



Drug Abuse Trends in the Youngstown Region

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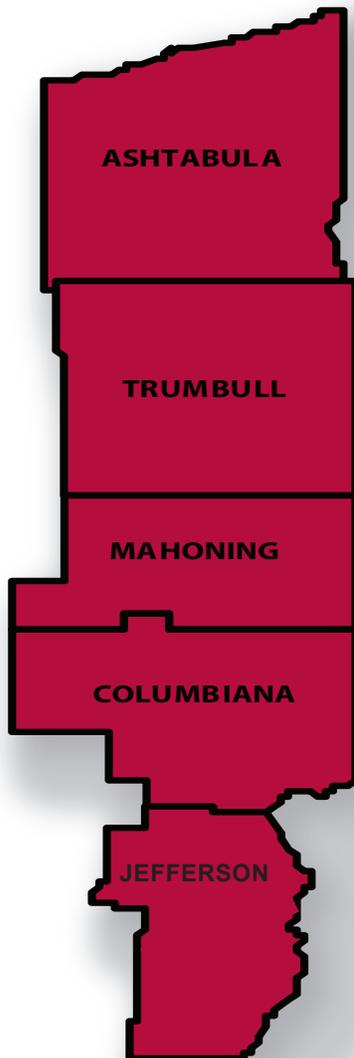
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Data Sources for the Youngstown Region

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 Columbiana, Jefferson and Mahoning counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews in Ashtabula, Mahoning and Trumbull counties, as well as to data surveyed from 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 June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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

Regional Profile

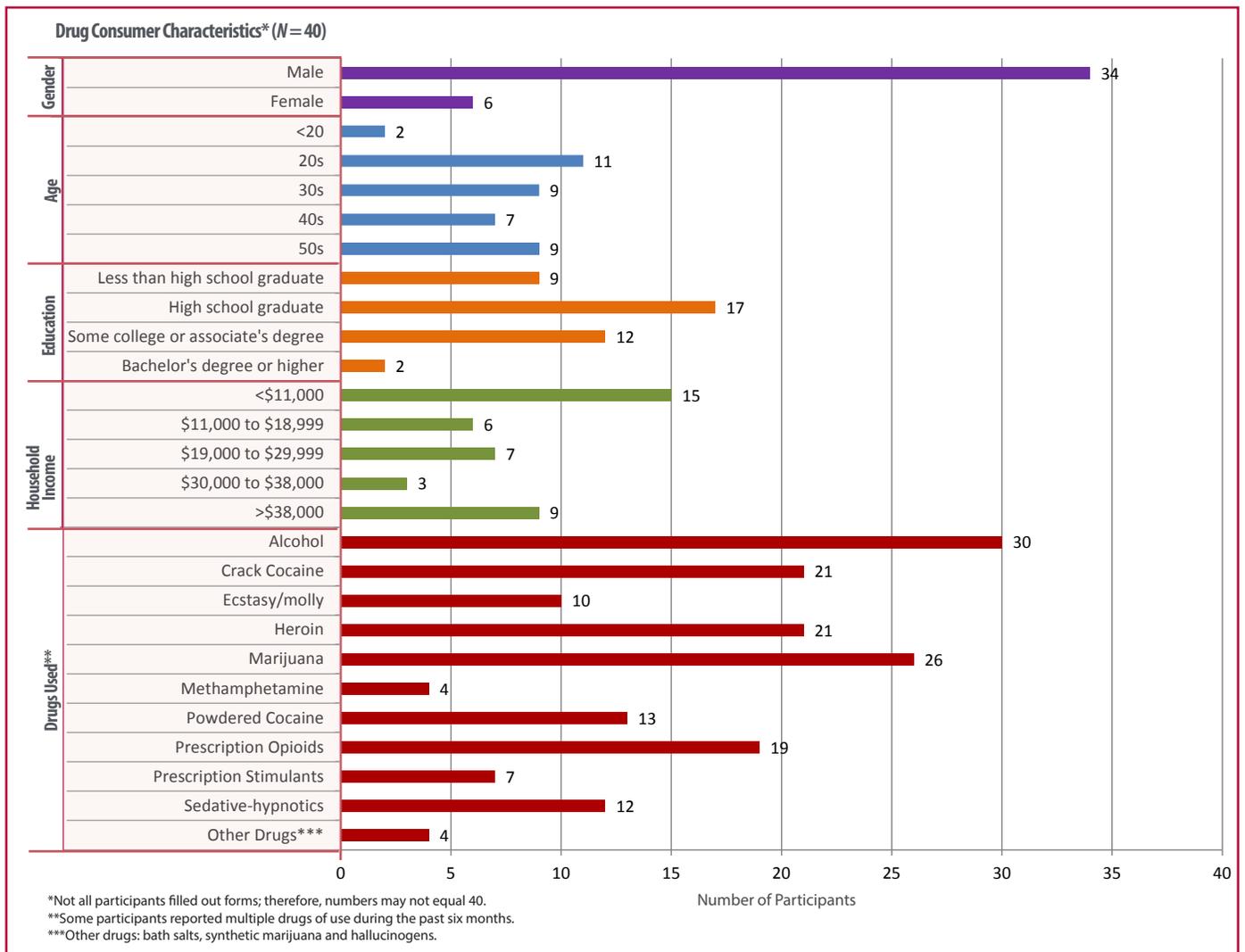
Indicator ¹	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	40
Gender (female), 2010	51.2%	51.1%	15.0%
Whites, 2010	81.1%	86.3%	82.1%
African Americans, 2010	12.0%	8.7%	15.4%
Hispanic or Latino Origin, 2010	3.1%	2.7%	5.1%
High School Graduation Rate, 2010	84.3%	86.8%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

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

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

³Poverty 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 (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Changes in availability included increased availability for heroin, powdered MDMA (aka “molly”), prescription stimulants and Suboxone® and decreased availability for synthetic marijuana.

Participants and community professionals were unanimous in reporting increasingly high availability of heroin. To obtain heroin, participants explained one only needs to call a dealer. A helpline service in the region reported an increase in calls related to heroin. Participants consistently attributed increased heroin use to increased availability of the drug, as well as abuse-deterrent reformulation of popular prescription opioids such as OxyContin® and Opana®.

Participants reported light colored brown powdered heroin as most available in the region; participants reported encountering gray, tan, white and “salt and pepper” (mixture of brown and white) heroin as well. The BCI Richfield Crime Lab reported an increase in the number of powdered heroin cases it processed in the previous reporting period. Overall, participants reported a decrease in quality of heroin and named fentanyl as a cut for the substance.

The most common routes of administration for heroin remained intravenous injection and snorting. Participants reported increased challenges in obtaining needles; some users share injection needles. Participants voiced concern over contracting Hepatitis C; several participants noted a demand for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist).

