

## Drug Abuse Trends in the Youngstown Region

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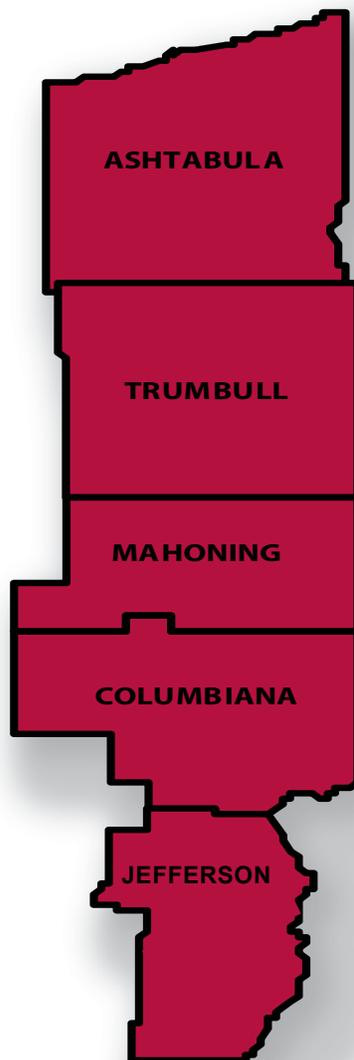
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### Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in 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 health care professionals) via focus group interviews, as well as to data surveyed from 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 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

## Regional Profile

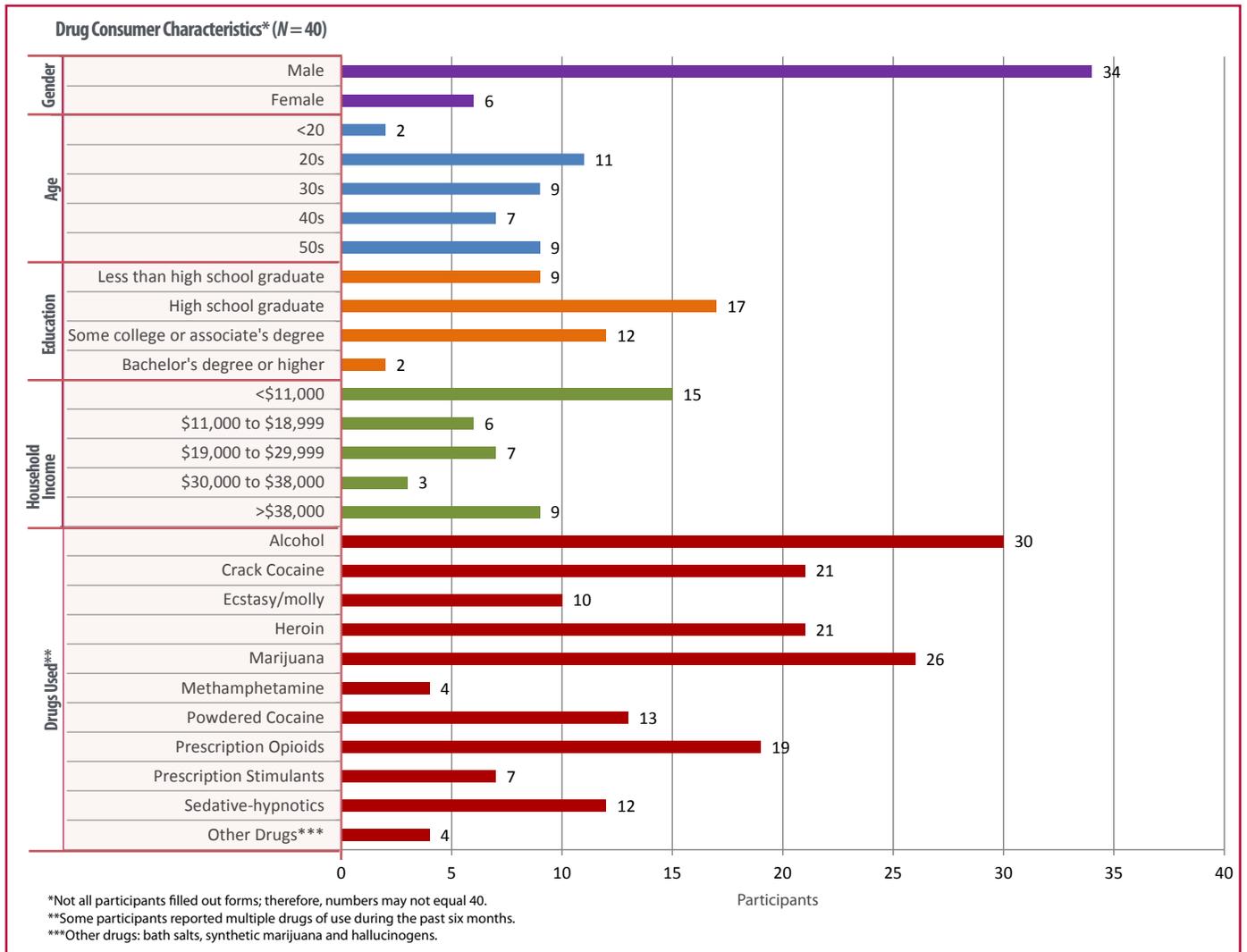
Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	40
Gender (female), 2010	51.2%	51.1%	15.0%
Whites, 2010	81.1%	86.3%	82.1%
African Americans, 2010	12.0%	8.7%	15.4%
Hispanic or Latino Origin, 2010	3.1%	2.7%	5.1%
High School Graduation Rate, 2010	84.3%	86.8%	77.5%
Median Household Income, 2012	\$45,873	\$40,388	\$15,000 to \$18,999 <sup>2</sup>
Persons Below Poverty Level, 2012	16.2%	17.9%	57.6% <sup>3</sup>

