent crack; It's getting better; [Quality] has gone up in the last month or two."*

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

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. A participant explained, *"Price goes by tenths of a gram, \$10 for 'one point' (1/10 gram), \$20 for two points."* Participants shared: *"You get more for your money with crack, but it runs out fast, you have to keep buying it; Whatever they got in their pocket, they're spending on [crack cocaine]; If you spent over a certain amount, you get the good shit ... they are saving it for the people that spend*

*big money; I usually had to buy an 'eight ball' (1/8 ounce or 3.5 grams) to get the good stuff."* Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$50-75
	1/16 ounce (aka "teener")	\$100
1/8 ounce (aka "eight ball")	\$150-250	

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants commented: *"Most people smoke it; If it's really good, I would shoot it."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. They commented: *"It's all ages and races; It don't discriminate."* Community professionals described typical crack cocaine users as varying but noted that clients who use crack cocaine are more likely to be from the city. Treatment providers shared: *"You can't really distinguish a user of crack because it might be someone with a real good job; Race is not a differentiating thing, it used to be, but not anymore."* Law enforcement reported: *"There's no more stigma; You have high functioning drug users, your drug users who have good jobs, good paying jobs, and they just use crack cocaine or crystal meth to get through their day; We're seeing heroin users are also using crack cocaine during the day, so that they're ... not going through withdrawal."*

## Heroin



Heroin remains available in the region. However, many participants discussed difficulty in discerning heroin from fentanyl while indicating heroin unadulterated with fentanyl as nearly unavailable. Participants most often reported the current availability of heroin 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 '10.' Participants explained: *"It's so hard to get heroin; You can't get just heroin now [without fentanyl]; We're just looking for heroin, hoping it's heroin, but you know it's not gonna be; It's always cut with fentanyl."* Participants further clarified: *"Everyone calls fentanyl, heroin now; I've taken drug tests and [screened positive] ... it's all fentanyl and I thought I was buying heroin; You ask for 'boy,' which is heroin, and they give you whatever they have; The only way I would know if it was fentanyl was because I would get 'dope sick' (experience withdrawal) a lot quicker; Everything is 'cut' (adulterated), so there's not really been heroin around here."*

Treatment providers most often reported the current availability of heroin as '3,' while law enforcement most often reported it as '7;' the previous most common scores were '10' and '8-9,' respectively. Treatment providers commented: *"I really haven't even had anyone testing positive for heroin [clients are testing positive for fentanyl]; Everyone that I've had relapse in the past six months has been positive for fentanyl."* Law enforcement added, *"Heroin is cut [with fentanyl] before it comes across the border; Sometimes we think we're buying heroin, and it's fentanyl."*

Corroborating data indicated that heroin is available in the Youngstown region. ODPS reported seizing 4.6 kilograms (10.1 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Mahoning County conducted two traffic stops that resulted in the seizure of loose crack cocaine, heroin, fentanyl, Suboxone® filmstrips, \$2,011 and a digital scale; police arrested two individuals for drug possession ([www.wkbn.com](http://www.wkbn.com), June 11, 2019). Law enforcement in Mahoning County conducted an investigation using a confidential source to make controlled buys of several grams of fentanyl-laced heroin and several ounces of cocaine; police arrested two suspects for drug trafficking ([www.vindy.com](http://www.vindy.com), June 13, 2019). Also in Mahoning County, law enforcement raided a house and seized heroin, a loaded gun, a digital scale and cash; police cited one suspect sitting in a SUV outside the home with improperly handling a firearm in a motor vehicle and arrested another suspect for drug possession and a probation violation ([www.wkbn.com](http://www.wkbn.com), June 21, 2019).

While many types of heroin are currently available in the region, participants and community professionals

reported white powdered heroin as most available. Participants noted that brown powdered heroin is still available, but now they're also seeing blue, gray, pink and purple powdered heroin on occasion. Participants added: *"Out here, it's white or purple; Other colors other than brown is fentanyl; The gray is probably fentanyl; Basically, if it's white, it's cut with fentanyl..."* A treatment provider added, *"I've asked people who have relapsed, and they say white, or it might be real light tan, but it's not brown..."* Law enforcement also discussed different colors, stating: *"Seeing different colors, typically the light brown, and every so often, we'll get gray; The cut can change the color of it; Brown is purer heroin; [Gray heroin], we usually think fentanyl."*

Participants and treatment providers reported that the availability of heroin has decreased during the past six months. Participants commented: *"Everybody wants to get so high, and fentanyl is cheaper [and more potent than heroin]; Fentanyl is taking over, it's easier to get fentanyl, and [dealers] obviously make more money off of it; [Heroin availability has] gone down, I don't think [heroin is] available very much. It's all fentanyl around here."* A treatment provider added, *"Drug dealers around here are very small fish ... they have to sell whatever they get, it's not like [heroin is] made here, grown here, manufactured here..."* Law enforcement reported that the general availability of heroin has remained the same during the past six months. A law enforcement representative confirmed, *"We still have a heroin problem."* BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score

was '0.' However, the high-quality score is reflective of the high prevalence of fentanyl substitutions for heroin and fentanyl-heroin mixtures. A participant explained, "Since the street right now is flooded with fentanyl, I really couldn't tell if the heroin is good, because the fentanyl has boosted my tolerance so high, I couldn't even get well with heroin." Participants discussed variability in heroin quality, stating: "Honestly, depends on where you get it from; If it's white, it's really good [and] purple, it's really good; Depends on how many times it's been 'stepped on' (adulterated); I got some 'cream stuff' (high quality heroin) a month ago, and I overdosed on it."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents for the drug as benzodiazepines (Xanax®), fentanyl and quinine (antimalarial). Additional cuts mentioned included: baby laxatives, Kool-Aid®, melatonin and pre-workout powders. Participants discussed fentanyl most often, stating: "They're putting more fentanyl in it; Any other color other than brown is fentanyl; If it tastes sweet, it's always fentanyl; The fentanyl mostly is what it's being cut with." Participants also shared: "People cut 'dope' (heroin) with quinine because it mimics heroin and looks exactly like it and tastes exactly like it; I've seen purple, blue [heroin] ... they're cutting it with Kool-Aid®." Overall, participants reported that the general quality of heroin has decreased during the past six months. One participant stated, "I would say lower on the [quality] scale because it's killing everyone."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug.

Reportedly, the most common quantity of purchase is 1/10 gram. However, a participant shared, "I've never bought it like that, I'd be like, 'I need \$80 or \$120, or whatever.'" Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
Heroin	1/10 gram (aka "point")	\$10
Heroin	A gram	\$80-160

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. A few participants also mentioned smoking heroin. Participants noted: "Seasoned users shoot up; Shooting is the most economical way. I don't know any heroin addict that has excess money; More white people shoot than black, black people snort; A lot of people snort because it's just like a Percocet® really; I like smoking heroin, most people think it's a waste; I've never gotten anything out of smoking heroin."

