



## Drug Abuse Trends in the Youngstown Region

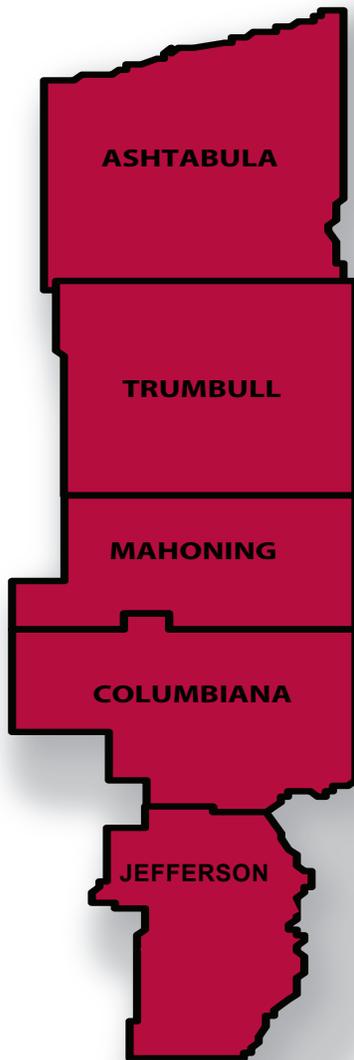
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**Data Sources for the Youngstown Region**

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 treatment programs in Ashtabula, Columbiana, Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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 <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	48
Gender (female), 2010	51.2%	51.1%	27.1%
Whites, 2010	81.1%	86.3%	85.4% <sup>2</sup>
African Americans, 2010	12.0%	8.7%	6.3%
Hispanic or Latino Origin, 2010	3.1%	2.7%	2.1% <sup>3</sup>
High School Graduation Rate, 2010	84.3%	86.8%	98.6%
Median Household Income, 2013	\$45,873	\$40,388	\$19,000 to \$21,999 <sup>4</sup>
Persons Below Poverty Level, 2013	16.2%	17.9%	48.9% <sup>5</sup>

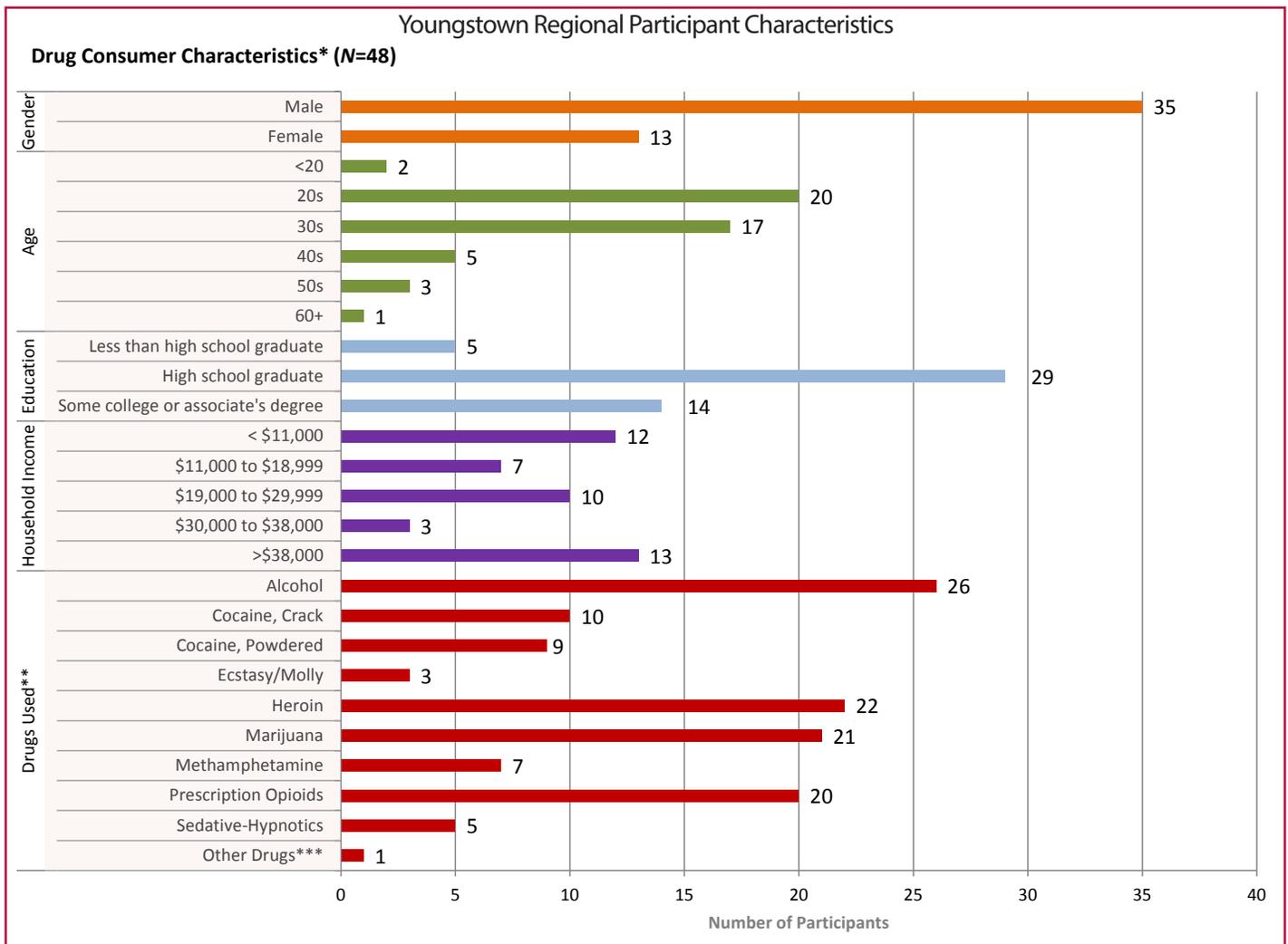
<sup>1</sup>Ohio and Youngstown region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

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

<sup>3</sup>Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

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

<sup>5</sup>Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 48.

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

\*\*\*Other drugs included: hallucinogens, Suboxone® and Subutex®.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Youngstown region. An increase in availability existed for Suboxone®. Data also indicated possible increased availability for heroin, methamphetamine and sedative-hypnotics.

Treatment providers identified heroin as the number one drug of abuse in the region. Participants and law enforcement reported brown powdered heroin as the most available heroin type in the region. Corroborating data also indicated heroin availability. 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 reporting period. The BCI Richfield Crime Lab reported processing primarily brown, gray, off-white and white powdered heroin, with no black tar heroin cases noted.

Participants reported that heroin was cut with cocaine, fentanyl and Xanax® to make the drug more potent. Participants purported that white powdered heroin was most often adulterated with fentanyl. The most common route of administration for heroin remained intravenous injection. Many participants reported increased difficulty in obtaining new needles from stores and noted an increase in signs at pharmacies which stated that a prescription was required to purchase needles.

Participants and community professionals found it difficult to state specific demographics of typical heroin users. Community professionals described heroin users as prescription opioid users, all ages from late teens through adults, males and females, across races, pregnant or not pregnant. Several community professionals continued to discuss the progression of drug abuse from prescription opioids to heroin.

Participants and community professionals reported high street availability for Suboxone® and explained that the drug goes hand-in-hand with heroin and other opiate use. Law enforcement reported Suboxone® filmstrip as the most available form of the drug in the region. Respondents attributed the increase in Suboxone® street availability to an increase in opiate use. Participants explained that users would take Suboxone® to avoid opiate withdrawal symptoms.

The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the reporting period. Participants and community professionals indicated that illicit Suboxone® users were typically opiate addicts.

