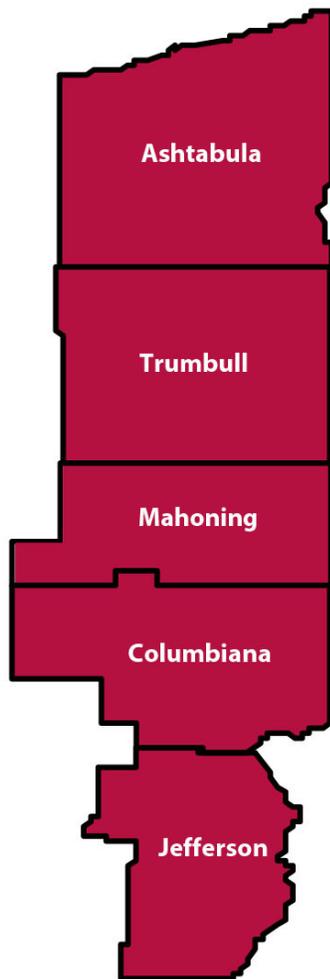




Drug Abuse Trends in the Youngstown Region

Regional Epidemiologist:

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Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Jefferson and Mahoning counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, 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, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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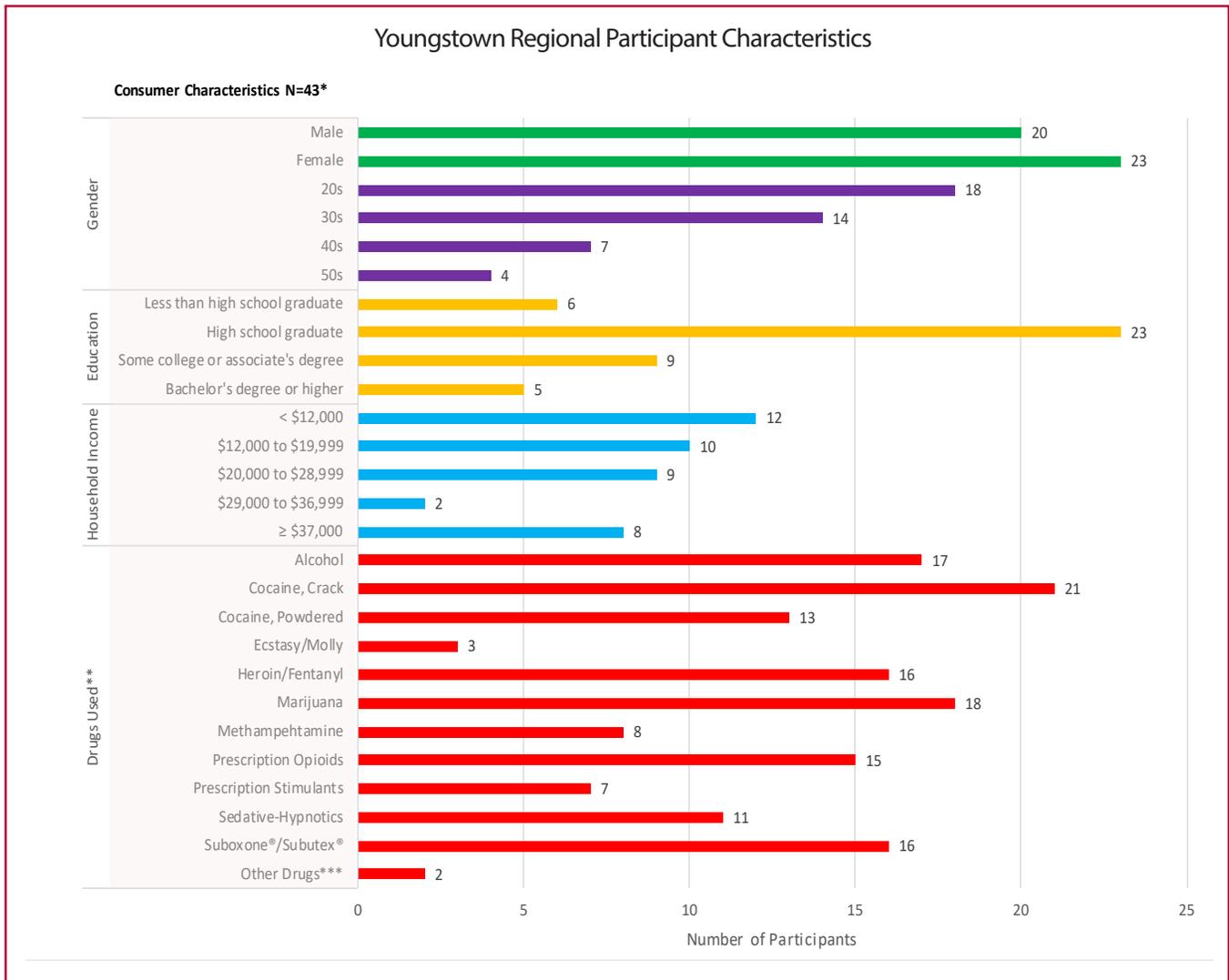
Regional Profile