Participants described typical heroin users as anyone, but most frequently white people aged 20s to 40s. Participants commented: "Look at us, everyone is different; There isn't a cookie cutter heroin user." Participants also observed more African-American people using and being treated for heroin use than previously. Several African-American participants shared: "In the beginning, I didn't seem to find a lot of black people that used heroin, even the doctor when I went in, because I had an abscess, said I wasn't the stereotype to use heroin; I used to get that a lot, like, 'you shoot heroin? I never seen a black guy shoot heroin;' A lot of black girls don't want to admit [to using heroin], even if they do use; In the black community, kids want to do what rappers do, and they do 'perks' [Percocet®], but perks are too expensive...."

Community professionals described typical heroin users as of all ages and races. Treatment providers added: "It isn't a specific demographic; We see 20s to 40s, or those in 'childbearing' years, a lot have kids; I think it's pretty widespread." Law enforcement reported: "Overwhelming majority of buyers are white; That's all over the charts, from young to old; There's no stigma on heroin use, you have professionals using heroin, we're finding doctors who are getting addicted to pain pills and then moving to heroin."

## Fentanyl

Fentanyl remains highly available in the region. Participants and treatment providers most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: *"It's more available than heroin; Everything is getting 'stomped on' (adulterated) with fentanyl; It's in everything and it's everywhere; Absolutely everywhere."* Treatment providers added: *"It's rampant; You can tell by the [high number of] overdoses [that] we have in the area, more so than in a lot of areas [that] it's here."* Law enforcement most often reported the current availability of fentanyl as '7,' the previous most common score was '8.' Law enforcement reported: *"Not every dealer is going to have fentanyl, but if you want it, you can find it; You can get it on the 'dark web' (websites operated by criminal enterprises)."*

Corroborating data indicated that fentanyl is available in the Youngstown region. ODPS reported seizing 82.4 grams of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. East Liverpool Police (Columbiana County) conducted a traffic stop where the driver attempted to run but was caught; police discovered the suspect was wanted on felony warrants and found a very large amount of suspected fentanyl and different drug paraphernalia at the suspect's local motel ([www.wkbn.com](http://www.wkbn.com), Jan. 5, 2019). Mahoning County Sheriff's Office investigated an inmate overdose that resulted in a failed search attempt to find additional drugs; the inmate was treated for an overdose and reported buying the drugs off another inmate ([www.wkbn.com](http://www.wkbn.com), March 22, 2019). Law enforcement in Trumbull County charged an ex-Vienna Police officer with one count of aggravated possession of drugs, two counts of theft in office, two counts of breaking and entering after the former police officer was caught stealing from a local school and found to have used, possessed or obtained fentanyl ([www.tribtoday.com](http://www.tribtoday.com), April 3, 2019). Law enforcement in Mahoning County conducted a traffic stop and observed a suspect attempting to hide a bindle (small package) of fentanyl; police charged the suspect with possession of fentanyl ([www.wkbn.com](http://www.wkbn.com), May 20, 2019).

Participants and community professionals reported that the availability of fentanyl has remained the same during

the past six months. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants commented: *"Never had garbage with fentanyl; Only thing you can do is try a little bit, you don't dare do too much of it, or if you do, you're liable to die; It's extremely strong."* However, several participants discussed variability in quality. One participant shared, *"One day, you could do a line this big [holds hand out wide], and it don't do nothing, and the next day you do a line this big [hold hands narrower], and you OD (overdose)."*

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agents for the drug as laxatives, methamphetamine and quinine (antimalarial). The majority of participants noted fentanyl as a known cutting agent for many different illicit drugs, including powdered cocaine, crack cocaine and heroin. In regards to cutting agents reportedly in fentanyl, participants commented: *"A lot of people are cutting fentanyl with 'meth' (methamphetamine). It's like a safety net [from overdosing]; You can't tell when you get it, you don't know what it is; I got confused one time, I didn't know if I had crack or fentanyl in my hand or which one was which, it was rocked up, they press [fentanyl]."* A treatment provider agreed, *"I'm hearing that from different people that are doing different drugs and they're saying they're not doing fentanyl ... they don't even know they had used it."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug.

Reportedly, the most common quantity of purchase is 2/10 gram for \$20. A participant summarized, "Same as heroin ... \$10 'a point' (1/10 gram)." Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10
	1/2 gram	\$40-80
	A gram	\$80-160

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants reported that out of 10 fentanyl users, nine would shoot and one would snort the drug. A participant commented, "The only reason people were snorting [fentanyl] is because they couldn't find a vein." A profile for a typical fentanyl user did not emerge from the data. Participants described typical fentanyl users as varying, from anyone to heroin users. One participant shared, "It's everyone who wants to do 'dope' (heroin)." Community professionals described typical fentanyl users as heroin users. A law enforcement representative concluded, "Same as a heroin user."

## Prescription Opioids

Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs 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 '2.' Participants highlighted: "They're not everywhere like heroin is; You almost have to know old people, people dying, people who have serious chronic pain or cancer patients [to illicitly obtain prescription opioids]; I don't know anybody who gets pills anymore, and when they do get them, they're not trying to come up off (get rid) of them."

Treatment providers most often reported the current street availability of prescription opioids as '2,' while law enforcement most often reported it as '4;' the previous most common scores were '3' and '5,' respectively. Treatment providers reported: "You don't hear a whole lot of clients anymore talking about 'roxi's' (Roxicodone®) ... or

*pills in general; Availability is still really low because I don't think they're prescribed a lot, so they're not on the street...."* Law enforcement shared, "We rarely have prescription [opioid] cases anymore; It's not as prevalent as it was."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police Vice Unit (Mahoning County) executed a search warrant and seized oxycodone, crack cocaine, a glass crack cocaine pipe and a digital scale; officers arrested a suspect for possession of drugs, possession of cocaine and possession of drug paraphernalia ([www.wfmj.com](http://www.wfmj.com), April 4, 2019). Law enforcement in Mahoning County conducted a traffic stop and seized three bags of tramadol and crack cocaine from one suspect's buttocks and two bags of fentanyl from another suspect's buttocks; police arrested both suspects ([www.wkbn.com](http://www.wkbn.com), May 16, 2019).

Participants identified Percocet®, Roxicodone® and tramadol as the most popular prescription opioids in terms of widespread illicit use. Participants shared: "[Percocet®] are easier to get [than any other opioid] ... but they're really expensive; Tramadol is everywhere." Treatment providers identified Percocet® and Vicodin® as most popular, while law enforcement identified Norco® and Opana®. Law enforcement added: "They haven't really been pushing these Percocet® or Vicodin® anymore; Norco® are the most popular opiate, we're finding it on search warrants, but we're not really finding it on people, the info we're getting, it's more the dealers using the pills than they're selling them, they're hitting (using) the Percocet® and Vicodin® and not using the crack and the heroin."