Finally, community professionals reported increased availability of methamphetamine. Law enforcement reported a slight increase in the number of methamphetamine labs found in the region during the reporting period. The BCI Richfield Crime Lab reported an increase in the number of methamphetamine cases it processed; the lab reported processing off-white powder and crystal methamphetamine. Respondents described typical methamphetamine users as male, white and someone who likes to stay awake and be focused. Treatment providers suggested that heroin users would often also use methamphetamine.

## Current Trends

### Powdered Cocaine

Powdered cocaine 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); the previous most common score was '5'. A participant explained that availability of powdered cocaine is often dependent upon people users know and commented, "*I can call eight to nine people right now that got it, but ... [someone else] might know two or three.*" Treatment Providers most often reported the drug's current availability as '5', while law enforcement most often reported '7-8'; the previous most common scores were '3' for treatment providers and '9' for law enforcement. Treatment providers commented: "*I'm sure it's available, we just don't hear about it. Not many of our clients do it; I have two clients that have cocaine problems.*"

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 30 percent of the 29 drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man

was sentenced after Struthers (Mahoning County) Police caught him with 6.6 pounds of unadulterated cocaine and 3.3 pounds of pure heroin inside his car ([www.otfca.net](http://www.otfca.net), Feb. 3, 2015). Authorities raided a Columbiana County residence in which police discovered 200 grams of cocaine, 137 grams of marijuana, more than two grams of heroin and an additional 52 individual doses of heroin ([www.wkbn.com](http://www.wkbn.com), Feb. 20, 2015). Another residential raid in Columbiana County (Liverpool Township) resulted in seizure of four grams of cocaine and five grams of heroin ([www.otfca.net](http://www.otfca.net), March 21, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant responded, "I don't think it's ever going to change." A law enforcement officer shared, "Yeah ... it hasn't changed and we aren't purchasing any significant amounts of it [in undercover operations], so it's stable." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased 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 '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' One participant remarked, "I think the majority of it is garbage." Reportedly, powdered cocaine in the region is "cut" (adulterated) with baby laxative, baking soda, ether and vitamin B. A participant explained, "It's probably like ... 30 percent real [cocaine] and 70 percent baking soda." The majority of participants were unsure what powdered cocaine is cut with and one participant explained, "Sometimes you don't know what's in it, you know? So that's why you gotta cook it [to remove impurities]." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the

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

drug. A participant shared, "It's not cheap." Participants also reported that the price depends on quality. Participants agreed with one individual who reported that powdered cocaine is usually sold in grams. Some participants felt that the price of powdered cocaine has increased during the past six months and one reasoned, "Supply and demand. I think more people are becoming addicts." Another participant added, "This is all [dealers] worry about ... the color green (money)."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$100
	1/8 ounce (aka "eight ball")	\$200-250

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. A participant shared, "I've seen high school kids snorting it." An additional method noted is smoking, and participants reported that five of the 10 users mentioned above would smoke the drug as well as snort or shoot it.

The majority of participants described typical users of powdered cocaine as having money, employed, older and partiers. A participant stated, "Partiers. Like people who like to go to the bar. Drinkers. It's like a party drug." Another participant reported, "Most of the folks who got money are the ones that do coke." Still another reported, "Somebody out working. It's a working man's drug." Other participants reflected: "It's more of like an old person's drug. Like our parents; I don't know, I just know that all my parents and all my uncles and aunts did that shit." A couple participants suggested that the younger users are not into powdered cocaine and reasoned: "Because 'meth' (methamphetamine) became more available and it's way better; And ... then some of them turned [powdered cocaine] into crack (cocaine)."

Treatment providers similarly described typical powdered

cocaine users as someone with money, a job and who is older (30 years and older); law enforcement added that users are often suburban. A treatment provider commented, *"Someone who's got a job, probably, or income."* A few treatment providers indicated that powdered cocaine users are more often males and one clinician clarified, *"I've had the male [cocaine users], younger ones."* Another treatment provider added, *"My experience is that it's been mostly African American, at least my experience here, but I mean that's not a high percent."*

### Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported that crack cocaine comes in a variety of colors including white, yellow, gray, brown and seasonal colors (e.g., red and green for Christmas). Reportedly white and yellow crack cocaine are most common throughout the region.

Community professionals varied in their perceptions of availability. Treatment providers most often reported the drug's current availability as bimodal '4-5' and '10', while law enforcement most often reported '8'; the previous most common score was '8' for both groups. A treatment provider shared, *"I'm only seeing a couple of cocaine [users] and they were crack."* Law enforcement stated, *"Definitely have your steady crack users that aren't switching to anything else."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Search warrants of two Youngstown homes turned up four bags of crack cocaine, 10 unidentified pressed pills, four bags of heroin and a bag of marijuana ([www.vindy.com](http://www.vindy.com), March 28, 2015). A Youngstown man was sentenced after Mahoning County law enforcement found him with more than 28 grams of crack cocaine ([www.otfca.net](http://www.otfca.net), Feb. 23, 2015). Two individuals were arrested after authorities raided a Liverpool (Columbiana County) home and found 10 grams of crack cocaine, 18 grams of cocaine, 12 grams of heroin and 15 grams of marijuana ([www.otfca.net](http://www.otfca.net), March 16, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant added, *"Some of the [crack cocaine] dealers switched to selling heroin from selling just crack."* Community professionals also reported that availability of crack cocaine has

remained the same. 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 '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3-4'. Participants reported that crack cocaine in the region is "cut" (adulterated) with baby laxative and baking soda. As far as the seasonal Christmas crack cocaine, a participant thought, *"I don't know, I think they put food coloring in it."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six weeks.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li><span style="color: red;">●</span> levamisole (livestock dewormer)</li> <li><span style="color: red;">●</span> procaine (local anesthetic)</li> </ul>	

Reports of current street prices for crack cocaine were variable among participants with experience buying the drug. Participants reported that crack cocaine is often purchased in smaller amounts and explained: *"A lot of people buy 10s (\$10 amounts), like a little 10 pack; It's just like a \$10 amount, you just get a little bit in a pack; I always bought 20s (\$20 worth)."* Participants explained that \$10 amounts are typically one hit, whereas \$20 amounts can range from three to six hits depending on what size "rock" (piece of crack cocaine) the dealer gives the user and how potent it is.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	a gram	\$100
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject the drug. Participants described typical crack cocaine users as hustlers and con-artists and African Americans. However, a participant stated, "A lot of younger people are [using crack cocaine] now." Community professionals described typical users as more urban, African American and younger (20s-30s). A law enforcement officer commented, "Obviously, the people that use it are more city folks than anything else."

## Heroin

Heroin remains highly available in the region. Participants most often reported the overall 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 was also '10'. Participants commented: "All day every day [heroin is available]; Heroin and 'meth' (methamphetamine) is very, very popular." One participant shared, "Yeah, went to the gas station and got it or called my dealer and he'd come right to my house." Another participant recalled, "First thing in the morning, a lot of people [do this], my dealer, he was up at 7 am. I'd get my, you know, [heroin] by 7:30 [or] 8 o'clock ... Usually the latest 8:30."

Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10'. Treatment providers stated: "It's prevalent; No doubt about it ... Because there's a market; Extremely problematic. That's the main thing that I deal with; Definitely an epidemic." One clinician reported, "I see heroin more often than I see people on opiate pain killers like Percocet® or Vicodin®. It's because it's more common to find heroin than it is to find a pain pill." A law enforcement officer elaborated on heroin availability in general: "You could walk outside and probably find some." Another officer stated, "I'm really focused on heroin right now ... because it's such a problem ... people are dying from the heroin."

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

While many types of heroin are currently available in the region, participants continued to report brown powdered heroin as the most available type of heroin in terms of

widespread use and added that gray and white-colored heroin are also readily available. A participant explained, "It's more or less tan, or brown." However, other colors are available; participants also mentioned blue, green and pink heroin. One participant reported, "[The green heroin] killed my 'bro' (brother). He died in the back seat of my car. I had to bring him back to life."