<sup>1</sup>Ohio and Youngstown region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2013.

<sup>3</sup>Poverty status was unable to be determined for 7 participants due to missing and/or invalid data.

### Youngstown Regional Participant Characteristics



## Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region; also highly available was ecstasy. Changes in availability included increased availability for ecstasy and likely increased availability for marijuana and methamphetamine.

Ecstasy and powdered MDMA (aka “molly”) generated much discussion in the focus groups. Participants and community professional noted an increase in the availability of these drugs. Most participants agreed that molly was more available than ecstasy throughout the region. In fact, participants from all participating counties in the region consistently reported an increase in the availability of molly; whereas law enforcement referred to an increase in number of ecstasy tablets seized. Participants with experience using molly reported high quality of the substance. However, some participants noted that molly was cut with powdered cocaine and bath salts. Law enforcement added that dealers were selling what they called molly, but that this molly often came back from crime labs as ecstasy cut with cocaine or bath salts. Law enforcement reported they rarely find “pure” MDMA. Ecstasy and molly continued to be connected to users aged late teens to early 20s who attend parties and raves (dance parties).

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

Methamphetamine was variable in availability. Mahoning County participants and law enforcement reported low availability of methamphetamine in their county, while participants in Trumbull and Ashtabula counties reported

high availability. Similarly, community professionals in Ashtabula County also reported high availability, while law enforcement in Trumbull County reported that methamphetamine “cooks” had migrated from Ashtabula County to Trumbull County. Participants reported increased availability of methamphetamine in Trumbull County. Overall, participants and community professionals generally agreed that methamphetamine availability had increased in at least part(s) of the region. The BCI Richfield Crime Lab also reported an increased number of methamphetamine cases it processed in the previous six months.

Participants reported that methamphetamine is primarily available in “shake-and-bake” or “one-pot” method forms. Participants from Ashtabula County informed that anhydrous and red phosphorous-produced methamphetamine was also available in the region. However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine.

Participants continued to report that some users trade boxes of pseudoephedrine for either methamphetamine or their drug of choice; law enforcement reported it is increasingly more common for heroin users in the region to trade pseudoephedrine for heroin or to manufacture methamphetamine as a means to support their heroin habit. While there were many ways of using methamphetamine, the most common route of administration remained smoking. Participants and community professionals continued to cite white individuals as typical users of methamphetamine.

Lastly, prescription stimulants remained highly available in the region. Participants most often reported the current availability of Adderall® as most available. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from family doctors, other physicians, or from individuals who have prescriptions. Participants continued to identify typical illicit users of prescription stimulants as high school and college students who use the drugs to study and to remain focused during exams. Participants added, for the first time, that methamphetamine users were also illicit users of prescription stimulants; these users sought prescription stimulants when methamphetamine could not be obtained.

## 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 '8.' Participants stated: "[Powdered cocaine] *it's everywhere. There's a lot of 'powder heads' [powdered cocaine users] out there now.*"

Community professionals most often reported the drug's current availability as '7'; the previous most common score was '10.' A healthcare professional reported, "*They [clients] all seem to know where to get it [powdered cocaine] ... mostly from downtown [Youngstown] places.*" Community professionals noted that powdered cocaine is less available in the region than crack cocaine.

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Sixteen individuals of a street gang were arrested for cocaine and marijuana trafficking in Youngstown ([www.wfmj.com](http://www.wfmj.com), Aug. 12, 2013). Campbell police (Mahoning County) arrested a driver after finding 1.8 grams of cocaine in his vehicle ([www.vindy.com](http://www.vindy.com), Dec. 3, 2013).

