Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Youngstown Region

June 2012 - January 2013

Ohio MHAS
Promoting wellness and recovery

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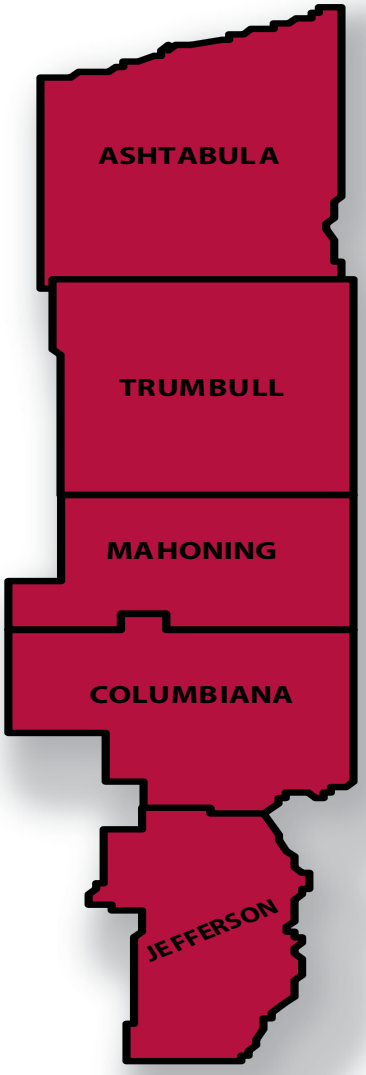

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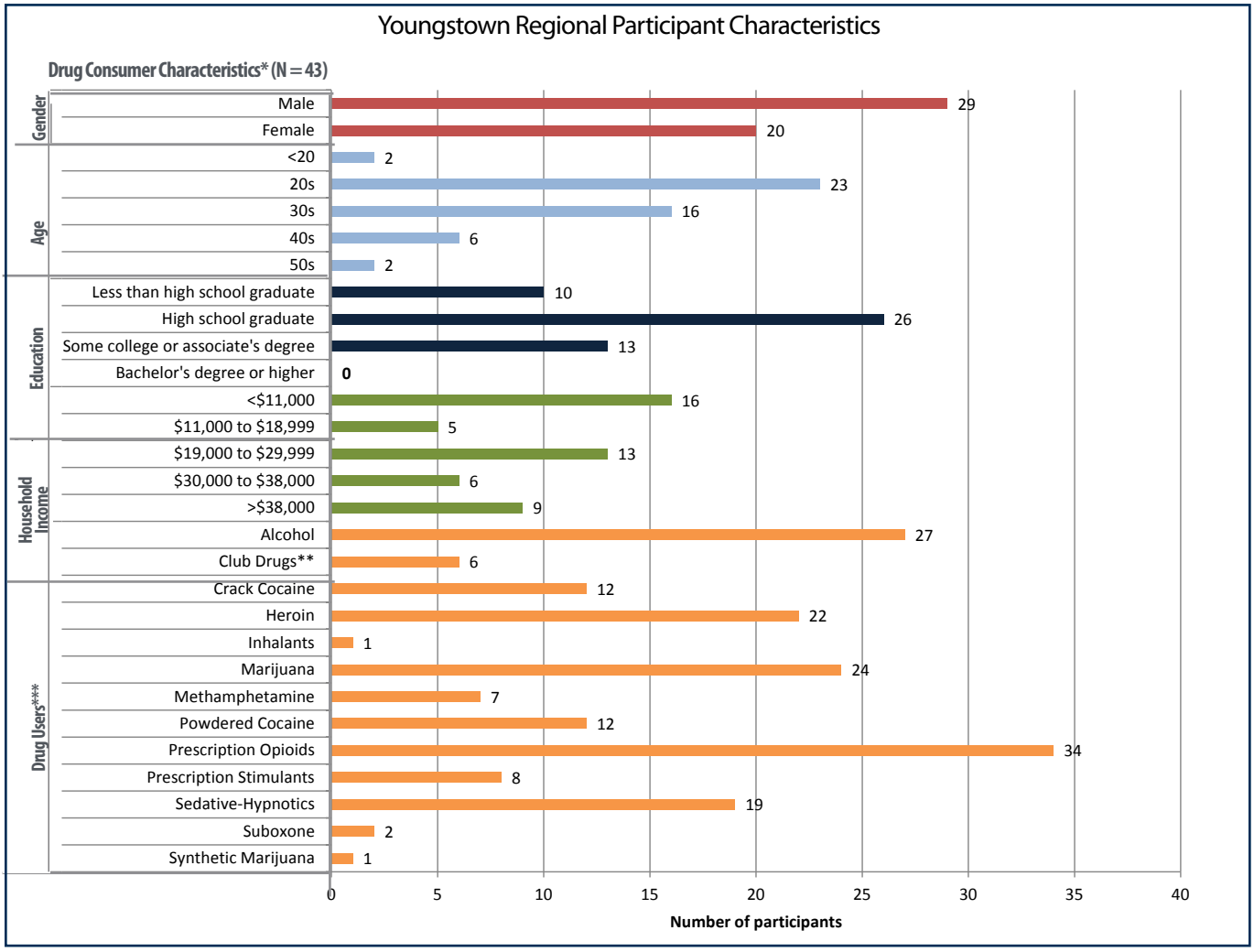
Indicator[1]	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	49
Gender (female), 2010	51.2%	51.1%	40.8%
Whites, 2010	81.1%	86.3%	93.9%
African Americans, 2010	12.0%	8.7%	2.0%
Hispanic or Latino origin, 2010	3.1%	2.7%	2.0%
High School Graduation rate, 2010	84.3%	86.8%	82.9%
Median Household Income, 2011	$45,803	$40,447	$15,000-$21,000[2]
Persons Below Poverty Level, 2011	16.3%	17.7%	44.9%

[1]Ohio and Youngstown statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2012.



*Not all participants filled out forms; therefore, numbers may not equal 43.
**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.
***Some respondents reported multiple drugs of use during the past six months.

Data Sources for the Youngstown Region

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

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

Powdered Cocaine

Historical Summary

In the previous reporting period, powdered cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '6.' Participants and community professionals most often reported that the availability of powdered cocaine had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: diltiazem (heart medication), lidocaine and procaine (local anesthetics). Participants reported that a gram of powdered cocaine sold for between $50-60; 1/16 ounce, or "teener," sold for $100; 1/8 ounce, or "eight ball," sold for between $150-180; an ounce sold for between $1,200-1,400.

The most common route of administration for powdered cocaine remained snorting, followed by intravenous injection. In addition, many participants identified powdered cocaine as a drug commonly used in combination with heroin to "speedball" (mixing powdered cocaine with heroin for injection). A profile of the typical powdered cocaine user did not emerge from the data.