Participants reported that they have not encountered true black tar heroin during the past six months, explaining that black tar heroin in the region is cut with white powdered heroin to make gray-colored heroin. A participant explained, "The gray 'dope' (heroin) is the black tar, it's just 'cut up' (adulterated). They cut it up and take a white cut with it. The black stuff turns gray."

It is rare for treatment providers to hear about specific types of heroin. A treatment provider commented, "We're not hearing that it's all black tar, china white or anything like that." However, law enforcement reported brown powdered heroin as most available in the region. A law enforcement officer replied, "Brown, 98 percent brown." Law enforcement reported very little black tar heroin in the region. One officer shared, "One or two [undercover] buys we made were black tar."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police located three bags of heroin and a bag of marijuana in a vehicle that was pulled over in Campbell (Mahoning County) ([www.wkbn.com](http://www.wkbn.com), Feb. 1, 2015). Police raided a residence in Warren (Trumbull County) and seized 1,800 grams of heroin ([www.vindy.com](http://www.vindy.com), Feb. 28, 2015). Six people were charged in connection to a violent heroin drug ring in Youngstown ([www.wkbn.com](http://www.wkbn.com), May 22, 2015).

Media also reported on community efforts surrounding this epidemic. The Ohio State Highway Patrol (OSHP) re-reported seizure of 36 grams of heroin in Mahoning County and 17 grams of heroin in Trumbull County during 2014 ([www.wkbn.com](http://www.wkbn.com), Feb. 18, 2015). Goshen Township (Mahoning County) Police Chief scheduled proper training of his staff for use of Narcan® (naloxone), the opiate overdose reversal drug; he believed this is important as officers are typically the first responders to overdose scenes ([www.wkbn.com](http://www.wkbn.com), Feb. 18, 2015). Trumbull County treatment providers stepped up and created First Step Recovery in Warren, the first detox facility in the county to help combat the heroin epidemic in the area ([www.vindy.com](http://www.vindy.com), Feb. 23, 2015). Trumbull County reported 30 overdoses in one

week, eight of which were fatal; first responders emphasized the need for naloxone kits to save people from overdose death ([www.wkbn.com](http://www.wkbn.com), April 9, 2015).

Participants reported that the general availability of heroin has remained the same during the past six months. One participant reflected, *"It's been that way for a while ... there's just a lot of heroin out there."* Despite reporting no change in availability, participants noted an increase in overdoses during the past six months. A participant stated, *"Yeah, there has been a lot of overdoses ... especially in the last few months."*

Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that availability of the drug has remained the same. Treatment providers commented: *"If anything, it's gotten worse ... because it's so lucrative. It's an easy money-maker; Increasingly so in the past few months."* Treatment providers also pointed out that overdoses on the drug have increased, as one reflected, *"Yeah, there has been a lot of overdoses ... especially in the last few months."* A law enforcement officer commented, *"I can't say it's increased, but heroin has been our biggest problem."* 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, beige, white and tan powdered heroin with no black tar heroin cases noted.

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

Participants most often reported the current overall quality of heroin as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Generally, participants reported difficulty rating the quality of heroin and explained: *"It's hard to rate; I don't know, it's good and bad. It's just all different; Like one time you can get it and it's junk and the next [time] you can overdose easy because it's so potent; Yeah, you'll think it's the same stuff you got yesterday and it will be so much stronger."* Overall, most participants reported that the general

quality of heroin has remained the same during the past six months, although several participants claimed that the brown powdered heroin has increased in quality. These participants explained: *"Getting better; Less cut; Availability is making it cheaper, so they aren't cutting it as much."* Participants noted higher quality for heroin obtained outside the region.

Reportedly, quality depends on what heroin is adulterated (aka "cut") with and from where it originated. Participants explained, *"It just matters how someone cuts it, or what they cut it with."* Treatment providers also discussed the high quality of the drug. One treatment provider remarked, *"It's more lethal now."* Others commented: *"Word on the street is 'the fire is here,' that's an extremely potent heroin. There's been a lot of overdoses regarding it; They call it 'fire' because you can actually feel it burning in your vein."*

Participants reported that heroin is cut with baby laxative, isotol (dietary supplement), prescription opioids (fentanyl, naproxen), sleep aids, soap and vitamin B-12. Participants speculated that the more colorful heroin (blue, green and yellow) is cut with a chemical or soap. When asked if the heroin is just dyed, participants explained: *"No; I believe it's cut; I believe the base of it is a chemical, so it turns it blue."*

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

Participants reported that brown, pink and white heroin could all be cut with fentanyl. A participant shared: *"You can't tell that the fentanyl's in it. You can't. When you put your finger in it and taste it, it tastes just like dope."* A participant confessed, *"I've been sold straight fentanyl before that I was told was heroin."* Another participant shared, *"I 'died' (overdosed) on a 20 (\$20 amount of pink heroin) ... I had them do the toxicology when they had me at the hospital and it was fentanyl and ... I didn't do fentanyl at that time, so it was in the dope."* Participants explained that cutting the drug with fentanyl makes the heroin more potent and is cost effective. Several participants commented: *"Fentanyl ... They just mix it in with the dope. That makes it a lot stronger ... That's what people are 'OD-ing' (overdosing) on."* Participants estimated that out of 10 white powdered heroin purchases, five would be cut with fentanyl.

A treatment provider also shared, *"We are hearing ... that (heroin) it's being cut with fentanyl."* Law enforcement commented: *"Yeah we are seeing it, our heroin lab results are coming back with fentanyl; We've actually had people sell us heroin and it's all fentanyl; People are dying on that."*

Reports of current street prices for heroin were provided by participants with experience purchasing the drug during the past six months. Most participants reported purchasing heroin packaged in small amounts, called "stamps," which are folded pieces of paper or lottery tickets with approximately 1/10 gram heroin enclosed. However, many participants reported a gram as a common amount purchased. Several participants agreed when an individual clarified, *"Usually ... the more you buy, the cheaper it is."* Participants indicated that price depends on quality and the dealer. Several participants commented: *"Varies with the dealer; And the quality of the stuff; Yeah ... it really does depend on who you know; It depends on who you get it from."* A treatment provider commented, *"It's my understanding that they've, in the past several months, dropped the price of heroin."*

Heroin	Current Street Prices for Heroin	
	Powdered heroin:	
	1/10 gram (aka "point" or "stamp")	\$20
	1/4 gram	\$40
	three stamps	\$50
	1/2 gram	\$60-80
	a gram	\$100-200
	ten stamps (aka "bundle" or "bun")	\$120
	five buns (aka "brick")	\$400-450

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot, three would snort and one would smoke the drug. However, participants noted that users typically begin heroin use by snorting or smoking, but would eventually

shoot the drug: *"Yeah it's eventually 10 [that shoot]; I started snorting it, but two months later I just shot it; The only reason I wouldn't shoot it is if I don't have a needle. Once you have that needle in your arm, it's never the same; Once you do the needle, you tend to stay with the needle."* Other participants pointed out that the type of heroin determines route of administration.

Participants discussed syringe use in detail and reported obtaining new needles from dealers, other addicts, pharmacies and diabetic family and friends with prescriptions for needles. Participants readily shared: *"I buy mine from the drug dealer; I would get a box of 500 of them if I used my mom's prescription."* Participants estimated that two of 10 heroin dealers would sell needles. Participants reported purchasing needles on the street for \$3-5 from dealers, other users or diabetics. A few participants admitted: *"Yeah, I made a lot of money off [selling needles]; I normally buy a box to make money off it."* Other participants noted difficulty in obtaining needles from pharmacies and commented: *"Yeah, 'cause I can't go to a pharmacy and buy them anymore [because they need a diabetic card]; I think you can go out of county or to a different state."*

Participants estimated that out of 10 users, five to eight would share needles. Participants admitted: *"I've shared; I don't know, I've shared a couple times; Me, too."* One participant reported, *"I had a family member that got needles, you know, she'd get a box of needles every month ... I'd give her a shot [and] because I'd only use them once on her, then I'd sell the one-time-used needle, you know, to addicts ... Yeah, I'd tell them [they were used once], you know, you gotta clean it out. It had insulin in it."* Furthermore, out of 10 users, participants estimated that all would reuse needles and explained: *"I use mine until it broke; You can clean them; [Everyone reuses needles] at least once or twice."*

Participants reported that users dispose of needles in the trash, out the window, in a dumpster or by burning them. One participant commented, *"Throw it away, use a needle disposing container and put into dumpster."* Although most participants reported that they would break off the tip prior to disposing the needle, participants confessed: *"Sometimes I break off the needle and other times not then ... out the window; I would throw it out the window, too, but I would always try to break the tip off."* Other participants discussed the spread of hepatitis and often suggested a needle exchange for the region.