Participants and community professionals reported increased Suboxone® availability. Respondents attributed the increase in street availability to the increased number of Suboxone® prescriptions throughout the region. The BCI Richfield Crime Lab reported an increase in number of Suboxone® and Subutex® cases it processed during the previous reporting period. 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 Suboxone® users as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user as someone who self-medicates to mitigate withdrawal symptoms.

Participants reported high availability of ecstasy and molly; although users reportedly preferred molly to the more traditional ecstasy tablets. Treatment providers reported hearing more about molly than ecstasy during the previous reporting period. Participants described typical molly users as college students and younger people, as well as people influenced by “rappers” and certain pop artists.

Lastly, participants and community professionals reported decreased availability of synthetic marijuana. 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 had seen few cases of synthetic marijuana use in treatment, they occasionally heard of reported use by hospital patients

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant commented, *“The Ohio Valley ... you can get anything you want at any given time.”* Community professionals most often reported current availability as ‘3’; the previous most common score was ‘7’. A treatment provider commented, *“I don’t hear much about powdered cocaine.”* Another treatment provider stated, *“They talk about [powdered cocaine] in detox.”* A law enforcement officer shared, *“We don’t see too much powdered cocaine. It’s mostly ... crack cocaine.”*

Corroborating data also indicated cocaine availability in the region. The Mahoning County Coroner’s Office reported that cocaine was present at time of death in 35.5 percent of all drug-related deaths it processed during the past six months. Note: the coroner’s office does not differentiate powdered cocaine versus crack cocaine.

Media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Campbell Police (Mahoning County) stopped a vehicle for a traffic violation and arrested the driver after conducting a search in which 12 ounces of powdered cocaine and some heroin were seized (www.wkbn.com, April 13, 2014). Four individuals received indictments in Mahoning County; two men in particular, a rapper and his brother, received the majority of charges including trafficking large quantities of cocaine and heroin and money laundering through their rapping business (www.wkbn.com, April 28, 2014). Ten men of a violent east side Youngstown gang face drug charges for trafficking cocaine and counterfeit controlled substances (www.wkbn.com, May 21, 2014).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. However, detox clinicians in Mahoning County noted an increase in reported cocaine use among heroin users. A clinician commented, "[Powdered cocaine] goes hand in hand with the heroin ... the heroin users are using cocaine, too." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

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

Most participants rated the current overall quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' Participants commented: "[The quality of powdered cocaine is] pretty low; In comparison to the highest quality I've ever had, which was from southern Ohio, I'd say, you know, probably a '4.'" Another participant explained, "Nowadays, everyone wants to cut (adulterate with other substances) that [powdered cocaine] ... they're greedy; if it just breaks really easy you can tell it's been re-compressed." Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, caffeine, creatine, ether, procaine (local anesthetic) and vitamin B-12. A participant explained, "Procaine numbs you, caffeine speeds you, so you really don't know the damn

difference [between good quality cocaine and cut cocaine]." Other participants shared that if powdered cocaine smells like gasoline or diesel fuel, then it is considered good quality and assumed to have been cut with ether. Overall, participants reported that the quality of powdered cocaine has varied during the past six months. Participants said: "[Powdered cocaine quality] gets bad, then it gets better; Been both [good and bad]." Several participants explained that quality seems to get better with increased competition.

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

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants explained: "[Price] depends on the quality; The less cut, the more you pay." Jefferson County participants reported slightly higher pricing for powdered cocaine than participants from other counties in the region.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram (aka "a fifty")	\$60-100
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$120-250
	An ounce	\$1,200-1,400

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, nine would snort and one would intravenously inject (aka "shoot") the drug. A participant remarked, "[Snorting] that's what I do." Jefferson County participants added that a lot of users also smoke the substance.

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as: "[Users are a] wide variety; if you're breathing, you can do [powdered cocaine]; Any and every age; A lot of low income people; It's not gender specific; Younger kids; High schoolers; Middle aged men, white men." One participant ventured, "The white crowd is more open with [powdered cocaine use]." Treatment providers described powdered cocaine users as: "Probably older; Like

late 20s; Early 30s; African Americans between the ages of 25 and 38 [years of age]; More African-American males, but the females ... we're getting more Caucasian females in treatment right now." Law enforcement simply agreed, "More suburban than urban."

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'. A participant commented, "I just know if I wanted [crack cocaine], I could get it." Colors of crack cocaine available throughout the region varied and participants reported seeing a dark crystal tan color, white- and yellow-colored crack cocaine during the past six months. Community professionals also reported current availability as '10'; the previous most common score was '8-9'. Law enforcement observed: "[Crack cocaine is] way more readily available than powder [cocaine]; [Heroin is] basically running the 'crack' (crack cocaine) and 'coke' (powdered cocaine) dealers out of business because it's not as profitable."

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Mahoning County Common Pleas Court charged a 39-year-old man for operating a 'crack house' (www.wkbn.com, Feb. 18, 2014). Campbell police (Mahoning County) arrested three men during a traffic stop in which a K-9 officer discovered 10 grams of crack cocaine and some baggies of marijuana (www.wkbn.com, April 1, 2014). A law enforcement task force and Niles Police (Trumbull County) arrested a man and woman in Niles for trafficking crack cocaine and heroin (www.wkbn.com, June 13, 2014).

Participants and community professionals generally reported that the availability of crack cocaine has remained the same during the past six months. However, a couple treatment providers noted an increase in clients they treat who report crack cocaine use: "Crack cocaine now, too [in addition to heroin]; [Crack cocaine is] back on the rise." 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 Change
	 Law enforcement	No Change
	 Treatment providers	No Change

Most participants rated the current overall quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Although quality of crack cocaine was rated highly by the majority of participants, variability in quality was often a point of discussion. Mahoning County participants reported differences in quality of white- and yellow-colored crack cocaine. These participants rated the quality of white crack cocaine as '1' (poor quality) and yellow crack cocaine as '7-10' (high quality). Yellow crack was described as more potent and a participant explained, "If [crack cocaine is] cut, it's more of a white [color]." Participants reported the quality of the drug depends on the dealer: "People just getting started [dealing crack cocaine] will try to stretch it ... They put a lot of baking soda [in it]. It's called 'cook back.' ... But the ones, you know, that have been in the game for a while, they got 'drop' - that's what we call the good shit; That melts on your skin. You don't get no baking soda on the top; Better stuff, better dealers, better cooking." Participants then explained: "Nobody wants cook back; Cook back means garbage or, you know, you gonna have to use a lot of baking soda to bring it back together; Buy it and recook it."

