



Drug Abuse Trends in the Youngstown Region

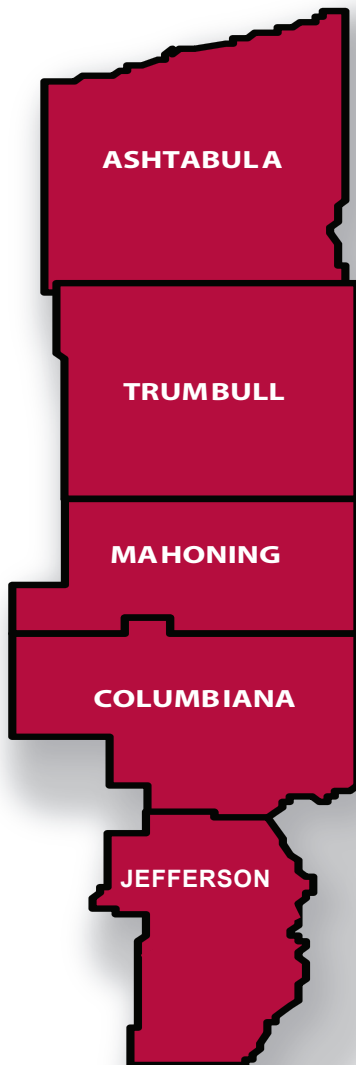
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Data Sources for the Youngstown Region

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 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 Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from June through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

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, 2014	11,560,380	710,934	40
Gender (female), 2014	51.1%	50.9%	37.5%
Whites, 2014	84.8%	89.7%	82.1% ²
African Americans, 2014	13.6%	10.5%	17.9%
Hispanic or Latino Origin, 2014	3.3%	3.0%	5.1% ³
High School Graduation Rate, 2014	82.6%	84.2%	85.0%
Median Household Income, 2014	\$49,349	\$41,405	\$30,000-\$39,999 ⁴
Persons Below Poverty Level, 2014	15.3%	17.9%	34.2% ⁵

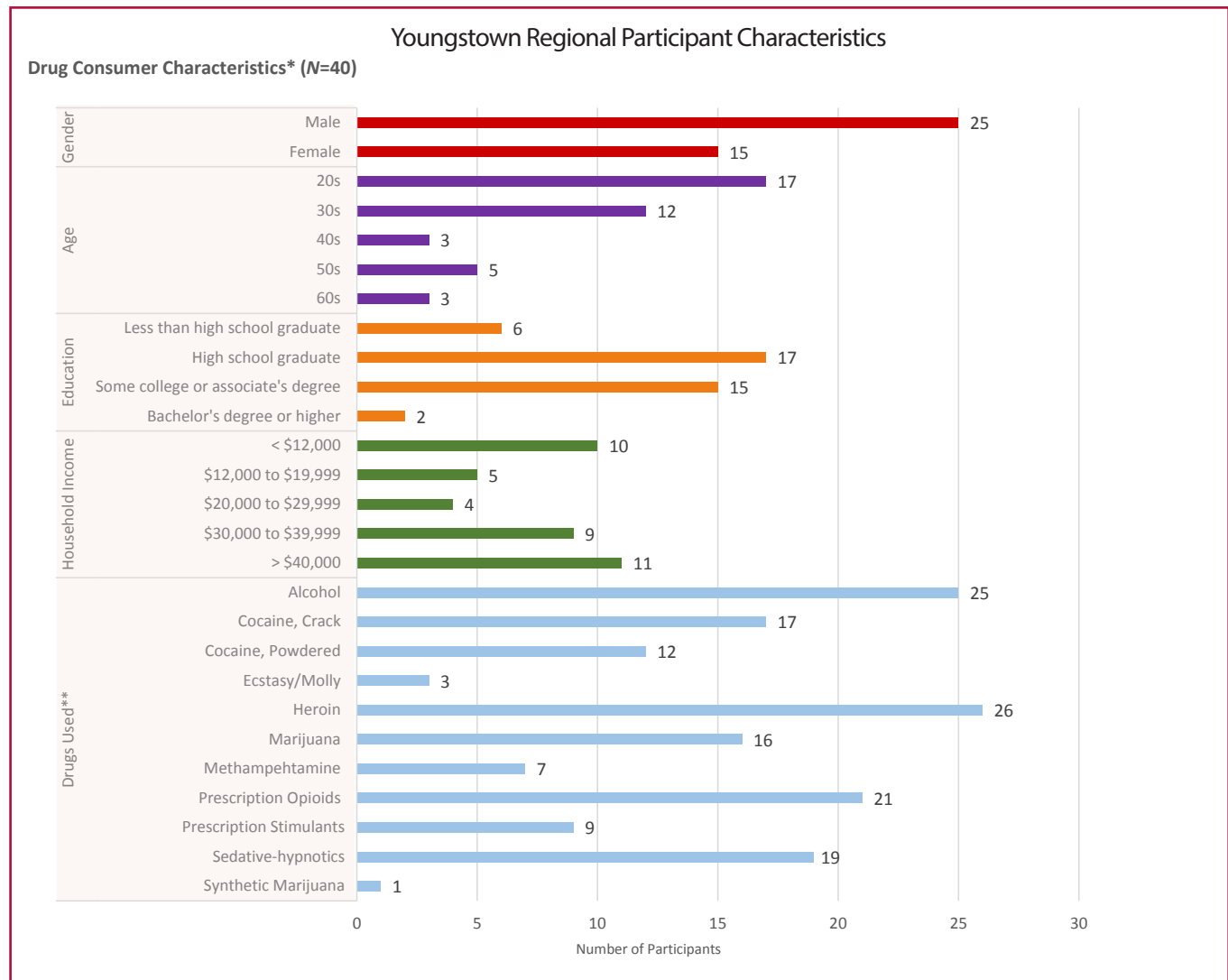
¹ Ohio and Youngstown regional statistics were derived from the most recent US Census and Ohio Department of Education data; OSAM drug consumers were participants for this reporting period: January - June 2016.

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

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

⁴ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

⁵ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



*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.

Historical Summary

In the previous reporting period (June 2015 – January 2016), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the region. Increased availability existed for heroin, marijuana and methamphetamine.

While many types of heroin were available in the region, participants and law enforcement reported brown powdered heroin as most available and indicated that black tar heroin was more difficult to obtain. The BCI Richfield Crime Lab reported an increase in the number of heroin cases it processed; the lab reported processing primarily tan powdered heroin, along with some off-white and brown powdered heroin.