A profile for a typical heroin user did not emerge from the data. Participants found it difficult to describe typical heroin users and reported everyone, but noted many heroin users are younger, 20-30 years of age. A participant commented, *"Past few years it's been a lot more younger people ... 15-16 [years of age]."* A participant suggested that the reason younger folks are using heroin is because the drug is, *"More common so more people want to try it."*

Community professionals described typical users of heroin as anyone 18-years old and older. A treatment provider commented, *"I think it's across the board, whether they're wealthy or not ...."* Another clinician shared, *"I see it all across the spectrum ... men, women, old, young."* Still another treatment provider reported, *"We're seeing mostly younger white people, men and women, who are addicted to heroin and may be using something else."* Treatment providers and law enforcement also mentioned that prescription opioid users will often transition to heroin. A treatment provider shared, *"A lot of our clients we've been getting, they started off with opiates, the pain pills. Their doctor cut them off [and] someone said, 'Here, try this.' And therefore, they go to heroin."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported current street availability of these drugs as '7' and '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 '10.'

Community professionals most often reported current street availability as '10'; the previous most common score was '8.' Treatment providers stated, *"It's really available; They get the pills, whether it be Opana® or whatever they want; Opiates have been a big thing."* However, some treatment providers believed that heroin is more of a problem than prescription opioids, as one clinician remarked, *"They've moved on to heroin. They started on Ultram® and moved on."*

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. However, treatment providers noted a variety of other prescription opioids that are available: *"Normally, I hear a lot of clients say that they started out with Opana®; I would say [OxyContin® is] most desired; Ultram®. Everybody's taking Ultram®; I didn't use to hear of [Roxicet®] as much as I do now; Norco® ... a lot of Norco®. They get [Norco®] a lot when they go to emergency rooms."*

Law enforcement also mentioned higher availability for fentanyl due to the substance being an adulterate for heroin; one officer stated, *"We've actually made [undercover] purchases of what was told to us to be heroin and the lab results came back to be fentanyl!"*

Corroborating data also indicated high prescription opioid availability in the region. The Mahoning County Coroner's Office reported one or more prescription opioids present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months; the coroner's office also noted three cases with fentanyl present. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police found 75 Vicodin® pills in a vehicle they stopped in Warren (Trumbull County); afterwards, they found out that a woman sold the pills to the man because he said he didn't have insurance and could not get them for himself ([www.vindy.com](http://www.vindy.com), March 5, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: *"It's hard now, to get them; I don't think [doctors are] giving them out like they did."* Specifically, participants indicated decreased availability for Dilaudid® and OxyContin®. Participants who had used OxyContin® complained: *"[OxyContin®] really changed, they're not powerful like they used to be; Yeah, you have to go through this process of putting them in the fridge and everything else [in order to inject them]."*

Although the majority of community professionals reported that availability of prescription opioids has remained the same during the past six months, several treatment providers indicated decreased availability for Percocet® and OxyContin®, as well as increased availability for Roxicet® and methadone. Treatment providers commented: *"A few still dabble with, like, Percocet® and that, but it's all about the heroin; I would say it continues to go down; [Decreased due to] stricter regulations; Heroin's becoming cheaper and more available; You don't hear so much of OxyContin® anymore since they've changed [the formula]."* One treatment provider said, *"What I've heard more of, maybe say in the last year than ever ... is the Roxicet®."* Other providers stated: *"We're seeing [methadone] everywhere; Increase 150 percent; As the heroin addiction increases, the methadone addiction also increased."* Law enforcement stated, *"It's the same [availability]. Our doctors and physicians are way over-prescribing opiates and that's specifically in Trumbull [County]."*

The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

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

Reportedly, many different types of prescription opioids (aka “beans,” “downers,” “hoppers” and “skittles”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$20 for 8 mg
	fentanyl	\$100 for 100 mcg
	methadone	\$7 for 10 mg
	Norco®	\$3-5 for 10 mg
	Opana® (oxymorphone)	\$40 for 40 mg
	Percocet®	\$5 for 5 mg \$7.50 for 7.5 mg \$10 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30 for 30 mg
	Tylenol® 3 or 4	\$0.50 apiece
	Ultram®/tramadol	\$1 for 50 mg

Participants reported obtaining prescription opioids for illicit use from pain clinics, people with prescriptions (including friends and family) and by personal prescription from doctors. Participants divulged: “It can be anybody; It can be a dealer ... your grandmother.” Several participants discussed how people with prescriptions will sell their medication. A couple participants commented; “People

*just sell their whole prescription to somebody; Yeah, I mean people get it for pain and then they see they can make so much money ... and start selling it. They can make a great living off it.”* Another participant added: “Usually somebody that you know has cancer and doesn’t have enough money for their groceries, so they have to sell their medicine. They’ll keep like 10 and sell 90 of a script of 100.”

Participants admitted to illicit use of their medications. One participant explained, “Well yeah, of course [I abused them]. I did like one and go, ‘Well that feels pretty good’ and thought that maybe if I do another one, I’d feel even better and then it got to the point where I was doing like five or six of them.” Another participant remarked: “That’s what makes you turn to heroin. You need more and more.”

Participants reported that doctors often tell patients up front that they will not prescribe narcotics. Several participants discussed the difficulty in getting into a doctor for pain: “When you go in for your initial appointment, if [the doctor] thinks you need some kind of narcotic, they will refer you to a pain management center ... they’ll write up a referral and send it in and then that doctor will call you. So, it’s a lot harder to get into them; You gotta go to like pain management centers now, which are very hard to get into; Yeah, you need a referral.”

Community professionals were also aware of how users would obtain prescription opioids for illicit use. A treatment provider stated, “Well, they go to the doctor and get a prescription and they get it off the street.” Another treatment provider explained, “I would say off of the streets ... because they don’t have insurance. That’s what they say ... so they have to buy it on the streets.”