Current Trends

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). However, many participants agreed that availability varies within the region, both within counties and in between counties. Participants reported: "*If you're talking about Lisbon area [Columbiana County], it's harder [to obtain powdered cocaine]. But if you go up the street to Salem [Columbiana County], there's dudes at the bar [who sell powdered cocaine] … you can get it [powdered cocaine] like ASAP. They'll be there all night long; Everything [any drug] is easier to get in Youngstown [Mahoning County] than out here [Columbiana County].*"

While participants agreed that powdered cocaine is highly available, most agreed that crack cocaine is more available in the region. Participants reported, "*I can usually find crack [cocaine] way easier then coke [powdered cocaine] because around this area [Ashtabula], [dealers] they'll all like to cook it [manufacture crack cocaine from powdered cocaine] … everybody just wants to smoke [crack cocaine]. Personally, I shoot drugs … I usually look for powder cocaine, and powder cocaine is very easy to get, but crack is even easier to get.*"

Community professionals also most often reported the drug's current availability as '10.' While community professionals reported powdered cocaine as highly available, they noted that powdered cocaine is not as popular as it had been in the past. A treatment provider reported, "*We just don't see it [powdered cocaine use] really. This is an economically depressed area and we don't see it as much as other drugs.*" Law enforcement reported "*The prevailing trend has just shifted over to heroin so much … [cocaine] is like bottom-shelf liquor. They'll use it, but it's not in demand.*"

Collaborating data also indicated that cocaine is readily available in the region. The Mahoning County Coroner's Office reported that 17.6 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death). Furthermore, the coroner's office reported cocaine as present in 20 percent of all drug-related deaths (Note: Coroner's data are aggregate data of powdered cocaine and crack cocaine and do not differentiate between these two forms of cocaine).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. However, several participants agreed that drug-related arrests have impacted the availability of powdered cocaine in the region. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with aspirin, baby laxative, baking soda, benzodiazepines, prescription opioids and vitamins, specifically Vitamin B-12. A participant with experience using powdered cocaine reported, "*Anything [can be used to cut powdered cocaine] as long as it's a white powder.*" Most participants in the region agreed that the quality of powered cocaine depends on from whom one buys the drug. The BCI Richfield Crime Lab reported that powdered cocaine is cut with diltiazem (high-blood pressure medication), levamisole (livestock dewormer), lidocaine and procaine (local anesthetics).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl" and "soft." Participants listed the following as other common street names: "blow," "candy," "powder," "snow," "white," "white girl" and "yay." Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between $50-75, depending on the quality; 1/16 ounce, or "teener," sells for $100; 1/8 ounce, or "eight ball," sells for between $200-250. Participants reported that the most common way to use powdered cocaine remains snorting and intravenous injection. Most participants agreed that intravenous injection of powdered cocaine is most common among individuals who also use heroin.

Participants described typical users of powdered cocaine as working, middle to upper class individuals. A participant stated, "*I think [powdered cocaine use] it's more accepting among people with jobs, like executives. There's less stigma than like crack.*" Yet, several participants reported that there is no typical user profile for powdered cocaine. A participant reported, "*It's pretty much like that for every drug. Doesn't matter what age or race or gender [all types of people use powdered cocaine].*" Community professionals could not offer a typical user profile for powdered cocaine.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics (Xanax® and Kolonopin®). Many participants reported that drugs often used in combination with powdered cocaine are used to "come down" from the stimulating effect of powdered cocaine. A participant commented, "*Me, I would smoke massive amounts of weed [marijuana] when I used coke just to go to sleep and then I would wake back up just to do it again.*"

Many participants reported alcohol as a common substance used in combination with powdered cocaine: "A*lcohol is a huge factor with cocaine; Most people I know don't use coke unless their drinking [alcohol]. It [powdered cocaine use] lets you drink more [alcohol].*" Treatment providers also reported similar trends. A treatment provider explained, "*We have some straight alcoholics, but no straight crack or coke users. It seems like those who use crack or coke, also use alcohol. Alcohol and cocaine go hand in hand.*"

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers most often reported that the availability of crack cocaine had remained the same during the previous six months; law enforcement reported a decrease in crack cocaine within the region. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut crack cocaine: diltiazem (heart

medication), lidocaine and procaine (local anesthetics). Participants reported that the quality of crack cocaine had generally remained the same during the previous six months. Participants reported that 1/10 gram of crack cocaine sold for $10. Participants reported that crack cocaine was typically sold by dollar amount rather than by weight.

The most common routes of administration for crack cocaine were smoking and intravenous injection. A profile of the typical crack cocaine user did not emerge from the data. Participants reported that use spread across all demographic categories.

Current Trends

Crack cocaine remains highly available in the region. Participants and community professionals 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). Participant comments on current availability included: "*For me, you can just walk across the street … your neighbor has it [crack cocaine]. It's like everywhere … everywhere; Where I'm from, [crack cocaine availability] it's a '15' [extremely easy to get].*" A participant with experience using crack cocaine reported, "*More people have that [crack cocaine] than the soft [powdered cocaine].*"

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In November, Canfield (Mahoning County) police charged a Youngstown resident with possession of crack cocaine and marijuana after his arrest in the city (www.vindy.com, Nov. 16, 2012).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider described crack cocaine as, "*An old time standby. If you don't have heroin or whatever, you got crack.*" Law enforcement also reported crack cocaine as highly available, yet identified that heroin is in demand more so than crack or powdered cocaine. He stated, "*We do see cocaine [crack and powdered cocaine] … and heroin has just pretty much taken over.*" The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is cut with ammonia, baby formula, baby laxative, baking soda, MSM (methylsulfonylmethane) joint supplements and vitamins. Several participants also reported on products sold at head shops that are used to adulterate crack cocaine. A participant reported, "*They have something you can buy … it's called 'Comeback' at head shops. You put it on the crack and it makes it bigger.*" Most participants agreed that quality varies depending on whom and where (regionally) the drug is obtained. The BCI Richfield Crime Lab reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "crack" and "hard." Participants listed the following as other common street names: "dope," "hard work, "rock," "salt" and "work." Some participants also reported a variety of language and phrases used to purchase crack cocaine from drug dealers. Participants explained, "*We would say 'you got any vegetables' or 'milk?' Especially if you're texting, you make up a name. For me being a drug dealer half my life, that goes for all drugs. Depending on who's texting you, they would have a certain word and that's what we went by.*" Another participant reported "*I think if you smoke it [crack cocaine] regularly, then you call it dope. Like if it's your drug, its dope and that goes for any drug. If heroin's your drug, you call it dope*."

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for $50, depending on the quality; 1/8 ounce, or "eight ball," sells for between $150-200. Many participants continued to report buying crack cocaine in dollar increments instead of measured amounts. Most participants reported buying crack cocaine in $10 or $20 amounts. Most participants agreed that prices varied within and between counties in the region. A participant reported, "*In Jefferson [County] everything is double or triple in price than [in] Columbiana [County]. So people from there [Jefferson County], will come up here [Columbiana County] to get it [crack cocaine] cheaper. And then in Youngstown [Mahoning County], it's even cheaper.*"

While there were a few reported ways of administering crack cocaine, generally, the most common routes of administration remain smoking and intravenous injection. Out of 10 crack cocaine users, participants reported that approximately eight would smoke and two would intravenously inject the drug. However, many participants reported that crack cocaine is often intravenously injected among users that also intravenously inject heroin. A participant commented, "*I never met anyone who just goes*

around and shoots [injects] crack cocaine who don't also shoot heroin and or some other opiate."