Participants reported that crack cocaine in the region is most often cut with baking soda. Other participants reported that crack cocaine is cut with creatine, diuretics (isitol, mannitol) and vitamin B-12. Participants explained: "[Adulterated crack cocaine] would be pure garbage, but [the other substances added in] blows it up; Makes it bigger [increases volume]."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● levamisole (livestock dewormer) ● lidocaine and procaine (local anesthetics) 	

Current street prices for crack cocaine varied among participants with experience buying the drug. Participants in Jefferson County reported slightly higher pricing. Although several prices and quantities were reported, a

participant shared, "You [typically] either get a gram or you get an eight ball."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A rock (approximately 1/10 gram)	\$20
	A gram (aka "a fifty")	\$60-100
	1/16 ounce (aka "teener")	\$120
	1/8 ounce (aka "eight ball")	\$200-250

Participants reported the most common routes of administration for crack cocaine is smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, about half would smoke and half would shoot the drug. A participant explained, "You put [crack cocaine] in a pipe, then you melt it down and you pull (inhale)." Other participants commented: "You can shoot [crack cocaine], but you need vinegar; Or Kool-Aid® ... That's new." A participant shared that it is common to search for more crack cocaine when users are consuming their last piece and commented, "Then you start 'carpet mining' ... looking on the floor [for fallen pieces of crack cocaine], and while you're looking on the floor your rock is shrinking on the table because [other users are] stealing it from you."

A profile for a typical crack cocaine user did not emerge from the data; although participants described crack cocaine users as more often black than white, of both genders and aged 13 years and older. A participant added, "Have to have some kind of income to pay for it." Treatment providers described typical users from all ages, but several commented: "There's an increase in the older population [using crack cocaine]; They've been using for so many years; We're starting to see that older crowd." A treatment provider explained that heroin seems more fatal, while crack cocaine users can use it for a longer period of time. Another treatment provider observed, "A lot of the heroin users are using the crack, too." Still another treatment provider suggested, "I think [crack cocaine use is] increasing in the younger people [because] it's available." Law enforcement commented, "I don't think [the user profile for crack cocaine has] changed. I think it's, you know, pretty much the same as far as the typical users ... crack is more inner city."

Heroin



Heroin remains highly available in the region. Participants most often reported the overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Community professionals also continued to most often report current availability as '10'. Professionals responded: "Heroin; Lots and lots of heroin."

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available. Participants varied as to the current availability of white powdered heroin, rating it anywhere from '1' to '7' depending on location. A participant from Jefferson County claimed, "China white' (white powdered heroin) ... [that's] all I get." However, a participant from Mahoning County stated, "I don't see a lot of white." Participants mentioned seeing other colors of powdered heroin in the region, including blue, purple, gray (aka 'salt and pepper' or 'killer heroin') and orangish-tan (a more waxy type). However, very few participants reported black tar heroin as available, as a few participants shared: "I've seen [black tar heroin] like twice, it's not real common in this area; Black tar [heroin is] hard to get around here; I have to go down south to get it." When asked about the different types of available heroin, law enforcement commented: "We're seeing all brown, Mexican brown [heroin]; I mean like 99.5 percent of [heroin] is [brown powdered]."

Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 43.5 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. During a drug raid at a Coitsville (Mahoning County) residence, a suspect fled and was subsequently arrested when law enforcement caught him and found heroin in his pockets (www.wkbn.com, Feb. 6, 2014). A paralegal for the city of Warren (Trumbull County) was indicted after being caught with a rock of gray colored heroin, alprazolam and OxyContin® at work (www.wkbn.com, Feb. 27, 2014; www.wkbn.com, April 4, 2014). A man driving in Vienna Township (Trumbull County) was pulled over, taken to the hospital and then to jail after several calls reported seeing him cooking up and

shooting heroin while driving; police found prescription pills and evidence of heroin on the man (www.wkbn.com, March 5, 2014). A Campbell (Mahoning County) man was arrested after shoplifting and found in possession of heroin and drug paraphernalia (www.vindy.com, May 8, 2014).

Media also reported an increase in heroin overdose deaths; in 2013, more people in Trumbull County died of heroin overdose than any other drug or combination of drugs (www.wkbn.com, Feb. 27, 2014). Media reported on the increase of heroin use and overdose rates in the suburbs; specifically, Boardman police and their community are coming together attempting to curb this epidemic as it seems to be increasing in the younger suburban population (www.vindy.com, March 16, 2014).

Participants reported the general availability of heroin has increased during the past six months. Participants explained: “[Heroin has] gotten easier [to obtain] ... because everyone wants it.” Nevertheless, Jefferson County participants noted a recent decrease in availability of heroin in their area and explained: “Decreased since the Chicago boys got locked up; Within the last three months.” Participants clarified that brown powdered heroin is increasing, but reported no change in availability of black tar heroin, as one participant commented, “Just brown [powdered heroin increase]. We’re not seeing much of a change in [availability for] ‘tar’ (black tar heroin).”

Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider commented, “I think [heroin is] more available; Grows every day.” Professionals explained: “Because [heroin is] so available ... it’s cheap; The dealers are pushing the heroin ... [Dealers convince users,] ‘We can get you [heroin]. It’s more available, it’s cheaper [than prescription opioids].’” A treatment said, “[Users] find out it’s a whole lot cheaper and more powerful to do heroin, and once they do heroin, they don’t go back ...” Another treatment provider illustrated, “We’re getting repeat [clients] that were here before for pills and now they started using 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 cases has remained the same; the lab reported processing primarily white, brown and gray powdered heroin.

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

Most participants rated the current overall quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8’. However, participants discussed the variability in quality of the drug, as one participant explained, “It all depends ... Honestly, [heroin] could be brown and garbage or it can be brown and really good.” Several participants suggested gray colored powdered heroin is better quality and commented: “[Gray heroin is] better than brown; Gray’s better, you don’t have to use as much; [Gray is] the kind you want to get.” Other participants stated that the purity of the substance depends on whether the dealer is a user, as one participant explained, “A dealer who is a user gives lower purity ... lower because they gotta make up for what they used out of it.”