Participants and community professionals most often reported that the availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants explained that the quality of powdered cocaine depends on the dealer. The majority of participants expressed that powdered cocaine is generally of low quality: "*Crap; It's not getting any better; The good*

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Healthcare professionals	No Change
	 Treatment providers	No Change

*stuff is still garbage.*" Participants reported that powdered cocaine in the region is cut (adulterated) with baby aspirin, baby laxative, baby powder, baking soda, caffeine, cake mix, creatine, diabetic milk, ether, flour, methamphetamine, steroids, Tylenol® and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
	levamisole (livestock dewormer)	
	lidocaine and other local anesthetics	

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that pricing is dependent on the quality purchased. Several participants noted an increase in pricing during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$20-50
	a gram	\$40-60
	1/8 ounce (aka "eight ball")	\$125-260
an ounce	\$700-1,100	

Participants mentioned some of the ways to obtain powdered cocaine: "*go through someone with connection; go to 'ghetto gas' [inner-city gas stations where dealers walk up to you], in clubs normally, especially for coke [powdered cocaine] and heroin. Somebody's sitting in the back [and will] approach you [to let you know that powdered cocaine is available].*"

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Additionally, a participant mentioned oral consumption: "[Users] *put it [powdered cocaine] in their coffee.*" Participants described typical users of powdered cocaine as drug dealers and people with money. Treatment providers described typical users of powdered cocaine as teens, young adults and people with money.

## 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 shared that they could get crack cocaine on certain street corners or by sitting at certain gas stations. Participants stated: *"Someone will come up to you [and offer crack cocaine]; You can buy that anywhere around here."* Treatment Providers most often reported the drug's current availability as '8-9'; the previous most common score was '10'.

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. Youngstown police made a couple arrests dealing with crack cocaine resulting from traffic stops: the first arrest was made on the city's west side when police pulled over a car and found a crack pipe under the passenger's seat; the second arrest was made that same morning after finding a car pulled over in the parking lot of a former school on the south side of the city; police found two bags of crack cocaine and paraphernalia in the vehicle and arrested the driver ([www.vindy.com](http://www.vindy.com), July 2, 2013). U.S. marshals served a warrant at a south-side home and arrested a woman on drug charges; four rocks of crack cocaine and three bags of heroin were seized ([www.vindy.com](http://www.vindy.com), Oct. 2, 2013). Ohio State Highway Patrol seized 25 bags of crack cocaine, as well as heroin, marijuana and ecstasy after pulling a driver over for OVI (Operating a Vehicle Impaired) ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 4, 2013).

Participants reported that the availability of crack cocaine has varied during the past six months. Some participants described availability as having increased while other participants noted that crack cocaine dealers have switched to selling heroin. Treatment providers and health care professionals reported that the availability of crack cocaine has remained the same. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Crack Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No Consensus
	 Healthcare professionals	No Comment
	 Treatment providers	No Change

Participants most often reported the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Similar to the current quality of powdered cocaine, many participants reported that crack cocaine is currently "crappy." One participant elaborated, *"If you re-cook it [remove the impurities from crack cocaine] . . . it's good; you can make it a '10' [high quality] every time."* In addition, participants reported that the drug now comes in many colors, such as beige, black, brown, gray, orange, white and yellow. Participants remarked: *"They [dealers] can make it whatever color you want; You can put dye in it . . . It's like their signature."* Participants reported that crack cocaine in the region is cut primarily with baking soda. Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices for crack cocaine varied among participants with experience buying crack cocaine.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "hit" or "rock")	\$10
	3/10 gram	\$20
	a gram	\$100-150

Participants confirmed that a rock is usually the size of “half a Skittle®” candy. Participants also reported that some crack cocaine dealers have a “happy hour” or time of the day when they discount prices. A participant remarked, “[Crack cocaine] it get cheaper in the earlier part of the day.” Another participant commented on price variation during different times of the month and shared, “The first through the 15th [crack cocaine sells for] \$100 per gram ... the rest of the month one gram costs \$150.” Yet, another participant explained that one can often exchange sex for the drug and stated, “You can trade your girlfriend for it [crack cocaine] if you needed to; They [drug dealers] have sex with them ... most times girlfriend is [an] addict and high, too.”

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, six would smoke, three would intravenously inject (aka “shoot”) and one would “eat” the drug.

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anyone. Participant comments included: “People you wouldn’t even think of smoking dope; preacher; 60 year-old ladies; every kind of person out there.” Community professionals described typical crack cocaine users as over 25 years of age, with a treatment provider elaborating, “don’t get too many young kids [in treatment for crack cocaine].” Community professional comments included: “All races; girls who work the streets; lower poverty people.”

## Heroin



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); the previous most common scores were also ‘10’. Participant comments on current availability included: “Heroin has took over here in the last 10 years; Last six months to a year, [dealers] are pushing heroin; ... That’s all I got is ‘the boy’ [heroin].” Participants explained that to obtain heroin all you have to do is “call a dope man.”