| Indicator ¹ | Ohio | Youngstown Region | OSAM Drug Consumers |
|--------------------------------------|------------|-------------------|--------------------------------|
| Total Population, 2016 | 11,613,373 | 700,453 | 43 |
| Gender (female), 2016 | 51.0% | 50.7% | 53.5% |
| Whites, 2016 | 82.5% | 88.0% | 81.4% |
| African Americans, 2016 | 12.8% | 9.1% | 4.7% |
| Hispanic or Latino Origin, 2016 | 3.7% | 3.3% | 4.7% |
| High School Graduation Rate, 2012-16 | 89.5% | 88.7% | 86.0% |
| Median Household Income, 2012-16 | \$50,674 | \$42,911 | \$16,000-\$19,999 ² |
| Persons Below Poverty Level, 2016 | 14.6% | 17.9% | 55.0% ³ |

¹ Ohio and Youngstown region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

² 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 2 participants due to missing and/or invalid data.

³ 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 43.

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

***Other drugs included: Lyrica® (pregabalin) and psilocybin mushrooms.

Historical Summary

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

Although participants and community professionals suspected that the majority of heroin sold in the region was actually fentanyl, or heroin adulterated with fentanyl, participants continued to report heroin as highly available. Community professionals reported the 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 reporting period than previously. The BCI Richfield Crime Lab reported that the number of heroin cases it processes decreased during the reporting period, while the number of carfentanil, fentanyl and fentanyl analogue cases increased.

While many types of heroin were 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 were available, including: brown, gray, pink, purple and white. Participants discussed adulterants (aka "cuts") that affected the quality of the drug and reported that the top cutting agents were fentanyl, prescription opioids and Xanax®.

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

Participants and law enforcement reported that the availability of high-grade marijuana, including marijuana concentrates and extracts (aka "wax" and "dabs") increased during the reporting period. The BCI Richfield Crime Lab reported that the number of extracts and concentrates cases it processes increased during the reporting period. In addition, law enforcement noted increased availability of edible forms of marijuana (e.g. gummy bears and suckers).

Methamphetamine was moderately available in the region; however, reportedly, availability was highest in rural areas of the region. Participants reported that methamphetamine was 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 depended on whether the county was rural or urban. They reported that crystal methamphetamine was more available in urban areas such as Youngstown, while powdered methamphetamine was more available in rural areas such as Ashtabula County.

Participants reported that the availability of both powdered and crystal methamphetamine increased during the reporting period. Law enforcement reported increased availability of crystal methamphetamine particularly. They explained that there was 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 increased during the reporting period; the lab reported processing crystal, off-white and white powdered, 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® remained highly available in the region for illicit use. Treatment providers reported that the street availability of Neurontin® increased during the reporting period. 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 used the drug when they could not obtain heroin.