Participants reported that heroin is cut with ether, fentanyl, mannitol (diuretic), prescription opioids (Tramadol®), vinegar and vitamins (B-12 and multivitamin). A participant added, “Coffee creamer if you’re real cheap.” Another participant explained, “[Mannitol is] kind of like a laxative. It blends in real good and you can’t really taste it.” Participants specifically added that white powdered heroin is most often cut with fentanyl, which they frequently cited as the reason behind observed increases in overdoses throughout the region. A treatment provider shared, “[Dealers] use Vicodin® and Percocet® to cut the heroin.” Overall, participants reported that the general quality of heroin has remained the same during the past six months and specified that white powdered heroin quality varies.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  diphenhydramine (antihistamine)  quinine (antimalarial) 	

Current street prices were variable among participants with experience purchasing heroin. Participants noted that prices fluctuate depending on demand and location within the region, with slightly higher prices in more rural

areas. A Mahoning County participant shared, *"The prices [are] going up because everyone wants [heroin] now."*

Heroin	Current Street Prices for Powdered Heroin	
	1/2 gram	\$60
a gram)	\$120-200	

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snorting. A participant commented, *"Most people who have a [heroin] habit are definitely shooting."* Participants estimated that out of 10 heroin users, eight or nine would shoot or snort and the other one or two would smoke the drug. Participants explained, *"[Route of administration for heroin] depends on what stage you are in your addiction; I think what everyone starts out doing is snorting then working their way up [to shooting heroin]."* Another participant further clarified, *"First [heroin users] start with prescription pills ... that's what happened to me. Then you start snorting the heroin because it's cheaper. Then that ain't enough, so you shoot [heroin] because it's a lot stronger."*

Participants reported that users obtain needles from dealers, as well as from pharmacies and people who have diabetes. Participants commented: *"Dope boys' (heroin dealers) got needles; Go and get them yourself [from a pharmacy or buy them from] old women who sell their insulin needles for extra money; I know a lot of diabetics, so it's easy to get [injection needles]."* A participant shared that clean needles are available. Another participant added, *"Yeah, they better be brand new because you can get all kinds of diseases – hepatitis, AIDS ..."* Nevertheless, participants estimated that about six out of 10 users will share a needle. Participants commented: *"Especially if you're sick [and going through withdrawal], you'll share [a needle]; A lot [of users share needles]; More [people share needles] than you believe; The younger kids now, they don't take it serious ... they think they're Superman and won't [catch a disease]."*

Current street prices for needles were variable depending on the dealer. Participants reported typically purchasing more than one needle at a time and reported a variety of prices: two needles for \$5 from a dealer; five needles for \$2 at a "trap house" (aka crack house); 10 needles for \$3 from a diabetic. Purchasing needles at pharmacies is generally much cheaper, as several participants explained: *"50*

[needles] for \$5; He buys the whole box for \$10 [for] 100 of them."

A profile of a typical heroin user did not emerge from the data. Participants commented that heroin users are everybody and anybody. Participants reported knowing professional people and street people who use the drug. Age for use is reportedly a wide range from 15 to 60 years. Treatment providers and law enforcement also had a difficult time describing the typical heroin user and focused most of the discussion on the younger age group of users. The majority of treatment providers reported an increase in adolescent use.

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 also '10'. Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. A participant remarked, *"People in here would say, 'Screw the 'vikes' (Vicodin®) ... I need 'perks' (Percocet®)."* Treatment providers most often reported current availability as '10', while law enforcement most often reported current availability as '8'; the previous most common score was '10' for both groups. Law enforcement commented, *"[Availability of prescription opioids is] pretty high."* Community professionals also identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. An officer reflected, *"Primarily, you're talking about Percocet® [and] oxycodone. That's the two ... big ones for us."* Another officer reasoned, *"More people are being prescribed [Roxicodone® 30 mg], so it's going to be ... a lot more accessible."*

Additional prescription opioids identified by participants and professionals as available in the region included: methadone, Opana®, Roxicet®, Tylenol® 3 and 4, Ultracet® and Ultram®. A participant commented, *"If they're going to start pills, [Opana® is] one of the big ones."* A treatment provider observed similarly and stated, *"Yeah, I'm hearing a lot of Opana® lately."* A counselor explained, *"[Lower strength prescription opioids, such as Tylenol® 3s and 4s, are] their go-to drug when they're trying not to use heroin and stuff like that."*

Corroborating data also indicated prescription opioid availability in the region. The Mahoning County Coroner’s Office reported that one or more prescription opioid was present at time of death in 50 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as community efforts to curb prescription opioid abuse. In Trumbull County, a retail pharmacy was robbed of thousands of dollars’ worth of pain pills (www.wkbn.com, April 5 and 14, 2014). A Howland (Trumbull County) dentist was sentenced after pleading guilty to 10 drug charges in which he wrote prescriptions for an associate who was not a patient who, in turn, filled the prescriptions and gave him half the pills which he used for himself (www.vindy.com, May 6, 2014). Reportedly, Trumbull County ranked seventh highest in the state for accidental opiate overdose (www.wkbn.com, June 17, 2014). In an effort to curb illicit use of prescription drugs, Campbell Police (Mahoning County) set up a prescription drug drop box in the lobby of the Lordstown Police Department which accepts pills, capsules, patches, powders, vitamins, inhalers and pet meds; during the first three months, the department collected 81.4 pounds of unwanted pharmaceuticals (www.vindy.com, Jan. 6, 2014).

Participants reported that the general availability of prescription opioids has remained the same during the past six months, with the exception of Jefferson County in which participants indicated a decrease in availability. A Jefferson County participant commented: *“The opiates are harder to get a hold of now because the demand has lessened since heroin took over.”* Community professionals also reported that availability has remained the same during the past six months. A treatment provider commented: *“There was a big crave [for prescription opioids] around here for a while.”* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	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 participants with experience buying the drug. One participant remarked, *“Heroin’s cheaper than these pills!”* Another participant asserted, *“Woo, you’ve got to have some money [to use prescription opioids].”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$10 for 2 mg \$20 for 4 mg
	methadone	\$5-8 per pill
	Opana® (new formulation)	\$1 per mg
	OxyContin® OC (old formulation)	\$20 for 40 mg
	OxyContin® OP (new formulation)	\$3-5 for 10 mg \$35 for 80 mg
	Percocet®	\$1 for 2.5 mg \$3-5 for 5 mg \$3.50 for 7.5 mg \$4-10 for 10 mg
	Roxicodone®	\$10-15 for 15 mg \$15-35 for 30 mg
	Ultram®	\$0.50-1 per pill
	Vicodin®	\$3 for 5 mg \$3-5 for 7.5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from medicine cabinets, from friends or family members who have prescriptions or prescribed by dentists and doctors. Participants commented: *“Someone gets a fentanyl patch from one of their elders when they die of cancer or something; I don’t think anybody takes their pills anymore. I think they just sell them.”* A community professional shared, *“We’re finding older dealers. We’re finding people 60 years old that are selling their pills.”*

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 are snorting, oral consumption (aka “popping”) and intravenous injection (aka “shooting”). Specifically, participants indicated that Dilaudid® would most often be injected or orally ingested, fentanyl

would be used by transdermal application, Opana® and Vicodin® would mostly be used orally and Roxicodone® would be snorted.

