

## Drug Abuse Trends in the Youngstown Region

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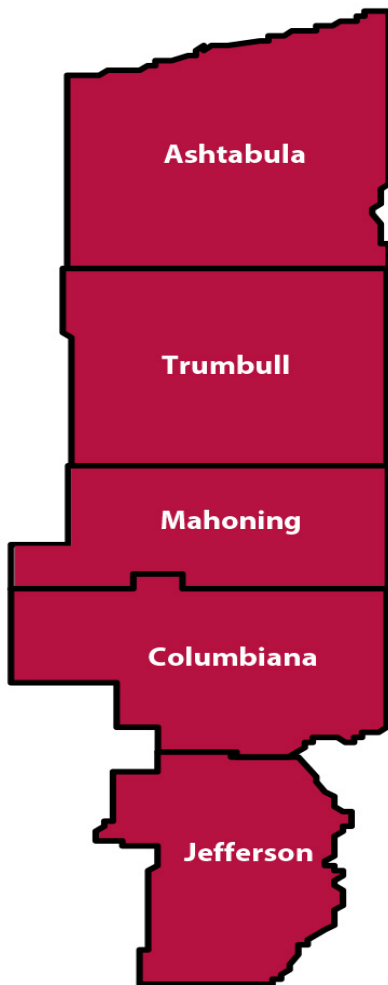
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**Data Sources for the Youngstown Region**

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in 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 Crime Lab, 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 July through December 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2017.

*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

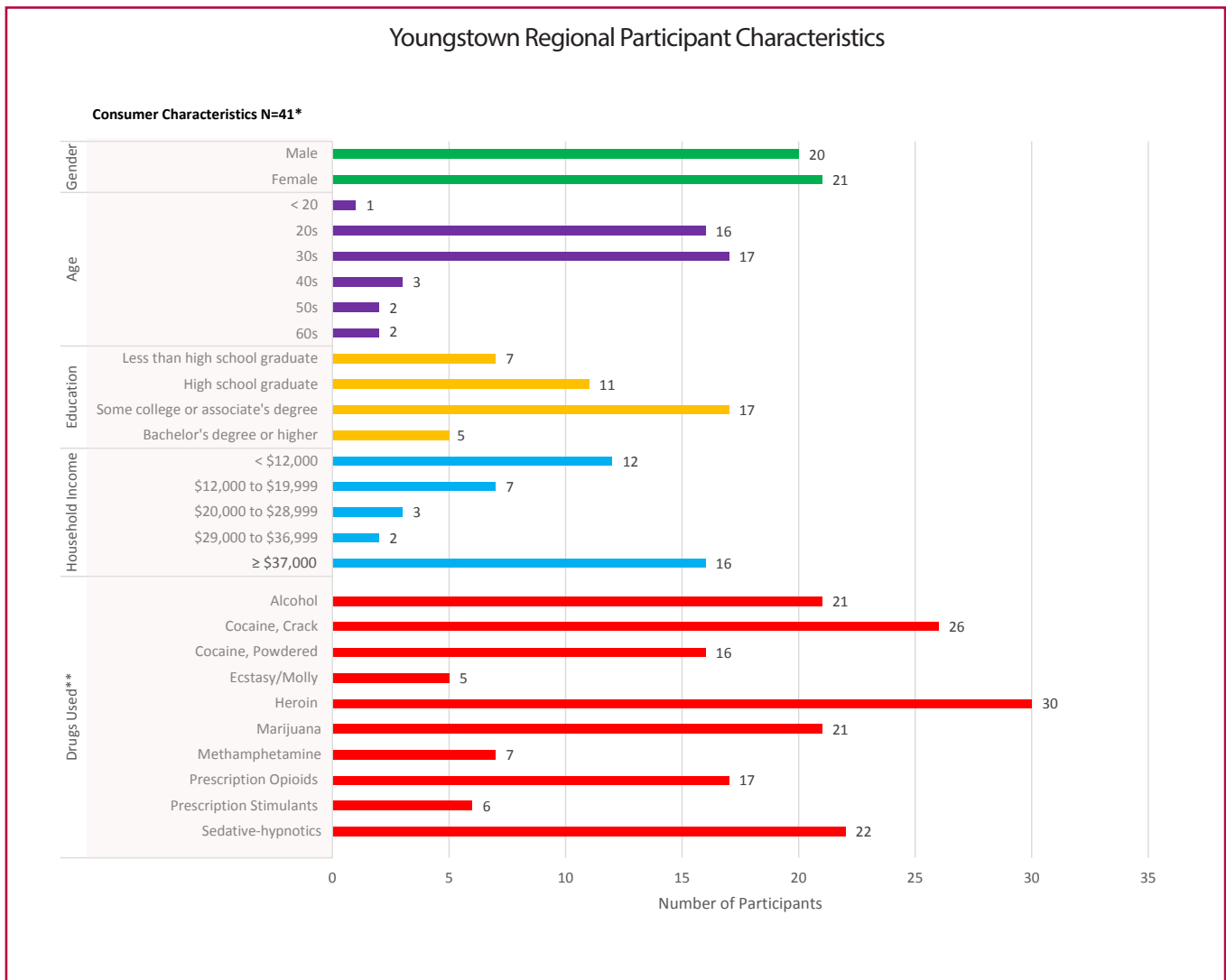
Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	700,453	41
Gender (female), 2016	51.0%	50.7%	51.2%
Whites, 2016	82.5%	88.0%	82.9%
African Americans, 2016	12.8%	9.1%	4.9%
Hispanic or Latino Origin, 2016	3.7%	3.3%	4.9%
High School Graduation Rate, 2015	89.1%	88.4%	82.5% <sup>2</sup>
Median Household Income, 2015	\$51,086	\$42,868	\$12,000-\$15,999 <sup>3</sup>
Persons Below Poverty Level, 2015	14.8%	17.0%	65.0% <sup>4</sup>

<sup>1</sup> Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2017.

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

<sup>3</sup> Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

<sup>4</sup> Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 41.

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

## Historical Summary

In the previous reporting period (June 2016 - January 2017), crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region; hallucinogens, Neurontin® (gabapentin, an anticonvulsant) and prescription stimulants were also highly available. Changes in availability during the reporting period included: increased availability for heroin, marijuana, methamphetamine, Neurontin® and Suboxone®; decreased availability for synthetic marijuana; and possible decreased availability for prescription opioids.

Participants and community professionals reported that the overall availability of heroin and heroin-fentanyl mixtures had increased during the reporting period. While there were many types of heroin available in the region, participants reported white powdered heroin as most available. Participants indicated that white powdered heroin was often adulterated with fentanyl or was straight fentanyl and acknowledged fentanyl as extremely potent, attributing it to the increase in overdoses in the region. Participants explained that heroin quality was defined as “better dope” if it contained fentanyl. Participants noted the most common cutting agents for heroin were carfentanil (aka “elephant tranquilizer”), cocaine and fentanyl. Reportedly, fentanyl was increasingly used to cut other drugs as well. Law enforcement reported that they had handled cases of cocaine cut with fentanyl.

Participants described typical heroin users as young to middle-aged white people of all socio-economic status and sexes, although they noted more African-American people starting to use heroin than previously. Community professionals described typical heroin users as white people, aged 20 years and older. Treatment providers noted that heroin use was starting among younger people than previously; they particularly saw an increase in young females using the drug. Law enforcement noted an increase in older (geriatric) people using heroin.

Methamphetamine remained highly available in the region. However, participants clarified that high availability existed primarily in Ashtabula County and other rural areas of the region. Participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. Participants attributed this increase to police arrests of “meth cooks,”

which made making powdered methamphetamine (aka “shake-and-bake”) a riskier venture.

Law enforcement noted an increase in crystal methamphetamine imported into the region; they reported this form of methamphetamine as likely coming from Mexico. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing mostly crystal and off-white powdered methamphetamine. Participants described typical methamphetamine users as young people, white males, truck drivers, construction workers, anyone who wants to stay awake for long hours and people who live in rural areas. Community professionals described typical users as white people, aged 20-40 years, of low socio-economic status, as well as heroin users.