Current Trends

Powdered Cocaine



Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"It's easy to get; It's all over Steubenville [Jefferson County]."*

Community professionals most often reported the current availability of powdered cocaine as '7'; the previous most common scores were '2' and '8' for treatment providers and '7' for law enforcement. Treatment providers stated: *"Among our clients, I would say a little more than half are testing positive for, or have a history of positive screens for cocaine, and I think we're also hearing that once they get clean from the opiates, then the cocaine ... is a drug that they turn to; With medication assisted treatment ... once they get to a 'therapeutic dose,' they're not going to be having as many opiate cravings, and if they're still not in the right stage of change ... craving some type of euphoria which they can receive from using cocaine."*

Law enforcement discussed: *"We've also noticed in talking to sources and users that have overdosed on heroin, that instead of trying to get into a program which would get them off of narcotics completely, they think it's safer to use cocaine instead; We have so many clients utilizing Vivitrol® for heroin use but are still able to get a high off of powdered cocaine or crack cocaine ... dealers are able to sell it more easily now than the heroin."*

Corroborating data indicated that powdered cocaine is available in the region. The Ohio Department of Public Safety (ODPS) reported 15 drug task force seizures of powdered cocaine in the Youngstown region during the reporting period (66.7% of the seizures were made in Mahoning County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Multiple law enforcement agencies in Ashtabula County collaborated to arrest 10 people during a county-wide drug sweep,

confiscating 24 grams of cocaine, 28 grams of heroin, four grams of crystal methamphetamine and 418 grams of marijuana (www.starbeacon.com Aug. 22, 2017). The Columbiana County Drug Task Force and East Liverpool Police arrested six people while executing a search warrant at a home in East Liverpool and seizing seven grams of cocaine and drug paraphernalia (www.wyvtv.com, Sept. 1, 2017). Ohio State Highway Patrol (OSHP) in Ashtabula County arrested a man during a traffic stop on Interstate 90 after officers found 152 grams of cocaine in the man's car (www.news5cleveland.com, Sept. 23, 2017). Law enforcement in Ashtabula County arrested a man from Erie, Pennsylvania during a traffic stop after finding 69 grams of powdered cocaine and 83 grams of crack cocaine in separate bags in his vehicle (www.wfxg.com, Sept. 27, 2017). Prosecutors in Mahoning County charged a woman and her boyfriend with involuntary manslaughter in the death of the woman's 9-year-old son, who died of an unintentional cocaine overdose; the woman and her boyfriend noticed the boy having seizures the day after Christmas and took him to get help; the mother claimed her son had swallowed bleach; however, officers involved in the case reported high levels of cocaine in the boy's toxicology screen (www.vindy.com, Oct. 17, 2017). A woman in Youngstown was given probation instead of a prison term for her 9-year-old son's cocaine overdose; the cocaine allegedly belonged to the woman's boyfriend, who was sentenced to four and a half years in prison for the overdose (www.wdtn.com, Dec. 6, 2017). Law enforcement in Jefferson County worked with Steubenville Police to confiscate 36 grams of cocaine, and undisclosed amounts of fentanyl and marijuana from a residence in Steubenville (www.wtov9.com, Dec. 7, 2017).

Although participants most often reported that the availability of powdered cocaine has remained the same during the past six months, participants discussed that its availability is beginning to increase. One participant remarked, *"Just talking to mutual friends, they just noticed there's a lot of cocaine around. There's more people doing it now than six months ago."*

Community professionals reported that the availability of powdered cocaine has increased during the past six months. A treatment provider stated, *"I think it's changed where it's readily available because now we see a trend of it being mixed with other drugs [like] fentanyl ... we're seeing more of it show up [in urine drug screens]."* Law enforcement commented: *"The demand has definitely*

increased from the past year or so; Before, we didn't see it as much, but over the last couple of months, we've been seeing more and more people come in with arrests for cocaine possession." The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months; the lab does not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug. A participant stated, "There's so many white powders that you can put into cocaine ... that will numb (cause a numbing sensation) ... and it makes you think that it's all cocaine." Participants reported the top cutting agents for powdered cocaine as: baking soda, baby laxatives and Similac®. Other adulterates mentioned included: aspirin, benzocaine (local anesthetic), fentanyl, inositol (dietary supplement), niacin and Sleepinal®. Participants commented: "Usually, it's baking soda or Similac®; [Baking soda is] like the number one ingredient besides cocaine." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Cutting Agents Reported by Crime Lab |
|------------------|--|
| | ● local anesthetics (benzocaine and lidocaine) |