Participants observed that more crack cocaine dealers were selling heroin than previously. Participants also noted that more users sought white powdered heroin, as it was thought to be of higher quality due to its having been linked to overdoses in the region. Participants continued to report fentanyl as an adulterant for heroin. Participants described typical heroin users as white and indicated an increase in heroin use by teens.

Participants and community professionals indicated increased availability of marijuana extracts and concentrates. Participants also noted increased popularity for these forms of marijuana. Participants most often reported high overall quality of marijuana due to the many technological advances in growing the drug with higher THC (tetrahydrocannabinol) content, as well as, to increased availability of high-quality products coming into the region from states where marijuana use is legal in some capacity. Law enforcement observed typical users of marijuana extracts and concentrates as younger than traditional marijuana users.

Participants reported that methamphetamine was available in powdered and crystal forms, but identified powdered methamphetamine (aka “shake-and-bake”) as most prevalent. Participants indicated that the availability of powdered methamphetamine increased due to its growth in popularity. Treatment providers noted more users entering treatment for methamphetamine use; law enforcement reported an increase in the number of methamphetamine labs it shut down.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed increased; the lab reported processing mostly crystal, off-white and powdered methamphetamine.

Participants described typical methamphetamine users as male, as well as truck drivers and factory workers. Community professionals stated that methamphetamine users were of lower socio-economic status, unemployed, white and aged 20s to 40s. Law enforcement observed an increase in heroin use connected with methamphetamine use and suggested that users were either doing both drugs or sold one drug to buy the other.

Lastly, participants indicated an increase in street availability and illicit use of Neurontin®. Participants described typical illicit Neurontin® users as heroin addicts who use the drug to help ease withdrawal or in combination with heroin to intensify their high.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘7’ 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.’ One participant commented, *“I feel like [powdered] cocaine is hard to find because everyone’s doing ‘crack’ [cocaine] ... everyone’s selling crack because they can make way more money [than selling powdered cocaine due to the greater volume of sales of crack cocaine].”* Many participants agreed that crack cocaine is more available than powdered cocaine.




Law enforcement most often reported the current availability of powdered cocaine as ‘8;’ the previous most common scores were ‘5’ for both treatment providers and law enforcement. A law enforcement official stated, *“You can still get it, but we’re not having a lot of trafficking in it.”* Treatment providers reported having no knowledge of the current availability of powdered cocaine. They shared: *“When I was doing my groups, I didn’t hear as many people talking about cocaine; We don’t really talk about the past as much as we talk about the present ... what you’re*

doing for your recovery versus what you did in your use." One treatment provider remarked, "I don't hear about it at all."

Corroborating data indicated the presence of cocaine in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 494 cocaine cases reported during the past six months, of which 46.2 percent were from Mahoning County, the county in which the city of Youngstown is located (for the previous six months, there were 520 cocaine cases, of which 36.7 percent were Mahoning County cases).


Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Of 12 individuals arrested for cocaine trafficking between Texas and Ohio, seven were from Mahoning and Columbiana counties (www.wkbn.com, Feb. 18, 2016). A year-long investigation resulted in two Columbiana County homes raided; seizures included small amounts of cocaine and devices used to measure and package the drug (www.wkbn.com, Feb. 25, 2016). Trumbull County indicted a man for selling cocaine and heroin near a school; authorities seized \$17,000 from his Warren residence (www.wkbn.com, March 22, 2016). A Girard (Trumbull County) man was arrested for drug trafficking after authorities seized cocaine, crack cocaine, heroin and marijuana from his home (www.wkbn.com, May 20, 2016).

The majority of participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant shared, "Around tax time though, a lot of stuff hits the street because people are getting money." Law enforcement also reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, "I'm hearing about it less." 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 comment

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. Participant comments on quality included: "It's hit or miss ... it depends on who you got [as a dealer]; Depends who you get it from; Depends on what they cutting (adulterating) it with."

Participants reported the top cutting agents for powdered cocaine as baby laxatives, baking soda and inositol (dietary supplement). Other adulterates mentioned include: lidocaine (local anesthetic) and vitamins. In addition, a law enforcement official noted, "Some people use caffeine powder." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. However, one participant reported, "It's getting cut more."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for powdered cocaine were variable, depending on county within the region. This is most noticeable in the price of a gram. This quantity is reportedly more expensive to purchase in Mahoning County than Trumbull County (\$80 versus \$50 per gram). Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, a few participants noted that powdered cocaine prices had increased prior to six months ago. They stated: "[Pricing] went up because it's harder to get [cocaine] across the border; Nowadays ... it's expensive ... people be taxing on that (charging a surcharge)."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A line	\$5
	1/4 gram	\$25
	A gram	\$50-80
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$150
	1/4 ounce	\$450

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, anywhere from 5-10 would inject the drug while 0-5 would snort it. However, one participant disagreed, stating, *“More are going to be snorting it ... because it’s easier; it’s quicker access.”* Another participant commented, *“Once you shoot cocaine, you’ll never ... do nothing [sic] else with it.”*

Participants described typical powdered cocaine users as young, suburban, white professionals with a higher socioeconomic status. One participant remarked, *“People with money love to snort cocaine.”* Participants also stated that people who work long hours are more likely to use powdered cocaine. Participants reported: *“I did lots of ‘powder’ (powdered cocaine) to maintain at work because I worked a lot of midnights; A lot of like dancers (adult entertainers) and stuff use it because they have to stay up.”*

Community professionals described typical powdered cocaine users as middle-class, middle-aged, white males. One treatment provider stated, *“Anytime I do hear about it, it’s usually a male that’s using it.”* However, another treatment provider noted, *“Any addict would use it if that’s all that’s available. If their drug of choice isn’t available, they’re going to use whatever’s available.”*




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 commented, *“Just walk out on the streets, you got it. It’s right there on every corner”* Treatment providers most often reported current availability as ‘7-8’, while law enforcement reported it as ‘10’; the previous most common scores were ‘10’ for both respondent groups. One drug court official stated, *“I think I could talk to anybody in the court right now and say, ‘where can I get it?’ ... and they would tell me.”* One treatment provider stated, *“[Crack cocaine is] pretty available because you still hear a lot about that.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An investigation by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the Mahoning Valley Law Enforcement Task Force

led to the arrest of a man for distributing crack cocaine, heroin and buprenorphine in Youngstown (www.wkbn.com, Feb. 24, 2016). Two people were arrested when police searched a Warren (Trumbull County) home, seizing crack cocaine; three children were found living at the residence (www.wkbn.com, March 2, 2016). A Youngstown (Mahoning County) couple were arrested for possession of crack cocaine and heroin, which police found stuffed under the siding of their house after observing a known drug dealer walking on their driveway (www.wkbn.com, March 3, 2016). A search warrant served by the Columbiana Drug Task Force resulted in seizure of 10 grams of crack cocaine and 3.7 grams of heroin (www.otfca.net, March 17, 2016). Two men and one woman were arrested in Youngstown when police executed a search warrant and seized an undisclosed number of baggies of crack cocaine and heroin which were hidden in a diaper (www.wkbn.com, June 2, 2016).