While many types of heroin are currently available in the region, participants reported powdered heroin as most available; while powdered heroin most often is brown, participants reported encountering gray, tan, white and

“salt and pepper” (mixture of brown and white) heroin as well. Participants most often reported the current availability of black tar heroin as ‘5’; the previous most common score was ‘2’.

Media outlets reported on heroin seizures and arrests in the region during this reporting period. The media ran a story on the increase of heroin and opiate addiction in Mahoning and Trumbull counties; a Mahoning County Common Pleas Court judge reported that 85 percent of the individuals in the drug court program are addicted to heroin or prescription opioids and the average age of participants is 23 years vs. 35 years fifteen years ago. Trumbull County Mental Health and Recovery Board also has seen a rise of opiate use and the county is ranked seventh in the state for opiate-based deaths; the county is believed to attract drug dealers because of easy access to major road networks ([www.vindy.com](http://www.vindy.com), Aug. 11, 2013). East Liverpool City Hospital (Columbiana County) reported that heroin overdoses are increasing and added that about half of drug deaths at that hospital in 2013 were caused by heroin ([www.wtov9.com](http://www.wtov9.com), Nov. 6, 2013). Two Lowellville (Mahoning County) residents were arrested and face drug charges after police searched their home for stolen property and found heroin filled syringes, crack cocaine and prescription pills ([www.vindy.com](http://www.vindy.com), Nov. 7, 2013). DEA agents interrupted a Spanish heroin network that brought heroin from the state of New York into the Youngstown region; agents seized more than a kilo of heroin and arrested nine individuals, seven of which reside in the Youngstown and Campbell (Mahoning County) areas ([www.vindy.com](http://www.vindy.com), Nov. 14, 2013). Another story focused on a former Ohio doctor who would provide heroin and/or prescriptions for pills in exchange for sex; he is now in jail after letting a pregnant woman and her unborn daughter die of a heroin overdose ([www.vindy.com](http://www.vindy.com), Dec. 21, 2013).

Participants most often reported that the general availability of heroin has increased during the past six months. A participant stated, “This right here is like a heroin epidemic.” Another participant remarked, “Everybody is like, ‘Damn, [heroin] it’s an enterprise down here.’” Participants consistently attributed the increase in heroin use to increased availability of the drug along with the reformulation of popular prescription opioids, such as OxyContin®, which has made some prescription opioids more difficult to abuse. Community professionals also most often reported increased availability of heroin during the past six months. A nurse who volunteers on a helpline shared

Heroin	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	Increase
	 Treatment providers	Increase

that there has been an increase in calls related to heroin. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants most often reported the general quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that heroin in the region is cut with baby formula, baby laxatives, baking soda, benzodiazepines, cement, coffee, eye liner, prescription opioids (fentanyl, methadone), Ramen Noodle® soup flavoring, sleeping pills and Vitamin B. Participant comments on cutting agents included: "You can use anything to cut it [heroin] with; Go to hardware store [to find something to use as cutting agent]; I usually don't ask [what heroin is cut with]." Overall, participants reported that the general quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
		diphenhydramine (antihistamine)
	quinine (antimalarial)	

Participants reported that heroin is available in different quantities. Current street prices for heroin were consistent among participants with experience buying the drug.

Heroin	Current Street Prices for Powdered Heroin	
	1/10 gram	\$10
	1/2 gram	\$50-80
	a gram)	\$100

Participants noted that prices fluctuate depending on location within the region, with prices being higher in more rural areas. In describing black tar heroin pricing, a partici-

pant stated, "If I was going to get tar [black tar heroin], I'd just spend as much money as I had." Another participant elaborated, "I think [black tar heroin] it's pretty expensive around here."

While there were a few reported ways of using heroin, the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants reported obtaining injection needles (aka "pens," "rigs" and "straws") from drug dealers, people with diabetes and retail store pharmacies. A participant added, "If desperate ... go to any place that sells dog medication where you can get a 'vet clinic needle.'" The price for needles varies depending on the vendor. Participants reported that dealers typically sell needles for \$3-7; people with diabetes typically sell needles for \$2.5-3. Participants reported that needles sold through retail pharmacies are considerably lower in cost than street purchase.

Overall, participants reported that obtaining needles has become more challenging than it has been in the past. Participant comments on current availability of injection needles included: "little harder to get; used to be able to buy them; they're behind the counter." Participants reported that some users share injection needles. A participant stated, "I've seen a lot of [needle] sharing." Participants voiced concern over contracting Hepatitis C. Several participants noted a need for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist used to save lives of those who are overdosing).

A profile of a typical user of heroin did not emerge from the data. Participants described typical users of heroin as: "every walk of life; everyone." Treatment providers described typical users of heroin as addicted to prescription opioids.

