

Drug Abuse Trends in the Youngstown Region

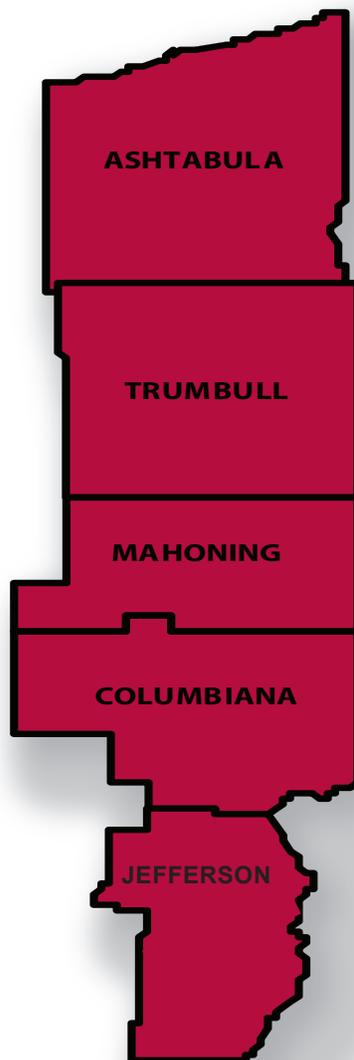
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Data Sources for the Youngstown Region

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 (AOD) treatment programs in Ashtabula, Columbiana, Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Mahoning County Coroner's Office and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

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

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%	42.5%
Whites, 2010	81.1%	86.3%	90.0%
African Americans, 2010	12.0%	8.7%	7.5%
Hispanic or Latino Origin, 2010	3.1%	2.7%	2.6%
High School Graduation Rate, 2010	84.3%	86.8%	84.6% ²
Median Household Income, 2013	\$45,873	\$40,388	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2013	16.2%	17.9%	40.0% ⁴

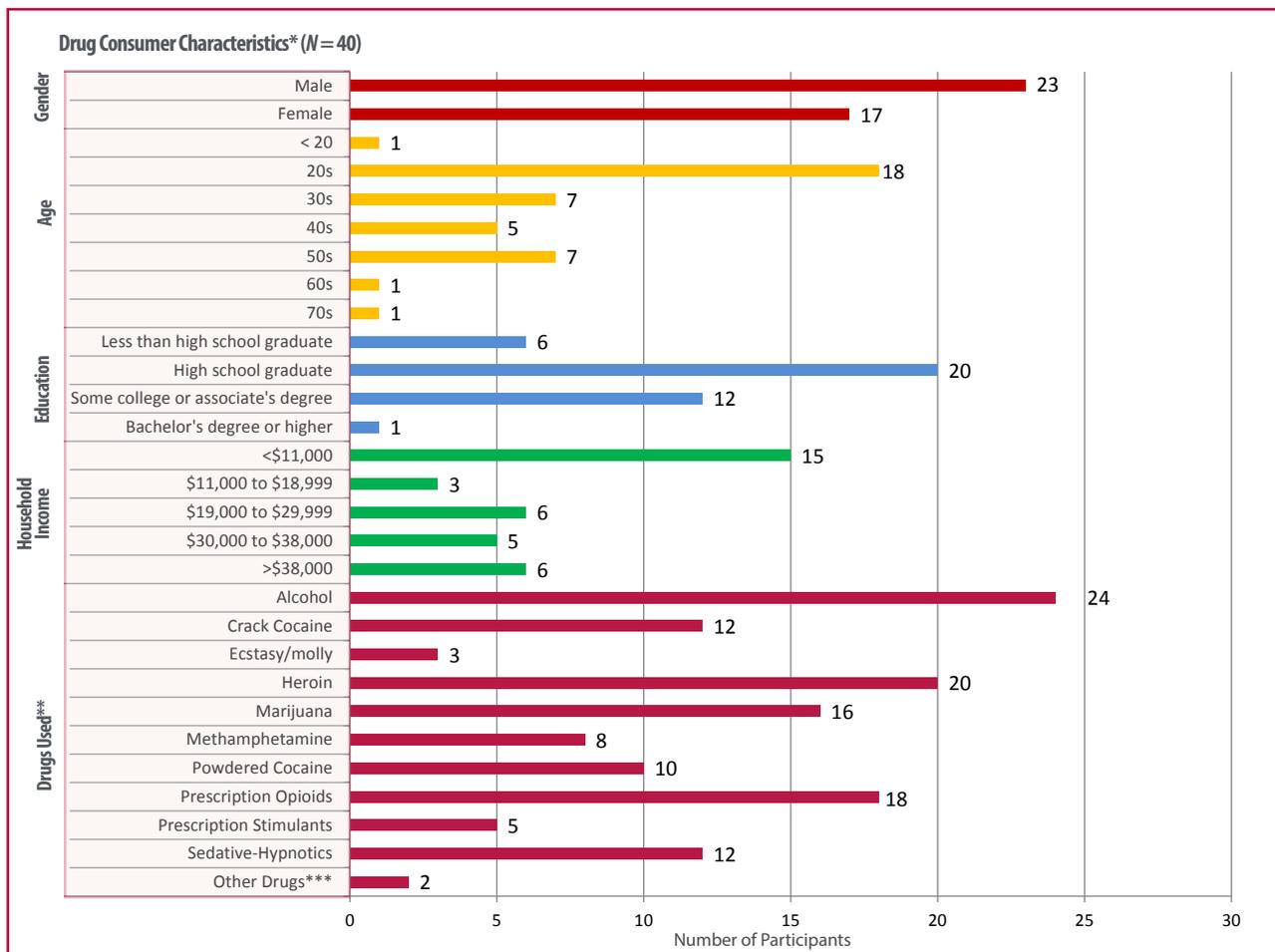
¹Ohio and Youngstown region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for the reporting period: July 2014 - January 2015.

²Graduation status was unable to be determined for 1 participant due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income. Income status was unable to be determined due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 5 participant due to missing and/or invalid data.

Youngstown Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs: hallucinogens.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Increased availability existed for heroin. Data also indicated possible increased availability for methamphetamine, sedative-hypnotics and Suboxone®, as well as possible decreased availability for synthetic marijuana.

While many types of heroin were 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 previous six months. Community professionals explained that dealers were pushing heroin more and users were realizing that heroin was considerably cheaper than prescription opioids.

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

Participants and treatment providers reported increased street availability of Suboxone® during the previous six months. Both groups of respondents noted an increase in number of 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 had increased during the previous six months. Participants estimated that seven out of 10 people with prescriptions would sell their Suboxone®. Treatment providers also shared that some individuals sold 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 inject the drug. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who self-medicate with the drug 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 had generally increased during the previous six months. Treatment providers suggested the increase was due to tolerance levels of heroin users who often mixed these 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 previous six months. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would inject 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 remained highly available, yet availability varied depending upon location within the region. Overall, participants most often reported availability of the drug as '0' (not available) in Mahoning County and '10' (highly available) in Ashtabula, Columbiana and Trumbull counties. Likewise, treatment providers (Mahoning County) reported low 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 had increased in the region during the previous six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the same reporting period; 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 officers described typical users of methamphetamine as younger (typically in their 20s).