In addition, both participants and treatment providers reported fake pills or pressed fentanyl mimicking prescription opioids as currently in circulation in the region. Participants shared: "When I used prescription pain pills, I didn't even test for opioids, it came up as fentanyl ... [dealers are] making pills with fentanyl; Two out of three times [using prescription pills], I came up (tested positive on a urine drug screen) for fentanyl, not opioids; They looked like exactly the same pill, like a regular Percocet®; I had 'oxy 80s' (OxyContin® 80 mg) that were pressed [fentanyl], they looked perfect; If you roll them on a table, the real 'perk' (Percocet®) will roll and the pressed one will fall over; Some people put them on a spoon and they kind of put fire to it, and if it melts straight away, it ain't real; [Fake pills] are softer." Treatment providers added: "If they have to go seek on the street ... it's actually pressed fentanyl pills;

A client came into group yesterday and her boyfriend who she was not aware was using opiates, he was buying Percocet®, he believed, off the street, but it turned out [dealers] were pressing fentanyl . . . that’s the second person that reported that they thought they were buying Percocet® and it was fentanyl pressed.”

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants shared: “Those are a bit harder to find [than previously]; Absolutely, the government is cracking down; It just keeps getting harder and harder; The doctors have to answer for all the prescriptions they give out now.” Community professionals reported that the street availability of prescription opioids has remained the same during the past six months. BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has decreased or remained the same during the past six months. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), oxymorphone (Opana®) and methadone from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1.50 per milligram. Participants discussed current pricing: “Way too expensive; People are doubling the price; It’s like \$10 for a pill that’s not going to literally do anything for you; Extended [release] are cheaper, you can’t get high though.” Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Participants reported obtaining prescription opioids for illicit use from doctors, friends, theft from a friend’s or relative’s medicine cabinet or from an elderly acquaintance who sells their prescription. Participants

explained: “I got my tramadol prescribed to me, usually if I want something, I’ll get it prescribed; I lived with a lady who got them prescribed, and she just shared them; I could buy them off of people who get them prescribed all the time; A lot of older people are definitely willing to give up their pills.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$45 for 30 mg
	Percocet®	\$10 for 7.5 mg \$13 for 10 mg \$15-20 for 15 mg
	Roxicodone®	\$30-40 for 30 mg

The most common routes of administration for illicit use of prescription opioids are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would shoot the drugs. Participants commented: “Probably snort them, depending on what it is; Ain’t no one swallow pills anymore.”

Participants described typical illicit prescription opioid users as blue-collar workers, those of higher socio-economic status and young people. One participant shared, “My stepdad is a foreman of union [workers], and his entire crew is all on ‘perk 45s’ (Percocet® 45 mg), but there’s also young dudes on his crew, 19, 20 [year olds], every last one of them is on Percocet® or Vicodin®.”

Treatment providers described typical illicit prescription opioid users also as younger people (teens), blue-collar workers, heroin users, while noting increased illicit use among young black men. Treatment providers highlighted: “I think a lot of younger black men, because of the whole rap culture, a lot of them use pills; There’s a song called ‘Molly Percocet®’ and they don’t think there’s anything wrong with that, because everybody does it, because they’re [using] pills, and they’re not shooting dope.” Law enforcement described typical illicit prescription opioid users as of high socio-economic status and those who are affected by stigma. Law enforcement summarized: “[The mentality is] ‘well, at least I’m not using heroin;’ If I’m taking pills, it’s better because I’m not doing heroin, or sticking a needle in my arm.”

## Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use 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 scores were '10' for sublingual filmstrips (aka "strips") and '5' for pill form. Participants commented: *"There's been so many times people ask if they can buy it from me because I'm on Suboxone®; You can get them anywhere because everyone has them; Anybody who gets them, sells them, 'cause they give you two a day, and you only need half of one."*

Treatment providers most often reported the current street availability of Suboxone® as '10', while law enforcement most often reported it as '8,' the previous most common scores were '6-7' and '8,' respectively. Treatment providers shared: *"It's readily available, I could probably get that for you right now; So many people are prescribed it, and people sell half their 'script' (prescription); It's available because of high demand; It's easy to get a hold of."* Law enforcement noted: *"Every dealer has them; We're finding them at the majority of our search warrants, and people are selling their Suboxone®, too; [Users buy illicit Suboxone®] because they're trying to wean themselves off or if for some reason they can't get 'dope' (heroin)."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Mahoning County conducted a traffic stop where the driver appeared intoxicated and refused a field-sobriety test; police seized Suboxone® filmstrips, cold medicine, white powder in a jar, three bullets, drug paraphernalia and multiple cell phones from the vehicle, arresting the driver for possession of drugs, illegal assembly of methamphetamine and operating a vehicle while under the influence of alcohol/drugs ([www.vindy.com](http://www.vindy.com), Feb. 22, 2019). Niles Police (Trumbull County) along with adult probation and an area drug task force searched an apartment after receiving tips about drug activity at the location and seized 229 Suboxone® filmstrips, 785 pills, 3.5 pounds of marijuana and almost \$4,000 ([www.wkbn.com](http://www.wkbn.com), June 27, 2019).

Participants did not report on change in the street availability of Suboxone® during the past six months. One participant shared, *"They're cracking down on it though 'cause they used to give out two or three a day, the 8 mg,*

*and now, here, they want to make it so everyone is on one a day."* Community professionals reported that the availability of Suboxone® has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has decreased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that filmstrips are more expensive than pills and Subutex® is more expensive than any form of Suboxone®. Participants commented: *"I've had people really desperate offer me \$40 for one [Suboxone® 8 mg]; [Subutex® is] more expensive; Sometimes, people charge more for the films. You can melt them down and 'shoot' (intravenously inject) them, so they charge more; Not worth paying a doctor to get them."* Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-30 for 8 mg
	Pill	\$10-20 for 8 mg

Participants reported obtaining Suboxone® for illicit use through individuals selling their prescriptions or addiction treatment centers. A treatment provider added, *"If you have Medicaid, you can get it readily anywhere, but if you have private insurance, it's more expensive and if you don't have insurance at all, you're stuck going to a buy here, pay here place, where you have to pay \$375 for one month's script."* Participants also noted that drug dealers have Suboxone®, but they might not sell it. One participant stated, *"Dealers don't want to give you 'subs' (Suboxone®), that's stepping on their toes, they want you to have their dope."*

Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption. Participants shared: *"The strips you put under your tongue, but you can shoot those; Most people take Suboxone® orally, under the tongue."*