Participants described typical users of crack cocaine as individuals from low-income urban areas within the region. A participant stated, "*[Crack cocaine] it's [an] inner city [drug] … crack is the poor man's drug*." Some participants also reported differences in race among crack cocaine users: "*I think it's African Americans that mostly smoke crack cocaine; I think Black people use crack and more White people do heroin*." Some participants continued to report no differences in gender, race or socio-economic status among crack cocaine users. Treatment providers reported that crack cocaine is often used among individuals who also use heroin. Treatment providers reported: "*[Typical crack cocaine use] it's usually lower 20s [in age] and they are heroin users who also use crack. We don't have any sole crack users; It used to be more pronounced years ago … crack or heroin … one or the other. Now it's both used together.*"

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics (benzodiazepines). A participant reported, "*Any sort of downer … I'd say anyone who does coke or crack do some sort of downer to help them come down.*" Many participants agreed that crack cocaine and powdered cocaine are often used in combination with heroin. A participant with experience using heroin and crack cocaine reported, "*I don't really know anyone that [just] smokes crack, [they] also do heroin*."

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants from Ashtabula, Mahoning and Trumbull counties continued to report that heroin was easier to obtain than many other drugs. Throughout the entire region, law enforcement reported heroin to be the primary drug problem.

While many types of heroin were available in the region, participants continued to report the availability of brown powdered heroin as most available. Law enforcement officials also noted brown powdered heroin as the most common type found in heroin cases. Participants and community professionals reported black tar heroin availability to be low; The BCI Richfield Crime Lab did not report cases of black tar heroin. Participants reported that the overall availability of heroin had increased during the previous six months; community professionals reported that availability had remained the same. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the previous six months.

Most participants rated the overall quality of powdered heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab reported the following substances as commonly used to cut heroin: diltiazem (heart medication), lidocaine (local anesthetic) and noscapine (cough suppressant). Participants reported that a "baggie" (1/10 gram) of heroin sold for $20; a gram sold for between $120-150.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. Law enforcement reported use as common across all demographic categories, but more common among Whites.

Current Trends

Heroin remains highly available in the region. Participants and community professionals most often reported the current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants described the availability of heroin as high across all counties of the region. Participants from Columbiana County reported: "*[Heroin] it's rampant out here; Everybody's got heroin. It's easier to get than cigarettes*." A participant from Ashtabula County reported, "*I'd say heroin is the easiest substance to get in Ashtabula … heroin and meth [methamphetamine]*." A participant from Mahoning County reported, "*I notice when I'm walking out of stores now, people be like, 'do you do boy [heroin]?'*" Participants from Trumbull County reported: "*It's gotten so bad in Warren. [Heroin] it's everywhere; My son told me it would be easier for him to get heroin than it would be to get marijuana*."

Overall, participants identified heroin as the region's primary drug problem and labeled it as an "epidemic." Treatment providers agreed, with one reporting, "*[Heroin use] it's like an epidemic. It's just hitting so many people*." Many participants with experience using heroin reported using prescription opioids first which seemingly led to heroin use. Participants reported: "*Most people who use [drugs], and start on pills*

[prescription opioids], go to heroin; When I couldn't afford pills anymore, I went to heroin."

While many types of heroin are currently available in the region, participants and law enforcement continued to report the availability of brown powdered heroin as the most available, most often rating its current availability as '10.' Moreover, participants and law enforcement continued to report the availability of black tar heroin as low, most often rating its current availability as '2.' A participant with experience using heroin reported, "*When I was in Youngstown, I saw it [black tar heroin] a couple of times. But since I've been out here in Warren, I've never seen it, only brown powder*." Participants from Columbiana and Ashtabula Counties also reported low availability for black tar in the region. Law enforcement from Mahoning County reported, "*Very, very, little black tar. We've had probably two black tar incidents in the past year, it's mostly brown powder*." Columbiana County law enforcement also reported, "*I've never seen black tar, it's been brown powder.*" Treatment providers could not report on the availability of powdered or black tar heroin in the region, as clients do not typically identify what types of heroin are used.

Media outlets in the region reported on heroin seizures and arrests this reporting period. In November, Canfield (Mahoning County) police arrested a Youngstown man with possession of drug paraphernalia and drug abuse instruments, including items for marijuana and heroin use (www.vindy.com, Nov. 16, 2012). In December, Canfield police arrested a man and a woman at a Canfield motel for receiving stolen property, drug abuse and possession of a suspected bag of heroin (www.vindy.com, Dec. 14, 2012). Collaborating data also indicated that heroin is readily available in the region. The Mahoning County Coroner's Office reported heroin as present in 36 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the availability of brown powdered and black tar heroin has remained the same during the past six months. A participant reported, "*[Heroin availability] has always been high, for the last few years*." Law enforcement from Mahoning County described, "*The availability [of heroin] hasn't fluctuated too much. You might have changes with a specific dealer, but generally … in the area, you can get heroin any day all day.*" A law enforcement officer also described another trend related to heroin trafficking in the region: "*… years ago it used to be more segregated – you had a guy for cocaine, a guy for pills, you had a guy for marijuana, and you had a guy for heroin. Now it's more a of 'poly-drug' trafficker that has whatever … he's got it all, a one-stop shop*." The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months.

There was no consensus among participants as to the overall current quality of heroin in the region. Participants reported quality ranging from '3' to '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant with experience using heroin reported, "[Quality of heroin] it's hit or miss. It's either really good or really bad." Participants reported that brown powdered heroin in the region is cut with Vitamin B, isotol (vitamin supplement), prescription opioids and sleeping pills (Sleepinal®). Participants also reported the use of adulterating products purchased at head shops. Participants reported that the quality of heroin has generally remained the same during the past six months. The BCI Richfield Crime Lab reported that heroin is cut with lidocaine (local anesthetic) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food," "dope," "H" and "smack." Participants reported that brown powdered heroin is available in different quantities: "baggies" or "stamps" (1/10 gram) sell for between $10-20; a gram sells for between $100-150; a finger (7-10 grams) sells for between $800-1,000. Additionally, a few participants reported buying heroin in a single "chunk" for a set price. A participant reported, "*I always bought it [heroin] $50 for a chunk … I don't know what the weight was*."

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. A participant with experience injecting heroin reported, "I don't know anyone who snorts it [heroin] anymore." Another participant agreed: "*Me neither. I don't know anyone; no one would rather wait 15 minutes for their buzz [high] when they could have it instantly, especially when you're sick [in withdrawal] … within a 20 second window, you're there [high from intravenous injection]*." Participants with experience injecting heroin reported obtaining needles from a variety of sources: diabetics, dealers and local pharmacies.