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 route of administration for illicit use is oral consumption. A participant commented, “I think a majority of them would just eat them.” Participants estimated that out of 10 users, all would orally consume the drug, but added that most would use it another way also. Other methods of administration mentioned included snorting, intravenous injection (aka “shooting”) and smoking. Participants indicated that the variety of methods pertain to individual differences between the drugs and explained: “Depends on what it is; I think it depends on the opiate because, like for instance, methadone, it burns when you snort it.” A participant discussed illicit use of fentanyl and shared,

*"I had a patch, like 100 mcg patch, like five months ago and just cut a little piece off and chewed it ..."*

Participants found it difficult to describe a typical illicit prescription opioid user. One participant commented, *"I would say a typical user is probably like people around the age of 18-27 [years]."* Another participant explained, *"Kids are starting in high school on Ultram®."* Treatment providers described typical users of prescription opioids as white, older and someone with chronic pain. A clinician said, *"I think that one of those factors that crosses all lines is the pain factor. You know, if they had an injury or something to start, that's how they get hooked."*

### Suboxone®

Suboxone® is highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported current street availability as '8-10', while law enforcement most often reported current street availability as '4'; the previous most common score was '7' for both groups. Treatment providers commented: *"That's the biggie; We have heard ... people are buying it illegally off the streets; People trying to wean themselves off [opiates] and they try and do it on their own with Suboxone® ... illegally."* Law enforcement reported: *"We know definitely those being sold on the street; Yes, but very little."*

Participants reported that all forms of Suboxone® (sublingual filmstrips, aka "strips," and tablets), as well as Subutex® are readily available throughout the region. A couple participants commented: *"I think you see the strips now a little more; I haven't seen the pill in a while, it's the strip."* Another participant noted, *"There's one doctor in this area that will give you pills if you rather have the pills."* Likewise, treatment providers reported: *"Subutex®, Suboxone® ... we see both; I think Suboxone® is probably easier to get on the street; Yeah, but Subutex® they like if they abuse it because you can chop it up and snort it and get high off of it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An OSHP trooper noted a Suboxone® filmstrip that was thrown back into a vehicle with a cell phone when the driver stepped out to meet with him, which led to authorities finding 20 used needles in the car which the man admitted were for heroin

use ([www.vindy.com](http://www.vindy.com), Feb. 19, 2015). Youngstown police arrested a man who had just injected heroin; upon a search of the vehicle, police found two boxes of Suboxone® filmstrips ([www.vindy.com](http://www.vindy.com), Feb. 28, 2015).

Participants reported that the availability of Suboxone® has remained the same during the past six months. Treatment providers reported that availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers believed: *"I think maybe because more people are being prescribed it by a legitimate physician and then selling it; I just think that more facilities are starting to dispense it; There are a lot more doctors to write scripts for it."* A clinician further explained, *"With some of the clinics, and the opening of a lot of new clinics, I'd say that the illegal black market for Suboxone® has increased. What we hear from clients who have been to these clinics and have come back is that they're prescribing two to three strips (per dose) ... They don't need two or three strips, so they [take] one, and they sell the rest."* The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants seemed to agree with an individual who reported, *"You usually buy the 8 mg. I've seen them in 2 mg, but you usually get the 8 mg strip."*

Suboxone®		Current Street Prices for Suboxone®	
	filmstrip	\$10-20 for 8 mg	
	tablet	\$20-25 for 12 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from people who have prescriptions, friends and acquaintances and through personal prescriptions from physicians. A participant shared, *“Usually you just call somebody that you know who has it.”* Several treatment providers noted: *“We have dealers buying the Suboxone® off of the people trading for the heroin; I have clients who are buying it [off the street] and the dealers are selling it with instructions on how to detox; Our clients find it easier to detox on the streets than to go to clinics.”* Law enforcement seemed to think that Suboxone® is not being sold by the majority of heroin dealers or traded by the majority of users to obtain heroin.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are oral consumption, intravenous injection (aka “shooting”) and snorting. Participants commented: *“Most people eat it. I’ve only seen a couple people shoot it; I’ve shot it a few times, but most times I just put it under my tongue; Just let it dissolve on your tongue.”* Another person added that the manner in which Suboxone® is most illicitly used is, *“By taking more than you’re supposed to.”*

Participants described typical illicit users of Suboxone® as opiate addicts. A participant explained, *“Yeah, [heroin users] trying to hold off until their next fix or trying to get off of the opiates themselves ... self-medicating.”* Treatment providers described typical illicit users as opiate addicts and mostly 18 to 35 years of age. Treatment providers gave all sorts of reasons users would take Suboxone®. One provider stated, *“They’re just using it to detox on their own. I hear they use it when they can’t get [their drug of choice] when they want.”* Another clinician commented, *“They get it because they know they can sell them.”*

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Treatment providers most often reported current street availability as ‘8,’ while law enforcement most often reported current street availability ‘6-7;’ the previous most common score was ‘7’ for both groups. A treatment provider commented, *“Benzos’ (benzodiazepines) can be problematic, and it seems like a lot of*

*our clients when they come in with heroin ... they have benzos in their system.”*

Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Community professionals reported Valium® and Xanax® as most widely used. Treatment providers commented: *“It’s the go-to thing when they can’t find anything else around, they’ll pop a Xanax® or whatever; Specifically like Xanax® ... Yeah, it’s the good ole standby if they can’t get what they need, but not a good combination with Suboxone®.”*

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner’s Office reported that benzodiazepines were present at time of death in 41.4 percent of the 29 drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested a Youngstown man after two neighbors reported medicine theft; police discovered 45 Xanax® pills in a bottle at his residence with one of the neighbor’s name on it ([www.vindy.com](http://www.vindy.com), Feb. 26, 2015).

Participants and community professionals agreed that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has decreased; number of cases for all other sedative-hypnotics has remained the same.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region’s streets. Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs.

Current Street Prices for Sedative-Hypnotics		
Sedative-Hypnotics	Ativan®	\$1 for 1 mg \$2 for 2 mg
	Klonopin®	\$1-2.50 for 2 mg
	Valium®	\$2 for 10 mg
	Xanax®	\$1-1.50 for 0.5 mg \$1-2.50 for 1 mg \$3-5 for 2mg

Participants reported that these medications are not often purchased from dealers; rather they are most often obtained through personal prescription from a physician or from people who have a prescription. While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally ingest the drugs. A participant explained, *“Chew them up so they get into your system quicker.”*

A profile of a typical illicit sedative-hypnotic user did not emerge from the data. Participants described typical illicit users as people with anxiety and opiate addicts, but most often reported anybody. A participant shared, *“It can fall back mostly on an opiate abuser because ... the benzos are to try to sleep or relax or just to calm yourself down until your next fix.”* Another participant commented, *“Coming off of opiates, a lot of people take them to try and come off the sickness.”* Community professionals described illicit users most often of as anybody, but treatment providers added that users are often white, women and middle class.

## 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’. Participants also reported on the availability of marijuana concentrates and extracts

(aka “dabs”) and reported current availability of these THC products most often as ‘4’. A participant explained, *“They’ve got oils and stuff like that ... Hash oil ... And ‘dabs’ is what they call them ... Dabs, it’s like a wax substance.”* Another participant remarked, *“It’s really easy to make.”* Still another participant clarified, *“In Ashtabula [County], it’s not as available. You got to go to, like, Mentor [Lake County].”*

Community professionals most often reported marijuana current availability as ‘10’; the previous most common score was also ‘10’. Treatment providers shared: *“We still see a lot of that; People are more open to the idea of using marijuana [and reason], ‘Since it’s on the verge of being legalized.”* A law enforcement officer commented that marijuana is highly available, *“Just like heroin.”* Another officer shared, *“We’re constantly fighting that battle, it’s ridiculous, [legalization of marijuana is] going to make things worse.”*

Corroborating data also indicated marijuana availability in the region. The Mahoning County Coroner’s Office reported that cannabinoids were present at time of death in 17.2 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. Three people in the region were arrested during a drug bust in which several bags of marijuana were seized ([www.wkbn.com](http://www.wkbn.com), Feb. 13, 2015). A Youngstown police officer and his K-9 partner found six bags of marijuana, three bags of cocaine and three bags of heroin during a traffic stop ([www.vindy.com](http://www.vindy.com), Feb. 27, 2015). Another traffic stop turned up 5.8 grams of marijuana in Campbell (Mahoning County) ([www.vindy.com](http://www.vindy.com), Feb. 27, 2015). A marijuana growing operation was found in the basement of a residence in Campbell (Mahoning County); 50 marijuana plants were seized and police reported that the residents were extracting the oil out of the plants to create a highly concentrated THC product ([www.wkbn.com](http://www.wkbn.com), June 22, 2015). Canfield (Mahoning County) police found a small amount of marijuana concentrate in the form of wax during an OVI (operating a vehicle impaired) task force operation ([www.vindy.com](http://www.vindy.com), June 28, 2015).