Participants and community professionals reported that the availability of high-grade marijuana, including marijuana extracts and concentrates (aka “dabs”), had increased during the reporting period. A participant commented, “*More people getting hip to it.*” Law enforcement also noted increased popularity of dabs, referring to the increased interest as a “fad” that users were starting to get into. Treatment providers cited an increase in users learning how to manufacture dabs as the reason for increased availability. They also noted users vaporizing these high-grade marijuana products.

Lastly, participants and community professionals reported that the availability of Neurontin® for illicit use had increased during the reporting period. Participants reported they obtained this drug from doctors and other drug users. Participants described typical illicit Neurontin® users as females, opiate addicted people, and those who wanted to pass drug tests. Community professionals described typical illicit users as young white females.

## 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 also '10'. A participant reported, *"The crack (cocaine) dealers usually have 'powder' (powdered cocaine) too."* Treatment providers most often reported the current availability of powdered cocaine as variable, ranging from '2' to '8', while law enforcement most often reported it as '7'; the previous most common scores were '3' for treatment providers and '5' for law enforcement. Treatment providers reported: *"You don't hear about it much. You hear about crack more; A lot of people use [powdered cocaine] at the bar. It's a bar thing; It's like gone mainstream."* Law enforcement officers commented: *"I think it's pretty easy [to obtain]; It's definitely made a comeback; It's not uncommon to have somebody with crack or powdered cocaine and heroin."*

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 678 cocaine cases reported during the past six months, of which 36.7% were from Mahoning County, the county in which the city of Youngstown is located (there were 684 cases in the previous six months, of which 46.3% were Mahoning County cases). NFLIS does not differentiate between powdered and crack cocaine cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Austintown Police (Mahoning County) arrested a woman during a traffic stop after she admitted to having cocaine in her vehicle ([www.wkbn.com](http://www.wkbn.com), Feb. 14, 2017). A Mahoning County Grand Jury indicted a Wellsville (Columbiana County) woman for cocaine possession ([www.vindy.com](http://www.vindy.com), Feb. 16, 2017). An East Liverpool (Columbiana County) man pleaded guilty to cocaine possession and faced up to five years in prison for having five grams of the drug ([www.salemnews.net](http://www.salemnews.net), Feb. 17, 2017). A U.S. District Court judge sentenced an Austintown man to 10 years in prison for conspiracy to distribute cocaine in the area; the man was indicted with 11 other people as part of a drug ring responsible for trafficking cocaine from Mexico to Ohio ([www.vindy.com](http://www.vindy.com), Feb. 17, 2017). Boardman Police (Mahoning County) arrested a woman during a traffic stop after smelling marijuana coming from her vehicle; officers searched the car and found cocaine and heroin powder, five hypodermic needles, a glass pipe and other drug paraphernalia ([www.vindy.com](http://www.vindy.com), March 20, 2017). After a raid of a bar in Struthers (Mahoning County),

the Mahoning Valley Drug Task Force and the Struthers Police found a small amount of cocaine packaged for sale and prescription medication in the bar and arrested of four individuals responsible for trafficking the drugs ([www.vindy.com](http://www.vindy.com), March 25, 2017). Tests revealed that the cause of death of a 9-year-old boy resulted from acute cocaine toxicity; although police did not find the drug in the boy's Youngstown home, hospital staff found cocaine in the boy's stomach immediately prior to his death; officers initiated an investigation into the role of the boy's mother in how he might have obtained the drug ([www.news-herald.com](http://www.news-herald.com), May 16, 2017).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider reported: *"It's still a little bit in the bar scene with people who are drinking."* A law enforcement officer shared, *"Over the past year to 18 months it's increased, but over the past six months, it about stayed the same..."* The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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 '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant explained, *"Everybody 'steps on it' (adulterates the drug with other substances) more and more."* Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby formula, baby laxatives, "Bolivian Rock" (a cutting agent marketed as a concentrated room and carpet deodorizer), lidocaine (local anesthetic), NoDoz® and vitamin B. Other adulterates mentioned included: cleanser, drywall, ether, methamphetamine, powdered Novocain (local anesthetic) and Tylenol®. Participants shared: *"[The cutting agents] depends on who you go through; They'll put anything in there; Anything that's white; They sell stuff at head shops*

that's specifically for that (cutting drugs), that numbs you up." An equal number of participants reported that the overall quality of powdered cocaine has either increased or decreased during the past six months. Participants explained quality is dependent upon the dealer of the drug.

<b>Powdered Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce.

<b>Powdered Cocaine</b>	<b>Current Prices for Powdered Cocaine</b>	
	1/4 gram	\$5
	1/2 gram	\$20-50
	A gram	\$75-100
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$500
	An ounce	\$1,000

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants explained: "In a social setting it's more snorting; If I'm trying to just socialize, I'm going to be snorting it. If I'm trying to get super 'faded' (high), I'm going to be shooting it."

Participants described typical powdered cocaine users as affluent and white people, and its use is reportedly common among bartenders, businessmen and alcoholics. Participants explained: "It's an expensive habit. You've got to have money; [Cocaine is a] high-class drug; Rich kid drug." Other participants reported: "I started doing it when I was bartending; I feel like business men snort cocaine." Community professionals reported that powdered cocaine

is most often used among people with more money and in professional fields. A treatment provider commented, "Definitely in the professional fields."

## 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 commented: "Go around the corner and I'll find you crack; Any gas station you go to down here, somebody will offer you some crack; Dealers will push the 'rock' (crack cocaine) with the heroin." Community professionals most often reported the current availability of crack cocaine as '10'; the previous most common scores were '7' and '10' for treatment providers and '8' for law enforcement. Treatment providers commented: "Everybody's smoking crack; I would say a lot of our heroin addicts are using heroin as well as crack cocaine on a daily basis."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested a man for drug possession after pulling him over for a traffic violation and finding a "crack pipe" and fentanyl hidden under the driver's seat; in a separate incident, Youngstown Police arrested a woman during a traffic stop after officers found a bag of crack cocaine under the seat of her car and she admitted to officers that she had a crack pipe hidden in her bra ([www.vindy.com](http://www.vindy.com), Feb. 15, 2017). A store employee in Boardman (Mahoning County) called police and reported that a man was loading bags of stolen merchandise into his vehicle; officers stopped the man and discovered stolen merchandise and drug paraphernalia, including a crack pipe, hypodermic needles, and a suspected "rock" (piece of) crack cocaine, which later tested as cocaine; ([www.vindy.com](http://www.vindy.com), March 21, 2017). After parking his car at a Youngstown gas station next to a police cruiser with his motor running and loud music playing, officers questioned the man and arrested him after learning he did not have a driver's license; upon further investigation, officers found 37 bags of suspected crack cocaine in the man's vehicle ([www.vindy.com](http://www.vindy.com), June 6, 2017). After members of the Youngstown Vice Squad and Community Police Unit executed search warrants at a Youngstown home, they confiscated two large bags of suspected crack cocaine, six individual doses of alleged



Participants described typical crack cocaine users as older African-American people and 20-30 year-old white people. When describing the typical user, a participant shared: *"I don't see a lot of high-class people doing it."* Treatment providers reported that typical crack cocaine users are people of any age, while law enforcement described typical users as older people, while noting an increase in younger people using the drug than previously. Treatment providers commented: *"There is no age; 70 [year olds] out walking the street [looking for crack cocaine] ... 15 [year olds] out walking the street, too."*

## Heroin and Fentanyl

Heroin 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'. Participants shared: *"People offer me [heroin] all the time; Everyone's selling it. Everyone wants to make that money."* However, participants and community professionals suspected that the majority of heroin currently sold in the region is actually fentanyl, or heroin adulterated with fentanyl. Participants stated: *"It's harder to get heroin now than fentanyl; It's hard to find real heroin these days; It's always a mixture."*

Treatment providers most often reported the current availability of heroin, not adulterated with fentanyl, as '5'; while law enforcement most often reported it as '7'; the previous most common scores were '10' for heroin generally. Treatment providers stated: *"To find something to put in a needle and shoot, it's easy to get. But as far as actually finding heroin, it's probably hard to get; The last time we've had a positive drug screen for pure heroin (only heroin) is ... gosh, I don't even know; People that think they're doing heroin ... it's strictly fentanyl they're getting; Most of them don't even realize what they're using."*