Finally, synthetic marijuana remained available in the region. However, only one participant reported having used synthetic marijuana during the previous six months. A law enforcement officer in Ashtabula County shared that law enforcement there had not seized any synthetic marijuana during the previous six months.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately 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'. Community professionals were not in consensus in their reporting of current availability of powdered cocaine. Treatment providers most often reported current availability as '3,' while law enforcement most often reported it as '9,' the previous most common score for both groups combined was '3.' Treatment providers explained: *"Clients we've been getting in haven't been reporting cocaine; I'm sure it could be had on the streets ... it's just not a lot of people are talking about it."*

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 17.2 percent of the 29 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 and arrests in the region this reporting period. Two traffic stops by Youngstown Police turned up two bags of powdered cocaine in one vehicle, a bag of crack cocaine and two bags of marijuana in the other (www.wkbn.com, July 6, 2014). One man was sentenced to more than six years in prison for his role in a cocaine/heroin drug ring operating between Warren (Trumbull County) and Detroit, MI (www.vindy.com, Aug. 13, 2014). As police pulled over a vehicle in Youngstown, the passenger threw a bag of cocaine and 13 pills out the window; five more pills were found in the vehicle (www.vindy.com, Jan. 1, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Community professionals reported similarly, but a few suggested a slight decrease. A treatment provider shared, *"Maybe a little less."* A law enforcement officer commented, *"Cocaine has tailed off over the past couple of years with the drastic increase of heroin."* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased 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

Participants most often rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' A participant commented that the current quality of powdered cocaine is, *"not very good."* Another participant shared, *"In higher class areas, your cocaine is better grade, and your 'project' (public housing authority) areas, where it comes through four or five different people before you get it, it's graded down a bit."*

Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, baking soda, BC[®] Powder (a pain reliever, aka "goodies"), creatine, isotol (diuretic), Orajel[®], sleep aids and vitamin B. A participant shared that fake powdered cocaine is available in the region and explained, *"Some people even take baking soda and Orajel[®]. They wet the baking soda down with Orajel[®] and throw a little isotol in there, mix it up, let it dry, and sell it as cocaine."* 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	
	<ul style="list-style-type: none">  acetaminophen  levamisole (livestock dewormer)  benzocaine, lidocaine and procaine (local anesthetics)  mannitol (diuretic) 	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that the pricing for powdered cocaine depends on quality of the product and familiarity with the dealer. A participant stated, “[Price of powdered cocaine] probably depends on who you’re getting it from. Because the price will go up ... usually it’s more higher depending on the quality of it, too.”

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$80-100
	1/16 ounce (aka “teener”)	\$70
	1/8 ounce (aka “eight ball”)	\$150-200
	An ounce	\$1,200-1,400

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, eight would shoot and two would snort the drug. A participant explained, “I know people who may shoot [powdered cocaine] just because it’s a faster buzz.” Another participant said, “Some people think that snorting [powdered cocaine] makes them a better person than someone who ‘shoots’ (injects) it.” A participant added that some users orally consume the drug.

It was difficult for participants to narrow powdered cocaine users into a typical profile group. Participants described several groups of typical powdered cocaine users, including white males, white collar workers (managers and directors) and professionals (doctors and nurses), age ranging from mid-20s to 40s, homosexuals, third-shift workers and strippers. Participants often agreed, “Everybody from doctors, nurses, to average people; I’ve seen all kinds of people do powdered cocaine ... white, black, Puerto Rican, male, female, young, old.” Other participants replied: “White people mid-20s to mid-30s, 40s; More of a guy thing. I don’t see a lot of girls who shoot [powdered cocaine].”

Community professionals also found it difficult to narrow the powdered cocaine demographic and most professionals responded, everyone. Nevertheless, several professionals offered descriptions of different groups of powdered cocaine users. Treatment providers described users as: “Older; People who make more money.” A treatment provider shared that many users might have, “A family history

[of drug use]. I have one [client] who has an extended family history of cocaine use, so maybe it was something he ... was raised around.” A law enforcement officer stated, “For me, cocaine and crack cocaine, I’d say older. The age demographic is going to be probably older late 20s on up.”

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ One participant described availability of crack cocaine as, “It’s everywhere.” Participants reported that crack cocaine is available in a variety of colors, including white, yellow and brown. Reportedly, yellow and brown are rarely available. Participants rated availability of yellow-colored crack as ‘2-4’ and brown-colored crack as ‘3.’

Community professionals most often reported current availability of crack cocaine as ‘8;’ the previous most common score was ‘10.’ Treatment providers commented: “I’m pretty sure [crack cocaine is] on every street corner; It’s available, readily available; You can go within a two-block radius [of] here and get crack.” A treatment provider explained, “[Availability of cocaine is] more ‘crack’ (crack cocaine) than ‘powder’ (powdered cocaine).” Community professionals did not mention different colors of crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbiana County Sheriff’s Office and the U.S. Marshal Service raided a home in Lisbon; more than 60 grams of crack cocaine and over eight grams of heroin were confiscated, two people were arrested and several suspects are under investigation (www.wkbn.com, July 10, 2014). A woman found a man sleeping in her vehicle and called police; after police arrived, they found the man had taken some items from the car and after being booked into jail, officers found a crack pipe in his underwear (www.vindy.com, July 29, 2014). A drug raid covering two locations in Salem (Columbiana County) resulted in seizure of crack cocaine and \$3,000 cash (www.vindy.com, Aug. 3, 2014). A 24-year-old man was arrested when Boardman (Mahoning County) police stopped his vehicle because the license plates did not match the car and discovered a bag of crack cocaine, as well as a bag of (gray powdered) methamphetamine (www.vindy.com, Aug. 8, 2014). Youngstown police were called for a drug investigation and when they asked to search one of the suspects, he ran away and threw a bag of crack cocaine and a bag

of marijuana to the ground; eventually he was caught and arrested (www.vindy.com, Aug. 8, 2014).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. However, one treatment provider suggested a slight decrease and explained, “[Crack cocaine] used to be the drug of choice in the area. For the most part now, I think, it’s at most second . . . so I think cocaine usage has gone down slightly.” The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased 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

Participants most often rated the current overall quality of crack cocaine as ‘3-4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ Participants varied in their opinion on the quality of the different types of crack. However, many participants believed: “Yellow and brown [crack cocaine] are better than the white because the white just shows that there’s more cut in it. It’s got more baking soda in it than yellow does; If it’s yellow, they call it ‘butter.’ It’s buttery good.”