Participants reported that the overall availability of marijuana has remained the same during the past six months. A participant reported that low-grade marijuana was, *“Easy to score.”* Other participants reported that high-grade marijuana has increased in demand and, hence, availability. One participant remarked, *“Yeah, everybody is looking for that.”* Participants also reported the availability of dabs

has increased during the past six months. Participants explained: *"Because it's pure THC; It's pure THC. All you need is a little bit."* Participants reported that dabs came to the region, *"Probably a year ago,"* and added: *"Actually when the vaporizers came around, when the e-cigarettes and everything started is when it started; And when 'weed' (marijuana) became legal in other states."*

Community professionals also reported that availability of marijuana has remained the same during the past six months. Treatment providers shared: *"It's available as it always was; It's an always thing. It's justified. Everyone says, 'It's just marijuana.'"* 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

Participants most often reported the quality of high-grade marijuana as '10' and of low-grade marijuana as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5-7' for marijuana in general. A participant discussed the high quality of dabs and explained, *"It's a higher quantity of THC ... what you do is just take the weed ... shoot butane in it and it separates the THC from the plant ... harvest it and mellow it down into a glob (aka "dab")."*

Although participants generally reported that the quality of marijuana has remained the same during the past six months, several participants indicated that the quality of low-grade marijuana has increased. Participants commented: *"You can get some pretty good 'home grown' (low-grade marijuana) around here; If you know what you're doing, it's not crappy at all."* Another participant attributed the increased quality of low-grade marijuana to the growing process and commented: *"There's a lot more states [where you] can legally grow it [so the quality has improved due to] just more depth (knowledge) of the grow process and cure process."*

Participants indicated that growing marijuana is becoming more prevalent. A law enforcement officer reported, *"Over the last couple of years, we've seen an increase of people growing their own."* However, an officer also noted, *"A lot of it's coming in on semis and stuff like that ...."*

Reports of current prices for marijuana were provided by participants with experience purchasing the drug. Participants noted that the price depends on quality desired and that high-grade marijuana sells for quite a bit more than low-grade marijuana. A participant reported, *"Nobody buys dime bags (\$10 worth) [of low-grade marijuana] any more."* Participants suggested that the price of marijuana is changing and reported: *"I think the price has stayed the same, but the quantity is lower; Because they getting greedy."*

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/4 ounce	\$30
	1/2 ounce	\$50
	an ounce	\$80-120
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$50-100
	1/8 ounce	\$80-160
	an ounce	\$250-350

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 10 would smoke the drug. One participant noted, *"Or they use the vaporizers. I've seen that a lot."* Other participants explained: *"Vaping gets you like more of an extreme, like whole body high ...."* Participants added that dabs are vaporized and one individual explained, *"It's easier because everybody's got those vapor, e-pens ... and they just stick it in there and burn it."*

A profile of a typical marijuana user did not emerge from the data. Participants described typical users as everyone, hippies and teens. Treatment providers described typical users as adolescent, any age and everyone. One clinician reflected, *"When I do assessments, what's funny is, even in the past six months, what I've noticed is marijuana is always something that they've used. There's never not marijuana in the picture and it does start out younger ... They start using marijuana even before they drink (alcohol)."* Another treatment provider continued, *"They just don't think there's anything wrong with it. [Clients reason], 'It's going to be legalized. It helps me relax. It helps me sleep.' It's so easily accessible for the youth."*

## Methamphetamine

Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant reported, *"Heroin and 'meth' (methamphetamine) is [sic] very, very popular."* However, treatment providers most often reported current availability as '3', while law enforcement most often reported current availability as '8-9'; the previous most common score was '6' for both groups. One treatment provider commented, *"The area is seeing it, but we're not getting the clients (methamphetamine users) [in treatment]. It's in the newspaper."* Another clinician reflected, *"I've seen meth clients that have that, if not a primary drug of choice, then at least as a secondary or even tertiary."* Law enforcement shared: *"Yeah, we're actually working a case on meth ... we see it more in Ashtabula County. They have more labs than we do here (Trumbull County); They had over 60 labs in Ashtabula (County) last year and, I mean, we had five in Trumbull."* An officer added, *"Yeah, I think there is a substantial amount of users, but obviously we are seeing more heroin."*

Participants identified powdered (aka "one-pot" or "shake-and-bake") and crystal methamphetamine as available in the region. However, they reported shake-and-bake methamphetamine as most available throughout the region. One participant claimed, *"The only thing you're getting around here is shake-and-bake."* Another participant shared, *"There's 'glass' (crystal methamphetamine) a little bit, too ... 'shards.'"*

Participants referring to shake-and-bake discussed methamphetamine which is produced 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 can produce the drug in approximately 30 minutes in nearly any location. A participant remarked, *"Dude, if you can bake cookies, you can cook dope (methamphetamine)."* Other participants shared: *"I've always made it; Almost everybody I know that does it, makes it. That's how easy and popular it is."* A treatment provider also commented, *"I think it's easy to manufacture. There's so many videos about how you can do it."* Reportedly, crystal methamphetamine takes longer to make, as one participant remarked, *"Nobody's going to sit and wait 13 hours for that [glass]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three people were indicted for operating a methamphetamine lab found in a Goshen (Mahoning County) residence ([www.wkbn.com](http://www.wkbn.com), April 9, 2015). Boardman (Mahoning County) Police responded to a Walmart that reported a robbery and found three people had stolen items with the intent of making methamphetamine, as admitted by one of the individuals ([www.wkbn.com](http://www.wkbn.com), June 4, 2015).

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. One participant stated, *"It's always there."* Treatment providers stated, *"Always a popular drug."* Law enforcement shared, *"Yeah, it's a problem for us ... it's steady though."* The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine.

Methamphetamine	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 quality of powdered methamphetamine as '3' and of crystal methamphetamine as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' for powdered methamphetamine and '10'

for the crystal form. Several participants were quick to note that quality for the drug is extremely variable and commented: *"It's hard to say; It really matters who's doing it. Everybody does it different; You can't make the same batch twice."* Overall, participants reported that the general quality of methamphetamine has remained the same during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. However, participants indicated that most people get methamphetamine free through people they know who cook the drug or through trade. Participants shared: *"I always got it for free; You would trade like \$20 worth [of methamphetamine] for pills; For a box [of pseudoephedrine] you would get a three-quarters gram [or] two-quarters of a gram."*

There was also a noted connection between heroin addiction and methamphetamine. One participant explained, *"Meth cooks will pick up heroin because they know that dope fiends will do anything for dope."* Another participant reported, *"A lot of people will go and get boxes [of pseudoephedrine] and want you to get them heroin for it. A lot of people who use heroin do that."* A treatment provider commented, *"Because meth is so easy to manufacture, they'll do that (manufacture the drug) and then they can trade it for heroin. Or the people that are manufacturing the meth knows somebody that deals heroin, gets it cheap, and they will trade heroin for the boxes ... for the Sudafed®."*

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/4 gram	\$25
	1/2 gram	\$50
	a gram	\$100
	<b>Crystal:</b>	
	1/4 gram	\$40

Common routes of administration for methamphetamine are smoking, intravenous injection (aka "shooting"), snorting and oral consumption. A participant explained, *"[Route of administration] depends on where you're at, like at a bar or whatever."* Other participants clarified, *"Well 'glass' (crystal methamphetamine), you'd have to smoke it; it burns too bad, so I didn't snort it."*

Participants described typical methamphetamine users as users who like the speed effect (other stimulant users), white, someone who has to (or wants to) be awake for long periods of time and 20 to 40 years of age. As far as race, a participant shared, *"You don't see a lot of black 'tweakers' (methamphetamine users)."* However, another participant countered, *"Oh, there's a lot now. Out on [a nearby street], every black guy you know is [a] 'tweaker.' It's like big time."* Some participants reported that more males than females use methamphetamine and estimated that out of 10 users, seven would be male. Similarly, community professionals described typical users of methamphetamine as white and 20 to 40 years of age.