Most participants agreed that needle-sharing is a problem in the region: "*If you're sick, or with a group of people in a house and your needle breaks, you're going to share it; I would see 8-10 people in a room, just standing around and they'd be out*

of riggs and just shoot … and here you go … shoot and pass it [the needle] around; I always carry my own needles and I've had people say, 'let me use your needle' … and I say, 'go ahead, take it' ... because people don't care." Most participants also shared concerns regarding Hepatitis C in the region: "*There's Hepatitis C all over the place … I've seen people shoot up over and over with the same needle; Out of 10 people I know, they all have Hep C. It's a huge problem; People are definitely not concerned about Hep C. It's crazy.*"

Participants and community professionals continued to describe typical heroin users as predominately White and under 30 years of age. A law enforcement official from Mahoning County reported, "*We don't really deal a whole lot with the users, but the people we encounter while doing trafficking investigations … obviously looking at a trafficker … and you see 50 users, those 50 users are predominately White male or female from suburban areas and under 30 [years of age] for sure.*"

Reportedly, heroin is used in combination with crack and powdered cocaine, prescription opioids and sedative-hypnotics (primarily Xanax® and Klonopin®). Participants most often reported crack and powdered cocaine to be used with heroin to "speedball." Participants reported that between 6-8 heroin users out of 10 would speedball with heroin and crack cocaine or heroin and powdered cocaine: "*People do different things. I've seen people smoke crack and then shoot heroin; Some people mix crack and heroin together and shoot together. In my experience, I would smoke crack first and then shoot heroin, usually people want to go up and then come down.*"

Participants also discussed the popularity of mixing heroin use with the use of benzodiazepines: "*A lot of people take benzo's with it [heroin]. Xanax® is pretty popular; I've had four friends who OD'd [overdosed] on heroin and Xanax®. If you keep doing that, using Xanax® and heroin, you will die. It's not a question if, it's when … you will die; I was eating Xanax® all day and then shot up [with heroin], and it dropped me ... woke up in the hospital. I guess my lungs quit.*"

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported availability of prescription opioids within the region as '10'. Collaborating data also indicated that prescription opioids were readily available in the region. The Mahoning County Coroner's Office reported prescription opioids as present in 77.8 percent of all drug-related deaths in the county during the previous six months. Participants and community professionals identified Opana®, Percocet®, Roxicet® and Ultram® as the most popular prescription opioids in terms of illicit use.

Participants and community professionals most often reported that the availability of prescription opioids had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants also continued to report getting them from pain management clinics, family and private physicians, emergency rooms, as well as from family and friends who had prescriptions.

The most common routes of administration for prescription opioids were snorting and intravenous injection. A profile of the typical illicit prescription opioids user did not emerge from the data, though some participants commented that prescription opioids abuse was common among adolescents and young adults.

Current Trends

Prescription opioids remain highly available in the region. Participants and treatment providers most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported current availability as '8.' Participants identified Percocet®, Roxicodone® and Ultram® as the most popular prescription opioids in terms of illicit use. Participants reported: "*Perc's [Percocet®] are everywhere. You can find them on the sidewalk; In Warren [Trumbull County] they're definitely available … the Roxicodone® … the Roxicet® are available, for sure; Them [Ultram®] are dime a dozen. You can get those from the hospital easy.*" Community professionals identified Opana®, Percocet®, Roxicodone® and Vicodin® as most popular.

Although prescription opioids remain highly available, most participants agreed that prescription opioids, specifically

the reformulated Opana® and OxyContin®, are no longer desirable. A participant stated, "*When they [pharmaceutical companies] changed them [Opana® and OxyContin®], everybody started doing dope [heroin].*" Another participant reported, "OxyContin® was my drug of choice for eight years, and then, when they changed them and I couldn't snort them anymore, that's when I started doing heroin."

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In November, Canfield police arrested an Akron woman for possession of dangerous drugs in the city, including Percocet® and Tramadol® (www.vindy.com, Dec. 14, 2012). Collaborating data also indicated that prescription opioids are readily available and abused in the region. The Mahoning County Coroner's Office reported prescription opioids as present in 44 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. Treatment providers noted an exception with an increase in Opana®. A treatment provider stated, "*We've seen some increase in Opana® [use] in the last six months, and I think that's because of the changes with OxyContin®. But some clients will still go through a lot of work to break down those pills [OxyContin®] to get high.*" Law enforcement noted an exception with an increase in Tramadol®. A law enforcement officer from Mahoning County reported, "*[The trend] used to be OxyContin®, but it's kind of fallen to the wayside. Now it's Tramadol®. I think maybe what's happened … or why Tramadol® [use] has increased, is with the OxyContin® getting changed. They [users] can't crush it like they used to. Since that change, I think the Tramadol® has increased … it's a non-scheduled drug … I think that kind of appeals to people.*" The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (aka "patches;" 100 mg sells for between $60-70), Opana® (aka "pana's" and "pandas;" *old formulation*, 40 mg sells for a minimum of $1 per milligram; *new formulation*, 40 mg sells for $20), OxyContin® (*old formulation*, aka "OC's," "ocean cruise Liners" and "oxy's," sells for a minimum of $1 per milligram; *new formulation*, aka "OP's," 40 mg sells for between $10-20), Percocet® (aka "blues," "greens," "peaches" and "perc's;" 7.5 mg sells for between $2-3; 10 mg sells for between $5-7; 15 mg sells for between $12-15), Roxicodone® (aka "IR 15's," "IR 30's," "blues," and "roxi's," 15 mg sells for between $10-15; 30 mg sells for between $20-30), Soma® (sells for between $1-2 per pill), Ultram® (aka "trams" and "trims;" sells for between $.50-1.50 per pill) and Vicodin® (aka "vic's;" 5 mg sells for between $1-2; 7.5 mg sells for between $2-3; 10 mg sells for between $4-6).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration for abuse of prescription opioids are snorting and oral consumption. Out of 10 prescription opioids users, participants reported that approximately six would abuse the drugs by snorting and four would orally consume them. Many participants reported "eating" (chewing) prescription opioids and then swallowing. Participants reported: "*I always ate them; Anybody who is eating them, actually eats them … chew them up with your front teeth; I'd chew some and then snort some.*" Participants also reported "parachuting" as a method of oral ingestion: "*I don't like snorting, so I'd crush it [prescription opioids] up and put it in a tissue and swallow it – gets into your system quicker … it's called 'parachuting.'*"

Some participants also reported intravenous injection as a method of administration. A participant reported, "*I'd say 5 out of 10 [users] would shoot some of these pills. I'd say they probably also use heroin.*" Lastly, some participants reported smoking prescription opioids. A participant with experience smoking prescription opioids reported, "*… smoking pills is becoming more common I think … putting it on foil and smoking [it]. I would say though it's more younger, maybe 18-25 [years of age], smoking pills more. They see someone else doing and it want to try it too. Gives you that big head rush.*"