Participants described typical illicit Suboxone® users as aged 20-30s, white people, opiate users attempting recovery or who can't obtain opiates and incarcerated individuals. Participants discussed: *"People who do not have the money to pay for their stuff (buy heroin) will get [Suboxone®]; Somebody who doesn't have insurance or the availability of finding a doctor [will buy illicit Suboxone®]; [Someone trying] not to be 'dope sick' (experience withdrawal symptoms); A drug dealer."* Community professionals described typical illicit Suboxone® users as 25-40 years of age, white people and opiate users. A treatment provider remarked, *"Anyone who abuses opiates."* A law enforcement officer reported, *"It's making its way into jails and prisons, Suboxone® strips, they're making a paste out of it, and they'll put it on legal documents or coloring book pages and make it look like some little kid was coloring with an orange crayon, and then they'll just cut up the paper and sell it in the prison, they chew on it [or] smoke it."*

## Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as

'6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants discussed: *"I don't know about the street [availability], but I know they're easily prescribed; On the streets, it's like hard [to find]; Some dealers like them [for personal use], and you can't get (buy) them; I know people who get it, but most of them don't want to come off it."* Treatment providers most often reported the current street availability of sedative-hypnotics as '3,' while law enforcement most often reported it as '5;' the previous most common scores were '6-7.' One treatment provider commented, *"It seems like they can just go to the doctor and get these kinds of things."* Law enforcement agreed: *"It seems street availability is down because it's so prescribed; Just seems that so many people you deal with, they all have*

*prescriptions on them; They're almost like candies to some people."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Austintown Police (Mahoning County) conducted a traffic stop and observed loose marijuana on the vehicle's floorboard and seized alprazolam (Xanax®), more loose marijuana, a white powdery substance, \$740, a small plastic bag of suspected cocaine inside the suspect's sock, about which the suspect reported, *"these aren't my socks;"* police charged the suspect with conveying drugs and drug abuse ([www.fox8.com](http://www.fox8.com), March 26, 2019).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants described: *"You can get [Xanax®] easily; Feels like one out of every five houses have a bottle of Xanax®; There's 'bars' (Xanax® 2 mg) everywhere: 'Xanies' (Xanax®) are like a '20' [on the availability scale] (extremely available)."* Community professionals identified Valium® and Xanax® as most available. A treatment provider commented, *"You just go to a doctor and get it."* A law enforcement representative concluded, *"Everybody is rolling around with a bottle of Xanax®."*

Participants and treatment providers reported that the general availability of sedative-hypnotics for illicit use has decreased the past six months. Participants shared: *"It used to be a lot easier to find; It's like a last resort for doctors to write it out for you."* Treatment providers commented: *"The doctors are really cutting back on that; I have people who have been on it for five years, and doctors are being more mindful about what they're prescribing, and now they're starting to talk about changing medication."* Law enforcement reported that the street availability of sedative-hypnotics has remained the same during the past six months.

BCI crime labs reported that the incidence of clonazepam (Klonopin®) cases they process from this region has slightly increased during the past six months, while the incidence of alprazolam (Xanax®), diazepam (Valium®) and zolpidem (Ambien®) cases has decreased or remained the same. BCI labs reported processing very few cases of lorazepam (Ativan®) and carisoprodol (Soma®) from this region during the past six months.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	Decrease

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant summarized, “Xanax bars (Xanax® 2 mg) are expensive, \$10 to \$15 a pop (each).” Overall, participants reported that the price of sedative-hypnotics has increased during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 1 mg
	Xanax®	\$2 for 0.5 mg \$5 for 1 mg \$10-15 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use through prescription from a doctor or from family and friends with prescriptions. Participants shared: “You can get them pretty easily prescribed, especially muscle relaxers; My friends who knew that I was taking it, they’d ask for one or they’d want to buy ... that was Klonopin®.”

Although many participants reported that anyone can be an illicit user of sedatives-hypnotics, participants described typical illicit sedative-hypnotics users as women and high school students. One participant noted, “I know a bunch of [high school] seniors who do it.” Community professionals described typical illicit sedative-hypnotic users also as women, high school students as well as drug dealers. A treatment provider shared, “I see more females that come in (enter treatment) that are on it than males ... [with the mentality of] ‘well, it helps me deal with my kids.’” A law enforcement representative summarized, “Younger, high school, 15 [years of age] and up [also] younger drug dealers.”

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants commented: “Very east to get; It’s everywhere; A lot of people think marijuana is socially acceptable; I feel like marijuana isn’t even a drug.” Treatment providers commented: “Go down the street, I can also get that for you in four minutes; As a culture and society, we continue to be increasingly more accepting of marijuana, whether it’s at the medicinal or recreational level.” Law enforcement discussed: “I think the word is getting out there that it’s legal in some states now ... people look at it like it’s already decriminalized, and they kind of feel like when an officer writes a citation for possession, they’re like, ‘Why you doing this?’ like it’s Colorado; Everyone’s view of it is ... it’s legal now ... it’s just accepted by more people than before.”

Corroborating data indicated that marijuana is available in the Youngstown region. ODPS reported seizing 597.2 kilograms (1,316.5 lbs.) of marijuana from this region during the past six months; ODPS reported seizing 66.5 kilograms (146.6 lbs.) of marijuana from this region during the previous reporting period.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Warren Township Police (Trumbull County) responded to a call of a suspect covered in mud trying to force his way into a home because he was being chased by people trying to kill him, when police arrived the suspect admitted to smoking ‘weed’ (marijuana) and snorting methamphetamine; officers arrested the suspect for aggravated burglary and resisting arrest ([www.wkbn.com](http://www.wkbn.com), March 8, 2019). Law enforcement in Trumbull County conducted a traffic stop and seized three bags containing marijuana, a marijuana pipe, a digital scale and a gun; police arrested two suspects for drug trafficking, drug abuse and drug paraphernalia and additional charges for one suspect included receiving stolen property because the vehicle was stolen ([www.tribtoday.com](http://www.tribtoday.com), April 26, 2019). Ashtabula Police (Ashtabula County) took part in a two-day multi-agency operation where they executed search warrants at three

properties and seized marijuana, hash oil (hashish, a drug made from the resin of the cannabis plant), methamphetamine, heroin, fentanyl, firearms and ammunition, scales and packaging materials as well as thousands of dollars; officers arrested four people on felony drug charges and five other people were arrested on felony warrants ([www.starbeacon.com](http://www.starbeacon.com), May 3, 2019). Weathersfield Township Police (Trumbull County) conducted a probation check and searched a home where they uncovered two rooms equipped for growing marijuana and seized \$800 and two handguns; officers arrested a suspect for a probation violation with pending drug charges ([www.wkbn.com](http://www.wkbn.com), May 16, 2019). Sebring Police (Mahoning County) executed a search warrant and seized 20 grams of marijuana, 15 grams of methamphetamine, explosives, cash and drug paraphernalia; officers arrested one suspect after the raid ([www.fox8.com](http://www.fox8.com), June 9, 2019).