Participants reported that crack cocaine in the region is cut with baking soda, Orajel® and WD-40® to add weight to the product. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. One participant explained, “The more money you spend with crack, the more [quantity] you get. [Dealers] don’t usually weigh it out, there’s just different sized ‘rocks’ (pieces of crack

cocaine). They take a big chunk of it and put like a big knife into it and break it open and then the little pieces they sell.” Participants reported that rocks of crack cocaine sell for \$10-40 depending on the size of the rock. Overall, the majority of participants believed that the price of crack cocaine has remained the same during the past six months; however, a couple participants suggested an increase in price and explained that it was due to: “The big busts in Miami or New York; The drought.”

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A gram (aka “a fifty”)	\$90-100
	1/8 ounce (aka “eight ball”)	\$280

Participants reported that the most common routes of administration for crack cocaine remain smoking and intravenous injection (aka “shooting”), with many users utilizing multiple methods. Participants estimated that out of 10 crack cocaine users, all ten would smoke and up to seven would also shoot the drug. Participants explained that vinegar is used to break the crack cocaine rock down for injection.

A profile for a typical crack cocaine user did not emerge from the data. However, several participants mentioned that construction workers or other hard labor workers tend toward using crack cocaine. Community professionals also had difficulty identifying a typical crack user and described that a lot of users are older (late 20s and older). A treatment provider commented, “When you get to crack, I think that goes across the board.” Another provider recalled, “I’ve had three other assessments, black males, [crack cocaine] was their drug of choice. They were pretty strung out on crack.”

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score for both respondent groups was also ‘10.’ A law enforcement officer reported, “About 45 percent

of our cases are heroin-related as opposed to ... 18-20 percent for cocaine cases." A treatment provider stated, "[Heroin] seems to be the drug of choice for this area ... 'Queen of drugs.'" Another treatment provider agreed and remarked, "Heroin is the number one now."

While many types of heroin are currently available, participants and law enforcement reported brown powdered heroin as most available in the region. Participants indicated that the heroin they refer to as 'brown' heroin comes in several colors, including white, tan and gray; all the colors are due to other substances cut into the product. A participant said, "White's (white heroin) more common. It means it's cut more." Another participant said that the availability of gray heroin, "depends on what side of town you go to." Law enforcement reported the availability of brown powdered heroin as the most available in the region stating, "For the most part, [heroin is] all brown depending on what they're cutting it with. [The cut is] going to adjust the color, but for the most part I think it's mostly brown. Whether we are getting it in a chunk or solid form ... it's all been brown."

Participants reported rare availability of black tar heroin, rating its current availability most often as '2' on the availability scale; the previous most common score was '1'. A participant commented, "I haven't seen the black stuff in like a year." Another participant explained, "Tar comes and goes. It's like back and forth. I think the people selling it get it from the big cities and they bring whatever is available at that time." Law enforcement reported, "Not so much black tar, not in the past six months, for sure. We haven't had any black tar in the past six months."

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 55.2 percent of the 29 drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown police found two individuals in a parking lot with a child acting erratic and nervous and, upon further investigation, found that the couple had just taken the child to purchase heroin which they injected (www.vindy.com, July 8, 2014). Youngstown police arrested a woman during a search of her home when they found a bag of heroin, a bag of powdered cocaine and two bags of substances used to cut the drugs (www.vindy.com, July 25, 2014). Vienna (Trumbull County) police responded to a burglary call and when

they got there, the suspect jumped into the neighbor's vehicle and fled; eventually police noticed the vehicle in a Youngstown garage and confronted the suspect, who yelled that he was dope sick, addicted to heroin and didn't want to go back to prison (www.wfmj.com, July 28, 2014). In an on-going drug ring case in Trumbull County, several of the 43 individuals who face charges have been sentenced for possession and intent to distribute heroin and cocaine (www.vindy.com, Aug. 6, 13, 2014). A Youngstown woman, used as a pawn in a drug ring to test heroin for purity, was sentenced to three years' probation; she and the ringleader were arrested in a traffic stop during which Trumbull County deputies found several hundred grams of heroin in their vehicle – the man and four others, who were connected in the drug ring, face jail time for trafficking heroin (www.vindy.com, Aug. 7, 2014). A man was caught after a short foot-chase in Boardman (Mahoning County); police found heroin in his pocket, as well as heroin residue and drug instruments in a backpack he had thrown off during the chase (www.vindy.com, Aug. 7, 2014). Campbell (Mahoning County) police arrested three street-level drug dealers who were selling heroin and marijuana (www.wkbn.com, Jan. 27, 2015).

Participants reported that the overall availability of heroin has remained the same during the past six months. One participant shared that the heroin market is variable and explained, "Since certain people (dealers) go away (get arrested), their stuff (heroin) isn't on the market as much." Community professionals reported that the general availability of heroin increased during the past six months. A treatment provider replied, "I think [availability of heroin is] getting worse." Treatment providers attributed the increase to how inexpensive the drug is. A treatment provider added, "[Heroin] seems to be the prevalent drug that most of our diagnoses are." The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily brown, gray, off-white and white powdered heroin with no black tar heroin cases noted.

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

Participants most often reported the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Overall, participants reported a decrease in overall quality of heroin during the past six months. A participant said, *"Brown (heroin) fluctuates [in quality]. Sometimes brown [quality] is alright, and sometimes [users are] upset they even bought it."* Another participant asserted, *"I feel like every year the [quality of heroin] changes completely."* Still another participant quipped, *"[Quality of heroin is] like a box of chocolates. You never know what you're going to get."*

Participants reported that heroin is cut with brown sugar, cigarette ashes, cocaine, fentanyl, sand, sleeping pills and vitamin B-12. One participant said, *"[Dealers] started cutting [heroin] with pills."* Another participant reflected, *"It would be the really bad [quality] heroin, that you know wasn't going to be great ... So they're [cutting Xanax® into heroin] just to make it seem stronger."* Participants also believed that the white powdered heroin is most often adulterated with fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
	●	acetaminophen
●	caffeine	
●	diphenhydramine (antihistamine)	
●	mannitol (diuretic)	
●	quinine (antimalarial)	

Reports of current prices for heroin were consistent among participants with experience buying the drug. One participant said the average heroin user will spend \$20 at a time and commented, *"Usually, the first \$20 he gets, he runs straight to the dealer man."* Another participant shared, *"I've paid more for the quality of [heroin], too. Depending on what you're getting, you could get the same amount, but yet it's quality ... so you're going to pay a little more."* Several participants discussed how quantity is not an exact amount when dealers are working with heroin. One participant explained, *"A lot of the time, it comes in a chunk, the heroin. It's not like they're going to shave it off, the excess powder, they don't want to deal with that, so a lot of the time they'll give you the chunk if it weighs close to what they're dealing."*

Heroin	Current Street Prices for Heroin	
	1/10-2/10 gram	\$20
	1/4 gram	\$25
	1/2 gram	\$70
A gram	\$130-180	