Participants were not in consensus regarding a change of availability for crack cocaine during the past six months. They either reported that availability has increased or remained the same. Community professionals most often reported that the availability of crack cocaine has remained that same during the past six months. Despite this, law enforcement officials in Mahoning County stated: *“We have a couple of crack cases now that we don’t normally work, so I would say it’s gone up a little bit in six months; Working on a couple of crack cases ... is kind of unusual, we’re usually working heroin cases.”* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

		Reported Availability Change during the Past 6 Months	
Crack Cocaine	 Participants	No consensus	
	 Law enforcement	No change	
	 Treatment providers	No change	

Participants most often rated the current overall quality of crack cocaine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8’. Participants shared: *“It ain’t nothing special; Drug dealers like to get over on you ... so they like to ‘cut’ (adulterate) stuff;*

Sometimes you will get like super good shit ... it's like a hit and miss ... like every day it's hit and miss. You have no idea what you're going to get." Participants reported that crack cocaine in the region is most often cut with baking soda. 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	
	●	levamisole and tetramisole (pet and live-stock dewormers)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of crack cocaine has increased during the past six months. Participants stated: "It's more expensive than what it used to be; The prices shot up on the street." However, an undercover narcotics officer added, "The larger [quantity] you buy, the cheaper it is."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$50
	1/16 ounce (aka "teener")	\$80-100
	An ounce	\$1,000-1,250

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. However, one participant shared, "I will inject if I had 'dope' (heroin) to mix with it."

Participants described typical crack cocaine users as middle-aged, African-American males of low socio-economic status. Participants stated: "Hard' (crack cocaine) is a poor people thing; I always thought crack was like a black drug and heroin was a white drug; I know more black males that smoke crack, and it seems like they're older; I see a lot of older 'crack heads' (crack cocaine users)." Community professionals concurred with participants. They commented: "I definitely think it tends to be an older population versus like the 18-year old ... at least when we're seeing them [enter treat-

ment]; Tends to be a little bit more African American; Definitely low income."

Law enforcement officials described age and gender differences among typical crack cocaine users reporting, "For the black males or females, I think they're older, for the white males or females ... [they] would be from mid-20s up; Mid-30s and higher ... there's not too many young black people ... that smoke crack cocaine." One officer explained that there are younger white heroin users who also use crack cocaine: "With the heroin epidemic ... the people that we come across use [crack cocaine] to get that stimulant high in between heroin uses as far as the younger white community."

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current 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 scores were also '10'. One participant summed up the sentiments of many when stating, "Heroin is dominating everything." One law enforcement official stated, "If you're just looking for heroin, you can probably just ... pull into a gas station. If you're there long enough, somebody would probably approach you and try to sell you heroin." Another officer reported "The [drug] traffickers right now ... the majority of them are focusing on heroin."

Corroborating data indicated the presence of heroin in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 750 heroin cases reported during the past six months, of which 42.8 percent were Mahoning County cases (a decrease from 786 cases for the previous six months, of which 32.4 percent were Mahoning County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two toddlers were revived by naloxone at a Warren (Trumbull County) hospital; Trumbull County Children's Services assumed custody of the children following their release (www.nbc4i.com, Feb. 3, 2016). A Mahoning County inmate admits to using burglary to feed his heroin addiction and asserts that heroin has replaced the things he most enjoyed in life (www.wkbn.com, Feb. 18, 2016). Upon searching a vehicle, Boardman Police (Mahoning County)

caught one of the passengers attempting to swallow a bag of heroin (www.wkbn.com, Feb. 22, 2016). East Liverpool Police (Columbiana County) seized 5.6 grams of heroin and \$900 during a search of a local residence (www.wkbn.com, March 2, 2016). A Trumbull County man was indicted after injecting his girlfriend with heroin in front of one of her three children; the woman overdosed, was taken to the hospital for treatment and was charged with child endangerment (www.wkbn.com, March 16, 2016). Warren Police administered Narcan® to a couple discovered overdosing in their home; only the woman survived (www.wkbn.com, March 18, 2016). A 75-year-old woman was arrested when a search warrant was executed at her residence; \$100,000 worth of unadulterated heroin, a large amount of marijuana and a small amount of cocaine were seized (www.vindy.com, March 25, 2016). A Warren man took responsibility for the overdose death of his friend and was sentenced to three years in prison; the overdose was caused by a fentanyl-heroin mixture (www.vindy.com, April 8, 2016). St. Clair Township (Columbiana County) and East Liverpool Police responded to five heroin overdoses during a 3-day period; three overdoses happened in vehicles, one in a public bathroom at a convenience store and another at a residence (www.otfca.net, May 13, 2016). Niles Police (Trumbull County) raided an apartment and discovered 94.5 grams of heroin, marijuana and \$8,076 (www.wkbn.com, May 20, 2016). Youngstown Police found a man passed out in his car at a gas station with a needle still in his arm; a bag of heroin and a bag of cocaine were seized from his vehicle (www.vindy.com, May 21, 2016). A Youngstown man was arrested after police discovered eight bags of heroin, four bags of cocaine and 69 unidentified pills when a search warrant was executed at his home (www.vindy.com, May 27, 2016). The Mahoning County Sheriff's Office responded to a call from a Canfield (Mahoning County) gas station in which they found a woman using heroin in the bathroom in front of her 2-year-old child (www.wkbn.com, May 31, 2016). A Warren man was charged with involuntary manslaughter after providing fentanyl in lieu of heroin to a woman who subsequently overdosed and died (www.otfca.net, June 2, 2016). Two inmates of the Mahoning County Jail overdosed on fentanyl and needed to be administered Narcan®; a third inmate who was accused of smuggling the drug into the jail faced additional charges (www.journal-gazette.net, June 9, 2016).