### Prescription Stimulants

Prescription stimulants are reportedly limited in availability within the region. Participants were unable to comment on these medications as none of the individuals interviewed had experience with these during the past six months; previously, participants most often reported availability as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current street availability of these drugs as '1-3'; the previous most common scores were '8' for Adderall® and '2' for Ritalin®. A treatment provider commented, *"It seems like everybody knows where [either through prescriptions or buying it illegally] they can get these things."* Other clinicians explained: *"Every once in a while, when I see somebody relapse, they're using stimulants as a relapse; Whenever they couldn't get ahold of anything else, [prescription stimulants] was the next available thing for them."*

Treatment providers identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, while law enforcement reported Ritalin® as most available. A treatment provider stated, *"We have clients that take [Adderall®] that are not prescribed."*

Community professionals reported that availability of prescription stimulants has remained the same during the past six months. A treatment provider remarked, *"I wouldn't say there's been any change in it."* The BCI Richfield Crime Lab reported that for most prescription stimulants the number of cases it processes has either remained the same or has decreased during the past six months; however, the number of Adderall® cases the lab processes has increased.

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

Community professionals were unable to report on current street prices of these medications, but reported that prescription stimulants are most often obtained from those with prescriptions or through seeking out a doctor to prescribe the drugs. A treatment provider reflected, "I've had a couple of clients that'll take them. One of their kids has a prescription for them and they'll take them from their kids or whatever." Another clinician noted, "More [college students] are buying scripts off of people who are prescribed it." A law enforcement officer explained, "It's doctor shopping. We're seeing specific people who may have had it prescribed to them before, so they are shopping around for it now."

Treatment providers described typical illicit prescription stimulant users as college age (mid- to late-20s); whereas law enforcement described illicit users as older (40s and 50s), female and white. A treatment provider explained, "[Prescription stimulant use] doesn't get the stigma that meth does ... because it's a prescription." Other treatment provider commented: "It's just people who are partying, like if they're partying and they want to be able to stay up longer, so they'll take it; Yeah, it could be like college, also those addicted to other drugs that just want to keep going." Another provider reflected, "From what I've seen and heard ... go to the doctor and say 'I can't focus' and they just write a script for Adderall® or Ritalin® ... mostly just Adderall®."

### Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is limited in availability in the region. Participants referred to both ecstasy (traditional tablet form) and 'molly' (powdered MDMA) and most often reported current availability of ecstasy as '3' and of molly as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were moderate ('5-8' for ecstasy and '6' for molly). A participant remarked, "No one wants [ecstasy] anymore. Everybody wants

heroin. Everybody wants molly." Another participant reflected, "I think there's more molly going around these days than ecstasy."

Treatment providers similarly most often reported current availability of ecstasy as '1' and of molly as '1-3'; the previous most common scores were '1' for ecstasy and '7-8' for molly. One treatment provider reported, "We don't hear about those and we do test for them." Another provider clarified, "Every once in a while, maybe one out of every 100 clients or so."

Participants reported that the availability of ecstasy has remained the same during the past six months, while availability of molly has increased. A participant reasoned, "More demand." Treatment providers reported that the 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 decreased during the past six months.

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

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

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$10
	medium (aka "double stack") or high dose (aka "triple stack")	\$20-25
	<b>Molly:</b>	
1/10 gram	\$10-20	

While there were a few reported ways of consuming ecstasy and molly, generally the most common routes of administration remain oral consumption and snorting. Participants estimated that out of 10 ecstasy or molly users, five would orally consume and five would snort the drugs. Participants shared, *"You just eat it ... you can snort it, too."* Other methods of use included intravenous injection (aka "shooting") and parachuting (wrapping the powdered drug in tissue and swallowing). One participant commented, *"I've heard some shoot it because it works faster and goes right into like their blood vessels."* Another participant explained, *"I think we put it into like a mesh thing, like a toilet paper. Parachute it, yeah. I don't know why though."*

Participants and treatment providers described typical ecstasy and molly users as younger (teens to early 20s) and those who attend parties and 'raves' (dance parties). Participants shared, *"That's more of a teenager's drug."* A treatment provider reflected: *"I think it's somebody who experiments with anything and everything. If it's there, they'll use it. That's kind of the feel I get."*

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") is limited in availability in the region. Participants most often reported the current availability of the drug 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 '2.' Treatment providers most often reported current availability as '3;' the previous most common score was '1.' A prevention specialist stated, *"Well, what I've heard about K2 – because I do a lot of drug free workplace trainings and I work with clients as an EAP [Employment Assistance Program] ... I've heard that people are using spice ... because they don't test for it on drug tests ... on workplace drug tests."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, *"Yeah, [availability has] been going down ... it's getting harder and harder to find."* Treatment providers reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

One participant rated the quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). This participant stated, *"I'd put '10' ... it's pretty crazy."* Another participant indicated strange effects of the drug and shared, *"It'll send you for a loop in like a second. As soon as you smoke it, you're somewhere else."* A prevention specialist suggested that synthetic marijuana is of lower quality and commented, *"There's people who have tried it as a substitute for marijuana, but didn't like it and so have stopped because they weren't getting the same effect that they were from marijuana ... so it kind of defeated the whole purpose."*

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug, who informed that the drug sells for \$80 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available online. A participant stated, *"A lot of people have got it, buy it online ... and get it shipped."*

Participants continued to report the only route of administration for synthetic marijuana remains smoking. Participants described typical users of synthetic marijuana as young kids. Treatment providers described typical synthetic marijuana users as someone who is employed and/or is subjected to regular drug testing. A prevention specialist shared, *"Again, I'm only hearing this of people who have told me that they've used it as a [marijuana] substitute so they don't get caught on drug tests."*

### 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] and psilocybin mushrooms), inhalants, kratom (*mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree

indigenous to Southeast Asia that is in the same family as the coffee tree), over-the-counter (OTC) and prescribed cold and cough medication and Seroquel® (an antipsychotic medication).

### **Bath Salts**

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) is limited in availability in the region. Participants most often reported the current availability of the drug as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers also reported low availability of bath salts and most often reported current availability as '3.' A treatment provider reported, *"I had a couple individual clients that were affected by bath salts. We had one particular client, the whole reason she got involved with the court system was because of bath salts."*

Participants reported that the availability of bath salts has decreased during the past six months. A participant commented, *"Yeah, it's getting harder and harder for people to get, I think."* Treatment providers also reported decreased availability of bath salts during the past six months. A treatment provider noted, *"It was more of a popular trend, more than six months ago."* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants were not able to report on the current quality of bath salts, but a few indicated strange reactions to the drug. A participant commented, *"You get all whacked out. It's crazy."* Another participant shared, *"As soon as you do it, you're in a whole different state of mind, like, you're ready to kill someone or you're just happy laying on the floor rubbing the carpet or something ... You never know what you're going to do ... it's weird."*

Despite legislation enacted in October 2011, bath salts continue to be available. While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. One participant remarked, *"I don't know if you can do anything else but snort it."* Treatment providers described typical bath salts users as younger (teens and 20s).

### **Hallucinogens**

Hallucinogens (LSD and psilocybin mushrooms) are rarely to moderately available in the region. Generally, treatment providers reported low availability of hallucinogens and one clinician remarked, *"No one likes to trip anymore."* Treatment providers indicated that availability of hallucinogens, in general, have remained the same during the past six months. One treatment provider reported, *"We see it pop up randomly. I don't think there's a significant change."* Another treatment provider said, *"I have one individual client that experiments with stuff like that."*

Specifically, participants most often reported the current availability of LSD as '5,' while treatment providers most often reported current availability as '1.' Participants and treatment providers agreed that the availability of LSD has remained the same during the past six months. However, a few participants reported decreased availability and reasoned: *"It's not the 70s no more; We're all looking for heroin or crack."* A treatment provider explained *"I hear a lot of people that experiment with it within the past six months, but they're like, 'No, not really my thing,' and they move on to their actual drug of choice."* The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months. Participants reported that LSD sells for \$10 per hit (dose). According to participants, LSD can be obtained from a dealer or through personal drug connections.