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, all ten would eventually shoot the drug; in a group with new users, up to five or six would snort the drug. Participants also mentioned that a few new users might smoke heroin. Participants shared: *"Beginners want to smoke and snort; I only know one person who smokes heroin; Usually you start out snorting it. Snorting it or smoking it, that's usually the same effect. But after a while, it doesn't have the same effect on you that it used to have, so you turn from smoking it to shooting it."* A treatment provider said, *"Most of my heroin addicts are using needles, were using needles, as oppose to sniffing."*

Participants discussed needle availability. Many participants shared difficulty in obtaining new needles and reported an increase in stores with signs stating that a prescription is required to purchase needles. A participant affirmed, *"It's hard to obtain [needles], so you end up using the same one over and over."* Participants estimated that out of ten heroin users, at least eight would reuse needles due to low availability of new ones. Participants commented: *"Use [needles] until they break; I had one break in my arm once."* Law enforcement agreed and commented: *"Users will certainly reuse the same needle themselves; They'll use it until they can't use it anymore..."*

Participants with experience purchasing needles reported that needles are \$3-5 apiece from a dealer or \$5 for a pack of ten from a drug store. Due to limited legitimate availability of new needles, participants shared that users will often purchase needles from heroin dealers or share needles. A participant shared, *"A lot of [dealers] will sell [needles] right out with the 'stamps' (heroin packets). They'll say, 'How you gonna do that? You shooting? You need [a] clean needle?' I personally wouldn't buy them from anybody else. If you have a 20 pack of needles and the bag is open, who's to say someone didn't put a needle back into that bag?"* Another partici-

pant expressed concern, *"Which is really scary because you have to rely on a dope dealer."*

Participants also discussed needle exchange programs. Some participants said that a few pharmacies and hospitals exchange dirty needles for clean ones. A participant said that the closest clean needle exchange program is in Cleveland. Another participant divulged, *"People will drive down to Steubenville (Jefferson County) and cross the border into West Virginia and exchange needles there. They do that so the local places don't know that you're getting needles."*

Additionally, participants shared about needle disposal. One participant shared, *"No biohazard places to go put those [needles] in."* Several participants commented on how they dispose of their needles: *"I used to go in the bathroom (public restroom) and throw a needle in the trash; Wrap them in toilet paper, wrap them and put them in the trash; I always put them in a pop can or bottle and throw it in the garbage."* Another participant said, *"It's easy to throw [needles] out the (car) window, but that's not really the safe thing to do."* When asked how many users throw needles out of the window, another participant responded, *"A lot of them."*

A profile of a typical heroin user did not emerge from the data. Participants most frequently described typical users as anybody. One participant illustrated, *"With heroin, everybody uses it. It could be the lady across the hall in the counselor's office. It could be the doctor down the street to the lawyer in the courthouse. [Heroin is] everywhere now. Heroin's probably the biggest drug ... in the state, not just in this area."* Other participants were quick to point out younger users and commented: *"We worked our way up to doing heroin. The kids seem to jump right ... into it; Big, big thing with younger ... 16-24 [years old]."* Participants contributed younger use to high availability of the drug. A participant explained, *"Once they started cracking down on all the pills (prescription opioids), heroin skyrocketed."*

Community providers also found it difficult to narrow demographics of typical heroin users and described users as prescription opioid users, all age ranges from late teen through adults, male and female, across races, pregnant or not pregnant. Law enforcement described the typical heroin user as, *"Late teens to the gamut again ... we're seeing more of younger [users]."* A treatment provider described heroin users, *"They're usually opiate users, pill poppers."* Several professionals discussed the progression from pills to heroin and commented: *"I think a lot of people*

that become addicted to the opiates inevitably start using the heroin because it's easier and cheaper to use in the long run; As opposed to like \$50 for a big 'xany' (Xanax®) bar, you can get three or four stamped heroin; It's cheaper."

Prescription Opioids

Prescription opioids 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'. One participant said, *"I can get [prescription opioids] whenever."* Participants identified Ultram® as the most popular prescription opioid in terms of widespread illicit use. Participants also reported moderate availability for Lortab®, Norco®, Percocet®, Tylenol® 3s and 4s, as well as Vicodin®; rare availability for Dilaudid®, fentanyl, methadone, Opana® and OxyContin®.

Community professionals most often reported current availability of prescription opioids as '8'; the previous most common score was '10' for treatment providers and '8' for law enforcement. A treatment provider explained, *"I think, for a lot of my clients anyway, there's kind of a stigma attached to using heroin because if you're using heroin, you're a junky ... if you're doing 'perk 30s' (Roxicodone® 30 mg), you're not."* Treatment providers identified tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider shared, *"I've heard [tramadol] a couple times more than I had six months ago."* A law enforcement officer commented, *"[Tramadol] certainly has always been high on the list of abuse and availability."* Another officer added: *"We've had a couple fentanyl patches overdoses ... people prescribed their own fentanyl and ... you know, abusing them that way ... taking them orally [by] cutting the patch."*

Corroborating data also indicated high availability of prescription opioids in the region. The Mahoning County Coroner's Office reported that prescription opioids were present at time of death in 62.1 percent of the 29 drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown police spotted a suspicious car that had been parked in front of a local convenience store, when the vehicle made an improper turn, police stopped them and saw signs of drug use; upon search, the driver had pills in a bag taken

out of her pocket and a bag of marijuana taken out of her bra and, upon further questioning, she revealed another two bags containing a total of 22 pills out of her bra and officers found a bag of heroin near the passenger (www.vindy.com, July 25, 2014). Boardman (Mahoning County) police arrested a woman charged with stealing and consuming prescription opioid medication she was supposed to administer to a resident at the healthcare center where she worked (www.vindy.com, July 30, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months; specifically mentioned for decreased availability were Lortab®, methadone, Norco®, Opana®, OxyContin®, Percocet® and Tylenol® 3s and 4s. One participant said, "It's getting harder now [to obtain prescription opioids]." Another participant explained, "More people are not using as many [prescription opioids] because we were all doing like Percocets® and Vicodin® - and the biggest thing for us was OxyContin® - and when they changed the chemical makeup of OxyContin®, like everybody that I knew, just went to heroin. Everyone started doing heroin." A few participants noted an increase in availability of Vicodin® during the past six months.

Community professionals reported that the overall availability of prescription opioids has remained the same during the past six months. Treatment providers commented: "I don't think [availability of opioids is] going down; I don't see it decreasing any time soon." However, community professionals noted a decrease in availability of methadone and Vicodin®, while noting an increase in availability of Percocet® and Ultram®. Treatment providers commented on the perceived decreased availability of methadone and Vicodin®: "People aren't going to go out and buy [methadone]; I haven't heard as much [Vicodin® use]." The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, methadone, Opana® and Vicodin® cases it processes has increased during the past six months, while the number of OxyContin® and Percocet® cases has decreased.