While many types of heroin are currently available in the region, participants and law enforcement continued to report brown powdered heroin as most available. One

participant stated, *"There is no 'china white' (white powdered heroin) in this area."* Law enforcement described primarily finding brown powdered heroin. One officer replied, *"Mexican [brown] heroin ... is most of our supply here, so we're not seeing so much of the china white"* Participants in one group spoke of gray colored heroin. One participant stated *"There is a gray [heroin] sometimes, too ... that is good. I can get that easily."* Participants reported that gray heroin is often referred to as "kitty litter." A treatment provider stated that clients report that a user doesn't usually know the type or color of the purchased heroin until it is delivered to them. Participants explained: *"When you call a 'dope boy' (heroin dealer), you don't know what kind of heroin you're about to get. You don't know what color it's about to be. He can have totally different shit then he had yesterday."*

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this type of heroin as '4'; the previous most common score was '5.' When discussing black tar heroin, a participant said, *"That's more in big cities."* Law enforcement also mentioned black tar heroin and most often reported its current availability as '0-1' in Trumbull County and '4-5' in Mahoning County. One law enforcement officer from Mahoning County stated, *"We have 'tar' (black tar) heroin."* In Trumbull County, law enforcement reported, *"Still not seeing a lot of black tar."*

In addition to brown powdered and black tar heroin, participants and law enforcement also reported current availability of white powdered heroin in the region, which they clarified, is not china white heroin, but rather fentanyl. Law enforcement officials remarked: *"If it is white, it's probably fentanyl; The white we see is more the fentanyl!"* Participants said: *"You shouldn't mess around with white powder. That's why people are dying; White powder is scary."*

Participants reported that the availability of powdered heroin has increased during the past six months, while the availability of black tar has remained the same. One participant stated, *"Anything opiates, you're looking at an increase."* Community professionals reported that the general high availability of heroin has remained the same during the past six months. 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 brown powdered, brown chunks, as well as, off-white and tan powdered heroin. The lab also reported that the number of black tar heroin cases has decreased, although the lab noted that it does not typically differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. In terms of quality, participants shared: "You don't know what you're going to get until you open it up; You're going to hear, 'I got that 'fire' (potent heroin),' and you're going to say, 'throw me a sample bag' ... The good dope sells itself." Participants discussed adulterants (aka "cuts") that affect the quality of heroin, reporting the top cutting agents for heroin as fentanyl and other prescription opioids along with Sleepinol® (sleep aid). Additional cuts mentioned include: baby formula and vitamins. One participant noted "Vitamins, that's a big one." Overall, participants reported that the quality of white powdered heroin has increased during the past six months, while the quality of brown powdered heroin has remained the same.

Law enforcement also noted adulterants for heroin. One law enforcement official reported, "We're seeing different cuts in the heroin ... fentanyl ... Sleepinol® is one of them because it kind of gives you that down feeling which you want with heroin. Some people put vitamin B in it ... powder just to cut it ... to make it more cost productive for them." The BCI Richfield Crime Lab noted more fentanyl with heroin cases during the past six months than previously seen.

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/10 gram. Overall, participants reported that the prices for brown and white powdered heroin have remained the same during the past six months. One participant remarked, "They don't care

whether you're getting good quality or bad quality [heroin], they're still gonna charge you the same."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "folds")	\$20
	1/2 gram	\$40
	1/4 gram	\$60
	A gram	\$110-120
	1/4 ounce	\$500
	10 grams (aka "finger")	\$800
	Black Tar:	
	1/10 gram (aka "balloon")	\$10-20
A gram	\$80	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, 8-10 would shoot and the remainder would snort the drug. Although one participant stated "There's the suburban white kid that'll wanna smoke it ... they're afraid of needles." Another participant noted, "You're probably not going to have 10 people together shooting heroin because it's such an unsocial drug."

Participants reported that injection needles are most available from dealers and pharmacies. Additionally, participants also reported obtaining needles from retail stores and diabetics. One participant remarked, "I just go to the pharmacy and buy a box for \$12." Reportedly, the most common price for needles on the street is \$5 for two needles. When it comes to sharing needles, participants stated: "It's very common; If you're 'dope sick' (experiencing withdrawal), you're going to share a needle; If there was only one 'rig' (equipment to shoot heroin) though, we would all share." One drug court official relayed, "I haven't heard anyone talk about safe practices. I don't think it really matters at the point [of use]."

Participants described the typical heroin user as male or female, aged 20-40 years, white and from all socio-economic status. In addition, participants shared that heroin users

are becoming younger. One participant observed, *"I've seen them as young as 12 years old ... sticking needles in their arm (shooting heroin)"* Treatment providers described typical heroin users as young, white individuals of all genders. Treatment providers stated: *"It could be anybody ... there's not really a certain stereotype; There isn't a typical ... even if you took a cross section of who I have now ... you would have some that grew up in quote, unquote, 'normal families' ... parents, no drama versus someone who grew up with an addict parent and of low socio-economic status"*

Law enforcement described heroin users as white and of low socio-economic status. An officer reported, *"Mostly white ... It seems to be lower income, too, or they become lower income."* However, another officer shared, *"When we do wiretaps (surveillance), we get a lot of suburban people buying heroin."* Additionally, law enforcement in Trumbull County reported: *"More black males are using it, snorting it more ... not shooting it, but snorting it; We've had some overdoses recently ... non-fatal overdoses, on some black males ... typically that we really wouldn't have, but it seems like it's happening more."*

Prescription Opioids



Prescription opioids are moderately available in the region. Participants most often reported the current street availability of these drugs as '6' 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' Participant comments on current availability included: *"I don't think that they're hard to get, but the quantity is. They're cutting down on the quantity ... you used to go to the ER and they would throw you (write a prescription for) like 30 or more [pills], now they give you like 10-15; The doctors are giving less prescriptions; Everybody is getting cut off from their doctors."*

Treatment providers were not able to reach a consensus on the current street availability of prescription opioids and provided availability ratings ranging from '3-8,' while law enforcement most often reported current street availability as '10,' the previous most common score was '8' for treatment providers and '9' for law enforcement. A treatment provider who perceived street availability to be relatively high stated: *"They can go into the dentist; they can go to the ER; and then they can get [prescription opioids] on the street."*

Corroborating data indicated the presence of prescription opioids for illicit use in the region. A query of the National

Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 305 prescription opioid cases reported during the past six months, of which 15.7 percent were acetyl-fentanyl/fentanyl cases (a decrease from 381 cases for the previous six months, of which 10.8 percent were acetyl-fentanyl/fentanyl cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police seized 200 narcotic pills and 37 bindles (small packets) of heroin when they searched a vehicle after stopping it for a traffic violation (www.wkbn.com, Feb. 12, 2016). Three men were arrested in Youngstown when officers served a search warrant at a residence and seized more than 3,000 tramadol pills (www.wkbn.com, March 17, 2016).