Participants and community professionals discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants and community professionals most often reported the current availability of marijuana extracts and concentrates as ‘10,’ the previous most common scores were ‘10’ and ‘8,’ respectively. Participants discussed: *“That’s probably going to be your next epidemic because of the stats (high prevalence) of the kids that are vaping ... and with the high availability of the dabs, you’re going to see a strong uptake in the usage of marijuana; Oils are more popular now because they have those dab (vape) pens.”* Treatment providers commented: *“For the younger population, it’s pretty available; Some of the kids are telling me that people are literally driving to Chicago [Illinois], buying cartridges [for vape pens containing THC oil] and bringing them back and then selling them here.”*

In addition, several participants also shared of their experience with fake cartridges containing little to no THC (tetrahydrocannabinol, the psychoactive component of marijuana); reportedly, these cartridges are also present in the region. One participant observed, *“They have a lot of fake [cartridges], too ... it’s just vegetable oil, it’s a little bit clearer (lighter in color than a real cartridge).”*

Participants and 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. A law

enforcement representative confirmed, *“Everyone’s view of [marijuana] is it’s legal now, and it’s just accepted by more people than before.”* On marijuana extracts and concentrates, participants shared: *“Everybody’s ordering them from Colorado, California, Detroit [Michigan]; It’s a convenient, easy thing; You can get this vape and hit it in public, it’s incognito, it doesn’t smell; Even people who are against weed, ‘Nah, I don’t smoke weed,’ will start smoking the ‘carts’ (cartridges) and stuff just because it’s not ‘smoking weed’; I see it everywhere when I go out.”* A treatment provider commented: *“They are very convenient for children to have, they’re so tiny, you can hide them anywhere.”* Law enforcement discussed: *“Definitely an increase with the THC oils ... we’re seeing a lot in this area; It’s easy to conceal, people complaining that other people are smoking weed, but you don’t see joints ... you see people with vape [pens].”* BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has decreased during the past six months, while the incidence of concentrated THC (oils, “dabs”) cases they process from this region has increased.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ Participants discussed: *“It’s really strong nowadays; High quality is pretty easy to get because people have it flown in from California; Everything is medical grade now.”* One participant expressed a preference for marijuana bought at a medical marijuana dispensary, saying, *“It’s better weed, you know exactly what you’re getting [when you buy from a dispensary]. It’s regulated, there’s no chance of some fentanyl ending up in my weed, no bullshit.”* Participants also discussed the high quality of marijuana extracts and concentrates. Participants shared: *“One hit of that shit will knock you down; I had an experience with that, and high as hell, higher than a kite; One hit from that is like [consuming] four grams [of marijuana at once], you basically just smoked four ‘blunts’ (marijuana-filled*

cigars).” Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants confirmed: *“The strains are so much better than they used to be; Keeps getting genetically modified to be stronger.”*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase for marijuana are a gram and 1/8 ounce, while the most common quantity of purchase for marijuana extracts and concentrates is a gram. Participants discussed: *“It can be as much as \$300 an ounce, depending on how good it is; \$20 is the most common for a gram, if it’s really good; \$20 for ‘kush’ (higher quality), \$10 for ‘reggie’ (lower quality); If it has a big name on it, then you’re gonna pay for that name (referring to strain) ... you might pay \$30 for a gram.”* Overall, participants reported that the price of marijuana has decreased during the past six months.

Marijuana	Current Prices for Marijuana	
	A gram	\$10-30
	1/8 ounce	\$30-50
	<b>Extracts and concentrates:</b>	
	1/2 gram	\$30
A gram	\$40-50	

Participants reported obtaining marijuana from drug dealers, through Internet purchase and from marijuana dispensaries in other states. Participants commented: *“I know they buy it from Colorado and [get it] shipped to their house; They were just selling it through the mail ... sending it from California; You have like distributors now, and people go to other states ... it’s coming in ... all kinds.”* As far as diversion from Ohio dispensaries, participants shared: *“If you see someone with the oil, it’s going to be an older age [person], 50s, 60s ... they’re not going to try to lose out on their medical card because they really need it for their arthritis, so that’s not distributed to the streets yet, until someone my age ends up with a card; You can only buy so much on your weed card at a time, you can’t make a living on that little bit a month.”*

While there were a few reported ways of consuming marijuana and extracts and concentrates, generally the

most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke/vape and one would orally consume the drug. Participants commented: *“I know guys who will go to the bar, and they’re smoking (vaping) and you can’t smell it; It doesn’t smell like ‘bud’ (marijuana) ... so, you can smoke in your car, you can smoke outside, and people just think you’re vaping [nicotine]; ‘Edibles’ (food products made with marijuana extracts) are not super common, but they’re out there.”*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone. A participant remarked, *“Everybody is smoking weed.”* A treatment provider shared that more college-aged clients have sought treatment for marijuana dependence during the past six months than previously: *“I have college students who want a professional degree, and they don’t see that it fits the image of that and they’re frustrated, like, ‘Hey, I need to deal with my anxiety without using weed, so I can be a teacher, or I can be this....’”* A law enforcement representative confirmed, *“There’s no difference anymore, you have medical professionals to successful business people [using marijuana] these days, to your still younger crowd, to your senior citizens ... it’s just equal across the board.”*

Participants and community professionals described typical marijuana extracts and concentrates users as high-school aged and experienced marijuana users. Participants discussed: *“I see young kids ... they have ‘vapes’ (vape pens), like 13, 14 [years of age]; They smoke at the high schools in the bathrooms; You probably start smoking weed and you move up to dabs.”* A treatment provider noted, *“I think it’s becoming more popular, especially with the younger generation.”* Law enforcement shared, *“[Dab users] are hardcore [marijuana] smokers who want the good stuff....”*

### Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of methamphetamine as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10’ and ‘6,’

respectively. Participants highlighted: *“Everywhere, literally everywhere; It’s rampant around these parts; More available than heroin.”* Treatment providers shared: *“You can make it at home, it’s everywhere; In the last six months, I’ve had more people that either say that they’ve used meth or have methamphetamine diagnoses.”*