Reports of current prices for prescription opioids (aka "beans," "candies" and "poppers") were consistent among participants with experience buying the drug. Treatment providers shared: "[Prescription opioid] prices have gone up so much that they've all switched to heroin; Everybody's being turned on to heroin because it's a lot cheaper."

Current Street Prices for Prescription Opioids	
Dilaudid®	\$20 for 8 mg
Fentanyl	\$100 for 100 mcg
Methadone	\$5 for 10 mg
Norco®	\$5 for 5 mg
Opana®	\$15-35 for 20 mg \$10-20 for 40 mg \$80-100 for 40 mg (old formulation)
OxyContin®	\$25 for 40 mg \$45 for 80 mg
Percocet®	\$5 for 5 mg \$6 for 7.5 mg \$8-10 for 10 mg
Roxicodone®	\$15 for 15 mg \$25 for 30 mg
Tylenol® 3 or 4	\$1 per pill
Vicodin®	\$10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported obtaining a prescription for opioids from a doctor or pill mill, as well as getting them from people who have prescriptions. A participant remarked, "[Access to opioids is] as easy as going to the doctor's office and telling them you're in pain." Another participant disclosed, "They've got this thing right now we call 'millers.' A guy that's got the money finances the trip. He might start off taking me and you down and paying for our visit to the clinic which is \$300 per person and they give you 150 'perc 30s' (Roxicodone® 30 mg), 150 'perc 15s' (Roxicodone® 15 mg), and 100 Xanax® 'bars' (2 mg). So that guy's fee for paying for your visit to the doctor ... he wants part of the pills, like a quarter of each prescription or half of each prescription and then he sells those to finance the following trip." Other participants commented: "[Older people] need them, but they still sell them; The people I know [with opioid prescriptions] don't take them, they just sell them. They just save 1 or 2 pills for when they go back to the doctor and are tested."

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

Community professionals agreed that many of these drugs are diverted. One treatment professional said, "Most of the time, they get [Vicodin®] at the ER or from doctors more [often] than trading it." Another treatment provider commented, "The main supplier [of OxyContin®] are people who are about 65 to 80 [years of age]. Grandma and grandpa's prescriptions are getting taken. They don't know. They don't realize. All they know is that their grandson wants some pills so they can feel better." Law enforcement also said many of these drugs can be purchased, "On the black market through folks selling their own."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration are oral consumption, snorting and intravenous injection (aka "shooting"). Participants reported most users orally consume fentanyl, methadone, Norco® and Ultram®; snort Opana® and Percocet®; and shoot Dilaudid®. A few users also smoke fentanyl or shoot methadone and Opana®.

A profile for a typical illicit prescription opioid user did not emerge from the data. Participants described typical users as anybody, construction workers, someone in pain and young adults. Community professionals described typical illicit users as across the board, including those who are younger (in their 20s), white and often female. A treatment provider reflected, "I see folks who have an opiate addiction based on a work injury and then that will lead to possibly heroin because they could no longer get a prescription." One treatment provider said heroin addicts are typical illicit users of these drugs and explained, "Especially when they can't get heroin, they will definitely go for the pills." A law enforcement officer described typical illicit prescription opioid users as, "Older, probably late 20s to up and then Caucasian, white."

Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current 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.' Community providers most often reported current availability as '7;' the previous most common score was '10.' Treatment providers

commented: "[Suboxone® is] the biggest problem in the area, along with heroin; Everybody wants it." One treatment provider explained, "[Suboxone® is] popular around here, definitely ... we have a lot of clients who will ask about it - you know, if they can get on the Suboxone® program and how do they do it ... A lot of our clients, if they're not on it already will [be on it], they find ways to get it."

A law enforcement officer shared, "It's not uncommon for someone to be on Suboxone®. It's going hand-in-hand with heroin and the other opiates." Law enforcement reported sublingual strip form of the drug as most available in the region. An officer reflected, "Normally, we are seizing a lot of [Suboxone®] strips. For the most part strips, sublingual strips."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant also said, "Suboxone® is becoming more popular around here. It doesn't have the effect on you, but it keeps you from being dope sick." Another participant said that the area treatment clinics, "are really pushing the Suboxone®." Likewise, community professionals also reported increased availability of Suboxone® during the past six months. A treatment provider remarked, "I didn't notice [as much Suboxone® use] six months ago." Other treatment providers attributed the increase in Suboxone® use to an increase in opiate use, as one commented, "Because everyone is on heroin." A law enforcement officer stated, "I don't know if [availability of Suboxone®] increased, but it's certainly highly available." The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

Reports of current prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that a tablet or filmstrip can sell for as high as \$20-30 on the street.

Suboxone®	Current Street Prices for Suboxone® (tablet or filmstrip)	
	2 mg	\$5
	4 mg	\$10
	8 mg	\$15-20

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug from treatment programs through prescription or from people who have prescriptions. A participant said that illicit users, "Get [Suboxone®] in a legit way and sell ... [to] get their drugs of choice." A treatment provider also commented that Suboxone® is, "Readily available off the street, as well as [by] seeking a medical doctor to prescribe." A law enforcement officer commented, "They either have a prescription [for Suboxone®] and they are selling it or other traffickers that do not have a prescription for it, but they are buying and then reselling or trading maybe a little bit of heroin for Suboxone®." Another officer explained, "I know certainly folks will try to wean themselves off heroin that don't have a doctor [and] will seek out a trafficker that can get them Suboxone® and often times it's a heroin trafficker that has both ... So they got you both ways. If you want to relapse, 'I'm gonna sell you heroin.' If you want to try to get yourself clean, 'I'm going to make the same money selling you a Suboxone® strip.'"

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are oral consumption and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, all would place the filmstrip under the tongue to dissolve it, but up to three would also shoot and maybe one would snort the drug.

Participants indicated that illicit Suboxone® users are typically opiate addicts. Several participants reported that Suboxone® is often used to avoid withdrawal. Similarly, community professionals described typical illicit users of Suboxone® as opiate addicts. A treatment provider described illicit Suboxone® users as, "Somebody that can't get heroin." Other providers confirmed: "Yeah, they will self-medicate; They just don't want to be sick; Some of them have just been on Suboxone® for years because they just don't want to get sick."

Sedative-Hypnotics



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

Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use, as a participant remarked, "[Xanax®] is pretty easy to come by." Additionally, participants reported high availability of Ambien® and Valium®, as well as moderate availability of Ativan®, Klonopin® and Soma®.

Community professional most often reported the current overall availability of sedative-hypnotics as '7'; the previous most common score was '10' for treatment providers and '7' for law enforcement. Treatment providers indicated illicit users will often have a preference for a particular sedative-hypnotic. Treatment providers shared: "The thing about the 'benzos' (benzodiazepines) is [users] want the one that gets them the buzz; And they get particular as to what kind that they want and they'll argue with the doctor over 'I want this' or they'll want more of 'that.'" Community professionals also identified Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider remarked, "That's the one I hear about most often." Law enforcement replied, "Xanax® is probably the most desirable benzo that folks want to abuse and its availability is probably a '7' or '8.'" Additionally, community professionals reported high availability for Valium®, as well as moderate availability for Ambien®, Ativan® and Klonopin®.