A profile of a typical illicit prescription opioid user did not emerge from the data. One participant remarked, "There is no typical drug user." However, participants generally felt that illicit users are often 18-35 years of age, white and female. A participant commented, "More women on the pills." Treatment providers and law enforcement also had difficulty in describing typical illicit prescription opioid users but observed an increase in younger users. An officer commented, "Pills, it's any age group that are abusing pills." Treatment providers discussed: "[Illicit use of prescription opioids is] not limited to young people, though; Well, it's increased a lot in the kids ... younger kids. They're taking Tramadol® and Opana®; [Ultram® is] big in adolescents." A treatment provider explained, "[Younger users] start out at [using drugs] with the pills."

Suboxone®



Suboxone® remains highly available in the region. Participants most often reported current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Although one participant believed, "You can't abuse that," another participant stated, "You see a lot of [Suboxone® abuse] now." Treatment providers most often reported current availability as '10'; the previous most common score was also '10'.

Media outlets reported on law enforcement seizures of Suboxone® in the region this reporting period. An inmate and his girlfriend were indicted by a Trumbull County court because the woman attempted to send a greeting card with Suboxone® on it to the inmate (www.wkbn.com, March 21, 2014). Five women were arrested for selling alprazolam, Suboxone® and other pain pills near an elementary school in Niles (Trumbull County) (www.wkbn.com, May 6, 2014).

Participants reported that the availability of Suboxone® has increased during the past six months. In Columbiana County, participants especially noted that the availability of both Suboxone® and Subutex® as increasing. Treatment providers also reported an increase in street availability

of Suboxone® during the past six months. In Mahoning County, treatment providers shared: "[Suboxone® is] on the street; First time opiate users are using Suboxone®." The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug, while prices for Subutex® were variable. A participant explained, "I know people that would pay \$40 for Subutex®; You can 'shoot' (inject) Subutex® which is why [users] want it more."

Suboxone®	Current Street Prices for Suboxone®	
	Suboxone®	\$10-20 for 8 mg (sublingual strip)
	Subutex®	\$20-40 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people with a prescription. One participant admitted, "People ask me for [my Suboxone®] all the time." Participants shared: "A friend of mine, everybody gives her money and she goes to a doctor to get [Suboxone®] ... a month prescription and then she'll like split it up; Some doctors take cash." Participants estimated that seven out of 10 people with prescriptions will sell their Suboxone® and revealed: "When I had a prescription, I sold [Suboxone®] all the time; I sold more than I took." Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin.

While there were a few reported ways of consuming Suboxone®, the most common routes of administration are sublingual consumption, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, four would sublingually consume, four would snort and two would shoot the drug.

Participants described typical illicit users of Suboxone® as opiate addicts who are self-medicating to avoid withdrawal symptoms. Participants commented: *“People who are addicted to opiates ... get a [Suboxone®] strip to stay not sick; Heroin addicts; Usually people who are sick and can't get drugs.”* Treatment providers also indicated that the typical illicit Suboxone® user is often self-medicating as one described, *“Any opiate addict 'cause they just don't want to be sick. If you can't get your heroin, they'll do Suboxone®.”* Another treatment provider said that many users are, *“Trying to pass the [drug] screen.”*

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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 Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Treatment providers most often reported current availability as '10'; the previous most common score was '9'. Law Enforcement identified overall availability for sedative-hypnotics as '7'. A law enforcement officer stated, *“I think there's a high availability of [sedative-hypnotics], too.”*

Community professionals suggested some of the more available drugs in this category include Valium® and Xanax®. Community professionals reported: *“They really do like those [Xanax®]; It's so easy to get.”* Community professionals identified other drugs in this category that are not as prevalent; Ativan®, Klonopin® and Soma® were among the list. A treatment provider commented, *“It's hard to get a doctor to prescribe you Ativan®. They'll give you stuff like ... lorazepam, stuff like that ... the generic form before they give you Ativan®.”* A few treatment providers discussed Soma® and commented: *“They've learned they can abuse [Soma®]; Just like Tramadol®; Get high and still pass the drug screen.”*

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures of sedative-hypnotics

in the region this reporting period. A Boardman (Mahoning County) teenager overdosed after using a combination of drugs supplied by three individuals who are now charged with her death; the drugs included Xanax®, cocaine and marijuana (www.wkbn.com, Feb. 25, 2014).

Participants reported that the general street availability of sedative-hypnotics has remained the same during the past six months. However, community professionals reported that availability has increased during the past six months. Treatment providers suggested the increase is due to tolerance levels of users, as a counselor commented, *“They can't get as high on heroin anymore so they're trying to mix the buzzes up.”* A law enforcement officer stated, *“There's more people being prescribed [sedative-hypnotics], too.”* The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

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

Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs.

Current Street Prices for Sedative-Hypnotics	
Sedative-Hypnotics	Ambien® \$1 for 10 mg
	Klonopin® \$1 for 0.5 mg
	Valium® \$2 for 10 mg
	Xanax® \$0.50 for 0.25 mg \$3 for 1 mg \$5-6 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them more often prescribed from primary care physicians. Participants divulged: *“I doctor shop ... I get the doctor to write three years' worth [of prescriptions]; I'll send someone like my niece, I'll send her to the doctor [to obtain a prescription].”*

While there were a few reported ways of illicitly using sedative-hypnotics, the most common routes of administration are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would shoot these drugs. In Columbiana County, participants reported that users in their area generally swallow the pills.

Participants described typical illicit users of sedative-hypnotics as teenagers. Community professionals found it difficult to describe the typical illicit sedative-hypnotic user and said users are from all walks of life. However, community professionals specifically described illicit Xanax® users as younger and illicit Ativan® users as 25-35 years of age.

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant who considered himself a marijuana connoisseur said, “[Marijuana] seems pretty available, but you got to know the right people [for good quality marijuana].” Community professionals also continued to rate current marijuana availability as ‘10’; the previous most common score was ‘10’.

Corroborating data also indicated marijuana availability in the region. The Mahoning County Coroner’s Office reported that marijuana was present at time of death in 24.2 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a driver in Columbiana County and discovered two pounds of marijuana in the vehicle (www.statepatrol.ohio.gov, Feb. 15, 2014). Warren Police (Trumbull County) seized 100 marijuana plants from the basement of a residence as a result of a tip from a citizen (www.wkbn.com, March 29, 2014). After a car chase and then a foot chase between Youngstown and Campbell (Mahoning County), Campbell Police arrested a man who had weapons, numerous bags of marijuana and some cocaine in his vehicle (www.wkbn.com, April 6, 2014). A man was indicted by a Mahoning County grand jury for marijuana trafficking after police stopped him for a traffic violation and discovered 10 one-pound bags of

marijuana in the vehicle (www.wkbn.com, April 17, 2014). The Mahoning Valley Task Force reported seizing more marijuana (62.58 pounds) than any other drug last year, with heroin (4,822 grams) being the second most seized drug (www.wkbn.com, May 22, 2014). Youngstown police found six marijuana plants during a residence search; the owner admitted to using marijuana to fight pain from a previous injury (www.vindy.com, June 11, 2014). A Goshen Township (Mahoning County) man was arrested for smoking marijuana with children and teens, as well as for sexual crimes (www.wlwt.com, June 12, 2014).