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant remarked, *"Vicodin® is really easy to get."* Community professionals identified tramadol as the most popular prescription opioid in terms of widespread illicit use. A law enforcement official stated, *"It might even be more like heroin. You can probably get tramadol ... very, very easy."* Other law enforcement officials stated: *"Tramadol, we're seeing more and more; Now it seems like we seize more tramadol!"* Treatment provider comments included: *"I hear more of the younger kids talk about 'roxies' (Roxicodone®); It seems like Norco® is the one that always gets prescribed to juveniles."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. One participant lamented, *"It's just getting harder for me because it's so much money, and heroin's just easier to get."* Another participant stated, *"Doctors are cracking down [and not writing many prescriptions]."* Treatment providers reported that the general availability of prescription opioids has remained the same during the past six months, while law enforcement reported decreased availability.

Law enforcement discussed: *"There's a tool out there now for law enforcement, as well as for doctors ... pharmacies ... called OARRS (Ohio Automated Rx (prescription) Reporting System) which really put a damper on people doctor shopping ... they can't do that anymore. The abusers aren't having the access to [prescription opioids] they used to; There's a lot more available heroin than there are pain meds; Now the heroin dealer has heroin and pain medication to sell. His supply of pain meds just isn't as strong."* The BCI Richfield Crime

Lab reported that the number of Dilaudid®, methadone, morphine and Vicodin® cases it processes has increased during the past six months, while the number of fentanyl, Opana®, OxyContin® and Ultram® cases has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for approximately \$1 per milligram. One participant mentioned how the price of prescription opioids has affected his choice to use heroin: “Why would you want to pay \$5 for a pill when you can pay \$10 for a bag of ‘dope’ (heroin)?”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$10 for \$10 mg
	Percocet®	\$4-5 for 0.5 mg \$6 for 7.5 mg \$8 for 10 mg
	Roxicodone®	\$10 for 15 mg \$20 for 30 mg
	Vicodin®	\$3 for 0.5 mg \$5 for 7.5 mg \$5-7 for 10 mg
	Ultram®	\$ 0.50 for 50 mg \$1 for 100 mg

Participants reported obtaining prescription opioids for illicit use from dealers or a doctor, as well as from elderly people either through theft or purchase. Participants commented: “Stealing from old people; A lot of elderly people sell their prescriptions.” A law enforcement official reported that users order tramadol through the Internet.

While there were a few reported ways of consuming prescription opioids, generally the most common routes

of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription opioid users, half would orally consume and half would snort the drugs. Participants indicated that in some cases the route of administration depends on the type of medication. For instance, one participant explained, “Roxies, everybody I know snorts those, but the ‘vikes’ (Vicodin®) ... I don’t know anybody that mainlines (injects) any of those.”

A profile of a typical illicit prescription opioid user did not emerge from the data. As one participant put it, “Opiates do not discriminate” However, several participants discussed illicit use as most common among whites. Community professionals described typical illicit users of prescription opioids as similar to the typical heroin user, mostly white, crossing all genders, socio-economic status and occupations. An exception was noted when it comes to the illicit use of tramadol. One law enforcement official observed, “Everybody we get with tramadol is black ... All of our arrests anymore ... very, very rarely will we have a white person with tramadol on them.”

Suboxone®




Suboxone® remains 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.’ One participant shared, “They were giving me 90 ‘strips’ (Suboxone® sublingual filmstrips) a month, and I don’t need three strips a day, so what did that lead to ... ‘Okay, keep the one ... and selling the rest.’ So a lot of people ... they sell em’ ... and then just go buy their drug of choice.” Other participants shared that getting a prescription for Suboxone® is “very easy.”

Treatment providers most often reported the current street availability of Suboxone® as ‘8;’ the previous most common score was also ‘8.’ Law enforcement most often reported current street availability as ‘10;’ the previous most common score was ‘8.’ A treatment provider stated “It seems to be pretty available.” One law enforcement official shared, “They’ll cut those strips ... they’ll use two strips, and they’re selling 28 of them.” Community professionals and participants reported that the most available type of Suboxone® is the sublingual filmstrip form. A law

enforcement official stated, "We used to see the pills a lot, but then we started seeing the strips, and we really don't see the pills anymore."

Corroborating data indicated the presence of Suboxone® in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 75 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (an increase from 66 cases for the previous reporting period).

Participants reported that the street availability of Suboxone® has increased during the past six months. Participants explained that availability has increased because users can go to a Suboxone® clinic and pay cash for a prescription. Participants discussed: "Self-pay Suboxone® clinic ... they give you like three a day; Mostly, people with the 'scripts' (prescriptions) go trade or sell [Suboxone®]." Community professionals reported that the availability of Suboxone® has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, 8 mg filmstrips or pills most often sell for \$15 apiece. Participants discussed the practice of trading Suboxone® with drug dealers and the effect that this practice has on price. One participant stated, "If I'm trading them to my 'dope boy' (heroin dealer), it's only \$10 ... if I'm selling them, like \$20-25." Another participant agreed, "Trading is half price."

In addition to obtaining Suboxone® from doctors, participants also reported getting the drug through dealers and other opiate users. One Law enforcement professional stated, "It's usually the users that are selling their Suboxone®." Participants reported, "The dealer gets it because he buys it in

bulk, usually off the person that gets it from the doctor; I would sell mine to my dealer; They trade them in recovery centers."

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption, followed by intravenous injection (aka "shooting"). Participants and community professionals described the typical illicit Suboxone® user as a heroin addict who is trying to stop withdrawal symptoms. A law enforcement professional stated "He doesn't want to be high, but he doesn't want to be sick, so he takes the Suboxone® ... so he's not sick."

Sedative-Hypnotics




Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the 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'. One participant stated, "You can get 'benzos' (benzodiazepines) from doctors easily." Community professionals most often reported current street availability as '8'; the previous most common scores were '10' for treatment providers and '8' for law enforcement.

Corroborating data also indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 132 benzodiazepine cases reported during the past six months, of which 42.2 percent were Mahoning County cases (a decrease from 163 cases for the previous reporting period, of which 39.3 percent were Mahoning County cases).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. One participant remarked, "Xanax®, you can get all day." Community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A law enforcement officer stated, "We'll find them when we do a search warrant ... the most common is Ativan®, Xanax® and ... Klonopin®." Treatment providers said: "People go more towards the Xanax® or Ativan® [or] Klonopin®, I hear more of them being prescribed Xanax®."

Participants reported that the general availability of sedative-hypnotics has increased during the past six months. One

participant explained, "Those replaced the pain pills with the doctors." Community professionals reported that availability of sedative-hypnotics has remained the same. The BCI Richfield Crime Lab reported that the number of Ativan® cases it processes has increased during the past six months, while the number of Ambien®, Valium® and Xanax® cases have decreased.