Corroborating data also indicated high availability of sedative-hypnotics for illicit use in the region. The Mahoning County Coroner's Office reported that benzodiazepines were present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months.

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, participants specifically reported a decrease in availability of Soma® and one participant added that Klonopin® is, "harder to find." Community professionals reported an increase in availability of sedative-hypnotics during the past six months. A treatment provider shared, "I've got

a couple more clients [using sedative-hypnotics] than I usually do... Not as much as the opiates." Community professionals specifically reported that Ambien®, Klonopin® and Xanax® have increased in availability and commented: "I've been hearing more of [Klonopin® use] now than six months ago; I've been hearing more about Xanax®." The BCI Richfield Crime Lab reported that the number of Ambien®, Ativan® and Xanax® cases it processes has increased during the past six months while the number of Valium® cases has decreased.

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

Reports of current prices for sedative-hypnotics were consistent among participants with experience buying these drugs. In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed from doctors or from people they know who have prescriptions. A treatment provider confirmed, "There's still a few doctors in the area that you know have a bad reputation for just writing scripts for [pills]."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	\$0.50 per pill
	Ativan®	\$2 for 1 mg
	Klonopin®	\$0.50 for 0.5 mg
	Soma®	\$1-3 per pill
	Valium®	\$0.50 for 2 mg \$1 for 5 mg \$2 for 10 mg
	Xanax®	\$0.50-1 for 0.5 mg \$1-2 for 1 mg \$3-4 for 2 mg (round pill) \$5 for 2 mg (bar)

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally the most common routes of administration for illicit use are snorting, oral consumption and intravenous injection (aka "shooting").

Participants estimated that out of 10 illicit sedative-hypnotic users, all users would snort, but more than half might orally consume or shoot the drug depending on what other drugs they are using in combination.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical users as someone with anxiety, anyone, "crazies" and young adults. One participant shared that those who use these drugs are often referred to as "Debbie downers." Community professionals also described typical illicit users as anyone, more female than male. Treatment providers commented: "Overall male and female, though more women; I think it's both men and women. I've had more women recently who like to go to the emergency room and get pills." A treatment provider reasoned, "Maybe [females] can admit they're anxious more than guys can." A law enforcement officer commented, "Same demographic as a heroin addict."

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 score for both respondent groups was also '10'. Treatment providers explained: "[Marijuana is] everywhere... they don't get in as much legal trouble for it; The stigma's not attached to marijuana as it is to meth (methamphetamine) and heroin; They're all pretty much on [marijuana]... I don't even know if they consider it a drug." One treatment provider shared that clients will say, "I drink coffee and smoke pot, sure, yeah." Another treatment provider remarked, "There's still that belief that it's okay to smoke marijuana because it's going to be legalized in Ohio." Another provider added, "They're just literally counting the seconds before [marijuana is] legalized."

Corroborating data also indicated availability of marijuana in the region. The Mahoning County Coroner's Office reported that marijuana was present at time of death in 27.6 percent of the 29 drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two 19-year-olds were arrested after a dangerous chase through city streets in Campbell (Mahoning County); when the chase ended, the passenger admitted to throwing a bag of marijuana

out of the Jeep during the chase, which the officers found and took into evidence (www.wkbn.com, July 12, 2014). A woman was arrested when Austintown (Mahoning County) police responded to a burglary report and found the woman in the basement of the house where they also found a large marijuana-grow operation (www.wkbn.com, July 28, 2014). Warren (Trumbull County) police were called to a suspected burglary of a home; when police arrived and found remnants of drug use, they obtained a warrant and found nine pounds of marijuana, a bag of marijuana seeds, a small amount of crack cocaine and prescription pills (www.vindy.com, Aug. 1, 2014). Campbell police stopped two individuals within a few hours of one another who were both arrested for possession of drugs; one had 13.6 grams of marijuana in the car's center console, while the other had 0.2 grams of marijuana with drug paraphernalia (www.vindy.com, Aug. 6, 2014). A Youngstown man was arrested in Pennsylvania for possession and intent to distribute 18 grams of marijuana (www.wkbn.com, Aug. 6, 2014). Local coffee shop owners were sentenced after waiting nearly a year since the Columbiana County Drug Task Force executed a search warrant at their residence and found five pounds of marijuana (www.vindy.com, Aug. 12, 2014).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. One participant noted, "We had a dry spot not too long ago." Treatment providers commented: "[There is] less demand for the general ... they call it 'regular' (lower quality marijuana); I hear more and more are getting the good quality as they call it, 'Loud.'" Law enforcement shared, "Really no change [in availability]. Marijuana is about 17 percent again of our cases." Although an officer noted that after several states made marijuana legal, there has been an increase in availability of high-grade marijuana, as he explained, "We did notice once [legalization] happened, an increase of intercepted parcels of high-grade marijuana coming to this area." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased 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

Participant quality scores of marijuana ranged from '2' to '10' with the most common score being '5,' '7,' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (high-grade marijuana). A participant remarked, "It's harvest season right now, so there's good quality." Overall, participants suggested that the quality of marijuana has remained the same during the past six months.

Reportedly, the price of marijuana depends on the quality desired; reports of current prices for marijuana were provided by participants with experience buying the drug. Participants reported commercial grade marijuana as the cheapest form. Participants shared that high-grade marijuana is preferred.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5-10
	1/8 ounce	\$20
	1/4 ounce	\$40
	An ounce	\$70-80
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$15-20
	A gram	\$20
	1/8 ounce	\$45-60
	1/4 ounce	\$90-100
	An ounce	\$450

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all users would smoke the drug. Additional methods of administration include oral consumption and vaporizing the drug.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users as: "Everybody and their momma; Even grandmas are doing it; A lot of teenagers." One participant explained, "Some older ones do [marijuana] for pain." Community professionals described

typical marijuana users as all ages from teens to older age groups. A treatment provider estimated that one out of 10 marijuana users in treatment would like to quit using the drug and explained, "Often times, kids don't want to quit [using marijuana]. Their goal is often to get through their probation period clean and that way they can get out of the system and begin using again." A law enforcement officer described marijuana users as, "Teens. You know, early teens, high-school age, middle-school age ... up to, you know, the older hippies."

Methamphetamine



Methamphetamine 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 scores were '10' in Ashtabula, Columbiana and Trumbull counties and '0' in Mahoning County. Community professionals most often reported current availability as '6'; the previous most common score was '3' for treatment providers and '6-9' for law enforcement. A treatment provider commented, "That's right behind heroin." Law enforcement shared, "I would give it a higher number based on our seizure ... going from 0 to 5 labs in a year."