Participants reported that the availability of marijuana has remained the same during the past six months. A participant remarked, “[Availability of marijuana] ain’t going to change either.” Participants indicated seasonal increases in availability when the plant is harvested. Community professionals also reported that availability of marijuana has remained the same during the past six months. However, a law enforcement officer shared, “[There are] more indoor [grow operations] ... More people are growing [marijuana] indoors than ... in the last couple of years.” 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	No Change
	 Law enforcement	No Change
	 Treatment providers	No Change

Participants most often rated the current overall quality of marijuana as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous scores were ‘5’ for low-grade marijuana and ‘10’ for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys low-grade marijuana or high-grade marijuana. A participant stated, “[High quality marijuana is] most sought after ... there’s a bunch of different types of marijuana.” Another participant explained, “You can get the ‘kind buds,’ you can get the ‘sour diesel’ - that’s higher dollar quality ... compared to your normal ‘fifty’ which is just a bit lower grade. Then you get your ‘dirt weed’ (lowest quality of marijuana).” Several participants agreed that the general quality of marijuana has increased during the past six months. A participant observed, “You don’t see ‘reggies’ (regular, low-quality marijuana) too much no more ... you

see the better grade going around now." Another participant agreed, "The weed is way frickin' better."

Current street prices for marijuana were consistent among participants with experience purchasing the drug. Participants reported that low-grade marijuana is the cheapest form of the drug; higher quality marijuana sells for significantly more. A participant explained, "You gotta look at the different types ... I mean there's different types of weed for different prices." Another participant added, "If you have the money, you can get the best [quality marijuana]." On the other hand, a couple participants commented: "You can get low quality [marijuana] for free; People give it away because it's not worth smoking." Hash is also available in the region and sold by the pieces, as one participant explained, "[Hash is] high-grade marijuana baked down into mush then dried. It's really, really potent ..." Several participants felt that overall pricing for marijuana has increased during the past six months, because the general quality has improved.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$20-35
	1/8 ounce	\$50
	An ounce	\$250-375
	A pound	\$4,200-5,000
	Hash-One piece (quantity unspecified)	\$35

While there were a few reported ways of consuming marijuana, participants reported the most common route of administration remains smoking. Participants estimated that out of 10 users, all would smoke the drug. However, participants added that out of those 10 smokers, one to three users would also orally ingest the drug by eating it in deserts or drinking it in tea. Participants further specified that out of those 10 marijuana smokers, approximately four would either vaporize or smoke the extract oil; and, for the first time in these reports, a Jefferson County participant shared that at least one person out of ten would intravenously inject (aka "shoot") marijuana extract oil.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe marijuana users as everyone. Participants remarked, "There ain't anybody I know that don't do that [use marijuana]; It's like a cigarette." Another participant said, "[Marijuana is] most popular among younger kids." Other participants added: "Especially 'dope boys' (heroin dealers), they love the weed more than anybody." Treatment providers commented: "All of our clients [use marijuana]; Even their grandmothers; They don't see what's wrong with [using marijuana] ... the kids [under 18] come in [and] they're the ones supposed to be getting treatment and the parents use."

Methamphetamine



Methamphetamine remains available in the region, yet availability varies depending upon location within the region. Overall, participants most often reported current availability of the drug as '0' in Mahoning County and '10' in Ashtabula, Columbiana and Trumbull counties on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' across the region.

A Mahoning County participant commented, "You really can't get [methamphetamine here], you'll have to go to Columbiana [County] area."

Treatment providers (Mahoning County) reported low availability of methamphetamine, rating current availability as '3,' while law enforcement (Ashtabula and Trumbull counties) reported moderate to high availability, rating current availability as '6-9;' the previous most common availability score was '6-7' for both groups combined. A treatment provider shared, "[Methamphetamine is] not too many [clients'] drug of choice for many folks we get in here, but ... we get occasional ones." A law enforcement officer specified, "[The methamphetamine] problem started earlier in Ashtabula than Trumbull and ... a matter of fact, a lot of the initial [methamphetamine] cases in Trumbull County were Ashtabula County residents that migrated down here."

Participants from Ashtabula County commented about the production of methamphetamine in a single sealed container (aka "one-pot," "shake-and-bake"), 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), this type of methamphetamine can be produced in approx-

imately 30 minutes in nearly any location. An Ashtabula County participant reported that this is the most common type of methamphetamine in the area. Treatment providers also noted this type of methamphetamine and commented: “[Users] can make [methamphetamine] themselves at home; They’ve been making [methamphetamine] around here. They just had a lab explode somewhere around here.”

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. Police arrested a 38-year-old man during a drug raid in Coitsville (Mahoning County) where approximately \$500,000 worth of methamphetamine was seized (www.wkbn.com, Feb. 6, 2014). Reportedly, Salem, a city that crosses borders of both Columbiana and Mahoning counties, is a hotbed for methamphetamine labs; the Columbiana County Drug Task Force agents seized seven methamphetamine labs in the last year and six of them were in or close in proximity to Salem (www.wkbn.com, Feb. 26, 2014). Mahoning County HazMat crews, police and fire departments cleaned up a methamphetamine lab made with ordinary household chemicals in a Boardman home (www.wkbn.com, March 5, 2014). Another HazMat crew in Trumbull County was called on by police and fire to respond to a suspected methamphetamine lab in a garage at a Newton Falls residence (www.wkbn.com, March 11, 2014). Boardman police arrested four people after being alerted by a pharmacy that there was a car driving back and forth in the parking lot; police stopped them and found chemicals for making methamphetamine and some marijuana in the vehicle (www.wkbn.com, March 14, 2014). Columbiana County Drug Task Force took control of a scene after Perry Township Police found a mobile meth lab; several apartments were evacuated and two individuals were arrested (www.wkbn.com, March 23, 2014). A 48-year-old man on parole for a drug conviction in Columbiana County was arrested at his mother’s house in North Jackson (Mahoning County) for making methamphetamine (www.wkbn.com, April 25, 2014).

Participants and treatment providers most often reported that the availability of methamphetamine has increased in the region during the past six months, while law enforcement reported no change in availability. Treatment providers reflected, “I’ve heard more about [methamphetamine] lately than I have six months ago; [Methamphetamine is] moving ... it’s just taking time to get here; It’s starting to come in.”

Law enforcement discussed methamphetamine in connection with pseudoephedrine (one of the ingredients commonly used in one-pot methamphetamine production). Law enforcement provided varying statements as to

the effect of new legislation and sales control. One officer explained, “[Control of pseudoephedrine] improved [efforts to limit methamphetamine production] ... so everybody’s got to report of pseudoephedrine purchases.” However, another officer noted, “[Denial of access to pseudoephedrine] really hasn’t helped in Ashtabula as far as our methamphetamine problem because [dealers are] just finding more people to go out and buy it (aka ‘smurfs’).” 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 off-white powder and some crystal methamphetamine.