Law enforcement reported: *"If we're lumping in fentanyl and heroin together, I'd say it's at least a '10' (highly available). Just heroin, excluding the fentanyl, I'd almost go '6-7' (moderately available); We can leave here and walk, probably within 15 minutes [and] buy heroin ... or we could buy something that somebody's selling as heroin; What they think they're getting, and what they're actually getting, are two different things; The ability to pick up the phone and call up someone and buy something that is being sold as heroin, that is either heroin or fentanyl, you can do that all day, every day."*

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 528 heroin cases reported during the past six months, of which 31.6% were Mahoning County cases (a decrease from 712 cases for the previous six months, of which 36.1% were Mahoning County cases). In addition, separate NFLIS queries for the counties which comprise the Youngstown region returned 281 fentanyl and fentanyl analogue cases (an increase from 230 cases for the previous six months) and 19 carfentanil cases reported during the past six months (in the six months previous to this, no cases of carfentanil were found in NFLIS).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Mahoning County Common Pleas Court judge sentenced a man to probation for providing heroin to another man who subsequently died from an overdose of the drug ([www.vindy.com](http://www.vindy.com), Jan. 19, 2017). As a result of a two-month investigation, the Warren Police Department Street Crimes Unit (Trumbull County) executed a search warrant at a Warren home and seized approximately 40 grams of heroin, 20 grams of crack cocaine, and a small amount of marijuana; officers arrested five individuals for trafficking heroin/fentanyl and crack cocaine ([www.wfmj.com](http://www.wfmj.com), Jan. 25, 2017). Boardman Police (Mahoning County) responded to a call from a local retail store employee regarding a man passed out in the bathroom of the store; Boardman Fire and ambulance services arrived and administered naloxone (opiate overdose reversal medication) to revive the man; police later arrested him after finding drug abuse instruments on him while searching for identification ([www.wfmj.com](http://www.wfmj.com), Feb. 6, 2017). Youngstown Police found a man collapsed at a gas station; emergency medical services took the man to the hospital for medical care after the man admitted to recently using cocaine; officers arrested the man after discovering heroin, cocaine, marijuana, a digital scale, and anxiety medication in his vehicle and Suboxone® filmstrips in his wallet ([www.wkbn.com](http://www.wkbn.com), Feb. 7, 2017). Austintown Police (Mahoning County) responded to a call regarding a man found passed out in a vehicle at a gas station and arrested the man for inducing panic after giving him three doses of naloxone to revive him; the man admitted to using heroin at the gas station, and officers also learned the man had stolen the vehicle ([www.wkbn.com](http://www.wkbn.com), Feb. 7, 2017). A Mahoning County Grand Jury indicted a man for providing fentanyl

to a woman who subsequently overdosed and died from taking the drug; the woman thought she had purchased heroin ([www.wfmj.com](http://www.wfmj.com), Feb. 9, 2017). An investigation by the Niles Police Department Drug Unit (Trumbull County) and the U.S. Marshalls' Fugitive Task Force lead to the arrest of a suspected heroin dealer; officers arrested the man after making a heroin purchase near a school, adding to the seriousness of his charges ([www.wfmj.com](http://www.wfmj.com), Feb. 13, 2017). Several regional law enforcement agencies along with the Federal Bureau of Investigation (FBI) commandeered an investigation which resulted in federal charges against a Youngstown man who sold heroin to a person who overdosed and died ([www.otfca.com](http://www.otfca.com), March 1, 2017). A rapid rise in overdose occurrences in Trumbull County were reported by a local news source; 38 overdoses occurred in 48 hours; fentanyl appeared to be the number one perpetrator, reportedly, people were mixing it with heroin, and even cocaine ([www.wfmj.com](http://www.wfmj.com), March 3, 2017). A federal grand jury in Columbus convicted two brothers from Steubenville (Jefferson County) after a year-long federal investigation lead to their arrest; the brothers trafficked heroin from Chicago, Illinois to the Ohio Valley and West Virginia and sold the drug from housing complexes in Steubenville and Bellaire (Jefferson County); efforts by the FBI, the U.S. Drug Enforcement Administration (DEA), and local police lead to the arrest of a total of nine people as part of the multistate drug ring ([www.post-gazette.com](http://www.post-gazette.com), March 13, 2017). Trumbull County had 73 reported drug overdoses in January, 45 overdoses in February, and 82 overdoses in the first 15 days of March, 10 of which resulted in deaths; experts in the field speculated that the high availability of drugs such as heroin was the likely cause for the high number of overdoses seen so early in the year ([www.nbc4i.com](http://www.nbc4i.com), March 18, 2017). After a traffic stop for an improper turn in Austintown, police arrested a man when they smelled alcohol and saw a cigarette box containing a bag of drugs in the car; a search of the vehicle lead police to seize heroin ([www.vindy.com](http://www.vindy.com), March 23, 2017). After serving a warrant at a Youngstown home, police found fentanyl, crack cocaine, a bag of marijuana, and a digital scale in the basement; as a result of this seizure, a male was arrested on drug possession charges ([www.wkbn.com](http://www.wkbn.com), April 13, 2017). After snorting heroin in the basement bathroom of their Warren home and being found to have left an infant child unattended, a young mother and grandmother were charged with child endangerment ([www.nbc4i.com](http://www.nbc4i.com), April 14, 2017). After a traffic stop in Ashtabula (Ashtabula County), police cited a man for drug possession after seizing heroin, marijuana, other drugs,

and drug abuse instruments from the man's car ([www.starbeacon.com](http://www.starbeacon.com), April 14, 2017). In Austintown, after responding to a domestic dispute call, police arrested a woman for possession of heroin; when she consented to the search of her vehicle, officers found heroin, alcohol, four unspecified pills and drug paraphernalia; the woman was charged with felony possession of drugs, and cited for an open container ([www.vindy.com](http://www.vindy.com), April 17, 2017). Austintown Police responded to a call that a 9-year-old boy was running and screaming down the streets of the neighborhood asking for help and claiming that his mother was passed out in the bathroom; when officers arrived, they found evidence of heroin abuse, including a syringe and burnt spoon in the bathroom; the woman was charged with child endangerment for using drugs in the presence of her three children ranging in age from 1 to 9 years ([www.nbc4i.com](http://www.nbc4i.com), April 21, 2017). Youngstown Police and paramedics responded to a call regarding a man slumped over in his vehicle after having crashed into a fence of a vacant lot; officers found two doses of heroin and one dose of crack cocaine and subsequently arrested the man for drug possession ([www.vindy.com](http://www.vindy.com), May 9, 2017). After overdosing in the parking lot of a business in Boardman Township, police arrested the overdosed man on charges of inducing panic; after receiving treatment from the fire department, the man admitted to police that he had just intravenously injected two bags of heroin ([www.vindy.com](http://www.vindy.com), May 10, 2017). While executing search warrants to investigate drug activity in Youngstown, officers with that city's vice squad and community police unit discovered a bag of fentanyl, a bag of suspected cocaine and two scales at a home on the north side of Youngstown; officers arrested three people responsible for possessing the drugs; at another home, also on the north side, officers found bags of suspected heroin, fentanyl and cocaine, and arrested one man responsible for possessing the drugs ([www.vindy.com](http://www.vindy.com), May 11, 2017). When responding to a drug-related call during a traffic stop, an East Liverpool (Columbiana County) officer came into contact with fentanyl on his clothing and subsequently passed out from the drug's toxicity; emergency staff administered one dose of Narcan® to him at the police station and then three additional doses later at the hospital ([www.yahoo.com](http://www.yahoo.com), May 15, 2017). The East Liverpool Police Chief also overdosed after coming into contact with an opiate drug; medical staff administered Narcan® to the chief to revive him after he unintentionally ingested the drug when it blew into his face during the inspection ([www.vindy.com](http://www.vindy.com), May 16, 2017). Law enforcement in Mahoning County responded to a rollover






crash in Youngstown and arrested the driver after he failed to listen to officers to stop digging around in his vehicle; officers searched the car and found heroin and a hypodermic needle, and later found a hypodermic needle containing heroin in the police cruiser where they put the man immediately after his arrest ([www.nbc4i.com](http://www.nbc4i.com), May 18, 2017).