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Additionally, participants reported fentanyl and Ultram® as highly available; Dilaudid®, methadone and Opana® as moderately available; OxyContin® OC and Percodan® as rarely available. Participants discussed ways to abuse the reformulated OxyContin® OP, involving a process

of freezing and then microwaving the drug. However, a participant stated, "People say, 'F\*ck all that; I'll buy some heroin instead [of trying to manipulate the abuse-resistant OxyContin® OP].'"

Community professionals also most often reported the current availability of prescription opioids as '10,' the previous most common score was '7-10.' Treatment providers identified Percocet® and Ultram®/Ultracet® as the most popular prescription opioids in terms of widespread use. A treatment provider stated, "[Ultram®/Ultracet®] that's one they'll seek out prescriptions for . . . [it's considered] 'the safe one;' I've heard more about people who are using it [Ultram®/Ultracet®] or being addicted to it." Treatment providers also noted Opana® as highly available. A treatment provider remarked, "Opana® kind of took over the OxyContin® in some ways 'cause they're stronger [than many other prescription opioids]." Health care professionals shared that Dilaudid® is currently the pain medication most often utilized in emergency rooms.

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Youngstown police arrested a man after he was found with 35 Vicodin® pills and a bag of marijuana ([www.vindy.com](http://www.vindy.com), July 18, 2013).

Participants and community professionals most often reported that the general availability of prescription opioids has remained the same during the past six months. A community professional commented, "Opiates in all forms are still prevalent." The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; however, exceptions were increased number of cases for Dilaudid® and fentanyl.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$0.50-1 per pill
	Kadian®	\$15 for 40 mg \$40 for 100 mg
	methadone	\$5-8 per pill
	Norco®	\$4 per pill
	Opana® (new formulation)	\$1 per mg
	OxyContin® OC (old formulation)	\$1-1.50 per mg
	OxyContin® OP (new formulation)	\$15-25 for 40 mg \$40-50 for 80 mg
	Roxicodone®	\$15-25 for 15 mg \$20-30 for 30 mg
	Ultram®	\$1 per pill
Vicodin®	\$2-3 for 5 mg \$3-5 for 7.5 mg \$5-10 for 10mg	

participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

In addition to obtaining prescription opioids on the street from dealers, participants reported obtaining the drugs by waiting around pharmacies and asking people picking up prescriptions to sell, knowing someone with a prescription or getting a prescription from a doctor.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption (swallowing and/or "eating," crushing/chewing). Participants estimated that out of 10 illicit prescription opioid users, four would snort, four would eat and two would intravenously inject (aka "shoot") the drugs.

Participants described typical illicit users of prescription opioids as anyone. Participants more specifically identified illicit users as anyone who is in pain, "addicts" and people with access to the drugs (e.g., nurses). Community professionals most often observed illicit prescription opioid users as of low income and white

## Suboxone®



Suboxone® remains highly available in the region. Participants and community professionals most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. A participant disclosed, "I have a prescription [for Suboxone®], and I never took one," illustrating how the drug may end up on the streets. Another participant stated, "[Suboxone®] they're everywhere right now; people are always asking me to buy them." A health care professional reported, "They [clients] get Suboxone® from the street . . . or they get it and sell it for other uses."

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participant comments on increased availability included: "Way more; People are getting off heroin and don't want to get sick; Anybody in IOP [intensive outpatient treatment] over there is . . . selling it [Suboxone®]." A psychiatrist shared, "I see more patients on Suboxone® now than [I] used to . . ." The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	Increase
	 Treatment providers	Increase

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	Sublingual film	\$15-20 for 8 mg
	tablet	\$30 for 8 mg

In addition to obtaining Suboxone® on the street from

dealers, participants reported getting the drug from clinics, other "addicts" and through "twitter" communications. Participants also noted that drug dealers will often trade heroin for Suboxone®.

Participants reported that the most common route of administration for Suboxone® film remains oral consumption, similar to a Listerine® breath strips. Participants also noted that the drug can be intravenously injected (aka "shooting"). A participant observed, "[Users are] taking Suboxone® strips, melting them down, shooting them up."

Participants described typical illicit users of Suboxone® as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user of Suboxone® as someone who self-medicates.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Community professionals most often reported current availability of sedative-hypnotics as '9'; the previous most common score was '6'. Community professionals identified Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider stated, "They [clients] all like benzos [benzodiazepines]." A health care professional noted, "We do know that some people sell them [benzodiazepines]." Another health care professional explained that some clients request Xanax®, and when refused, they say, "I can get them from the street if you don't want to give me then."

Media outlets reported on sedative-hypnotic seizures and arrests in the region during this reporting period. A couple from Boardman (Mahoning County) was arrested for robbing an older woman to support their addictions; the husband had alprazolam (Xanax®) and a straw [used for snorting] in his pocket ([www.vindy.com](http://www.vindy.com), Oct. 5, 2013).