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. A participant commented, "It can go from just a \$10 bag all the way to whatever you want ... it goes to \$60 to \$100 ... if you're getting really a lot ... you could go a couple hundred bucks." Reportedly, the most common

quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Current Prices for Powdered Cocaine | |
|------------------|-------------------------------------|-----------|
| | A gram | \$50-80 |
| | 1/16 ounce (aka "teener") | \$80-120 |
| | 1/8 ounce (aka "eight ball") | \$140-200 |

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, five would shoot and five would smoke or snort the drug. Participants discussed, "Some people will not use a needle at all. They will smoke it; There's lots of people who would shoot it up; Higher class people would snort it, or keep it in things where they can just take a little ... they can dip into it while they're at work or while they're at the gym, or they do a line before they go work out, or socially; The younger crowd, they're going right into shooting it these days. If people are injecting 'meth' (methamphetamine) or injecting heroin, they're more likely to inject cocaine."

Participants described typical powdered cocaine users as drug dealers, younger people who use the drug socially, and people who need or desire to stay awake for long hours. Participants stated: "Drug dealers ... anybody that wants to stay up for days; I think truck drivers because they need to stay awake; Strippers. It helps you keep weight down; Old school or young people, white girls that go to the bar ... I think middle to high class."

Community professionals described typical powdered cocaine users as white and male. Treatment providers reported: "The male clients that are on methadone ... they're looking for something to still function and get everything done throughout the day; I have heard too from males that they use cocaine for its sexual benefits; Young adults between 18 to 21 [years of age]. I believe they are using it ... it's readily available to them ... 'speedball' (use with heroin). That seems to be the thing today." Law enforcement officers commented: "Mostly adult white males with full-time jobs, well educated, come from a good background ... it's much more expensive [than other drugs]; The drug tests we're getting back ... where people are testing positive ... usually white males ..."

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: *"I think 'crack' (crack cocaine) is the most readily available drug in this area; It's just huge. It's always been huge in Youngstown, in Warren ... there's a lot of crack addicts; I think that most people who do heroin, do crack, too; There's a big demand for it; Everybody has it. Everybody wants it. Supply and demand; I can walk to a gas station in Mahoning or Trumbull [counties] and easily, within 10 minutes, get crack."*

Community professionals most often reported the current availability of crack cocaine as '7'; the previous most common score was '10'. Treatment providers commented: *"I think it tends to be less expensive [than other drugs]; They can mix it with the marijuana ... lace the marijuana with crack; I think there's a rising interest in crack cocaine ... I will have clients who are stable on their dose (medication to treat opiate addiction) who hear about crack and all of a sudden, they're using crack. I've seen that a number of different times."* A law enforcement officer observed, *"More of the people that we deal with that's what they buy ... less people buy powdered cocaine."*

Corroborating data indicated that crack cocaine is available in the region. ODPS reported 14 drug task force seizures of crack cocaine in the Youngstown region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Warren Police Street Crimes Unit (Trumbull County) arrested eight people while conducting a raid of a home in Warren and confiscating two ounces of crack cocaine, a quarter ounce of powdered cocaine, a quarter ounce of methamphetamine, a half ounce of heroin, an unspecified amount of marijuana, two boxes of hypodermic needles, firearms, ammunition and cash (www.wkbn.com, July 3, 2017). A two-month investigation lead by the Niles Police Drug and Street Crimes Unit and Weathersfield Township Police (both Trumbull County) lead to the arrest of a man for selling cocaine out of his home in Niles; police raided his home and found an unspecified amount of crack cocaine (www.wkbn.com, Sept. 1, 2017). OSHP in Youngstown (Mahoning County) arrested a man during a traffic stop after the smell of raw marijuana lead officers to search the

vehicle where they found a bag containing an unspecified amount of crack cocaine (www.wkbn.com, Oct. 16, 2017). Youngstown Police arrested two men during a traffic stop after noticing the smell of raw marijuana coming from their vehicle; the passenger of the car admitted to smoking marijuana and gave officers his blunt (marijuana-filled cigar); however, during a search of the car, officers also found a crack pipe and heroin; the driver admitted to officers he did not have a driver's license and was receiving driving lessons from the passenger in exchange for crack cocaine (www.nbc4i.com, Nov. 1, 2017).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants discussed: *"That's one of the only things I could find when I looked to get high; It's coming up, coming back, more common; Everybody's getting busted. So, when one drug goes down, another drug has to come up; A lot of the 'heron' (heroin) dealers are getting scared now, so they're trying to justify and go on to the next drug, and that's cocaine."*