Corroborating data indicated that methamphetamine is available in the Youngstown region. ODPS reported seizing 5.7 grams (12.7 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Beaver Township Police (Mahoning County) investigated suspected drug dealing at a local Inn and seized methamphetamine, small bags used to package drugs, a digital scale, a vape pen containing THC, pills, \$1,090 and assorted drug paraphernalia; officers arrested an individual for trafficking in methamphetamine as well as other drug charges, and a second individual was arrested on an outstanding warrant and drug paraphernalia charges ([www.wfmj.com](http://www.wfmj.com), March 5, 2019). Ohio State Highway Patrol conducted a traffic stop in Ashtabula County and seized 85 grams of methamphetamine worth \$7,000 and user amounts of marijuana; troopers arrested the driver of the stopped vehicle for possession of a schedule II controlled substance ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 2, 2019). Ashtabula County Sheriff’s Office responded to a drug overdose investigation with multiple other law enforcement agencies and disrupted a major source of methamphetamine, seizing more than five pounds of methamphetamine; the sheriff’s office reported this was the largest amount of methamphetamine seized in Ashtabula County to date ([www.news5cleveland.com](http://www.news5cleveland.com), April 24, 2019). Law enforcement in Jefferson County conducted a traffic stop and seized 44 bags of methamphetamine and drug paraphernalia; police arrested one suspect for trafficking in drugs and possession of drug paraphernalia and another suspect for possession of drugs and paraphernalia ([www.wtov9.com](http://www.wtov9.com), May 14, 2019).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, participants indicated crystal as the most prevalent form of the drug in the region. Participants discussed: *“Crystal is most available; Big, glass looking crystal rocks, little whiteness to them, super shiny; If you have a dealer, you can get crystal [methamphetamine].”* The powdered form of methamphetamine is typically

referred to as “shake-and-bake,” which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A participant noted, *“People are learning to make it, and they’re paying people to buy the stuff to make it, so that they don’t have to go to a drug dealer.”* However, a law enforcement officer confirmed, *“It’s not homemade anymore ... it’s all [crystal methamphetamine] being shipped in from outside the United States.”*

Participants and community professionals reported that the overall availability of methamphetamine has increased during the past six months. Participants discussed: *“Since everyone started OD’ing (overdosing on fentanyl), now meth is everywhere; Skyrocketed, [before] you’d have to really want to do meth to find it around here; People are getting sick of crack, meth is very long lasting, more intense and cheaper [than crack cocaine].”* Treatment providers stated: *“I’ve had patients say that they like using meth because it literally last like 12 hours or more; A lot of people are getting out of prison ... not a lot of people know how to make it, so the people who know how to make it are coming back, it’s a cycle....”* Law enforcement added: *“It’s the main thing the cartel is pushing in this area right now, it’s cheaper [than other drugs]; Before we were dealing with people who were going out and shopping for Sudafed® and now they’re able to just purchase [crystal methamphetamine].”* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ However, participant comments

reflect varying quality of methamphetamine. They said: *"They're making very pure stuff; Garbage, that's what you get from shake-and-bake; The garbage stuff is like powdery rocks, and the good stuff is clear."* Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: MDMA (ecstasy/molly) and fentanyl. Participants discussed: *"I had done some crystal, and I came up positive for five different things, [including] ecstasy; I actually failed a drug test for 'fetty' (fentanyl), and I should have just been on crystal meth ... I was fading in and out, and if it wasn't for the meth, I probably would have died, I would have overdosed."* Overall, participants reported that the quality of methamphetamine has increased during the past six months. A participant confirmed, *"It's gotten better."*

<b>Methamphetamine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	<ul style="list-style-type: none"> <li><span style="color: red;">●</span> dimethyl sulfone (DMSO; dietary supplement)</li> <li><span style="color: red;">●</span> magnesium sulfate (Epsom salts)</li> </ul>	

Prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Participants commented: *"It's a perfect poor [person's] drug, you spend \$20 and you're cool all day long, and probably all night too; The more you buy, the less it is."* Overall, participants reported that the price of methamphetamine has decreased during the past six months. A law enforcement officer added, *"It's cheaper than it was a year ago."*

<b>Methamphetamine</b>	<b>Current Prices for Methamphetamine</b>	
	1/10 gram	\$10
	1/2 gram	\$40-60
	A gram	\$80

The most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. Participants shared: *"I 'hot rail' (a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors), so that's ... both smoking and snorting at the same time; Not too many would just snort it because it burns like crazy."*

Participants described typical methamphetamine users as of low socio-economic status, white people and those who work long hours. However, one participant remarked, *"There used to be a stereotype, but now I feel like it could be anybody."* In addition, community professionals described typical methamphetamine users as 20-30 years of age and members of the gay community. A treatment provider reported, *"All my patients with meth diagnosis are white, younger, 20s and 30s."* Law enforcement discussed: *"You'll see an increase in the gay community; Caucasian and poor."*

### Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants discussed: *"People are going to the doctors, and they hand them out like candy; People's kids are prescribed and they take their kids' medicine and sell them; You can get Adderall® all over the place."* Community professionals most often reported the current street availability of prescription stimulants as '5'; the previous most common scores were '5' for treatment providers and not reported by law enforcement. A treatment provider commented, *"That's another thing that you can just go to the doctor and get."* Law enforcement reported: *"Haven't really seen too much of that [during the past six months]; So many people have prescriptions already; It's all kind of in that little community with the schooling [among students], not too much on the streets."*

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. A participant reported, *"Vyvanse® and Adderall® are super easy [to obtain], Ritalin® not so*

*much.*” Community professionals identified Adderall® as most available. Treatment providers commented: *“I could go to a doctor and say I’m having trouble concentrating at work, and he’d give me Adderall® or Vyvanse®; I only hear about Adderall®, I don’t hear about the others.”*

Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. However, one participant noted, *“You don’t need Adderall® when you have meth now.”* BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) from this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were varied among participants with experience buying these drugs. Overall, participants reported that the price of prescription stimulants has decreased during the past six months. Participants commented: *“Prices have gone way down since meth came up (increased in availability); Meth is so easy to get now, you might as well [use methamphetamine]. You’re paying for a Vyvanse® or Adderall® [pill] like \$10 ... when you can spend like \$5 for methamphetamine.”*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$6-7 for 20 mg
	Ritalin®	\$5 for 20 mg
	Vyvanse®	\$5-12 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from doctors as well as from friends and family members with prescriptions for the drugs.