While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants discussed: “[Black tar heroin] *doesn't come around Mahoning County; It really depends on where you are as to what type of heroin you get.*” Regarding the availability of black tar heroin, Community professionals commented: *“If you truly wanted ‘tar’ (black tar heroin), you can find it. I have no doubt that it’s out there; We really don’t have a tar market here.”* Participants and law enforcement reported that a variety of colors for powdered heroin as currently available, including: brown, gray, pink, purple and white. Participants reported: *“I’ve had more pink than brown. I’ve always had pink; If it’s pink, it’s mostly [cut] with fentanyl; Pink and purple is fentanyl.”*

Participants reported that the availability of heroin has increased during the past six months. A participant remarked, *“People are getting cut down on their pain medication [and therefore using heroin in place of prescription opioids].”* Community professionals reported that the overall availability of heroin has decreased during the past six months. A treatment provider commented, *“It’s decreasing, and you’re getting more of the fentanyl... heroin is decreasing.”*

The BCI Richfield Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, gray, tan and black tar heroin. In addition, the lab reported that the number of carfentanil, fentanyl and fentanyl analogue cases it processes has increased during the past six months. Fentanyl analogues seen in the lab included: acryl fentanyl, acetyl fentanyl, butyryl fentanyl, cyclopropyl fentanyl, 2-FBF, 4-FBF, 2-FIBF, 3-FIBF, 4-FIBF, furanyl fentanyl, isobutyryl fentanyl, 3-methyl fentanyl and m-FBF.

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

Participants most often rated the current overall quality of heroin as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ A participant stated, *“If we’re talking about just heroin [then the quality is poor] ... because everyone’s cutting it (adulterating it).”* Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported that the top cutting agents are: fentanyl, prescription opioids and Xanax®. A participant commented, *“I’ve had ‘oxys’ (OxyContin®) in my ‘dope’ (heroin).”* Additional cuts mentioned included: baby formula, carfentanil, diet pills, Miralax®, Neurontin®, Tide® pods and vitamins. Overall, participants reported that the general quality of heroin has remained the same during the past six months.

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

Reports of current prices for heroin were consistent among participants with experience purchasing powdered heroin, and variable among participants with experience purchasing black tar heroin. A participant reported, *“Tar is usually a little bit cheaper.”* Reportedly, the most common amount of purchase is a 1/2 gram or one gram.

Heroin	Current Prices for Heroin	
	<b>Black tar:</b>	
	1/10 gram	\$10
	1/2 gram	\$70-80
	<b>Powdered:</b>	
	1/10 gram (aka “folds”)	\$20
	1/2 gram	\$60
A gram	\$100	

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, eight would shoot and two would snort the drug. Participants shared: *“[Shooting is the] easiest way to do it; If you want to snort [black tar heroin], you have to melt it down, or add Coca Cola® to it, and put it in the microwave and make it into a*

*powder. Or you have to mud it, wet mud it, which is basically just snorting the liquid."*

Participants reported that injection needles are most available from dealers and pharmacies. Additionally, participants reported obtaining needles from people with diabetes and through needle exchange programs. Participants shared: *"I go to the pharmacy; I got them from my dealer."* Reportedly, needles most often sell for \$5 per needle on the street. When it comes to sharing needles, participants commented: *"I know a lot of people that share; Younger people are doing that; It's pretty much like, 'You got 'Hep C' (Hepatitis C)? They're like, 'Yeah ... Okay, me too. Let's share;' It depends on how bad your dope habit is, and where you're at. If you're dead ... sick, and only one person got a 'rig' (needle) and you need that dope ... use it."*

Participants described typical heroin users as white people, aged 18-30 years. One participant stated, *"It's just like 'weed' (marijuana) now, it's everybody [who uses heroin]."* Community professionals were not able to provide a profile for a typical heroin user. One treatment provider remarked, *"Anybody with a heartbeat."* Law enforcement stated: *"We see people who come from great families, and horrible families ... it doesn't matter; Juvenile to 70-year olds ... actually, we had a 70-year old overdose not too long ago."* One law enforcement official did specify a typical user, and stated: *"I don't think there's been one overdose case, or user of heroin or fentanyl, that's been recovered by the patrol where it hasn't been a Caucasian male or female probably less than 30 [years of age]."*

## Prescription Opioids

Prescription opioids are highly available for illicit use 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'. Participants stated: *"I could get them; They are way more available online than on the streets."* Treatment providers most often reported current street availability of prescription opioids as '8', while law enforcement most often reported it as '5-7'; the previous most common scores were '6'. Law enforcement reported: *"All day long; Tramadol (Ultram®) is probably like Pez® or Skittles® candy (readily accessible)."*

Corroborating data indicated that prescription opioids 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 211 prescription opioid cases reported during the past six months (a decrease from 319 cases for the previous six months). These counts do not include fentanyl and fentanyl analogues. Although previous OSAM Drug Trend Reports counted prescription opioids and fentanyl together, they are now counted separately. Fentanyl, fentanyl analogues and carfentanil data can now be found in the "Heroin and Fentanyl" section of this report.




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested a man who sold prescription drugs out of a house on the city's south side; police executed a search warrant at the man's home and found drugs, including several narcotic medications, and a digital scale with suspected drug residue ([www.wkbn.com](http://www.wkbn.com), Jan. 6, 2017). While conducting searches at two Youngstown homes, the Youngstown Police Department's Vice Squad seized several loose tramadol and methadone pills and a garbage bag which held 20-gallon freezer bags full of marijuana from one of the homes; at the other home, police found bags of cocaine and marijuana and a digital scale ([www.wkbn.com](http://www.wkbn.com), Jan. 26 2017). In Youngstown, after being accused of illegally prescribing promethazine with codeine for over forty years to his patients, a Mahoning County Grand Jury filed over 70 criminal charges against a Canfield physician ([www.wfmj.com](http://www.wfmj.com), Feb. 3, 2017). The Ohio State Board of Pharmacy announced an indictment against a Youngstown physician for trafficking, processing, and selling prescription drugs in the area ([www.cleveland19.com](http://www.cleveland19.com), Feb. 5, 2017). Trumbull County Common Pleas Court dismissed charges against a man involved in drug activity case which caused a local beverage store to be shut down; Warren Police Department's Street Crimes Unit bought prescription pills on four different occasions inside the store; the court dismissed the man's case since he completed treatment with no further legal issues ([www.tribtoday.com](http://www.tribtoday.com), Feb. 14, 2017).

Participants identified Roxicodone®, Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. One participant remarked *"Vicodin's® easy [to obtain]."* Community professionals identified Percocet® and tramadol as most available. A treatment provider reported, *"Everybody loves 'trams' (tramadol)."* Law enforcement reported: *"I've seen more Percocet® recently; The tramadols ... everybody uses them. Even the dealers use them."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants stated: *"They shut down the pill mills; Heroin's on*

*the rise ... [it's] cheaper; Heroin's easier to get.*" Community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A treatment provider commented, *"It's decreasing overall, but in the last six months probably the same."*

The BCI Richfield Crime Lab reported that the number of hydrocodone (Vicodin®), hydromorphone (Dilaudid®) and oxycodone (Opana®) cases it processes has increased during the past six months, while the number of methadone, morphine, oxycodone (OxyContin®/Percocet®) and tramadol (Ultram®) cases has decreased. In addition, the lab reported processing fake oxycodone tablets that contained both oxycodone and heroin.