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

Participants reported either low or high quality of methamphetamine, most often reporting current overall quality as either ‘4’ or ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘4.’ Participants reported an increase in the general quality of methamphetamine during the past six months. Current street prices for methamphetamine were shared only by one participant with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	A gram	\$40
	1/16 ounce (aka “teener”)	\$60-80
	1/8 ounce (aka “eight ball”)	\$100-120

While there were a few reported ways of consuming methamphetamine, the most common routes of administration remain snorting and smoking. Participants estimated that out of 10 methamphetamine users, all users would snort the drug, but about seven or eight would also smoke it, and a few users might also intravenously inject (aka “shoot”) the drug.

Participants described typical users of methamphetamine as more often white. Treatment providers and law enforcement described typical users of methamphetamine as younger (typically in their 20s). Law enforcement reflected, *“Again it’s a younger age group ... I mean you’ll see occasionally somebody into the mid-30s [using methamphetamine].”*

Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported current availability of these drugs as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants identified Ritalin® as the most popular prescription stimulant in terms of widespread illicit use.

Community professionals reported moderate to high availability of prescription stimulants. Treatment providers rated Adderall® and Ritalin® as ‘8-10’ and Vyvanse® as ‘5-6’; while law enforcement most often rated general availability of prescription stimulants as ‘5.’ Similar to participants, treatment providers also identified Ritalin® as the most popular prescription stimulant in terms of widespread illicit use.

Media outlets reported on community prevention efforts against the illicit use of prescription stimulants in the region this reporting period. The Coalition for a Drug Free Mahoning County passed out t-shirts promoting abstinence from prescription stimulants use during spring finals at Youngstown State University (www.wkbn.com, April 29, 2014).

Participants reported that the availability of prescription stimulants has decreased during the past six months. A participant purported the decreased availability is due to, *“Doctors not wanting to write [prescriptions for stimulants] because people stealing prescriptions and abusing it.”* Treatment providers reported that the overall availability of prescription stimulants has remained the same during the past six months, while law enforcement reported increased availability. However, treatment providers noted a decrease in availability specifically of Adderall®, as one clinician explained: *“I think [availability of Adderall® is] less than it was at one time because we got people who are coming here that were prescribed [Adderall®] and now they’re off of it ... because they are using other drugs.”* However, law enforcement thought that overall availability of prescription stimulants was increasing and explained: *“If doctors*

are prescribing more, that means we’re gonna see more in the street; There’s just more chance for abuse when it’s out there.” 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	Decrease
	 Law enforcement	Increase
	 Treatment providers	No Change

Participants were unable to report current street prices for prescription stimulants. Participants described typical illicit users of prescription stimulants as aged teens to 30 years. One participant responded, *“People that haven’t found ‘coke’ (powdered cocaine) yet [abuse prescription stimulants].”* Treatment providers agreed that users are more often younger (16-25 years of age) and commented: *“Kids are using Adderall®; [Illicit use of prescription stimulants is] more of a kid thing.”* Law enforcement were unable to describe a typical illicit user of prescription stimulants.

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) availability was thought to be very limited in the region by participants and community professionals. Participants most often reported the drug’s current availability as ‘0’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7-10.’ Treatment providers also rated current availability as ‘0.’ One treatment provider remarked, *“I haven’t seen [bath salts] in a while.”* Another treatment provider said, *“[Bath salts] was a 2012 trend.”* Law enforcement professionals reported not seeing bath salts during the past six months. A law enforcement officer stated that bath salts availability decreased due to legislation banning their sale. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased 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.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, participants most often reported the drug's current availability as '0' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-5.' Only one participant reported having used synthetic marijuana during the past six months.

Treatment providers most often reported the drug's current availability as '3'; the previous most common score among community professionals was '5-10.' Treatment providers responded: "I know they're using [synthetic marijuana] ... I mean I've got a [client under 18 years of age] in [treatment] right now who's using it ... he doesn't have any trouble getting a hold of it." A law enforcement officer shared, "We haven't seen any [during the past six months]."



Participants reported that the availability of synthetic marijuana has decreased during the past six months, while treatment providers reported that the availability has remained the same and law enforcement reported decreased availability. An officer said, "If you're counting the last six months, I think [availability of synthetic marijuana has] gone down because of the legislation changes in Ohio." Another officer from Ashtabula County shared, "We had a case [involving synthetic marijuana] last year, but we didn't have anything in the last six months." The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Only one participant had experience purchasing synthetic marijuana and reported that the substance sells \$20 for either three grams or two cigarettes. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants described typical synthetic marijuana users as people on probation or people who have a job and are worried about passing a drug test. Treatment providers described typical users of synthetic marijuana as under 18 years of age.

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

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' A participant replied, "[Ecstasy availability is a] '5' right now because it's hard to get ... Same with 'molly' (powdered MDMA), I have to go all the way to Ashtabula to get it." Columbiana County participants rated availability higher ('10'). Treatment providers most often reported current availability of ecstasy as '0', while law enforcement rated availability as '4-6'; the previous most common score was '5.' Treatment providers indicated that they had not had any cases of ecstasy during the past six months.

The availability of "molly" (powdered MDMA) varied throughout the region. Participants rated current availability of molly as '3' in Ashtabula County, '10' in Columbiana County and '0' in Youngstown; the previous most common score was '10.' Treatment Providers most often reported current availability of molly as '6', while law enforcement rated it as '3'; the previous most common score for both groups was '6.' Treatment providers indicated that availability might be higher, but the drug is generally not a top drug of choice among clients.

Participants were unable to agree on the change in availability of ecstasy or molly. Mahoning County participants reported decreased availability of ecstasy and molly during the past six months. However, Columbiana County participants noted that ecstasy availability fluctuated, while availability of molly has remained the same during the past six months. A participant explained that availability is dependent upon, "whatever that dude [the dealer] has that month." Community professionals reported that availability of ecstasy and molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that

the number of ecstasy cases it processes has remained the same during the past six months.