Reportedly, the most common route of administration is oral consumption. Other methods mentioned include intravenous injection (aka "shooting") and ocular absorption via eye drops. Participants estimated that out of 10 LSD users, all would orally ingest the drug, but 1-2 would also shoot the drug or use it in their eyes. A participant explained, *"Eat it, drop it in your eye, [place it on a] sugar cube, lick it ... You don't just eat it, you let it dissolve on your tongue."* Participants described typical LSD users as white, hippies, "stoners" (marijuana users) and those who attend music festivals. Treatment providers described users as younger.

Psilocybin mushrooms are reportedly rare in the region. Participants rated current availability of these mushrooms as '2,' while treatment providers rated current availability as '1-2.' Participants reported that the availability of psilocybin mushrooms has remained the same during the past six months. Reports of current prices for psilocybin mushrooms were provided by participants with experience purchasing the drug. Participants reported that 1/8 ounce sells for \$30 a

and 1/4 ounce sells for \$50-60. One participant stated that the chocolate candy with this drug embedded sells for \$10. Participants shared that psilocybin mushrooms can be obtained from a dealer.

### **Inhalants**

Treatment providers reported rare abuse of inhalants in the region. One treatment provider considered, *"I would say it's minimal. We have, in the past, sent out tests for that, but that was just for one client."* Another treatment provider stated, *"Not in a while ... Not even with the teenagers."*

### **Kratom**

Kratom is rarely availability in the region, but a treatment provider noted, *"Twice in the last week someone has brought up kratom to me. They buy it off of the Internet and it's supposed to have pain relieving characteristics ... They said it had like a stimulant effect."*

### **OTCs and prescribed cold and cough medicine**

OTCs and prescribed cold and cough medication are moderately to highly available in the region. Although participants did not report on the current street availability of these medications, treatment providers rated availability of codeine as '10' and availability of pseudoephedrine as '5-6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported that the street availability of these medications has remained the same during the past six months. Law enforcement commented: *"No, still the same, stable; I think it's there. We're not really seeing a lot of increase in users like we are seeing with prescription pills and heroin."*

Reports of current street prices for these medications were provided by a participant with experience purchasing codeine: *"I used to get bottles and I would sell them for anywhere from \$80 to \$100. And, there's different kinds. If you have the thick syrup, it costs more."*

Community professionals described typical OTC users as white. A treatment provider shared, *"It's an adolescent thing."* Law enforcement connected pseudoephedrine purchasing with methamphetamine manufacturing and reported: *"We're tracking them. We know where the pills are going ... to the cook; if you want meth, you pretty much need to supply pills to the cook to get the meth."*

### **Seroquel®**

Seroquel® is moderately available in the region. Treatment providers reported current street availability of the drug as '4,' the previous most common score was '3.' Treatment providers reported an increase in availability of Seroquel® during the past six months. One treatment provider explained, *"I think we've had more clients on it."* A treatment provider described a typical illicit Seroquel® user as, *"Younger, same population that uses opiates."*

## **Conclusion**

Crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Youngstown region; also highly available are methamphetamine, powdered cocaine and Suboxone®.

Participants and community professionals reported continued high availability of heroin. Treatment providers referred to a heroin epidemic and explained that heroin addiction is now the primary addiction that they currently treat, explaining that it is more common to find heroin on the streets than it is to find prescription opioids. The Mahoning County Coroner's Office reported that heroin was present at time of death in almost 40 percent of the drug-related deaths it processed during the past six months.

While many types of heroin are currently available in the region, participants continued to report brown powdered heroin as the most available type of heroin and added that gray and white colored heroin are also readily available. In addition, participants mentioned blue, green and pink heroin. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months.

Despite reporting no change in availability of heroin, participants and community professionals noted an increase in heroin-related overdoses during the past six months. Both groups of respondents attributed the increase in overdose to an increased number of people using heroin due to the drugs wide availability, as well as to the current high potency of the drug. Respondents reported that heroin is often adulterated with fentanyl which has been linked to overdose deaths in the region. The Mahoning County Coroner's Office noted three cases with fentanyl present during the past six months. Participants estimated that out of 10 white powdered heroin purchases, five would be cut with fentanyl. Law enforcement and

participants reported that, in addition to being a cut for heroin, straight fentanyl is often sold as heroin.

The most common route of administration for heroin is intravenous injection. Participants estimated that out of 10 users, five to eight would share needles. In addition to several participants admitting to sharing needles, a participant admitted to selling used needles to other users. Furthermore, out of 10 users, participants estimated that all would reuse needles, explaining that many users will use a needle repeatedly until the needle's tip breaks off.

Participants reported that users dispose of needles in the trash, out the window, in a dumpster by burning them. Although most participants reported that they would break off the tips prior to disposing of their needles, a few participants confessed to disposing of needles with the tips intact by throwing it out a car window. Other participants discussed the spread of hepatitis and often suggested a needle exchange for the region.

Participants found it difficult to describe typical heroin users and reported everyone uses, but noted many heroin users are younger (20-30 years of age). A participant suggested that the reason younger individuals are using heroin is because the drug has become common, thus more people want to try it. Treatment providers described typical users as mostly younger white people, both male and female.

Participants reported that the general availability of prescription opioids has decreased during the past six months due to stricter regulations, decreased prescribing by area physicians and the cheap price and high availability of heroin. Participants reported that doctors often tell patients up front that they will not prescribe narcotics. Several participants discussed difficulty in getting treatment for pain, explaining that doctors will refer patients to pain clinics, which they described as difficult to get admitted into.

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. Additionally, treatment providers noted an increase in illicit methadone use and availability, tying this increase to the increase in heroin use. Law enforcement also mentioned higher availability for fentanyl due to the substance being an adulterate for heroin.

Participants and community professionals reported that all forms of Suboxone® as well as Subutex® are readily available throughout the region. Treatment providers reported that users prefer Subutex® because it can be crushed and snorted. Both respondent groups reported high street availability of Suboxone® due to over prescribing

and many users selling some or all of their prescriptions. Several treatment providers noted drug dealers buying prescriptions and trading heroin for prescriptions. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who self-medicate with the drug to avoid withdrawal between "fixes" of heroin or those who wish to stop use and try to detox on their own.

Along with heroin, participants described "meth" (methamphetamine) as very popular in the region. Treatment providers also acknowledged the popularity of methamphetamine among users but reported that they see very few methamphetamine users in treatment. Law enforcement reported highest availability for the drug in Ashtabula County where most of the region's methamphetamine lab busts have occurred.

Participants identified powdered (aka "one-pot" or "shake-and-bake") and crystal methamphetamine as available in the region. However, they reported shake-and-bake methamphetamine as most available throughout the region. Participants and community professionals attributed the current high availability of methamphetamine to the ease in which users can produce the drug. Treatment providers pointed out that there are how-to videos online, making it very easy for anyone who desires to make the drug.

There was a noted connection between heroin addiction and methamphetamine. Participants and community professionals alike discussed how methamphetamine cooks purchase heroin to exchange with users for pseudoephedrine, a precursor ingredient necessary for manufacturing methamphetamine. Participants described typical methamphetamine users as stimulant users, white, someone who has to (or wants to) be awake for long periods of time and 20 to 40 years of age. Some participants reported that more males than females use methamphetamine and estimated that out of 10 users, seven would be male. Community professionals described typical users of methamphetamine as white and 20 to 40 years of age.

Finally, a treatment provider spoke of the availability and use of kratom (*mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree indigenous to Southeast Asia that is in the same family as the coffee tree). The provider reported that two clients recently disclosed they bought the drug through the Internet.