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

Reports of current street prices for prescription opioids were variable among participants with experience buying the drug. However, reportedly, the majority of prescription opioids sell for \$1 per milligram.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Vicodin®	\$2 for 0.5 mg \$5 for 7.5 mg \$6 for 10 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and through Internet purchase. Participants remarked: *"People that are prescribed it, sell it; I got it from dealers, but ... a lot of people get it from doctors; I was getting hundreds [of pills] online; Dentists [provide prescriptions] for sure."* Law enforcement stated: *"There are still plenty of people using deception to obtain [from doctors]; Family members, that's a huge one. Not even knowing ... these kids are in there raiding grandma's drugs. We see a lot of that."*

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 remains snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort and four would orally consume the drugs. Participants shared: *"Depending on what pill, most of the time snorting; Like the 'roxies' (Roxicodone®) ... people 'shoot' (intravenously inject) them all the time; I started shooting Dilaudids® before I started shooting heroin; Too much Tylenol® (acetaminophen in Percocet®) for me to snort, so I would just eat them."* When mentioning Opana® specifically, a participant reported, *"People don't like them because they can't shoot them."*

Participants described typical illicit prescription opioid users as teens, people aged to 20-35 years, middle-class people, as well as heroin addicts. Participants reported: *"More younger people because most older people have switched to heroin; Everyone on 'dope' (heroin) pretty much started on pills."* Community professionals described typical illicit users as anyone, but specified that heroin users often continue to illicitly use or once used prescription opioids. Treatment providers stated: *"I can probably count, since we've opened in July, how many clients ... we've had that were only pain pills and no heroin history; I think I had two clients ever that started out just using heroin; It's usually went from prescription ... to heroin."* One law enforcement officer stated, *"Same ages and what not of your heroin users."* Typical users of certain types of prescription opiates were noted. Law enforcement stated: *"I don't think I've ever had a Caucasian, or Asian, or Pacific Islander, or even Hispanic, that's had 'prometh' (promethazine) ... that's usually African-American ... tramadol, too; The users will get the prescriptions (for promethazine and codeine) and trade it for heroin to the drug dealers."*

### Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants remarked: *"Everybody I know sells 'subs' (Suboxone®); Most heroin dealers have it; I can easily get Suboxone®."*




Treatment providers most often reported the current street availability of Suboxone® as '10'; while law enforcement most often reported it as '8'; the previous most common scores were '7' and '9' for treatment providers and '7' for law enforcement. A treatment

provider reported, *"Everyone gets a 'script' (prescription) [of Suboxone®] and they pay their mortgage by selling it."* Law enforcement stated: *"It's pretty common; We catch people with it all the time."* Participants and community professionals reported the sublingual filmstrip (aka "strip") as the most available form of Suboxone®. A law enforcement officer reported, *"I think I've had one case in the past six months where I've seen 'sub' (Suboxone®) pills."*

Corroborating data indicated that Suboxone® is 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 65 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 84 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Poland (Mahoning County) man was arraigned for drug trafficking for allegedly selling buprenorphine (Suboxone®) to a drug task force agent ([www.salemnews.net](http://www.salemnews.net), Feb. 10, 2017). After executing search warrants to investigate drug activity, officers of the Mahoning County Vice Squad and Community Police Unit found Suboxone®, fentanyl, prescription pills and crack cocaine at a house in Youngstown, arresting the man who listed the home as his address; at another home, police found prescription pills, two bags of marijuana, a bag of powdered cocaine and crack cocaine, and arrested the man who listed that home as his address ([www.vindy.com](http://www.vindy.com), March 3, 2017).

Participants reported that the general street availability of Suboxone® has increased during the past six months. When participants were asked why availability had increased, they responded: *"More doctors pop up (arrive in the region and open clinics); Them doctors are everywhere. It's a racket ... \$200 a person, 25-30 people a day, cash [only]."* Community professionals reported that the street availability of Suboxone® has remained the same during the past six months. A law enforcement officer reported: *"It increased a lot when the pills started getting phased out and the strips came on the scene ... they're still available, but it's kind of plateaued."* The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has 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, Suboxone® 8 mg both in filmstrip and pill forms sell for \$20 apiece.

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported obtaining the drug through Suboxone® clinics and individuals with prescriptions who sell their medication. A participant shared, *"Where I come from, it's easy as hell to get from your doctor."* Treatment providers explained: *"They get a script and they sell it to buy 'dope' (heroin); This has been going on for years."* Law enforcement agreed: *"You're getting these people who are going, getting scripts for this stuff and then selling it ... trading [for other drugs]; They sell it for their dope."*

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually consume and one would intravenously inject (aka "shoot") the drug. Participants reported: *"I know people that shoot it, too; If I'm really sick (in withdrawal), I'm shooting them."*

Participants described typical illicit Suboxone® users as white people, heroin addicts, high school students and people just starting to experiment with opiates. A participant shared, *"Younger kids I think are doing it, too ... they're like, 'It's not a drug'"* Community professionals described typical illicit users as opiate addicts. A law enforcement officer stated, *"Anybody who's hooked on heroin."*

## Sedative-Hypnotics




Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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'. Treatment providers most often reported current street availability as '7', while law enforcement most often reported it as '5-6' and '10'; the previous most common scores were '10' and '7', respectively. Treatment providers commented: "They're still out there; A lot of people have 'scripts' (prescriptions); A lot of people are on 'benzos' (benzodiazepines)."

Corroborating data 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 106 benzodiazepine cases reported during the past six months, of which 65.1% were alprazolam (Xanax®) (a decrease from 146 cases for the previous six months, of which 58.2% were alprazolam).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman in Austintown (Mahoning County) left her 15-month-old child alone in the car for nearly 10 minutes with an outside temperature of 32 degrees Fahrenheit; in addition to child endangerment, Austintown Police charged the woman with drug possession for having an anti-anxiety medication without a prescription ([www.vindy.com](http://www.vindy.com), Feb. 2, 2017). Youngstown Police conducted several raids at different residences around Youngstown and arrested a man after seizing 443 Xanax® pills, several loose hydrocodone pills, 16 marijuana plants, three digital scales, and four bags of cultivated marijuana at one of the homes on the northwest side ([www.wkbn.com](http://www.wkbn.com), Feb. 2, 2017). A short foot chase in Youngstown resulted in the arrest of two brothers after officers caught up to one of the men and tasered him to the ground; officers searched him and found eight alprazolam (Xanax®) pills and a green pill bottle labeled, "Sour D," containing suspected marijuana; officers arrested the other brother for attempting to obstruct the arrest ([www.wkbn.com](http://www.wkbn.com), Feb. 20, 2017). Canfield Police (Mahoning County) stopped a vehicle for a traffic violation and discovered unidentified pills and a syringe in the center console; officers found a woman, sitting in the backseat with her two children, with clonazepam (Klonopin®), two crack pipes and drug paraphernalia; the woman admitted to officers that she and the driver of the vehicle went to Youngstown to purchase the drugs ([www.nbc4i.com](http://www.nbc4i.com), April 10, 2017).

Participants identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use. Participants shared: "Everybody has scripts of [Xanax®]; Xanax® is definitely the easiest and most prevalent; I've never had a doctor turn me down on Xanax®; If I was looking on the street, it would always be Xanax®; I think Klonopin® is pretty easy to get; Any doctor I've ever asked for Klonopin® gave it to me." Treatment providers identified Xanax®, while law enforcement identified Xanax® and Ativan® as most available. A law enforcement officer commented, "Ativan® is a big one."

Participants and treatment providers reported that the general street availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported that street availability has decreased or remained the same. Law enforcement reported: "We definitely don't see it like we used to see it; That's dramatically dropped; It's not as easy to get a prescription anymore." The BCI Richfield Crime Lab reported that the number of alprazolam (Xanax®), clonazepam (Klonopin®), lorazepam (Ativan®) and zolpidem (Ambien®) cases it processes has increased during the past six months, while the number of carisoprodol (Soma®) and diazepam (Valium®) cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant discussed getting better prices when buying in large quantities: "You can get 100 bars [Xanax® 2 mg] for \$250."