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

Reports of current street prices for sedative-hypnotics were variable among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$0.50-2 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 (unspecified dose)
	Valium®	\$1 for 10 mg
	Xanax®	\$2-3 for 1 mg \$3-5 for 2 mg

In addition to obtaining sedative-hypnotics for illicit use from dealers, participants also reported getting them from doctors and other users. One participant stated, "I can go to the ER right now and say I have anxiety and they'll give me Ativan®." Law enforcement officials explained: "A lot of pills ... it seems like they need to know somebody that has the pills. It's not like you can just go down the street and find a dealer in the parking lot and buy pills; You have to know the right person to be able to get them."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, 5-10 would orally consume the drugs while the remainder would snort them.

Participants described typical illicit users of sedative-hypnotics as female and cocaine or heroin addicted. Community professionals described typical illicit users as young and white. One law enforcement official suggested that age doesn't matter: "We will come across some female heroin addicts that are 50-years old and they'll have Ativan® on them, and we'll come across a 20-year old and they'll have Ativan® on them." Treatment providers commented: "I've seen it across the board with the juveniles. Socio-economic [status] doesn't matter; It's the same people using the opiates; They tend to be younger ... adolescents into ... late 20s, early 30s."

Marijuana



Marijuana remains 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'. Participant comments included: "You can find marijuana anywhere; It's everywhere. Right across the street, right around the corner, you know what I'm saying, right down the street."

Community professionals most often reported current availability of marijuana as '10'; the previous most common score was also '10'. Law enforcement comments included: "Every drug dealer we bust, they all have at least a little bit of marijuana. It's guaranteed you're going to find marijuana; Anybody I'd arrest ... if they had an arrest for trafficking, and they had crack or heroin on them, they always had a bag of marijuana, too, always, always; If they got two pockets, they probably have marijuana in at least in one of them"

Corroborating data indicated that marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 751 marijuana cases reported during the past six months, of which 37.9 percent were Mahoning County cases (a decrease from 903 cases for the previous six months, of which 30.6 percent were Mahoning County cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Struthers (Mahoning County) woman was arrested for permitting




two young girls, ages 12 and 14 years, to smoke marijuana in her house and have sex with 20-year-old men; the two men were also arrested (www.wkbn.com, March 1, 2016). A drug bust at a residence in Leetonia (Columbiana County) led to the seizure of 16.3 grams of heroin, 38.5 grams of marijuana and a marijuana grow operation (www.wkbn.com, March 21, 2016). A Youngstown man was arrested for trafficking marijuana at the Western Reserve Transit Authority station although he had been previously banned from that location; when police arrested him, they found 23 bags of marijuana packaged for sale in his jacket (www.vindy.com, April 7, 2016). A 14-year-old Boardman (Mahoning County) boy was arrested for his participation in corrupting another boy with marijuana, providing him with an unspecified white pill and assaulting him at a party (www.wkbn.com, May 3, 2016). Two men were arrested in Youngstown for their involvement in a marijuana drug trafficking ring and four murders; one of the victims was a known, local, low-level marijuana dealer (www.otfca.net, May 11, 2016). Youngstown Police arrested a man at a store after a concerned citizen alerted authorities to his loitering; the police found a bag of marijuana and a loaded revolver in his possession (www.vindy.com, May 12, 2016).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported current availability of extracts and concentrates as ‘10’; the previous most common score was also ‘10’. One participant observed, “Before, like nobody really used it or ... knew anything about it, and then like say in the past four years, it’s become more popular.” Law Enforcement most often reported current availability of marijuana extracts and concentrates as ‘3’; the previous most common score was ‘2-3’. One officer remarked, “We seized some ‘wax’ (marijuana concentrate).”

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has remained the same during the past six months. They stated: “People don’t waste their time with it (low-grade marijuana); Nobody wants to smoke a whole ‘blunt’ (marijuana filled cigar) to get a buzz. You want to take a couple of puffs and be like, get to the refrigerator; I don’t know nobody smoking ‘reggie’ (aka “regular,” low-grade marijuana).” Participants indicated that the availability of marijuana extracts and concentrates have increased during the past six months. One participant explained, “More people are learning how to make it.”

Community professionals reported that the general availability of marijuana has remained the same during the past six months. One treatment provider commented, “They can’t really go much higher.” Community professionals reported that marijuana extracts and concentrates have increased during the past six months. One law enforcement officer stated, “We used to never see that before, now we’re seeing it.” A juvenile drug court official stated, “It’s becoming a bigger problem than what it used to be because nowadays, those vapor pens, they put it in there.” The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months; the lab does not differentiate marijuana extracts and concentrates from marijuana.

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

Extracts/ Concentrates	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current overall quality of marijuana as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. More specifically, the quality of low-grade marijuana was most often reported as ‘6’ and of high-grade marijuana as ‘10’; the previous most common scores for both grades were ‘10’. One participant shared, “People have choices you know ... regular, ‘mids’ (midgrade), high grade ... ‘kush,’ ‘blueberry’ (types of high-grade marijuana).” Overall, participants indicated that the quality of both grades of marijuana have remained the same during the past six months, while the quality of marijuana extracts and concentrates have increased. One participant remarked, “That’s some strong stuff.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Similar to previous reports, low-grade marijuana is the least expensive form of the drug. A participant reported "Everybody got reggie because some people can't afford kush."

Current Prices for Marijuana	
Low grade:	
A blunt (cigar) or two joints (cigarettes)	\$5
A gram	\$5
1/8 ounce	\$15
1/4 ounce	\$25
1/2 ounce	\$40-50
An ounce	\$80-100
A pound	\$800
High grade:	
A blunt (cigar) or two joints (cigarettes)	\$10
A gram	\$20
1/8 ounce	\$50
1/4 ounce	\$70-100
1/2 ounce	\$130-175
An ounce	\$225-350
1/4 pound	\$900
1/2 pound	\$1,500
A pound	\$2,800

Marijuana

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. A profile for a typical marijuana user did not emerge from the data, although participants alluded to the drug being popular with younger people. One participant commented, "You just grow out of marijuana after a while." Community profes-

sionals believed marijuana use to be across the board. Treatment providers stated: "It's a part of just about everybody's story; When we had adolescents, a lot were using with their parents; A lot of people ... if they have the opportunity, they're going to smoke it. And some people that would like to smoke it, the only reason they don't is because it's against the law." Law enforcement stated: "We do see 40, 50 year-old people using it, but the majority is the younger group ... 20s; Older people are just smart enough not to get caught, that's what it seems like."