Participants reported that methamphetamine is available in "shake-and-bake," red phosphorous or anhydrous forms. Participants from Ashtabula and Trumbull counties commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (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. A law enforcement officer reflected, "Certainly the ... one-pot, shake-and-bake method for manufacturing methamphetamine makes it easier to do. Someone can do it in their garage in an hour or two hours and you don't need to necessarily be skillful to do it to be successful at doing it ... The novice cook can make meth."

Community professionals were very aware of methamphetamine being manufactured in the region. A treat-

ment provider explained, "This area (Columbiana County) is a 'cook' area, more than a 'using' area. They cook it down here, so they can sell it down in Jefferson [County] or up in Mahoning [County]." A law enforcement officer reflected, "The labs that we've seized, they weren't really manufacturing to distribute (they were manufacturing for personal use)." Treatment providers added that cooks often make methamphetamine for sale: "[Clients have] outright told me, verbalized, that they have cooked meth. It's not necessarily that they're using it; In the last six months, I've had one client and he wasn't a user he was a manufacturer."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Employees of a local Youngstown drug store called police regarding suspicious activity in the parking lot; when police responded and approached the vehicles, they saw meth-making materials and the driver eventually admitted that the friends had gathered to make methamphetamine in the car (www.windy.com, Aug. 2, 2014). The Mahoning Valley Violent Crimes Task Force found materials for manufacturing methamphetamine during a search of a residence in Austintown (Mahoning County) (www.wkbn.com, Aug. 6, 2014). Two people were arrested in Canfield (Mahoning County) when deputies found them in a motel room making methamphetamine (www.wkbn.com, Jan. 30, 2015). A one-pot methamphetamine lab was found in Salem (Columbiana County) when the Drug Task Force and Salem Police executed a search warrant (www.wkbn.com, Jan. 30, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported an increase in availability. One treatment provider stated, "I think [methamphetamine] becomes more and more available." Another treatment provider presumed, "I don't think it has decreased any for sure with the availability of, you know, the chemicals. You can go to the store. The person can make two stops right down the road and get everything they need and all they need is a little bit of time and viola." Law enforcement stated, "A little bit of an increase over the past six months, in meth labs" 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 crystal methamphetamine.

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

Most participants rated the quality of crystal methamphetamine as '10,' anhydrous/red phosphorous as '8' and powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' and '9' for the overall quality of methamphetamine. Overall, participants reported that the general quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were provided by participants with experience buying the drug. A participant commented, "[Methamphetamine is] a lot cheaper than cocaine and it lasts a lot longer." Another participant remarked, "That's why methamphetamine is really catching on." Additionally, a participant reported that red phosphorous methamphetamine sells for \$20 and explained that the amount for that price is the equivalent of "10 lines."

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot")	\$60-100 per gram
	Anhydrous (aka "old school")	\$100-120 per gram
	Crystal	\$100 per gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are snorting, smoking and intravenous injection (aka "shooting"). Participants reported the majority of methamphetamine users would snort, followed by smoke or shoot the drug. A participant shared, "A lot of people would smoke [methamphetamine] in light bulbs." Additionally, participants indicated that a few users orally consume the drug.

Participants described a typical methamphetamine user as white and someone who likes to stay up and be focused. Community professionals described typical users of methamphetamine as white and male. Law enforcement officers commented: "I'd say it's more White; I can't even think of a non-white meth person." A treatment provider suggested, "I think it's maybe 60:40 (male: female) split." Officers explained, "Females are participating in at least the procuring of the precursor materials; And male [is] more likely to cook." Treatment providers also suggested that heroin users tend to also use methamphetamine and explained: "They will go get meth when they can't get heroin; It's a substitute with heroin." Other treatment providers noted a connection as well, and one commented: "Last two to three years there's been like a relationship between heroin users and meth users because meth is so easily made and you can go to the store and buy products to produce it. People that are struggling with money situation, financial situation, they will make meth and trade it or sell it for heroin."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current availability of Adderall® 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 '8-9.' Adderall® was the only prescription stimulant on which participants reported. Community professionals most often reported the current availability of Adderall® as '8' and Ritalin® as '2,' the previous most common score for overall prescription stimulant availability was '5.' Community professionals identified Adderall® as the most popular prescription stimulants in terms of widespread illicit use. One treatment provider said, "They'll do anything for Adderall®. It's like heroin or something. Once they get on it, they love that rush. They love losing weight. They love ... everything about it." A law enforcement officer added, "[Officers will] seize one or two, maybe five Adderall® on a traffic stop, but there's not really a big case load from us on those."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider said, "[Availability of prescription stimulants has] been fluctuating. It's not necessarily up or down." The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

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

Reports of current street prices for Adderall® were variable among participants with experience buying the drug. Participants reported that Adderall® 20 mg sells for \$7-8. In addition to obtaining Adderall® on the street from dealers, participants also reported getting them from people who have a prescription or who have a child with a prescription. A participant stated that he got the drug for free because his girlfriend has a prescription. A treatment provider commented, “[Users] have no problem getting [Adderall®] from their physician.”

While there were a few reported ways of consuming Adderall®, generally the most common routes of administration are snorting and oral consumption, followed by intravenous injection (aka “shooting”). A law enforcement officer commented, “It’s both folks without a prescription or folks just abusing their legitimate script, crushing them, snorting them.”

Participants described typical illicit Adderall® users as methamphetamine users and parents of children with ADHD (Attention Deficit Hyperactivity Disorder). A treatment provider added, “Yes, the two [prescription stimulant addicts] I have both have kids ... they’re abusing their children’s scripts.” Community professionals also described typical illicit users of Adderall® as methamphetamine users and females. A law enforcement officer described illicit user age ranges as school aged through mid-30s. A treatment provider said, “They’ll do [Adderall®] when they can’t get meth, but they’re not happy with it.” A treatment provider said, “I’ve had several clients tell me that that’s what they will go for every time they’ve relapsed ... if they come to treatment and they’ve been using meth and if they relapsed they say it all started with the Adderall®.”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remains available in the region. Participants most often reported the drug’s current availability as ‘2’ on a scale

of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘0’. Community professionals most often reported current availability as ‘1’; the previous most common score was ‘3’. A treatment provider said, “If they’re using it, they’re not reporting it.” Another treatment provider added, “We can’t really test for that with our standard dip test (urine drug screen).”

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. A treatment provider shared, “I haven’t heard [of synthetic marijuana use] recently.” The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Reports of current street prices for synthetic marijuana were provided by participants with experience purchasing the drug. According to the few participants with knowledge of pricing, a gram of synthetic marijuana sells for \$15 and two to three grams sell for \$35.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from, “stores in Pennsylvania.” The only reported route of administration for synthetic marijuana is smoking. A profile of a typical synthetic marijuana user did not emerge from the data.