Participants noted: *“It’s easier to get them from a doctor than a dealer; My dealer had some Adderall®, and he wouldn’t come off (sell) them, those were for him.”* 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 prescription stimulant users as college students and professionals. One participant commented, *“I know someone who sold her whole ‘script’ (prescription) to this lawyer ... he always wanted it.”* Community professionals described typical illicit prescription stimulant users as young people, college students and people who need help focusing at work or school. Treatment providers explained: *“People who need it to work; Mainly younger people.”* In addition, a treatment provider offered, *“Someone who likes ‘uppers’ (stimulant drugs) and couldn’t get something else, I’ve seen it as a substitution.”* A law enforcement representative added, *“It’s going to be more of a college crowd, they’re basically just taking it to get through their testing so they’re not failing their classes.”*

### Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘2-3.’ Participants commented: *“If you go to a show (concert), or you go to a [dance] club, you can find molly; It’s not easy [obtaining Ecstasy], it’s like you have to run into it; They sell [ecstasy/ molly] on Facebook, on Snapchat.”*

While treatment providers did not report on the current availability of ecstasy and molly, law enforcement most often reported the current availability of ecstasy and of molly as ‘2;’ the previous most common scores were not reported. A treatment provider commented, *“You don’t hear about those much ... I feel like these are party substances.”* A law enforcement officer reported, *“It’s actually just coming back around, and it’s coming from [a larger city].”*

Participants and community professionals reported that the availability of ecstasy and of molly has remained the same during the past six months. A law enforcement officer commented, "Typically going to find that with a select few [dealers], and when they get [molly], it will go quick." BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants discussed the quality of molly and rated the current overall quality of molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores was '4.' Participants commented: "It's some 'gas' (very potent), it's the best molly I've ever known; They're getting their money's worth." Reportedly, molly is often cut with other substances including fentanyl, methamphetamine and cocaine. Participants reported: "Fentanyl is in molly; They use meth to cut molly." Overall, participants reported that the quality of molly has increased during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, the most common amount of purchase for molly is 1/4 gram. Overall, participants reported that the prices of ecstasy and molly have remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$10
	Medium dose (aka "double stack")	\$15
	High dose (aka "triple stack")	\$25
	<b>Molly:</b>	
	1/10 gram	\$10
A gram	\$60	

Participants reported that the most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants observed that molly is often "parachuted" (wrapped in tissue or toilet paper and swallowed to avoid the taste) or mixed in with water to drink (aka "molly water"). Participants estimated that out of 10 ecstasy and molly users, five would orally consume and five would snort the drugs. Participants discussed: "I don't think parachuting is a rare occurrence; Anytime I've been around anybody who does molly, they parachute it; I feel like it's more of a habit, people who snort opiates, they like to snort shit ... so that's how they do [molly]."

Participants described typical ecstasy and molly users as "ravers" (those who attend dance parties), college kids, white people and drug dealers. A participant shared, "It's kind of a [music festival], hippie drug." Community professionals described typical ecstasy and molly users as high school and college aged. Treatment providers commented: "Younger kids; Teenagers, 20s." Law enforcement agreed, "College crowd for both."

### 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: anabolic steroids, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), kratom (mitragynine), Neurontin® (gabapentin), OTCs (over-the-counter medications, i.e. Imodium®, an anti-diarrheal) and promethazine (prescription-strength cough syrup). In addition, BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has increased during the past six months, while the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased.

#### Anabolic Steroids

Anabolic steroids are available for illicit use in the region. While participants did not rate the drug's current availability, participants reported that the availability of anabolic steroids has increased during the past six

months. Participants reported this increase was seasonal due to warmer weather and baseball season. Participants explained: *"People are trying to get big (muscular); It's baseball season."* Although community professionals did not rate the current availability of anabolic steroids, one law enforcement representative confirmed, *"They're around."* Participants most often reported that anabolic steroids are obtained at a gym. Participants described typical illicit anabolic steroid users as males, athletes and body builders.

**Hallucinogens**

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens as '8' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants also confirmed that LSD is available in the region, but they were unable to rate its current availability. Participants commented: *"[LSD is] as available as molly; [Psilocybin mushrooms are] everywhere."* While treatment providers did not report on hallucinogens, law enforcement most often reported the current availability of hallucinogens as '0-1' for LSD and '5-6' for psilocybin mushrooms; the previous most common score were '2-3' for LSD and not reported for psilocybin mushrooms. A law enforcement representative confirmed, *"A little bit of LSD, but it's very minute around here."*

Participants reported that the availability of LSD has remained the same during the past six months, while participants and law enforcement reported that the availability of psilocybin mushrooms has increased. Participants shared: *"[LSD has] always been available; It's getting warm out [so psilocybin mushrooms are increasing]; Just depends on the time of year [for psilocybin mushrooms]."* One law enforcement representative summarized, *"Seen an increase in 'shrooms' (psilocybin mushrooms) in the area on search warrants."* BCI crime labs reported that the incidence of LSD cases they process from this region has remained the same during the past six months, while the incidence of psilocybin mushrooms cases has increased, although still few cases.

Participants most often rated the current overall quality of LSD as '8-9' and of psilocybin mushrooms as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' for LSD and

not reported for psilocybin mushrooms. One participant noted, *"[LSD is] clean ... no strychnine (poison/pesticide), your back don't hurt."* On psilocybin mushrooms, a participant described the high as "awesomeness." Overall, participants reported that the quality of LSD has remained the same during the past six months, while the quality of psilocybin mushrooms has increased.

Reports of current prices for hallucinogens were consistent among participants with experience buying the drugs. Reportedly, the most common quantity of purchase of psilocybin mushrooms is 1/8 ounce, while the most common quantities of purchase of LSD are a single 'hit' (dose) or a '10 strip' (10 doses). Participants commented: *"The same as weed, \$20 for an eighth [ounce of psilocybin mushrooms]; [LSD is] like \$6-7 a hit, that's for some good paper [LSD dropped on blotter paper]."* Overall, participants reported that the price of hallucinogens has remained the same during the past six months.

<b>Hallucinogens</b>	<b>Current Prices for Hallucinogens</b>	
	<b>Psilocybin mushrooms:</b>	
	1/8 ounce	\$20-25
	<b>LSD:</b>	
	A single dose ("hit")	\$6-7

Participants reported that the most common route of administration for hallucinogens remains oral consumption. While law enforcement did not describe a typical user, participants described typical users of hallucinogens as college students, young, white people and those who frequent dance clubs or attend "raves" (dance parties).

**Kratom**

Kratom (mitragynine, a psychoactive plant substance) remains available in the region. However, participants and community professionals did not rate the current availability of kratom. Participants shared: *"You can buy it ... at the head shops; I was driving to PA (Pennsylvania) to get it."* A treatment provider commented, *"I can go into a vape shop and get it or pull it up online and order it."* Participants and community professionals reported that the use of kratom has increased during the past six

months. Treatment providers reported that they noticed a trend and started drug testing for kratom. A treatment provider explained, *"I think kratom is a problem, the problem is they can go into a head shop and get it, they can buy it online, and you literally have to specifically test for it. So, I think it's getting abused way more than we think that it is. People who are on probation and parole probably use it a lot because they don't get tested for it, and we never tested for it before, but we started hearing about it, so I think someone is being 'iffy' (it's questionable as to whether they're using kratom) or their behavior is weird, and I know their drug of choice is opiates, I'll put kratom on [the toxicology order form] when we send it out."*

Participants did not rate the current overall quality of kratom. However, one participant commented, *"It contained my pain for the entire day ... it's the best thing that ever happened to me."* Participants reported that the most common route of administration for kratom remains oral consumption. Participants reported that kratom comes in pill or powder form. A participant explained, *"I drank one teaspoon of it a day in a cup of tea ... and that's all I drank, and that's all I needed..."* A treatment provider added, *"They say it tastes like mud, it's not enjoyable, it's like powder and you have to put it in water or something and drink it ... obviously, it has to have an effect on them or they wouldn't waste their time with it."* Participants described typical kratom users as someone who wants to get off of opiates or Suboxone®, someone who is looking for alternatives to medication-assisted treatment.

### Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the drug's current street 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'. Participants shared: *"Everywhere, even in my sober living house; Anytime you go to treatment, they give you a 'script' (prescription) for gabapentin; You can get those easy."* Treatment providers most often reported the current availability of Neurontin® also as '8'; the previous most common score was '10'. Treatment providers commented: *"Very available; That's (as available as) Xanax®; You can go to the doctor and get it."*

While participants did not report on change in availability, treatment providers reported that the availability of

Neurontin® for illicit use has remained the same during the past six months. One treatment provider commented, *"I don't think they're going on the streets like, 'I need 30 gabapentin,' I just think some people are prescribed it, and they'll just keep them to either enhance their high or if they're sick (experiencing opiate withdrawal symptoms)."*

Reports of current prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, 300 mg, 400 mg and 800 mg are available, and the typical street price is \$0.25-1.25 per pill. A participant summarized, *"They're cheap as hell."* Participants reported obtaining Neurontin® for illicit use from doctors through prescription, from friends and family members with prescriptions and from drug dealers. Participants highlighted: *"I have a bad sciatic nerve and it was given to me [by a friend]; I didn't even buy it, [drug dealers] just give it to me; They use to hand it out like candy [in treatment]."*

Participants reported that the most common route of administration for illicit use of Neurontin® is snorting. Participants estimated that out of 10 illicit Neurontin® users, nine would snort and one would orally consume the drug. Participants described typical illicit Neurontin® users as someone who is trying to beat a drug test, in withdrawal from opioids or Suboxone®, or someone in sobriety or sober living. Community professionals described typical illicit users as opiate users. A treatment provider confirmed, *"I've had people say that it will help with withdrawal symptoms."*

### OTCs

Participants and community professionals continued to discuss abuse of Imodium® during the past six months. A participant shared, *"I never got high off of them, but I would take them when I was 'dope sick' (experiencing opiate withdrawal symptoms)."* A law enforcement representative explained, *"They're gonna take between 30 and 90 pills of Imodium®, each Imodium® has a small fraction of opiates in it, even though it's over-the-counter ... 90 pills will be right where they'll start overdosing on it ... but if they can take 30 pills, you will not be sick off of heroin, or feel the effects of withdrawal."* Law enforcement described typical illicit Imodium® users as high-school aged and those in opiate withdrawal. A law enforcement officer reported, *"I had a mother of a guy who suspected him of being a heroin addict, but wasn't 100% sure ... one of the things she was seeing in his room, he was buying Imodium®, having it shipped in ... so he's using them to offset his withdrawals [from opiates]."*

## Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) is available for illicit use in the region. A treatment provider commented, *“It’s spiked a great deal with the pills (prescription opioids) ... the ‘lean,’ the ‘syrup’ (promethazine), the cough syrup.”* A participant noted, *“Doctors are starting to pull it back because rappers are steadily promoting it, so they’re starting to pull it away.”* Participants discussed fake lean, lean with promethazine substituted for with fentanyl, as also available. A participant explained, *“People make fake lean, you just make simple syrup and put fentanyl in it [instead of promethazine].”*

Participants reported obtaining promethazine for illicit use through prescription from doctors. Participants confirmed: *“Gotta be prescribed; Has to be prescribed by a doctor.”* Participants reported that the most common route of administration for illicit use of promethazine remains oral consumption. Participants estimated that out of 10 illicit promethazine users, all 10 would orally consume the drug. Participants stated: *“Mix it with pop; Drink it.”* Participants described typical illicit promethazine users as African-American people and younger people, teens to early 20s. A participant highlighted, *“Anyone who idolizes rap music.”*

## Conclusion

Crack cocaine, fentanyl, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine and Suboxone® remain highly available in the Youngstown region. Changes in availability during the past six months include: increased availability for marijuana and methamphetamine; and possible decreased availability for heroin and sedative-hypnotics.

While heroin remains available in the region, participants overwhelmingly expressed difficulty in discerning heroin from fentanyl and reported heroin unadulterated with fentanyl as nearly unavailable. Thus, participants explained that many users now call fentanyl, heroin. One participant stated, *“Everything is ‘cut’ (adulterated with fentanyl), so there’s not really been heroin around here.”* Treatment providers concurred that the availability of heroin has decreased during the past six months, the

drug has been supplanted by fentanyl. Several providers reported very few clients screening positive for heroin on urine drug screens while the prevalence of clients screening positive for fentanyl is high. BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months, while the incidence of fentanyl cases has increased.

Corroborating data indicated that marijuana is highly available in the Youngstown region. ODPS reported seizing 597.2 kilograms (1,316.5 lbs.) of marijuana from this region during the past six months; ODPS reported seizing 66.5 kilograms (146.6 lbs.) of marijuana from this region during the previous reporting period. Participants and 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 (oil and waxy forms of marijuana, aka “dabs”) has increased. Participants particularly noted an increase in the availability and popularity of vape cartridges containing marijuana which enable a user to use cannabis undetected in public spaces. In addition, several participants shared of their experience with fake cartridges containing little to no THC (tetrahydrocannabinol, the psychoactive component of marijuana); reportedly, these cartridges are present in the region and typically contain vegetable oil.

Several respondents used the term “skyrocketed” when describing the increased availability of methamphetamine during the past six months. Law enforcement confirmed that the available methamphetamine in the region is almost all imported crystal methamphetamine from Mexico and not “homemade shake-and-bake” (user produced powdered methamphetamine). Law enforcement reported that drug cartels are pushing crystal methamphetamine and flooding the regional drug market with it. Participants attributed increased use of methamphetamine to heroin/fentanyl users switching to the drug out of fear of overdose death. They also noted the longer lasting high and the cheaper price for methamphetamine compared to crack cocaine as making methamphetamine the preferred stimulant drug. However, participants noted that methamphetamine is cut with other drugs, specifically fentanyl and MDMA (ecstasy/molly). BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Lastly, participants and community professionals continued to discuss abuse of Imodium® (over-the-counter

anti-diarrheal medication) during the past six months. Both groups of respondents described opiate users consuming a large number of Imodium® doses to combat opiate withdrawal symptoms.