Ecstasy	Reported Availability Change during the Past 6 Months	
	 Participants	No Consensus
	 Law enforcement	No Change
	 Treatment providers	No Change

In terms of current quality, participants reported that darker colored ecstasy is sometimes cut with heroin, while lighter colored ecstasy is sometimes cut with powdered cocaine or methamphetamine. Ecstasy pills most often have images stamped into them or are shaped like various characters. Participants reported that some of the most popular images include superheroes, naked ladies and smiley faces. Current street prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Low dose (aka "single stack")	\$10
	High dose (aka "double stack" or "triple stack")	\$20-30
	A jar (100 quantity)	\$1,000
	Current Street Prices for Molly	
	A single dose	\$20
	A gram	\$100

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

Participants described typical users of ecstasy as those who attend raves (dance parties) and other parties. A participant commented, "Mostly white, but it's mixed and it's male or female." Law enforcement described typical users of ecstasy as younger and an officer reasoned, "[Ecstasy pills I've seen] were cut like Bart Simpson's head, a seashell. You don't manufacture something like that to attract a 50 year old. Those are being manufactured [and marketed]

more to younger people." Community professionals described molly users typically as female. Professionals commented: "Mostly women; Because it makes them, uh ... sexual ... increases their libido." A treatment provider explained that men are not inclined to use molly, but when they do they typically lace marijuana with it.

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 (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and inhalants.

Participants did not discuss LSD in any detail, but community professionals rated current availability as '3-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' for participants, but professionals did not rate this drug last report period. Law enforcement explained, "We always tend to get [LSD] more in summer when [local concert venues] open up and ... that clique is out there." Treatment providers reported decreased availability of LSD during the past six months, while law enforcement reported that availability has remained the same. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has remained the same during the past six months. Community professionals described typical LSD users as younger. Law enforcement agreed, "[LSD users are] going to be a younger group ... 18-25 [years of age] probably." A treatment provider explained, "Older people like a different kind of non-reality."

Participants described the availability of psilocybin mushrooms as seasonal; highly available during springtime and autumn ('10') with lower availability during the other times of the year ('3'); the previous most common score was '10'. Treatment providers most often reported current availability as '8', while law enforcement most often reported current availability as '3'. Participants and community professionals reported that the availability of psilocybin mushrooms has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months.

Participants reported variability in current quality of psilocybin mushrooms. Current street prices were variable among participants with experience purchasing the drug

during the past six months; reportedly, 1/8 ounce of psilocybin mushrooms sells for \$25-35. The most common route of administration is oral consumption; users most often eat psilocybin mushrooms with food or boil them in water and drink the liquid as a tea. Participants most often described typical users as drug addicts and 'junkies.' A participant added, "*More college town* [setting]." Treatment providers described typical users as more often younger (16-18 years of age). A participant commented that every now and then, "*you get these '60s burnouts*" that are doing mushrooms. Treatment providers added that the typical user is often the same as an LSD user.

Inhalants remain highly available in the region, particularly due to the legal nature of the substances. Participants reported 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.' Community professionals most often reported current availability as '10.' However, law enforcement was quick to point out that they do not see high prevalence in the abuse of inhalants. An officer explained, "*I think the availability is there . . . [but] we're not seeing the abuse of [inhalants].*" Both participants and community professionals reported no change in availability of inhalants during the past six months.

Participants reported current prices of inhalants as: \$3-10 for a canister (\$12 for more popular brands such as Rush and Locker Room) and \$25 for a case of 24 whippets (nitrous oxide). Participants with experience buying the drug reported that the product is not purchased on the street, but in stores or "porno shops." Treatment providers described typical inhalant users as younger. One provider explained, "*Mostly kids [are using inhalants] because they start there, then [move] on to other [drugs and because] it's easy to get.*"

Lastly, media outlets reported on law enforcement seizures of other drugs in the region this reporting period: mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) and phencyclidine (PCP). An OSHP drug sniffing canine alerted troopers to a vehicle during a traffic stop in Ashtabula County; more than five ounces of liquid PCP, 1/2 pound of cocaine and 1/2 pound of fentanyl were discovered (www.statepatrol.ohio.gov, April 23, 2014). Law enforcement is closely following a new trend in kratom which is sold in pill, liquid or powdered forms in tobacco shops and has a "*mild sedative effect at low doses, and at*

higher doses, it can have much more pronounced effects similar to heroin," says the Attorney General's Office; police have already found it online and over the counter in Mahoning County (www.wkbn.com, April 30, 2014). Reportedly, there is new craze called 'beezin' in which teens apply Burt's Bees® lip balm to the skin around their eyes which produces a feeling of being high or drunk; health officials say it increases tear production, causes swelling and can lead to some dangerous medical conditions (www.wkbn.com, April 30, 2014).

Conclusion

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

While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Very few participants reported black tar heroin as available. Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 43.5 percent of all drug-related deaths it processed during the past six months. Community professionals explained that dealers are pushing heroin more and users are realizing that heroin is considerably cheaper than prescription opioids.

Participants continued to report heroin cut with fentanyl, specifying that white powdered heroin is most often cut with fentanyl, which they frequently cited as the reason behind observed increases in overdoses throughout the region. Participants estimated that out of 10 heroin users, eight or nine would shoot or snort and the other one or two would smoke the drug. Moreover, participants estimated that about six out of 10 users will share an injection needle. While a profile of a typical heroin user did not emerge from the data, the majority of treatment providers reported an increase in adolescent use.

Participants and treatment providers reported an increase in street availability of Suboxone® during the past six months. Both groups of respondents noted an increase in

the number users prescribed the drug. Treatment providers also noted illicit use of Suboxone® by first-time opiate users. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Participants estimated that seven out of 10 people with prescriptions will sell their Suboxone®. Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin. Participants estimated that out of 10 illicit Suboxone® users, four would sublingually consume, four would snort and two would shoot the drug. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who are self-medicating to avoid withdrawal symptoms.

Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Community professionals reported that availability of sedative-hypnotics has generally increased during the past six months. Treatment providers suggested the increase is due to tolerance levels of users who often mix these drugs with other drugs to intensify their high, as well as to an overall increase in number of prescriptions written in the region. Participants reported most often getting these drugs through prescription from primary care physicians.

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would shoot these drugs. Participants described typical

illicit users of sedative-hypnotics as teenagers. Community professionals specifically described illicit Xanax® users as younger and illicit Ativan® users as 25-35 years of age.

Methamphetamine remains available in the region, yet availability varies depending upon location within the region. Overall, participants most often reported current availability of the drug as '0' (not available) in Mahoning County and '10' (highly available) in Ashtabula, Columbiana and Trumbull counties. Treatment providers (Mahoning County) reported low current availability of methamphetamine, while law enforcement (Ashtabula and Trumbull counties) reported moderate to high availability. Participants and treatment providers reported that the availability of methamphetamine has increased in the region 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 off-white powder and some crystal methamphetamine.

Participants described typical users of methamphetamine as more often white. Treatment providers and law enforcement described typical users of methamphetamine as younger (typically in their 20s).

Lastly, synthetic marijuana remains available in the region. However, only one participant reported having used synthetic marijuana during the past six months. A law enforcement officer in Ashtabula County shared that law enforcement there have not seized any synthetic marijuana during the past six months.



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