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from individuals with prescriptions and from doctors at emergency rooms and pain clinics. A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants continued to describe typical illicit users as, "*everyone.*" Treatment providers reported that prescription opioids abuse is, "*across the board.*" Law enforcement reported, "*Everybody's on this stuff [prescription opioids], out here at least.*"

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, crack and powdered cocaine, heroin and marijuana. Alcohol was frequently reported as a substance commonly used in combination with prescription opioids. Several participants also reported using a drink made with codeine promethazine (aka "lean") in combination with prescription opioids and other prescription pills. A participant commented, "*My dealers will use them … Vicodin®, Xanax®, whatever, and mix the codeine [in a beverage] … they got that 'lean.'*"

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants most often reported that the availability of Suboxone® had remained the same during the previous six months; community professionals most often reported that availability had increased. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

Participants reported that Suboxone® 8 mg strip or tablet sold for between $10-12, with sublingual strips being more common than tablets. Suboxone® was most commonly administered sublingually, with some participants reporting abuse by snorting and intravenous injection. Participants reported typical illicit Suboxone® users as heroin users wanting to avoid heroin withdrawal symptoms when heroin could not be obtained. Many participants agreed that Suboxone® was commonly used in combination with Xanax®.

Current Trends

Suboxone® remains highly available in the region. Participants and law enforcement reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); treatment providers most often reported current street availability as '8.' Participant comments on current Suboxone® availability included: "*It's like a '15' [extremely easy to get]; It's all over the place; Strips and tabs are available. The strips are more common.*" Law enforcement reported, "*We are seeing more of the Suboxone® on the street, pills and strips, and it's openly traded back and forth among people who have valid scripts [prescriptions], so [consumers will say], 'let me borrow an extra couple pills and then when I get my script, I'll give you a few extra.' [Suboxone®] it's more of a commodity I've noticed in the past six months.*"

Collaborating data also indicated the presence of Suboxone® in the region. The Mahoning County Coroner's Office reported buprenorphine as present in 16 percent of all drug-related deaths during the past six months.

Participants and law enforcement reported that the availability of Suboxone® has remained the same during the past six months; treatment providers reported decreased availability. A treatment provider stated, "*We drug screen every week, and now, I feel like they [clients prescribed Suboxone®] are not as likely to get rid of it [Suboxone®] as quickly as before. Now they are only given a supply for a week as opposed to a supply for 30 days.*" The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants did not report any jargon or slang for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for between $10-20 for either the tablet or film strip form, although most participants with Suboxone® use experience mentioned the film form as more available and the tablet form as rarely seen.

Most often participants reported taking Suboxone® sublingually. Out of 10 Suboxone® users, participants reported that approximately eight would orally consume and two would intravenously inject the drug. In terms of illicit use of Suboxone®, participants reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants reported: "*People do snort the pill or shoot it. I'd say strips people eat more; I used to shoot my Suboxone® … the pills, but you can shoot strips too.*"

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting prescriptions from doctors and substance abuse treatment clinics, as well as buying from other people who have prescriptions. Participants reported: "*I only know a couple people that get it [Suboxone®] from dealers, most people I know have their own*

prescriptions; I know a lot of people that get their prescriptions and sell it; [You can get them through] prescription or street. People with scripts are selling them."

Participants continued to describe typical illicit users of Suboxone® as heroin users. Community professionals agreed that users who abuse Suboxone® are typically heroin users. A treatment provider reported, "*It's the heroin users ... 18-35 [years of age], White, gender is pretty equal. We have a few in their 40s and 50s, but it's not common.*" Law enforcement reported, "*[Illicit Suboxone® users are] same as heroin users … under 30 [years of age], White, pretty equal male and female.*"

Reportedly, when used in combination with other substances, Suboxone® is used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). Participants reported: "*Alcohol, Xanax® … benzo's are common [with Suboxone®]; I've heard of people taking Xanax® with Suboxone®, mixing the two together and snorting it; I had a friend that took too many Xanax® with Suboxone®, and she had to go the hospital. You're not supposed to take any benzo's with it [Suboxone®]; … I used benzo's [with Suboxone®] because I wasn't getting any effect from it [Suboxone®] … and at that point, I still wanted to get high. That's why I did it.*"

Sedative-Hypnotics

Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use; community professionals identified Klonopin® and Xanax® as most popular.

Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months. The most common route of administration for sedative-hypnotics remained oral consumption (swallowing and chewing) and snorting.

A profile of the typical illicit sedative-hypnotics user did not emerge from the data. However, treatment providers reported illicit use as common among people in their 30s and 40s, while law enforcement reported teens as primary illicit users.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported current availability as '8.'

Participants identified Xanax® as the most popular sedative-hypnotics, followed by Kolonopin® and Valium® in terms of illicit use; treatment providers identified Kolonopin® and Xanax® as most popular. Participants with experience using sedative-hypnotics reported: "*These drugs [sedative-hypnotics] are really easy to get prescriptions for; Benzo's [benzodiazepines] are pretty commonly used, and I think a lot more younger people are starting to use them; I see the generic diazepam [Valium®].*" A treatment provider explained, "*I don't hear it [Kolonopin®] as much as Xanax® … and it's something the doctor will readily prescribe.*"

Collaborating data also indicated that sedative-hypnotics are readily available and abused in the region. The Mahoning County Coroner's Office reported sedative-hypnotics as present in 36 percent of all drug-related deaths during the past six months.

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "benzo's" and "downers") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "pins;" 2 mg sells for between $2-3), Valium®/diazepam (aka "V's;" 10 mg sells for between $1-3) and Xanax® (aka "blues," "greens," "peaches" and "xani's;"

0.5 mg sells for between $.50-1; 1 mg, aka "footballs;" sells for between $1-3; 2 mg, aka "bars" and "xanibar;" sells for between $3-5). Additionally, many participants reported purchasing whole prescriptions from people who are prescribed sedative-hypnotics. A participant explained, "*If you're trying to buy just a couple of them [Xanax®], they will be a few bucks, but if you're buying the whole script, they'll knock it down to $.50 or a $1 a piece.*"

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration remained oral consumption and snorting. Out of 10 sedative-hypnotics users, participants reported that approximately six would snort and four would orally consume the drugs. Many participants reported both snorting and eating sedative-hypnotics: "*My thing was, like if I didn't want to snort them, or say my nose was raw from snorting days before, then I would, say Vicodin®, I would eat like 7-8 of them at a time. I would break them in half and eat them all at once; I'd chew some and then snort some; I think more people eat them. People like to snort the Xanax®, but the rest of them [sedative-hypnotics] mostly, people eat them.*"

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from doctors and other people with prescriptions. A profile of a typical illicit sedative-hypnotics user did not emerge from the data. Participants continued to describe typical illicit users as, "anybody and everybody." However, some participants noted common use of sedative-hypnotics among "young" people. A participant explained, "*I'm 18 [years of age]. A lot of young kids, 17, 18, 16 [years of age] … using xani … is real common.*" Treatment providers noted that more female clients abuse sedative-hypnotics. A treatment provider reported, "*More females … we have more women using Xanax®.*"

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, "lean" (beverage made with Sprite® and codeine promethazine), marijuana and Suboxone®. Participants reported: "*Usually, I would take them [sedative-hypnotics] along with heroin … usually heroin and Xanax®; Suboxone® [is used in combination because of] the down that it gives you. It makes you pass out.*"

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals most often reported that the availability of marijuana had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes had remained the same during the previous six months.