Participants and community professionals reported that the general availability of sedative-hypnotics has

remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of an increase in Xanax® cases.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$0.50 for 1 mg \$1.50 for 2 mg
	Klonopin®	\$1-3 per pill
	Soma®	\$2-2.50 per pill
	Valium®	\$0.50-1 for 5 mg \$1-2 for 10 mg
	Xanax®	\$3-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from pharmacies, doctors or from people with prescriptions. While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration are oral consumption, intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume, three would intravenously inject and two would snort the drugs. Participants described typical illicit users of sedative-hypnotics as younger. Community professionals described typical illicit users as young females.

## Marijuana

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); the previous most common scores were also '10'. There was agreement among community professionals that marijuana is the most used drug in the region. However, a participant stated, "I think heroin is easier to find than weed [marijuana]." Participants reported both commercial/low-grade and high-grade marijuana as highly available. As with other drugs in the region, participants stated that in certain areas one could wait in parking lots for someone to offer marijuana for sale. A participant remarked, "Go to any store in Youngstown, wait 10-15 minutes [you will be offered marijuana]."

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. Youngstown police arrested two men, each with a bag of marijuana, as a result of traffic stops ([www.vindy.com](http://www.vindy.com), July 2, 2013). A speeding violation led to a young man's arrest by Youngstown police when 12 bags of marijuana were found in his car ([www.vindy.com](http://www.vindy.com), July 18, 2013). Youngstown police seized a large bag of marijuana from a man whom they arrested ([www.vindy.com](http://www.vindy.com), Aug. 21, 2013). Campbell (Mahoning County) police arrested two men with 11.3 grams of marijuana and 1.8 grams of crack cocaine ([www.vindy.com](http://www.vindy.com), Oct. 2, 2013). Campbell police found marijuana hidden throughout a vehicle that was pulled over for a traffic stop ([www.vindy.com](http://www.vindy.com), Dec. 3, 2013). Youngstown police arrested two men when they conducted a search in their home and found two bags of marijuana and other drug paraphernalia ([www.vindy.com](http://www.vindy.com), Dec. 5, 2013).

Participants most often reported that the availability of marijuana has increased during the past six months. Participants shared that marijuana is obtained through "younger kids" selling it, explaining that "older dealers" are now selling something else, and most often heroin. A former dealer shared that they would have 15 pounds of medical grade marijuana delivered to an abandoned house, send money to people that shipped it; they would use the package tracking information to know when to be at the abandoned house and wait to pick up the marijuana upon delivery. Other participants pointed out that more users are growing their own marijuana. Community professionals most often reported that availability of mari-

juana 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.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Participants most often reported the current overall quality of marijuana as '5' for low-grade marijuana and '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous overall most common score was '10'. Several participants explained that the quality of marijuana depends on where it's grown and how it looks. A participant stated, "greener the better." Overall, participants reported that quality of marijuana has generally remained the same during the past six months.

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 that commercial/low-grade marijuana is the cheapest form of marijuana; higher quality marijuana sells for significantly more.

Marijuana	Current Street Prices for Marijuana	
	a blunt (single cigar) or two joints	\$5-10
	1/4 ounce	\$20-35
	an ounce	\$150-180
	a pound	\$1,200-4,500

Overall, participants noted that the price of marijuana has increased during the past six months, attributing the price increase to increases in marijuana quality.

While there were a few reported ways of consuming marijuana, the most common routes of administration are smoking and eating. Participants mentioned users making THC (tetrahydrocannabinol, the principal psychoactive

constituent of marijuana) oil to put into brownies, cookies, etc. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals most often described typical users of marijuana as anyone.

## Methamphetamine

Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's overall current availability in the region 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 varied from '2-10'. Participants in Mahoning County reported low current availability for methamphetamine. A participant in Mahoning County reported, "It [methamphetamine] *might be sprinkled around* [found in pockets of Mahoning County], *but* [heroin dealers] *they're gonna shut that down*." Community professionals most often reported the drug's current availability as '6-7'; the previous most common score varied from '3-10'.

Participants from Jefferson and Trumbull counties reported on 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), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. In addition to shake-and-bake methamphetamine, participants reported limited knowledge of the crystal form of the drug.

Media outlets reported on methamphetamine seizures and arrests in the region during this reporting period. A man was charged with his third OVI in Ashtabula County when the Ohio State Highway Patrol flagged him down for a random motor vehicle inspection and found a gram of methamphetamine as well as syringes filled with heroin in his car ([www.toledonewsnow.com](http://www.toledonewsnow.com), Oct. 3, 2013).