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the drug’s current availability as ‘5-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most com-

mon score was '5.' Community professionals most often reported current availability of ecstasy as '1;' the previous most common score was '0' among treatment providers and '6' for law enforcement. A treatment provider speculated, "I think it's less than 5 percent [of our clients use ecstasy]. I actually had one. I did one assessment from a fella that ... his drug of choice was ecstasy." Another treatment provider reflected, "I've had a few [clients] who've actually ... [named ecstasy as] their drug of choice."

Participants most often reported the current availability of "molly" (powdered MDMA) as '6;' the previous most common score was '3.' Law enforcement most often reported current availability of molly as '7-8;' the previous most common score was '3' for law enforcement and '6' for treatment providers. A law enforcement officer shared, "We just seized quite a bit of [molly] recently."

Participants and community professionals reported that the availability of ecstasy has remained the same during the past six months. Participants and treatment providers also reported no change in availability for molly, while law enforcement reported an increase in this drug during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Participants reported that ecstasy tablets are often imprinted with pictures of characters (e.g., Bart Simpson and Superman), as well as shapes (e.g., moons, stars and hearts). Although one participant shared, "Picture doesn't mean anything. Anyone can have that stamp;" another participant explained, "[Dealers] mark them so you can say, 'There's Batman's going around that's really good.'"

Reports of current street prices for ecstasy were variable among participants with experience buying the drug. Participants reported that lower doses of ecstasy are going to be less expensive than higher doses. Likewise, current

street prices for molly were variable among participants with experience buying the drug. Molly typically comes in powdered form.

Ecstasy/Molly	Current Street Prices	
	Ecstasy	\$5-20 per tablet
	Molly	\$60-100 per gram

While there were a few reported ways of consuming ecstasy and molly, generally the most common routes of administration are snorting and oral consumption. Participants estimated that out of 10 ecstasy or molly users, about half would snort and half would orally consume the drug.

Participants described typical ecstasy users as anyone; whereas community professionals described typical users of ecstasy as festival goers and from more rural areas. A treatment provider recalled working with ecstasy addicts who were in their 20s or 30s and were male.

Participants described typical molly users as hippies, those who like to go to dance parties (aka "ravers") and members of the gay community. Community professionals described typical molly users as white and teenage to mid-20s in age.

Other Drugs in the Youngstown Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD]), ketamine (general anesthesia used in veterinary medicine), over-the-counter (OTC) and prescribed cold and cough medicine and Seroquel® (an antipsychotic medication).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. A treatment provider shared, "I haven't heard of [bath salts] ... I mean recently." The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Reports of current street prices for bath salts were

\$40 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from head shops, and as one participant said, *"In the city where meth (methamphetamine) isn't."* While there were a few reported ways of consuming bath salts, generally the most common routes of administration are smoking, snorting and intravenous injection (aka "shooting"). Participants said users would use any of the three methods. Participants described typical users of bath salts as "younger kids."

Hallucinogens

LSD remains available in the region. Community professionals reported that the availability of LSD has remained the same during the past six months. Law enforcement shared, *"Maybe a little bit of blotter (LSD on paper) here and there ... We probably had two LSD seizures in the past six months or maybe even the last year."* The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months. Treatment providers described typical LSD users as young and marijuana users. Law enforcement described typical LSD users as: *"Teens to older hippies in [their] 60s; In the past six months it's going to be the younger end of that ... teens to 25 ... 20s."* An officer added, *"You're gonna have probably the same ones doing the bath salts or the marijuana [that] are going to be doing the LSD and hallucinogens, but we don't see it too much."*

Ketamine

Community professionals reported rare availability of ketamine in the region and most often reported current availability of the drug as a '1-2.' Community professionals reported that the availability of ketamine has remained the same during the past six months. Treatment providers described typical ketamine users as most often young (under 25 years of age) and female.

OTCs and prescribed cold and cough medicine

Promethazine with codeine cough syrup is reportedly 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). Participants noted that the availability of promethazine with codeine has remained the same during the past six months. Participants with experience buying the drug reported that promethazine with codeine

comes in syrup or pill forms and sells for \$60 for an eight-ounce bottle of syrup or prescription of pills. Participants reported that most common route of administration for promethazine with codeine is oral consumption, followed by snorting or smoking. A profile for a typical promethazine with codeine user did not emerge from the data.

Community professionals reported on dextromethorphan (DXM) availability in the region and rated its current availability as '4-5.' Community professionals indicated an increase in availability and described the typical user as young (teens) because the drug is inexpensive and legal to obtain. Treatment providers commented: *"Cough syrup. It's usually your adolescents using them; They'll do [cough syrup and] drink some Xanax® with it and trip out."*

Seroquel®

Seroquel® is 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). Community professionals most often reported Seroquel® availability as '3.' Although participants indicated that the availability of Seroquel® has remained the same during the past six months, community professionals reported increased availability of the drug. Only one participant had experience obtaining the drug for illicit use and reported that they got it free and explained, *"I know the person who has a prescription."* Participants reported that the most common route of administration for Seroquel® is oral consumption. A participant described the typical illicit user of Seroquel® as anyone. Treatment providers described users as: *"Someone who is anxious; Wanting to sleep."*

Conclusion

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

Treatment providers identified heroin as the number one drug of abuse in the region. While many types of heroin are currently available, participants and law enforcement reported brown powdered heroin as most available. Corroborating data also indicated high heroin availability in

the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months.

Treatment providers attributed increased heroin availability to how inexpensive the drug is. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily brown, gray, off-white and white powdered heroin with no black tar heroin cases noted.

Participants reported that heroin is cut with cocaine, fentanyl and Xanax® to make the drug more potent. Participants also believed that white powdered heroin is most often adulterated with fentanyl. While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection. Many participants described difficulty in obtaining new needles and reported an increase in stores with signs stating that a prescription is required to purchase needles.

Participants and community providers found it difficult to narrow demographics of typical heroin users. Community professionals described heroin users as prescription opioid users, all age ranges from late teen through adults, male and female, across races, pregnant or not pregnant. Several professionals continued to discuss the progression of drug abuse from pills to heroin.

Participants and community professionals reported high current street availability for Suboxone®, explaining that the drug goes hand-in-hand with heroin and other opiate use. Law enforcement reported sublingual strip form of Suboxone® as most available in the region. Participants explained that users take Suboxone® to keep from becoming "dope sick" or to combat withdrawal symptoms. Respondents attributed the increase in Suboxone® availability to an increase in opiate use. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months. Participants and community professionals indicated that illicit Suboxone® users are typically opiate addicts.

Lastly, community professionals reported an increase in methamphetamine availability. Treatment providers suggested that some heroin users also use methamphetamine. Law enforcement reported a slight increase in methamphetamine labs found in the region during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has also increased during the past six months; the lab reported processing off-white powder and crystal methamphetamine. Respondents described a typical methamphetamine user as male, white and someone who likes to stay up and be focused.