Participant ratings on the quality of marijuana ranged from '6' for commercial-grade marijuana to '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals reported that the general quality of marijuana had increased during the previous six months.

The price of marijuana depended on the quality desired. Participants reported commercial-grade marijuana as the cheapest form: a "blunt" (cigar) or two "joints" (cigarettes) sold for $10; 1/8 ounce sold for between $20-25; an ounce sold for between $90-120. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between $20-30; 1/8 ounce sold for between $50-70; an ounce sold for between $200-400.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals 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). In addition, several participants discussed either growing or having access to hydroponically grown marijuana. Participant comments included: "*We always grew our own [marijuana]. We had hydroponics set up; When I was growing it … we grew three plants at a time … it took three months at a time, and we made thousands [of dollars selling hydroponic marijuana]; I live out in the country and there's a lot of [marijuana] growers out my way, that's all they do. A lot of*

them don't even smoke, the just grow … high quality marijuana is highly available." A treatment provider commented, "*Oh, [availability of marijuana is] a '10' [extremely easy to get] … easily. Most clients won't even mention marijuana as a drug they're addicted to. It's an afterthought. When we ask them, 'what about marijuana?' [They respond] 'Oh yeah, I smoke pot [marijuana] too.' They don't even consider it [marijuana] in the same category [as an illegal drug of abuse]*." Columbiana County law enforcement reported, "*We see a lot of marijuana. A lot of people smoke marijuana around here. It's harder to get than heroin right now*."

Additionally, participants discussed access to medical marijuana in the region. A participant stated, "*Medical marijuana is really easy to get now. 'Medicaid marijuana' is the bomb … I'm just saying.*' Law enforcement also reported on the impact of medical marijuana in the region. A law enforcement officer reported, "*The higher-quality stuff [marijuana], you know, definitely, it's very en vogue … the trend is to have the good stuff $300, $400, $500 an ounce; $5,000 dollars a pound. High-grade medical marijuana from out west … California and Washington State being shipped in. We've definitely seen an increase in seizures inbound and money outbound to those medical, pro-legalization states. Stuff coming in as one, five [and] seven pound U.S. Mail or Fed Ex retail shippers, all vacuum-sealed with the fancy names*."

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In November, the Ohio State Highway Patrol seized 36 pounds of hydroponic marijuana worth an estimated $230,000 during a traffic stop in Ashtabula County (www.nbc4i.com, Nov. 13, 2012).

Participants reported that the availability of marijuana has remained the same during the past six months, although participants noted an increase in the availability of high-quality marijuana. A participant reported, "*There's a lot of high quality [marijuana] in Warren [Trumbull County] right now*." Community professionals reported that availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participant quality scores of marijuana ranged from '6' to '10' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana).

Current street jargon includes countless names for marijuana. The most commonly cited names were "weed" and "pot." Participants listed the following as other common street names: "brick," "dirt," "downtown brown," "Indiana ditch weed" and "schwag" for low-grade or poor quality marijuana; "bud," "herb," "maryjane," "mersh," "mids," "rags," "regs" and "trees" for commercial or mid-grade marijuana; "dank," "dro," "hydro," "kind bud," "kush," "loud" and "skunk" for hydroponically grown or high-grade marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for $10; 1/8 ounce sells for between $20-25; an ounce sells for between $90-120; 1/4 pound sells for between $400-425; a pound sells for between $750-1,000. Higher quality marijuana sells for significantly more: a blunt or two joints sells for between $20-30; 1/8 ounce sells for between $50-75; 1/4 ounce sells for between $100-120; an ounce sells for between $200-400.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke and one would use the drug in baked goods. A participant reported, "*Most people smoke it [marijuana], but yeah, edibles. I mean, I know … we would take the stems and seeds and make peanut butter hash. You'd eat a peanut butter sandwich, 25 minutes later you're good [high] for the next three hours*." Another participant explained, "*We'd make brownies or butter or hash. It's smarter because you can make a lot more money off of edibles … hash will go for $20, cookies for $5, brownies, cake, those are all $5*."

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, "*A lot of people; Just about everyone I know smokes pot*." Treatment providers and law enforcement also reported marijuana use spanning all demographic categories. Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, methamphetamine, prescription opioids, sedative-hypnotics and Suboxone®. Participants reported: "*Marijuana is used with everything, all the drugs we been talking about; Marijuana goes with everything ... it just intensifies everything*." Some participants also reported lacing marijuana with powdered cocaine. A participant stated, "*I've seen cocaine laced in marijuana joints*

and blunts … [it's called a] 'primo.'" Most participants agreed that two out of 10 marijuana users would lace marijuana with crack or powdered cocaine.

Methamphetamine

Historical Summary

In the previous reporting period, the availability of methamphetamine varied considerably within the region. Participants most often reported the drug's availability as '2' in Mahoning and Trumbull counties and a '10' in Ashtabula County on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals also most often reported availability as '10' in Ashtabula County, with lower scores in Mahoning and Trumbull counties.

Participants most often reported that the availability of methamphetamine had remained the same during the previous six months, while community professionals reported increased availability. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months, and suggested that the "one-pot" method was becoming more popular.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/2 gram of methamphetamine sold for $50; a gram sold for $100; 1/16 ounce, or "teener," sold for $150; 1/8 ounce, or "eight ball," sold for $250. The most common route of administration for methamphetamine remained smoking. Participants and community professionals described the typical methamphetamine user as White.

Current Trends

Methamphetamine continues to vary considerably within the region. Participants from Mahoning and Trumbull counties most often reported the drug's current availability as '2,' while participants from Ashtabula and Columbiana counties most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants from Mahoning and Trumbull counties reported: "*I've never seen meth [methamphetamine in Mahoning County]; The only meth I've seen in Trumbull is out near Newton Falls and more remote areas. I know a dude who got caught selling it in Newton Falls; Ashtabula [County] is the headquarters for meth.*" Participants from Ashtabula and Columbiana counties explained: "*[Methamphetamine use] it's rampant here; It's horrible.*" Treatment providers most often reported current methamphetamine availability as low. These treatment providers reported: "*I haven't had any clients using meth; I haven't had one client in the last six months that used methamphetamine.*"

Participants reported that methamphetamine is available in powdered form. Participants with experience using methamphetamine reported: "*Out here [Columbiana County] a lot of people make it [methamphetamine] with over-the-counter medicine like Claritin® or Sudafed®; [Available methamphetamine] it's all 'shake-and-bake.'*" Participants commented about the production of "one-pot" or "shake-and-bake" methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate found in cold packs and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In August, 120 local and state law enforcement officers swept through Ashtabula County finding five meth labs and arresting 40 people suspected of manufacturing methamphetamine and in purchasing the ingredients needed to manufacture methamphetamine; the Ashtabula County prosecutor was quoted as stating, "*Our meth problem today is worse than it was eight years ago*" (www.cleveland.com, Aug. 30, 2012).