Community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months; the lab does not differentiate between crack and powdered cocaine.

| | | Reported Availability Change during the Past 6 Months | |
|---------------|---|---|-----------------|
| | | Participants | Law enforcement |
| Crack Cocaine |  | Increase | No change |
| |  | No change | No change |
| |  | No change | No change |

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda and isotol (dietary supplement). Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant shared, *"I don't think there has been any change in that."*

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

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Participants discussed: *"It all depends ... sometimes you can get it for \$75 a gram, sometimes it's \$100 ... for a 'ball' (1/8 ounce, aka 'eight ball'), usually it's \$200 to \$225; They'll pay anything to get it."* Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of crack cocaine has remained during the past six months.

| | | |
|----------------------|---|-----------|
| Crack Cocaine | Current Prices for Crack Cocaine | |
| | 1/10 gram (aka "rock") | \$10 |
| | A gram | \$50-100 |
| | 1/16 ounce (aka "teener") | \$60-75 |
| | 1/8 ounce (aka "eight ball") | \$200-225 |
| | An ounce | \$800 |

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. Participants reported: *"Most people I know shoot it nowadays; When you shoot it, you have to use vinegar or Kool-Aid® or lemon juice [to break the drug down for injection]."* Some participants shared that users who tend to shoot the drug are more often heroin users, while anyone may smoke the drug.

Participants described typical crack cocaine users as of low socio-economic status and drug dealers. Participants stated: *"Predominantly people in lower income neighborhoods. There are people from richer neighborhoods, but for the most part, lower income; Poverty and drugs go hand-in-hand; You find a lot of drug dealers that lace their blunts with crack."* Many participants did not believe there is a typical user for crack cocaine. These participants shared: *"As far as typical goes, I don't know if there is a typical user; I've seen a lot of white people, a lot of African-American people; I think it's men,*

women. People who you wouldn't think that have \$100K a year jobs [use crack cocaine]. I think it's universal!"

Community professionals described typical crack cocaine users as predominantly female and unemployed. Treatment providers reported: *"I usually see unemployed single moms. I think it's from wanting that level of energy to chase your kids around all day; Your money goes a lot farther with crack cocaine than it does with powdered cocaine."* One law enforcement officer stated, *"It's usually females that we've found ... a mix of black and white females."*

Heroin

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'. A participant remarked, *"It's easier to get than marijuana."* Community professionals most often reported the current availability of heroin as '10'; the previous most common score was '5' for treatment providers and '7' for law enforcement. Treatment providers shared: *"It's their drug of choice; For our specific clientele ... we focus on opioid addiction, they're all coming in with it. I mean it's rare that someone comes in who's only used opioid pills without eventually getting to heroin."* Law enforcement shared: *"Extremely available. Nine times out of 10, the people that are coming into our drug court program or probation [heroin is their drug of choice]; Heroin is our number one drug that we've seen come through our drug court and our [probation] office; The availability of heroin is a lot easier [as compared to prescription opioids] because you don't have to go to the doctor and get a prescription ... and it's cheaper."*

Corroborating data indicated that heroin is available in the region. ODPS reported 14 drug task force seizures of heroin and/or fentanyl in the Youngstown region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ashtabula Police collaborated with other law enforcement agencies to investigate a residence in Ashtabula with known drug activity and arrested 12 people after observing them in the process of intravenously injecting (aka "shooting")