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'. One participant noted, "In the rural areas, it's very popular." Treatment providers most often reported the current availability of methamphetamine as '3', while law enforcement most often reported it as '5'; the previous most common scores were '7' and '6', respectively. A drug court official stated, "We had one person go through the court and that was her drug of choice." One treatment provider stated, "I don't think it's in the Youngstown, even like in the Warren area ... I think you're traveling a little bit to get it." One law enforcement officer shared, "We see very little in Boardman (Mahoning County) ... We just had one (a methamphetamine arrest) ... that was odd."

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 195 methamphetamine cases reported during the past six months, of which 11.8 percent were Mahoning County cases and 67.7 percent were Ashtabula County cases (a decrease from 214 cases for the previous six months, of which 7 percent were Mahoning County cases and 69.6 percent were Ashtabula County cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Trumbull County authorities searched a residence and disabled a methamphetamine lab, seizing an undisclosed amount of

methamphetamine, along with equipment and chemicals used in the manufacture of the drug (www.wkbn.com, Feb. 27, 2016). Two men and a woman were arrested in Youngstown for operating a methamphetamine lab inside a garage; police responded due to neighbor complaints of drug activity (www.wkbn.com, May 20, 2016). The Columbiana County Drug Task Force uncovered two methamphetamine labs: one in Salem and the other just off a roadway (www.wkbn.com, May 24, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated the powdered form as most prevalent. A law enforcement official stated, "We're not seeing crystal ... 'ice' ... we're not seeing that." Another officer reported seeing, "just the 'one-pot.'" The powdered form of methamphetamine is typically referred to as "one-pot" or "shake-and-bake," which means users are producing the drug 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 can produce the drug in approximately 30 minutes in nearly any location.

Participants and law enforcement reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. One law enforcement officer in Mahoning County stated, "It's moving in here." Other officers in Mahoning County reported: "It probably would have been '0-1' (rarely available on the availability scale) six months to a year ago, but it has increased." The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine.

Participants were unable to reach a consensus as to the overall current quality of powdered methamphetamine; they most often reported its current quality as '6,' '8' and '10,' the previous most common score was '8.' Participants most often rated the current quality of crystal methamphetamine as '8,' the previous most common score was '10.' Overall, participants reported that the quality of both powdered and crystal methamphetamine has remained the same during the past six months. However, participants frequently noted that quality depends on who's making the drug.

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

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount purchased is a gram. Law enforcement discussed trades for methamphetamine. One officer reported, "They call them 'smurfs,' those who go out and get the Sudafed® for the guy who manufactures it ... they might get methamphetamine for coming back with the pseudoephedrine (the needed ingredient in Sudafed® for methamphetamine's manufacture)."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/4 gram	\$25-30
	A gram	\$60
	1/16 ounce	\$100
	1/8 ounce	\$130
	Crystal:	
	1/10 gram	\$10
	1/4 gram	\$20
	1/2 gram	\$70-100
A gram	\$130	

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, 5-8 would shoot and the remainder would smoke the drug. Participants described typical methamphetamine users as young, white males in rural areas. Community professionals also described methamphetamine users as typically white, in their 20s to 40s

and from rural areas. A law enforcement official stated, "We have 40-year olds and 20-year olds together making meth." Another officer commented "I've never seen a black male or female even mention the word 'meth.'"




Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported the current street availability of these drugs as '7' 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.' Participant comments included: "Some people take their kids to the doctor to get them ... for themselves; All my kids were on 'em." Treatment providers were not able to reach consensus on the current street availability of prescription stimulants, reporting current availability most often as '3,' '4' or '8,' the previous most common score was '10.' Law enforcement did not assign an availability score to current street availability of prescription stimulants; the previous most common availability score was '7.'

Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One participant emphasized, "Adderall® is the most common." One law enforcement officer noted, "[Adderall® is] about the only one we see."

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. Treatment providers also reported that availability has remained the same during the past six months, while law enforcement reported increased availability. Law enforcement stated: "We see more; The same high as cocaine and cocaine prices went up." The BCI Richfield Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, Adderall® 20 mg sells for \$5. Participants reported most often obtaining these drugs from other users. Participants reported that the most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, seven would orally consume and three would snort the drugs.

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

Participants described typical illicit users of prescription stimulants as teenagers, college students, mothers of young children and people who work third shift. Community professionals described typical illicit users also as high school and college students and mothers of young children. A juvenile drug court official stated, "Kids are either not taking it and passing it, or abusing it while taking it." A law enforcement officer shared, "Doing doctor shopping cases, prescription stimulant cases ... it seems to be a mother, a female, who says, 'I need something to keep up with my kids.'"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy 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 '3.' One participant stated, "Ecstasy is hard to get." Another participant shared, "If you go to a 'rave' (dance party) or something, you're definitely finding ecstasy." Participants most often reported the current availability of "molly" (powdered MDMA) as '7,' the previous most common score was '5.'

Treatment providers reported not knowing the current availability of ecstasy pressed tablets. Treatment provider comments included: "The ecstasy, I haven't heard about it in quite a while; Not within the last six months." They most often reported the current availability of molly as '4.' One treatment provider stated, "But molly ... a couple of the clients were talking about it the other day" Another treatment provider remarked, "Now molly I still hear." In the previous reporting period, treatment providers were unable to reach consensus on the availability of ecstasy and molly.

Law enforcement most often reported the current availability of ecstasy as '3' and of molly as '8'; the previous most common scores were '5' and '0,' respectively. An undercover detective in Mahoning County shared, "We just did an ecstasy case where a guy had two pounds of ecstasy shipped here from Poland, the country of Poland ... before that I can't remember the last time we bought ecstasy."

Participants and treatment providers reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. Participants attributed decreased availability of ecstasy to the increase in heroin use: "Heroin is just where it's at; Heroin is taking over." Participants reported molly's popularity as increasing. One participant commented, "It's just better than ecstasy."




Law enforcement in Mahoning County reported that availability of both ecstasy and molly has remained the same during the past six months. One officer said, "Heroin just kind of took over everything." Trumbull County law enforcement also reported that the availability of ecstasy has remained the same, but reported increased availability of molly. One officer shared, "We've been seizing stuff that people say is molly ... we're waiting to see what comes back from the lab ... so, if it is molly, truly, then it's definitely gone up [in availability]." 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 molly from ecstasy cases.




Reports of current prices for ecstasy and molly were variable among participants with experience buying the drug.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-20
	Molly:	
	1/10 gram	\$20
	A gram	\$40-45

Participants continued to report that the most common route of administration for ecstasy remains oral consumption, and for molly, it remains snorting. Participants estimated that out of 10 ecstasy users, all 10 would orally consume the drug, including "parachuting." Parachuting is crushing the traditional tablet or placing the powdered form, molly, into a small piece of tissue, wrapping the tissue and its contents into a small bundle and swallowing. However, one participant commented, "Everybody I know would ... if you've got an ecstasy pill ... snort half and eat half." Participants estimated that out of 10 molly users, all 10 would snort the drug. One participant remarked, "Molly's more for snorting."