Current Street Prices for Sedative-Hypnotics	
Ativan®	\$1 per mg
Klonopin®	\$1 for 0.5 mg \$2 for 1 mg
Xanax®	\$1 for 0.25 mg \$2-3 for 1 mg \$5 for 2 mg

Participants reported obtaining these drugs from drug dealers, doctors and people with prescriptions. Participants reported: *"I get them from my dealer; I've gotten them from both doctors and dealers; People that are prescribed them, they sell them."* A treatment provider commented, *"A lot of people are going to the doctor and just getting them."*

The most common route of administration for illicit use of sedative-hypnotics remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs. A participant shared, *"I know a lot of people that snort Xanax®."* One participant shared that illicit Klonopin® users are more likely to orally consume that drug: *"Klonopin® tastes like a mint, so I know people that did it because of that ... they liked the taste of Klonopin®."*

Participants and treatment providers described typical illicit sedative-hypnotics users as young to middle-aged white women. Participants commented: *"Easier for women to manipulate a doctor; They think it's okay; It's socially acceptable."* Treatment providers remarked: *"We're seeing more of it in the younger people; More women abuse their prescription of them."* Law enforcement described typical illicit sedative-hypnotics users as heroin addicts, people younger than 45 years and females. Law enforcement stated: *"A typical benzo person is a typical heroin addict. They almost coincide with each other; I'm not seeing anyone over like 45 (years old); We've had some girls that have been a mess on those things; The suburb kind of drug."*

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals 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 scores were also '10'. Participants commented: *"It's everywhere; Marijuana is ... regular around anywhere."* Participants reported that high-grade marijuana is more available than low-grade marijuana: *"It's pretty much all high-grade; On a scale of '1-10', high-grade around here, it's a '15'; It's super easy to get around here ... easier to get than 'commercial' (low-grade marijuana)."* Regarding the general availability of marijuana, a treatment provider stated, *"[Availability is high] like cigarettes."* Law enforcement commented: *"The stuff we're seeing is coming out of*

*Michigan, California, Colorado; It's coming from the legal places. It's being shipped from where it's being grown legally."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After serving a warrant at a home on the north side of Youngstown (Mahoning County), police found 15 vacuum-sealed bags of marijuana and seven bottles of promethazine and arrested the man found in possession of the drugs; in a separate case, officers seized 22 pounds of marijuana during two different raids at separate residences in Youngstown ([www.wkbn.com](http://www.wkbn.com), Feb. 1, 2017). Boardman Township Police (Mahoning County) stopped a woman for a traffic violation and a K-9 officer alerted to drugs; officers searched the car and found a baggie of marijuana, a glass pipe, rolling papers and a baggie of psilocybin mushrooms in the woman's purse ([www.vindy.com](http://www.vindy.com), Feb. 2, 2017). Youngstown Police arrested a man during a traffic stop when they noticed the smell of marijuana coming from the man's vehicle; a subsequent search of the vehicle yielded a large bag of marijuana ([www.vindy.com](http://www.vindy.com), Feb. 20, 2017). Youngstown Police Vice Squad and Community Police Unit executed a search warrant at a Youngstown home and arrested two people after finding four bags of marijuana, a digital scale and a marijuana grinder ([www.vindy.com](http://www.vindy.com), Feb. 23, 2017). After a Youngstown Police officer tried to pull over a car because the driver was wanted on several warrants, the individual drove to a store, got out, and ran in, knocking over several things in his path; when an officer later searched the area after the individual turned himself in, he found 30 bags of marijuana and 26 unidentified pills on a shelf behind a bag of chips ([www.vindy.com](http://www.vindy.com), March 6, 2017). After smelling marijuana coming from a vehicle during a traffic stop in Girard (Trumbull County), police arrested a man when they discovered a small pill bottle containing marijuana and a pipe in the man's car; in a separate incident, police arrested a woman during a traffic stop when she revealed to them that she had a cigarette containing marijuana ([www.vindy.com](http://www.vindy.com), March 17, 2017). Youngstown Police arrested a man for failing to yield at an intersection and nearly causing a collision with another vehicle; during a search of the man's car, officers confiscated marijuana and cocaine ([www.vindy.com](http://www.vindy.com), March 17, 2017). Youngstown Police confiscated an unidentified amount of marijuana from a man on the west side of the city, arresting him for drug trafficking ([www.vindy.com](http://www.vindy.com), March 23, 2017). Police arrested a person found in possession of cocaine and marijuana at a hotel in Austinburg Township (Ashtabula

County); in a separate incident, police issued a citation to an individual found in possession of marijuana during a traffic stop in Ashtabula ([www.starbeacon.com](http://www.starbeacon.com), April 14, 2017). Police arrested a man during a traffic stop in Austintown after searching him and finding a glass pipe with marijuana residue and Ativan® hidden in a pill bottle ([www.vindy.com](http://www.vindy.com), May 10, 2017). Boardman Police arrested a woman during a traffic stop in Poland (Mahoning County) when they smelled marijuana coming from her vehicle; the woman rolled up her window and made a phone call while yelling at officers that she would not exit the vehicle without the presence of her attorney; officers eventually got the car door open and found marijuana, alcohol, and a dagger in the car; the woman also revealed to officers at the Mahoning County Jail that she hid a bag of marijuana in her underwear ([www.wishtv.com](http://www.wishtv.com), May 23, 2017). Youngstown Police arrested a man for drug possession during a traffic stop after finding marijuana, crack cocaine, and heroin on the man ([www.vindy.com](http://www.vindy.com), June 6, 2017).

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 rated current availability of marijuana extracts and concentrates as ‘10’; the previous most common score was ‘9-10’. A participant stated, “You can order anything from ‘Cali’ (California).” Law enforcement most often reported current availability of marijuana extracts and concentrates as ‘8’; a previous most common score was not reported. A law enforcement officer stated, “Any of that stuff you can have shipped, and it’s shipped all the time.”




Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. Participants shared: “I haven’t been in contact with commercial marijuana in a number of years; More people grow [marijuana] in their basement, hydroponically; When you buy a pound in Colorado and drive it across the country, it’s a lot easier than getting it from Mexico.” One group of participants discussed the impact of the heroin epidemic on the increased availability of high-grade marijuana. Participants reported: “The dealers got more money to go buy the high-grade ... have shipments sent from other places; People who do heroin, if they smoke also, they’re not going to smoke some commercial.”

Community professionals reported that the overall availability of marijuana has remained the same during

the past six months. Law enforcement officers shared: “The further it gets legalized and decriminalized ... I think it’s gone up consistently; I can’t even tell you the last time we got some nasty ‘dirt weed’ (low-grade marijuana); It’s almost all medical high-grade; Ninety eight percent of the marijuana that we’re coming across is the high-grade stuff, if not 100%. Especially over the last six months.”

Participants indicated that marijuana concentrates and extracts in the form of oils, dabs or wax have increased during the past six months. Participants reported: “More people know about it; Wax is way more prevalent than it ever used to be; More people are growing weed so they have more ‘trim’ (stems and seeds to process into wax).” Regarding oils versus wax specifically, participants reported: “Nobody ever wanted the oils, they wanted the wax; Oil is probably less available.” Law enforcement officers also reported that marijuana extracts and concentrates, often referring to hash oil, have increased during the past six months. Law enforcement remarked: “It’s a growing form of use; It’s on the increase, absolutely.” Regarding edible forms of marijuana in the forms of gummy bears, suckers, and candy, law enforcement reported: “That is a huge increase right now; The edibles ... we’re seeing a lot of those.”

The BCI Richfield Crime Lab reported that the number of marijuana cases (including edible forms) it processes has decreased during the past six months, while the number of cases of concentrated THC (tetrahydrocannabinol oils, “dabs”) has increased.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3’ for low-grade marijuana and ‘10’ for high-grade marijuana. Participants shared: “Medical marijuana is the best; When I was smoking weed, I was getting like stupid high, like higher than heroin; I would say quality control has gone up with legalization.” However, overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants commented: *"I was in a small town, so I paid more; It's more expensive to buy smaller quantities."* Regarding prices for marijuana extracts and concentrates in the form of oils, dabs or wax, participants commented: *"It depends on how good it is. If say, I made it in my house, it's gonna be like 40 bucks [for a gram]. Say someone went and got it from Seattle or Colorado, somewhere where it's sold, it'd probably be more like 60 bucks; Most people when they're getting the wax and oils, they're making them themselves. They're buying the weed and then turning it into the waxes, and the oils, the dabs."*

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar)	\$5
	1/4 ounce	\$25-30
	1/2 ounce	\$50
	A pound	\$800
	<b>High grade:</b>	
	A blunt (cigar) or a gram	\$10
	1/4 ounce	\$70
	An ounce	\$300-350
	A pound	\$2,500
	<b>Extracts and concentrates:</b>	
	A gram	\$40-80

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. Participants commented: *"Eating is way too much trouble; Everybody's smoking it."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone: *"Nowadays, everyone; There isn't a typical user of marijuana; There is no socio-economic discrimination with marijuana; I've seen every type of person; It's like drinking [alcohol]."* Community professionals also reported that

anyone may be a marijuana user. A law enforcement officer commented, *"It's everybody ... You see the older 'pot heads' (habitual marijuana users) and the younger people."* Regarding marijuana extracts and concentrates specifically, treatment providers remarked: *"The 'dabbing' (use of dabs) is huge in the high schools and middle schools; I think it's increased dramatically for the younger ones."*