Participants from all counties reported that the availability of methamphetamine has remained the same during the past six months in their respective counties. Community professionals also reported that availability of methamphetamine has remained the same. However, law enforcement from Mahoning County noted a slight increase in methamphetamine during the past six months. An officer reported, "*There's been a couple [of meth] labs in the western end of Mahoning County, so we've seen a slight increase in that. It's the one-pot method.*" The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "burn," "crank," "crystal," "go-fast," "glass," "jib," "meth," "salts," "shards," "speed" and "tweak." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that 1/4 gram sold for between $20-25; 1/2 gram sold for between $40-50; a gram sold for between $80-100. Many participants also reported purchasing boxes of Sudafed® and exchanging them for methamphetamine. Participants reported: "*Some people won't even take cash [for methamphetamine]. They only want Sudafed® … that's it; There's no meth if they can't get the pills; My last relapse was a month ago, and I relapsed on methamphetamine. I know people who were making it … and you can go to any pharmacy … and you're only allowed to buy two boxes [of pseudoephedrine] at a time, but you can go to five different pharmacies, and the guys who make it [methamphetamine] will trade you. They can't keep buying them, so if you buy the boxes for them, they'll make it and trade you.*"

Many participants in Ashtabula County also discussed purchasing Sudafed® in exchange for other drugs, particularly heroin. Participants reported: "*I know a lot of people who use heroin that will exchange Sudafed® to make meth and get heroin [in return.] That's a big thing here [Ashtabula County]. You'll get $50 worth of heroin for a box; There's all these junkies that will do whatever to get some heroin for free. I know people who will drive all the way out to PA just to get boxes [of Sudafed®]; I've traded boxes for 'shrooms [psilocybin mushrooms], for weed. It's really common here.*"

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Out of 10 methamphetamine users, participants reported that approximately eight would smoke and two would snort the drug.

Participants continued to describe typical users of methamphetamine as predominately White. Community professionals could not offer a typical user profile for methamphetamine, noting that they encounter very few users. Reportedly, methamphetamine is used in combination with heroin, marijuana, prescription opioids and sedative-hypnotics. Participants explained: "*I know a lot of people that will smoke weed with it [methamphetamine] to help balance it out; Weed … to come down [from methamphetamine*]."

Prescription Stimulants

Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '10.' According to participants, Adderall® remained the most available prescription stimulant followed by Concerta®.

Participants and community professionals reported that availability of prescription stimulants had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months. Participants reported that Adderall® sold for $2 per pill. Participants described typical illicit users of prescription stimulants as teenagers and young adults.

Current Trends

Prescription stimulants remain highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comment on availability included: "*You can get it [stimulants] prescribed to you so easy; Adderall® is real easy to get.*"

Participants reported that the availability of prescription stimulants has remained the same during the past six months (Note: There was no community professional report/comment on prescription stimulants use/abuse during the past six months). The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Focalin® and Ritalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months, with the exception of a decreased number of Ritalin® cases.
No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants reported that

Adderall® sells for between $2-5 per pill, depending on the milligram.

While there were several reported ways of using prescription stimulants, the most common routes of administration are oral consumption and snorting. A participant with experience abusing prescription stimulants reported: "*I used to lick it [prescription stimulants pill]. A lot of times if I only had a 30 [mg], I would take half of it and lick it, wait about five hours until I started feeling slow and take the other half and lick it.*" Another participant reported, "P*eople do snort it [prescription stimulants], oh yeah. I would just crush it up and snort it … a capsule, pill, the little beads, whatever it was.*" Other participants reported "parachuting" Adderall®. A participant explained, "*I parachuted it [Adderall®]. That's where you take the salts and pour it into toilet paper and toss it down your throat.*"

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from doctors or other people who have prescriptions. Participants continued to describe a typical illicit user of prescription stimulants as high school or college aged.

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) were moderately available in the region, despite the legislative ban of their sale passed in October 2011. Community professionals most often reported the drug's availability as '4' or '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. Participants did not provide quality and pricing information for bath salts. Participants listed several routes of administration for bath salts, but did not identify a most common route. Participants reported that bath salts were most commonly used among "young people" and teenagers.

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. However, the majority of participants expressed an aversion for bath salts and did not report attempting to purchase them. Participant comments included: "*People be eating faces … that's crazy …; I don't see people with that [bath salts] at all; Bath salts, that's crazy … no one wants that shit.*" Community professionals reported knowledge of only a very few cases of bath salts during the past six months. A treatment provider reported, "We've had a few [clients] using bath salts." A law enforcement officer reported, "*We had only one case of bath salts in the last six months, and it took about 5-6 of our officers to control her [bath salts user]. She was nuts, out of her mind. When we took to her jail, she was running into the jail cell with her head … into the wall. It was just … wow. I hope we don't see anymore.*" The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reportedly, new street names and labels for bath salts are emerging to help circumvent the laws; however, participants could not report on any commonly used street names for bath salts in the region. Participants did not have knowledge of current street pricing for bath salts, nor were they able to report on the most common routes of administration.

While there were several reported ways of using bath salts, the most common route of administration is intravenous injection. Out of 10 bath salts users, participants reported that approximately eight would intravenously inject, one would snort and another one would smoke the drug. A profile for a typical bath salts user did not emerge from the data. However, a treatment provider reported, "*I say 18 on to 35 [years of age for bath salts users].*"

Synthetic Marijuana

Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained highly available in the region, despite the law banning their sale that took effect in October 2011. Participants reported that users could obtain the same substances or newly reformulated substances of synthetic marijuana. Law enforcement officials reported synthetic marijuana as moderately available.

Participants and treatment providers most often reported that the availability of synthetic marijuana had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. Participants did not comment on the quality of available synthetic marijuana or give any pricing information. Participants and community professionals alike reported the use of synthetic marijuana by those wanting to pass drug testing in courts and treatment programs.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately available in the region. However, participants reported little first-hand experience with synthetic marijuana. A participant reported, "*[Synthetic marijuana] it's big in treatment facilities. I've heard a lot of people be trying to sneak in K2 but now their testing for it.*" A couple of participants described personal use: "*With weed, you can only get so baked [high]. But this stuff [synthetic marijuana] you can keep smoking it, so it wouldn't cap out. It got to the point where it was like this is way too much for me; You get like a body buzz from it. Your heart feels like it's going to explode.*"

Community professionals most often reported the drug's current availability as moderate. A treatment provider reported, "*Spice is coming up a lot in conversations [with clients], but we can't test for it.*" Additionally, law enforcement reported seeing a slight increase in synthetic marijuana in the region: "*We did see some Spice that was seized off of some traffic stops, so I'd say there has been a small increase in the last six months.*" The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. A profile for a typical synthetic marijuana user did not emerge from the data. However, some participants reported use among adolescents and young adults.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately available in the region. Participants most often reported the drug's availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that Ecstasy's popularity had recently decreased, and treatment providers reported a decrease in Ecstasy use among clients. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months.