Participants described typical ecstasy and molly users as high school and college students. A participant explained, "You grow out of ecstasy ... then you start the hardcore shit ... ecstasy's like a gateway drug." Community professionals also described the typical ecstasy and molly user as high school and college students. However, a couple of community professionals indicated that ecstasy is more popular in the African-American community, while molly seems to be more popular with white individuals. In addition, one treatment provider noted another difference regarding socio-economic status: "The molly ... I would say, [the user] is a little higher income than the ecstasy user."

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

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

Synthetic Marijuana






Synthetic marijuana (synthetic cannabinoids) remains available in the region, although only a few participants reported having current knowledge of the drug. These participants most often reported the drug's current availability as '3-10' on a scale of '0' (not available, impossible to get) to '10'

(highly available, extremely easy to get). One participant reported, "You could still go get it on the Internet." Treatment providers reported no knowledge of synthetic marijuana use during the past six months and could not report on the drug's current availability. One treatment provider stated, "I don't really hear about it anymore."

Law enforcement most often reported the current availability of synthetic marijuana as '7'. Law enforcement in Trumbull County discussed: "We just got some in a bust ... a couple weeks ago; There was a female that overdosed, if you will, a couple months back. She was eating her hand and [law enforcement officers] had to call the paramedics. The guy [she was with] was swearing that all she did was smoke weed ... then to find out later, it was that synthetic weed." Contrarily, a law enforcement officer in Mahoning County reported, "I saw a lot of it and then it went away ... I probably haven't seen it in six months."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant commented, "First it was everywhere and then it just dropped off." Community professionals reported that availability 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 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 prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, a 3.5 gram bag sells for \$25. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as those on probation as well as those subjected to drug testing due to court involvement or employment.

Other Drugs in the Youngstown Region

Participants and community professionals listed hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) as being present in the region, but these substances were not mentioned by the majority of people interviewed.

Hallucinogens

Hallucinogens are moderately availability in the region. Participants most often reported the current availability of LSD and of psilocybin mushrooms as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '4' and '5', respectively.

Treatment providers reported no knowledge of hallucinogen use during the past six months and could not report on the drug's current availability. They reported that no client mentioned the substances during the past six months. Law enforcement most often reported the current availability of LSD and of psilocybin mushrooms as '1'; the previous most common scores were '5' and '2-3', respectively. A juvenile drug court official stated, "Just had a kid the other day ... a referral that just used mushrooms. So, they're still there, which shocked me." One law enforcement officer in Mahoning County stated, "The availability [of psilocybin mushrooms] is low, but we do come across them." When discussing availability of LSD, law enforcement reported that very rarely do they encounter it. One officer stated, "I don't even know if I've ever seen it here."

Some participants reported that the availability of LSD has decreased during the past six months, while an even number reported that availability has remained the same. One participant shared, "I can't find it anywhere." Participants were in agreement that the availability of psilocybin mushrooms has decreased during the past six months. Law enforcement reported that the availability of LSD and of psilocybin mushrooms has remained that same, which is low, during the past six months. The BCI Richfield Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes have increased during the past six months.

Participants were only able to report on the current pricing of LSD. Reportedly, a "hit" (single dose, either drop or square paper form) sells for \$10-20. Participants described typical hallucinogen users as teenagers and hippies. Community

professionals described typical users as people involved in growing and/or using marijuana regularly. They commented: *"Marijuana growers; These marijuana people, they'll have mushrooms, too."*

Conclusion

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

The general high availability of heroin has remained the same during the past six months. All respondent groups discussed that heroin is the dominate drug in the region. Law enforcement reported that most drug traffickers are focused on heroin. While many types of heroin are currently available, participants and law enforcement continued to report brown powdered heroin as most available. Law enforcement described primarily finding brown powdered heroin during arrests. Participants in one focus group spoke of gray-colored heroin, referring to this type of heroin as "kitty litter." A treatment provider explained that clients report that a user doesn't usually know the type or color of the purchased heroin until it is delivered to them.

In addition to brown powdered and black tar heroin, participants and law enforcement also reported current availability of white powdered heroin in the region, which they clarified, is not "china white heroin," but rather fentanyl. Participants and law enforcement discussed adulterants (aka "cuts") that affect the quality of heroin, reporting the top cutting agents for heroin as fentanyl and other prescription opioids along with Sleepinol® (sleep aid). The BCI Richfield Crime Lab noted more fentanyl with heroin cases during the past six months than previously seen.

Participants described the typical heroin user as male or female, aged 20-40 years, white and from all socio-economic status. In addition, participants shared that heroin users are becoming younger. Treatment providers described typical heroin users also as young, white individuals of all genders. While law enforcement described typical users as white and

of low socio-economic status, law enforcement in Trumbull County reported an increase in African-American males using heroin during the past six months. Reportedly, African-American males typically snort the drug.

Corroborating data indicated the presence of prescription opioids for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 305 prescription opioid cases reported during the past six months, of which 15.7 percent were acetyl-fentanyl/fentanyl cases.

However, participants and law enforcement reported a general decrease in the availability of prescription opioids for illicit use during the past six months. Participants attributed decreased availability to doctors not writing as many prescriptions as previously. Law enforcement also attributed doctors, as well as pharmacists, for decreased availability due to their increase in use of OARRS (Ohio Automated Rx (prescription) Reporting System) to eliminate "doctor shopping" (obtaining multiple opioid prescriptions from several doctors). In addition, both respondent groups discussed the ease in availability and the low cost of heroin as other reasons for the current limited availability of prescription opioids.

Community professionals described typical illicit users of prescription opioids as similar to typical heroin users, mostly white crossing all genders, socio-economic status and occupations. An exception was noted when it comes to the illicit use of tramadol. One law enforcement official reported that most of their tramadol cases involve African-American users.

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported high current availability of extracts and concentrates, while indicating increased availability of these marijuana byproducts due to more users learning how to produce dabs. A profile for a typical marijuana user did not emerge from the data, although participants alluded to the drug being popular with younger people.

Participants continued to report high availability of methamphetamine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise

the Youngstown region returned 195 methamphetamine cases reported during the past six months, of which 67.7 percent were Ashtabula County cases. All respondent groups believed the drug to be most prevalent in rural Ashtabula County and very limited in availability in Mahoning and Trumbull counties.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine. Participants and community professionals described typical methamphetamine users as young, rural whites.