## Methamphetamine



Methamphetamine is moderately available in the region. Participants most often reported the current overall availability of the drug as '6-7' 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'. Participants commented: *"I could find it in 10 minutes; It's more prevalent of drug if you're in a country setting."* Few treatment providers were able to report on the current availability of methamphetamine. These providers most often reported the drug's current availability as '2'; the previous most common score was '9'. A treatment provider commented, *"We don't treat it here, so we don't see it."* Law enforcement most often reported the current availability of methamphetamine as '4-6'; the previous most common score was '10'. Law enforcement reported that the types of methamphetamine available in the region largely depend on whether the county is more rural or urban. Law enforcement explained: *"[In Mahoning County], crystal, and only crystal; If you're in the western part of the county (the mostly rural part of the county) it's an '8'; Rural, farm areas, where there's less other things to do, you have 'meth' (methamphetamine)."*

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 174 methamphetamine cases reported during the past six months, of which 58.6% were Ashtabula County cases and 14.9% were Mahoning County cases (there were 198 cases for the previous six months, of which 67.2% were Ashtabula County cases and 17.2% were Mahoning County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A judge with the Columbiana Court of Common Pleas sentenced a Salem man to seven years and four






months in prison for three drug-related charges, the newest of which included illegal manufacturing of methamphetamine, the possession of chemicals to manufacture methamphetamine, and multiple counts of drug possession; when officers made the most recent arrest at the man’s home in Leetonia (Columbiana County), they found the man with methamphetamine, Suboxone®, Vicodin® and Xanax® along with a “one-pot” methamphetamine lab ([www.otfca.net](http://www.otfca.net), Jan. 24, 2017). A long-term drug investigation in Ashtabula County completed by the Trumbull Ashtabula Group (TAG) Law Enforcement Task Force and the Ashtabula County Sheriff’s Office lead to the arrest of several people and the seizure of 33 ounces of crystal methamphetamine ([www.fox8.com](http://www.fox8.com), May 11, 2017). Martins Ferry Police (Jefferson County) arrested three individuals after a traffic stop in Yorkville lead to the discovery of a methamphetamine laboratory; officers obtained a search warrant of a home in Yorkville and seized crystal methamphetamine and materials used to manufacture methamphetamine ([www.wtov9.com](http://www.wtov9.com), April 11, 2017). Toronto Police (Jefferson County) collaborated with the Jefferson County Drug Task Force and the Jefferson County Sherriff’s Office in an ongoing investigation that lead to the arrest of six people at a residence in Toronto after officers learned the people offered to sell methamphetamine and heroin to people in the city ([www.theintelligencer.net](http://www.theintelligencer.net), April 4, 2017). While executing a search warrant at a Youngstown home, police and a DEA officer found items in the home’s garage that appeared to have been used to manufacture methamphetamines; officers found a burnt spoon and metal pipe, various liquids, a box of Sudafed®, Drano®, a plastic beaker and other drug paraphernalia items scattered around the residence ([www.vindy.com](http://www.vindy.com), Feb. 15, 2017). Prosecutors in Jefferson County charged six people for manufacturing methamphetamine in Steubenville (Jefferson County) ([www.wtov9.com](http://www.wtov9.com), June 2, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated powdered as the most prevalent form of methamphetamine in the region. A treatment provider remarked, “Shake-and-bake’ (powdered methamphetamine) is still a pretty big deal.” 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 reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. Participants discussed: “It’s getting more popular; People are learning how to cook it; [Crystal methamphetamine is] coming from California.” Treatment providers reported that the general availability of methamphetamine has remained the same during the past six months, while law enforcement reported that it has increased. Law enforcement stated: “We’re starting to see it; You don’t need to cook anymore. [Imported crystal methamphetamine is] available, so why ‘cook’ (manufacture methamphetamine) and risk getting caught when you can just go buy it?”

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 crystal, off-white and white powder, and brown crystals in smoking devices.

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

Participants most often rated the current quality of powdered methamphetamine as ‘5’ and of crystal methamphetamine as ‘8-9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality), the previous most common scores were ‘5’ and ‘10’, respectively. Regarding the quality of powdered methamphetamine, participants shared: “It just generally was a lower quality [than crystal methamphetamine]; A lot of people are trying to make it a lot ... quicker now, and it’s just getting all [messed] up ... too much lithium in it.” Regarding the quality of crystal methamphetamine, participants stated: “Crystal’s at the top; I got the ‘glass’ (crystal methamphetamine) about four, five months ago, and it was the highest I’ve ever felt on speed

in my life.” Participants mentioned no adulterates (aka “cuts”) for methamphetamine. They reported: “You don’t cut meth with anything; I know people who will cut other things with meth, but nothing to cut meth with.” Overall, participant reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	1/4 gram	\$25
	1/2 gram	\$50
	A gram	\$100

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, six would smoke and four would intravenously inject (aka “shoot”) the drug. Participants stated: “Smoking is most common; Snorting kills your nose after a while. It hurts so bad.”

Participants and community professionals described typical methamphetamine users as white people living in rural areas, of low socio-economic status, and blue-collar workers in positions that require them to be awake for long hours. In addition, one participant shared, “Gay men love it.” Other participants reported: “People who have to stay up a long time or do laborious work; It’s definitely lower class.” Treatment providers commented: “It’s all ages; You’re not going to find it in the inner city.” Law enforcement remarked: “The cook is always male; The trafficker for the most part is male.”




### Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘7-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most

common score was ‘8.’ A participant shared, “I have a friend that does them. He can get them anytime, anywhere.” Other participants stated: “If I’m still in high school, ‘10’ (they’re highly available); [On a] college campus, it’s everywhere; I could find it about half the time I looked for it.” Treatment providers most often reported current street availability of prescription stimulants as ‘5,’ while law enforcement most often reported it as ‘1-2’ and ‘10,’ the previous most common scores were ‘5-7’ for treatment providers and ‘1-2’ for law enforcement. Treatment providers reported: “We don’t see it a lot; I know in Columbiana County ... that is popular there; They go to that doctor, they get that and they sell those a lot.” Law enforcement reported, “I’m sure they’re out there.”

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. A participant stated, “Adderall® is one of the easier ones to get.” A treatment provider commented, “I see a lot of mothers taking Adderall® ... Their kids get a prescription, they start taking them. Gives them the energy, the high ... they can keep on going.” A law enforcement officer shared, “We had a nurse that was getting Adderall® prescribed to her and the reason was because she’s in college ...”

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of amphetamine (Adderall®) cases it processes has remained the same during the past six months, while the number of methylphenidate (Ritalin®) cases has increased.

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

Reports of current street prices for prescription stimulants were reported by participants with experience buying the drugs. Participants commented: “It can range, it just depends on availability; It depends on the person you’re getting it from, and if they really want to sell them ... most people that have ‘scripts’ (prescriptions) of those kinds of

things, they want to keep them ... to sell them ... they jack (increase) the prices up."

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$5 for 30 mg
	Vyvanse®	\$5 for 30 mg

Participants reported obtaining these drugs from doctors or people with a prescription. A participant explained, "If I'm looking for that drug, I'm going to a college campus usually and I'm just asking somebody because you can really ask anyone for that drug, and it's not awkward." Another participant shared, "It's super easy to go to the doctor and get prescribed those things." Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drugs. A participant commented, "If you're a drug addict who's addicted to them, you're snorting."

Participants described typical illicit prescription stimulant users as high school and college students. Participants stated: "It's socially acceptable on a college campus; I don't see older people abusing Adderall®; It kind of drops off around 50 [years of age]; I used to do it a lot when I was working a factory job making propane tanks. It would just get so monotonous and I would just zone out. I worked a lot faster on it, too." Community professionals reported that illicit prescription stimulant users are more often younger people. Treatment providers discussed: "That's a younger crowd; They start in the school age; Before they realize what crack and meth can really do for them ... they are younger and still doing the pills."







## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '5-8' and of "molly" (powdered MDMA) 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 '3' and '8,' respectively. Regarding ease in obtaining ecstasy, a participant shared, "It's a

30-minute trip to get whatever you want." Other participants reported the drug is less available in the region: "Ecstasy is hard to find; I don't even know where to get it anymore; Unless you're at a concert or a college campus, it's hard to find." Regarding availability of molly, a participant commented, "Molly is everywhere."