Participants most often reported that the availability of methamphetamine has increased during the past six months. A participant stated, "[Methamphetamine] *it's around more than it used to be in this area ... increase related to crack down on bath salts* [legislation banning the sale

of bath salts].” Another participant noted, “The reason the epidemic of meth has come back is because bath salts came on the market, sold over the counter ... but they completely shut down all the stores that were selling that, so people went back to the method of shake-and-bake with meth.” In Mahoning County, some participants believed that the availability of methamphetamine is bound to increase. A participant stated, “I think meth’s going to be here [Mahoning County] real soon.” Community professionals most often reported that the availability of methamphetamine has remained the same during the past six months.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

Methamphetamine	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Participants most often rated the current overall quality of methamphetamine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6’. Overall, participants reported that the general quality of methamphetamine has varied during the past six months.

Participants were unable to report on current street prices for methamphetamine but suggested that methamphetamine is cheaper than crack cocaine. While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking and snorting.

Participants described typical users of methamphetamine as Latinos, whites and exotic dancers. Community professionals could not describe typical users of methamphetamine.

## Prescription Stimulants



Prescription stimulants remain highly available in the region. Participants most often reported current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. Community professionals were unable to rate availability of these drugs; the previous score provided for Adderall® was ‘2’.

Participants and community professionals most often reported that the general availability of prescription stimulants has increased during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	Increase
	 Treatment providers	Increase

Reportedly, many different types of prescription stimulants are sold on the region’s streets. Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants reported the following prescription stimulants as available to street-level users.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$0.50-1 per mg
	Vyvanse®	\$10-15 for 70 mg

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from parents of children with prescriptions, adolescents selling their medication and through prescriptions from doctors.

While there were a few reported ways of consuming prescription stimulants, the most common routes of administration remain snorting and oral consumption (“eating”). Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the medications. Participants described typical illicit users of prescription stimulants as college students.

### Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported moderate to high availability, rating current availability as ‘7-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Community professionals most often reported current low availability of bath salts. A treatment provider stated, “I’ve not heard much [about bath salts] since guy ate face off.” Another treatment provider mentioned having had a couple of clients reporting bath salts use during the past six months.

Participants reported that the availability of bath salts has decreased during the past six months. A participant discussed, “They don’t sell them [bath salts] anymore [legally] ... [availability] went down ... way down.” Community professionals reported that the availability of bath salts has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for \$25 per gram. Participants reported the following routes of administration for bath salts: smoking, snorting and intravenous injection (aka “shooting”). The most common route of administration is snorting. A profile of a typical bath salts user did not emerge from the data.

### Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remain available in the region. Participants with personal knowledge of the drug most often reported its current availability as ‘4-5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant stated, “[Synthetic marijuana] it’s not real big around here.” Community professionals most often suggested moderate to high available, although they did not assign a current availability rating.

Participants and community professionals alike reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, “I think it [availability of synthetic marijuana] decreased ... like when it was new, people tried it, but nobody’s really sticking to it.” Health care professionals noted that while they have seen few cases of synthetic marijuana use during the past six months, they occasionally hear of hospital patients reporting use. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Healthcare professionals	Decrease
	 Treatment providers	Decrease

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from certain retail stores. While there were a few reported ways of consuming synthetic marijuana, the most common route of administration remains smoking.

Participants described typical users of synthetic marijuana as high-school aged and individuals who do not have drug connections, as well as individuals who cannot smoke marijuana due to subjection of employment drug testing. Treatment providers also described typical users of synthetic marijuana as younger.

## Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to 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 '9'. Participants most often reported the current availability of "molly" (powdered MDMA) as '10'; the previous most common score was also '10'. Participants most often reported ecstasy's current availability as '5' and molly's current availability as '6'. Treatment providers also noted that molly is more common than ecstasy.

Participants reported that the availability of ecstasy and molly have changed during the past six months, elaborating that ecstasy's availability has decreased while molly's availability has increased. Treatment providers reported that the availability of ecstasy has remained the same during the past six months while also mentioning hearing more about molly. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Ecstasy	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Healthcare professionals	No Change
	 Treatment providers	No Change

Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Healthcare professionals	Increase
	 Treatment providers	Increase

Participants were unable to rate the quality of either ecstasy or molly but expressed that users prefer molly to the more traditional ecstasy tablet. A participant explained, "Ecstasy is cut with too many different things, you don't know what you're getting anymore. Molly is better."

Current street prices for ecstasy and molly were variable among participants with experience buying the drug. Participants disclosed that molly often comes in a vial, though no specific prices or quantities of amount were given.

Ecstasy	Current Street Prices for Ecstasy	
	a single-stack (low dose) tablet	\$5
	a double-stack or triple-stack (higher dose) tablet	\$10-25

Molly	Current Street Prices for Molly	
	1/10 gram (single capsule)	\$10

While there were a few reported ways of consuming ecstasy and molly, common routes of administration are snorting, oral consumption and parachuting (wrapping powder in tissue and swallowing).