Participants reported that a single Ecstasy tablet sold for between $15-20. The most common route of administration for Ecstasy remained oral consumption. A profile for a typical Ecstasy user did not emerge from the data. However, many participants thought younger users were more likely to use Ecstasy.

Current Trends

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, "*I think like three years ago it [Ecstasy] was popular, but now it's just all heroin.*"

Participants and community professionals reported that the availability of Ecstasy has remained the same during the past six months. However, several participants noted an increase in pure MDMA, or "Molly," during the past six months. Participants reported: "*In the past six months, everyone's had Molly. Young people my age [18 years old]; Molly's been coming around here [Ashtabula County]. I think it's increased [during the past six months].*" The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months.

Participants and community professionals discussed Ecstasy as having decreased in availability during the past several years. Participants reported: "*In Warren [Trumbull County] it [Ecstasy] used to be popular. I heard about maybe like three months ago that it was available, but that was the first time in*

a few years that I've heard about it; It [Ecstasy] used to be big, but I don't even know now where to go [to obtain it]." Treatment providers reported: "*I had one client in IOP [intensive outpatient treatment] in the last two years that 'X' [Ecstasy] was her drug of choice; Ecstasy is in the list of drugs people have done. It's in the litany of drugs, yeah, 'I've tried it', but it's not something people go after.*"

Current street jargon includes a few different names for Ecstasy. The most commonly cited name remains "X;" and "Molly" for the pure form of MDMA. Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported that Ecstasy tablets sell for $20; 1/10 of pure MDMA (aka "Molly") sells for $15; and a small "lick and stick" form of MDMA sells for $5. While there were several reported ways of using Ecstasy, the most common route of administration remains oral consumption. A profile of a typical Ecstasy user did not emerge from the data.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cold and cough medications.

In the previous reporting period, hallucinogens were moderately available in the region. Participants most often reported the availability of these drugs as '4' or '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that the availability of psilocybin mushrooms increased at times as they became seasonally available. Community professionals reported low availability of hallucinogens. The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes had remained the same during the previous six months, while the number of LSD cases had decreased.

In the previous reporting period, inhalants remained highly available within the region. Reportedly, these drugs were primarily used among adolescents, teenagers and young adults. A participant spoke about inhalants being sold at adult stores.

OTC cold and cough medications also remained popular within the region during the previous reporting period. Participants noted the OTC medications were predominately abused among teenagers and young adults. Treatment providers reported a slight increase in abuse among young adults.

Current Trends

Participants and community professionals listed a few other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: caffeinated alcoholic beverages, hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and over-the-counter (OTC) cold and cough medications.

Several participants noted a few common trends with alcoholic beverages, most involving the use of caffeinated alcoholic beverages or drinks that combine alcohol and caffeine. A participant reported "*I work at [a gas station and convenience store], and they sell Four Loco's [malt beverage] like non-stop … non-stop … all the time… six o' clock in the morning … I know this one guy comes in in the morning and buys two every day.* " Other participants discussed the common trend of combining alcohol with caffeinated energy drinks. A participant explained, "*I work at a bar and it's constantly, the Red Bull® and vodka, the Red Bull® and Yeager® and all that … definitely.*"

Hallucinogens remain moderately available in the region. Participants most often reported the current availability of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comment on current availability included: "*[Psilocybin mushrooms] they're very available right now; They are '10' [extremely easy to get] right now … and they're a lot stronger too; You just go and pick them. In May, I'd say about a '10.' You can go pick them … there's farms all around here.*"

Participants reported that an ounce of psilocybin mushrooms (aka "shrooms") sells for $200. Participants reported that LSD is rarely available in the region. Participant comment on current availability included: "*I haven't seen it [LSD] in forever. You can get it on college campuses; You got to really, really know someone [to get LSD] and [to] know if it's real.*" Participants with experience using LSD reported that a "hit" (a single dose amount) of LSD (aka "acid") sells for between $5-10; a "sheet" sells for between $100-150. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom cases has remained the same.

Some participants continued to discuss the use of inhalants in the region among adolescents and young adults, specifically "duster" (computer keyboard cleaner). A participant approximately 18 years of age explained, "*You know what's popular? A bunch of kids in my city do duster … 16, 17, 18 [year olds] … it's pretty popular with kids my age.*" Alternatively, treatment providers reported: "*We haven't heard about it [use of inhalants] … not as much in the last few years; You hear about people in the news, kids in the paper getting caught with inhalants, but we don't see them [in treatment].*" Lastly, participants mentioned OTC cough and cold medications as being abused in the region, particularly Coricidin®. A participant reported, "*If you eat enough of them [Coricidin® tablets], it'll rock your world. Eat a pack of them, and you are gone [high] for like 10 hours.*" Community professionals did not report on the use of OTC medications in the region.

Conclusion

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

Overall, participants and community professionals identified heroin as the region's primary drug problem and labeled it as an "epidemic." Many participants with experience using heroin reported using prescription opioids first, which seemingly led to heroin use. While many types of heroin are currently available in the region, participants and law enforcement continued to report the availability of brown powdered heroin as the most available and the availability of black tar heroin as low. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months. While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection.

Most participants agreed that needle-sharing is a problem in the region. Most participants also shared concerns regarding Hepatitis C. Participants and community professionals continued to describe typical heroin users as predominately White and under 30 years of age. Participants reported that between 6-8 heroin users out of 10 would speedball with heroin and crack and/or powdered cocaine.

Collaborating data indicated that prescription opioids remain readily available and abused in the region. The Mahoning County Coroner's Office reported prescription opioids present in 44 percent of all drug-related deaths of the past six months. Participants and law enforcement reported that the current street availability of Suboxone® was '10' (highly available). Law enforcement also detailed seeing more Suboxone® on the street being openly traded back and forth among people who have prescriptions. The BCI Richfield Crime Lab further reported that the number of Suboxone® cases processed increased over the past six months. Speaking on the illicit use of Suboxone®, participants reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users.

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

The majority of participants expressed an aversion for bath salts and reported no attempts to purchase the drug; community professionals reported knowledge of only a very few cases of bath salts during the past six months. Participants also reported little first-hand experience with synthetic marijuana; however, law enforcement reported seeing a slight increase in synthetic marijuana in the region. The BCI Richfield Crime Lab reported that the number of bath salts and synthetic marijuana cases it processes have increased during the past six months.

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

Recommended citation for this report:

Ohio Department of Mental Health and Addiction Services [ODMHAS] (2013). *Ohio Substance Abuse Monitoring Network: Surveillance of Drug Abuse Trends in the State of Ohio: June 2012 - January 2013.*