Treatment providers most often reported the current availability of ecstasy as '5,' while law enforcement most often reported it as '2,' the previous most common scores were '6.' Community professionals did not report specifically on the current availability of molly. Treatment providers shared: "We have tons of positives (positive drug screen results) for ecstasy. Daily, we have probably a positive for ecstasy, but it's in the 'dope' (heroin is adulterated with ecstasy); Ecstasy we get a ton ... cocaine, ecstasy, mixed [with heroin]." Law enforcement reported: "Depends, are you looking for pure ecstasy or just made up ecstasy? The last ecstasy that I bought ... came back [from a lab analysis] as cocaine and it had 'benzos' (benzodiazepines) in it; The pure molly, or pure MDMA, you don't see hardly any at all anymore."

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has remained the same. A participant explained, "People getting lazy and don't want to make ecstasy pills anymore." Community professionals 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; the lab does not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Regarding molly, participants reported: *“People now are selling molly by the point (1/10 gram), just like any other powdered drug; Most of the molly that’s been around, my way at least, has all been capped up (sold in capsules); It’s usually 2/10 [milligrams] in a cap.”*

Current Prices for Ecstasy/Molly	
<b>Ecstasy/Molly</b>	<b>Ecstasy:</b>
	Low dose (aka “single stack”) \$10
	Medium dose (aka “double stack”) \$20
	High dose (aka “triple stack”) \$25-30
	<b>Molly:</b>
	1/10 gram \$10
A gram \$100	

Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy users, eight would orally consume and two would snort the drug. A participant also described “parachuting” the drug: *“You crush it up, you put it in a little piece of toilet paper and you swallow it.”* Participants estimated that out of 10 molly users, six would orally consume and four would snort the drug. A participant commented on orally consuming molly: *“Put it in water and drink ‘molly water,’ or they’ll put it in like alcohol ... vodka ... and they’ll drink it.”*

Participants and community professionals described typical ecstasy and molly users as high school and college students, and “ravers” (people who attend dance parties). A participant remarked, *“It’s probably more available in the festival community.”* Community professionals commented: *“Especially college; Middle to upper class because ... if it’s true molly, you’re paying more for it.”*

### 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: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (gabapentin, an anticonvulsant).







### Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as ‘3-4’ and ‘10,’ and of psilocybin mushrooms as ‘1-4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10’ and ‘8,’ respectively. Regarding LSD, one participant shared, *“I haven’t seen that in years.”* Regarding psilocybin mushrooms, participants stated: *“You can even just go pick them in Ashtabula; You can order grow kits online.”*

Although treatment providers were unable to rate the current availability of LSD or psilocybin mushrooms, law enforcement rated the current availability of LSD and psilocybin mushrooms as ‘1-2,’ the previous most common score was ‘1’ for LSD; community professionals did not rate the availability of psilocybin mushrooms in the previous reporting period. A treatment provider remarked, *“That phase is kind of gone ... now they’re shooting ‘dope’ (heroin).”* Law enforcement stated: *“It’s around in certain circles; We don’t see much of that.”*

Participants reported that the availability of LSD has remained the same or decreased during the past six months, while the availability of psilocybin mushrooms has remained the same. A participant reported, *“LSD really isn’t common anymore.”* Law enforcement reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. A law enforcement officer stated, *“Our community isn’t into that.”*

The BCI Richfield Crime Lab reported that the number of LSD and psilocybin mushrooms cases it processes has increased during the past six months.

LSD	Reported Availability Change during the Past 6 Months	
	 Participants	No consensus
	 Law enforcement	No change
	 Treatment providers	No comment
Psilocybin Mushrooms	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 LSD as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); a previous most common score was not reported. Participants stated: "It's good; It just depends on who's selling it." Overall, participants reported that the quality of LSD has remained the same during the past six months.

Reports of current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs.




Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose (aka "a hit")	\$5-7
	<b>Psilocybin Mushrooms:</b>	
1/8 gram	\$35	

Participants described typical LSD and psilocybin mushroom users as high school and college aged and baby boomers. Participants explained: "Everybody that I always knew was a young college student; The Woodstock crew." Law enforcement described typical LSD and psilocybin mushroom users as people who also use ecstasy and molly. Law enforcement remarked: "You're typically gonna have the LSD, ecstasy, molly, (psilocybin) mushroom type trafficker. They'll be selling that same stuff; Marijuana, mushrooms, LSD all linked in together."

### Neurontin®

Neurontin® remains highly available in the region for illicit use. Participants most often reported the drug's current street availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant reported, "That is a [Trumbull County] thing ... I never heard of anyone abusing Neurontin® until I came down here." Treatment providers most often reported the current street availability of Neurontin® as '8'; the previous most common score was also '8'. Law enforcement did not report on street availability of Neurontin®. Treatment providers shared, "A lot of our clients come in with a 'script' (prescription); It's everywhere."

Participants reported that the availability of Neurontin® for illicit use has remained the same during the past six months. One participant explained, "It's prescribed a lot now that they've cracked down on all the doctors for Norco® (acetaminophen and hydrocodone)." Treatment providers reported that the availability of Neurontin® for illicit use has increased during the past six months. A treatment provider reported, "You'll hear more and more that people's relapses started with Neurontin®."

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

Participants reported that the most common routes of administration for illicit use of Neurontin® are oral consumption and snorting. Participants and community professionals described typical illicit Neurontin® users as opiate addicts. Participants explained: "People take it when they're on Suboxone®; People who like pain pills; People who can't do heroin anymore." Treatment providers reported: "People who abuse opiates and think they're in recovery; That's like the sober house drug of the year."

## Conclusion

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

Although participants and community professionals suspected that the majority of heroin currently sold in the region is actually fentanyl, or heroin adulterated with fentanyl, participants continued to report heroin as highly available. Community professionals reported the current availability of heroin, not adulterated with fentanyl, as moderate.

A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned fewer heroin cases and considerably more carfentanil, fentanyl and fentanyl analogue cases reported during the past six months than previously. The BCI Richfield Crime Lab reported that the number of heroin cases it processes has decreased during the past six months, while the number of carfentanil, fentanyl and fentanyl analogue cases it processes has increased.

While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants and law enforcement reported that a variety of colors for powdered heroin is currently available, including: brown, gray, pink, purple and white. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are fentanyl, prescription opioids and Xanax®.

Regarding the general availability of marijuana, a treatment provider described the current availability of marijuana as comparable to that of cigarettes: extremely easy to get. Law enforcement discussed that a lot of the marijuana cases they work involve marijuana brought into the region from states where its use is legal in some capacity (Michigan, California and Colorado).

Participants and law enforcement reported that the availability of high-grade marijuana, including marijuana concentrates and extracts in the form of oils, "dabs" or wax have increased during the past six months. The BCI Richfield Crime Lab reported that the number of cases of concentrated THC (tetrahydrocannabinol oils, dabs) has increased. In addition, law enforcement noted increased availability of edible forms of marijuana (gummy bears and suckers) during the past six months.

Methamphetamine is moderately available in the region; however, reportedly, availability is highest in rural areas of the region. Participants reported that methamphetamine is available in powdered and crystal forms throughout the region, although they indicated powdered (aka "shake-and-bake") as the most prevalent form of the drug. Law enforcement reported that the type of available methamphetamine largely depends on whether the county is more rural or urban. They reported crystal methamphetamine as more available in urban areas such as Youngstown while powdered methamphetamine is more available in rural areas such as in Ashtabula County.

Participants reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. Law enforcement reported increased availability of crystal methamphetamine particularly. They explained that there is less legal risk in purchasing crystal methamphetamine than in manufacturing powdered methamphetamine for personal use. 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 crystal, off-white and white powder, and brown crystals in smoking devices. Participants and community professionals described typical methamphetamine users as white people living in rural areas, of low socio-economic status, and blue-collar workers in positions that require them to be awake for long hours.

Lastly, Neurontin® remains highly available in the region for illicit use. Treatment providers reported that the availability of Neurontin® has increased during the past six months. A treatment provider stated, "You'll hear more and more that people's relapses started with Neurontin®." Participants and community professionals described typical illicit Neurontin® users as opiate addicts who use the drug when they can't get heroin.