Participants described typical users of molly as college students and younger people, as well as people influenced by "rappers" and certain pop artists. Other participants described typical users of ecstasy as anybody who likes to dance. Community professionals described typical users of ecstasy as: "party people; young; dancers."

## Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [dimethyltryptamine (DMT; a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], ketamine (general anesthesia used in veterinary medicine), over-the-counter (OTC) drugs and salvia divinorum (psychoactive plant substance).

Hallucinogens remain available in the region. DMT is highly available in the region with participants report-

ing 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). Participants most often reported that the availability of DMT has increased during the past six months. The BCI Richfield Crime Lab reported that the number of DMT cases it processes has increased during the past six months. Participants reported that DMT is referred to as the "dream drug" as its use causes dreams. Participants reported that typical users of hallucinogens generally are younger.

Reportedly, LSD is also highly available in the region with participants reporting its current availability as '10'. Participants most often reported that the availability of LSD has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months. Participants reported current street prices for LSD as \$10 per "hit" (dose). The most common routes of administration for LSD are oral consumption and through the eye via an eye dropper. Participants described typical LSD users as "hippies."

Psilocybin mushrooms are highly available in the region with participants reporting the drug's current availability most often as '10'; the previous most common score was '5-10'. Participants reported that the availability of psilocybin mushrooms has remained the same during the past six months. A participant stated, "*You gotta get them [psilocybin mushrooms] in season.*" Another participant shared, "*I know people who freeze them [for later use].*" The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months. Reportedly, current street prices for psilocybin mushrooms include: 1/8 ounces for \$25; an ounce for \$150. The most common routes of administration are eating and drinking (usually in a tea). Participants described the typical user of psilocybin mushrooms as: "*hippie; stoner.*"

Ketamine is moderately available in the region. Participants most often reported the drug's current availability as '5'. Participants reported that the availability of the drug has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of ketamine cases it processes has remained the same during the past six months. Reportedly, 1/10 gram of ketamine sells for \$10. Routes of administration include snorting and intravenous injection.

Participants reported that OTC drugs, particularly Coricidin® Cold and Cough (aka "triple C"), as continuing to be abused by adolescents in the region. Reportedly, adolescents purchase these medications from retail stores and commonly mix them with alcohol. In addition to OTCs, certain prescription cough syrups are also sought for abuse. Participants reported that "lean" (prescription codeine cough syrup mixed with Sprite® and/or Jolly Ranchers® candies) sells for \$60-70 per little bottle (quantity unspecified).

Salvia divinorum (aka "salvia") is highly available in the region with participants reporting the drug's availability as '8'. However, participants reported that the availability of the substance has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of salvia cases it processes has remained the same during the past six months. Participants reported that a gram of salvia sells for \$20-30.

Lastly, the BCI Richfield Crime Lab also reported that case numbers for gamma-hydroxybutyric acid (GHB) and phenylcyclidine (PCP) have remained the same during the past six months, while noting a decrease in piperazine cases.

## 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 increased availability for heroin, "molly" (powdered MDMA), prescription stimulants and Suboxone®; and decreased availability for synthetic marijuana.

Participants and community professionals were unanimous in reporting that the current high availability of heroin continues to increase. Participants explained that to get heroin all you have to do is call your dealer. Reportedly, there has also been an increase in calls related to heroin on a helpline serving the region. Participants consistently attributed the increase in heroin use to increased availability of the drug along with the reformulation of popular prescription opioids, such as OxyContin®, which has made the drugs more abuse resistant.

While many types of heroin are currently available in the region, participants reported powdered heroin as most available; and while powdered heroin most often is light

brown, participants reported encountering gray, tan, white and “salt and pepper” (mixture of brown and white) heroin as well. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same. Overall, participants reported that the general quality of heroin has decreased during the past six months; participants named fentanyl as a cut for heroin.

The most common routes of administration for heroin remain intravenous injection and snorting. Participants reported that obtaining injection needles has become more challenging than previous. Participants reported that some users share injection needles. Participants voiced concern over contracting Hepatitis C, with several participants noting a need for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist).

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Both groups of respondents perceived a general increase in the number of Suboxone® prescriptions administered in the region as the reason for increased street availability of the drug. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from clinics, other “addicts” and through “twitter” communications. Participants also noted that drug dealers will often trade heroin for Suboxone®. Participants described typical illicit users of Suboxone® as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user as someone who self-medicates.

While participants reported that both ecstasy and molly are highly available in the region, they reported that users prefer molly to the more traditional ecstasy tablets. Treatment providers also reported hearing more about molly than ecstasy during the past six months. Participants described typical users of molly as college students and younger people, as well as people influenced by “rappers” and certain pop artists.

Lastly, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Participants attributed decreased availability to legal measures as well as to the general undesirability of the drug. However, health care professionals noted that while they have seen few cases of synthetic marijuana use during the past six months, they occasionally hear of hospital patients reporting use.





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