heroin, or high from heroin or methamphetamine; officers also found an active methamphetamine laboratory on the second floor of the home and called Ashtabula Fire Department to neutralize it (www.starbeacon.com, July 7, 2017). A Boardman Township (Mahoning County) woman faced criminal charges for inducing panic after overdosing in a motel room; officers used Narcan® (naloxone, an opiate overdose reversal medication) to revive her (www.vindy.com, July 27, 2017). Youngstown Police arrested a woman after finding her passed out in the driver's seat of her car with the engine running; officers used Narcan® to revive the woman, and she admitted to officers that she snorted heroin prior to driving; officers also found a small amount of heroin in the woman's pocket at the time of her arrest (www.wkbn.com, July 31, 2017). A Youngstown man plead guilty in Mahoning County Common Pleas Court to involuntary manslaughter and heroin trafficking for providing fentanyl-laced heroin to a friend that resulted in his overdose death; the man faced three years in prison and five years of probation upon release (www.vindy.com, Aug. 3, 2017). An investigation lead by the Youngstown Police resulted in the indictment of 22 people by a federal grand jury for conspiring to traffic heroin, powdered cocaine and crack cocaine in the Youngstown and Ravenna (Portage County) areas; the report indicated that some of the heroin was purchased in Michigan before immediate transport to the Youngstown area (www.wfmj.com, Aug. 15, 2017). Youngstown Police administered Narcan® to an individual involved in a car crash where an SUV ran into a pole; officers found the person outside of the vehicle unresponsive due to an opiate overdose; officers revived the individual before taking him to a local hospital (www.wkbn.com, Aug. 27, 2017). Federal prosecutors in Jefferson County charged a man for operating a heroin trafficking ring in Steubenville; the charges came as a result of a three-year investigation conducted by Youngstown law enforcement; the man was sentenced to over six years in prison and eight years of supervised release (www.wtov9.com, Aug. 31, 2017). Jefferson County Sheriff's officers arrested two people after conducting searches at two different residences in Steubenville and seizing an undisclosed amount of heroin (www.wtov9.com, Aug. 29, 2017). OSHP in Youngstown arrested a Maryland woman and her passenger during a traffic stop on Interstate 76 after finding large amounts of heroin and cash in their vehicle; the woman admitted to officers she was driving to Chicago through Trumbull County to deliver the drugs (www.wkbn.com, Sept. 26, 2017). Youngstown Police arrested a man during the

execution of a search warrant at a residence on the north side of Youngstown, confiscating four bags of heroin, one bag of crack cocaine, pills, drug paraphernalia, a bulletproof vest and ammunition (www.wfmj.com, Nov. 24, 2017). A Trumbull County grand jury indicted a man for heroin possession; an investigation lead by the Warren Street Crimes Unit resulted in the arrest of the man for selling heroin in the area; officers found the man with 1,657 grams of heroin (www.wfmj.com, Dec. 13, 2017). Warren Police arrested a woman for child endangerment after responding to a 911 call that the woman and her two young children were passed out on the floor of their home from a heroin overdose; suspected heroin was found on the kitchen counter within reach of the children (www.wkbn.com, Dec. 14, 2017). Warren Police arrested a man after observing him at a gas station for an extended period without moving; officers found the man asleep and woke him when he admitted to taking two Klonopin® pills; officers searched the man and found heroin in his pocket (www.nbc4i.com, Dec. 28, 2017).

While many types of heroin are currently available in the region, participants and treatment providers reported brown powdered heroin as most available. A participant remarked, *"If it's heroin, it's usually tan or brown."* One treatment provider shared, *"Around here, what the clients tend to say is the type is brown in color. More and more, the colors seem to be changing because it's being laced with so many different things."* Law enforcement reported heroin-fentanyl mixtures as most available in the region. Law enforcement reported: *"Something that's sold as heroin, but it's actually a mix of heroin and fentanyl ... in a brown powder form; Although we're intending to go buy heroin ... more than half of the time we are going to end up buying fentanyl The person selling is saying it's heroin. When we get back and test it, we realize it's more fentanyl than it is heroin; I can't tell you the last time it was straight up heroin come back from the lab."*

Participants also reported high availability of white powdered heroin, as well as availability of gray and red-colored heroin in the region. Participants indicated that gray heroin is most likely cut with fentanyl, while red heroin is most likely cut with carfentanil. Treatment providers and law enforcement also mentioned different colors of heroin as available in the region, including gray, pink, purple and tan. A treatment provider reported, *"I've heard purple is associated with 'benzos' (benzodiazepines)."* A law enforcement officer shared: *"It's definitely a lighter color, tan or brown, no black tar. We haven't seen any black tar"*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. 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 gray and tan heroin, and rarely black tar heroin, although the lab does not typically differentiate between black tar and powdered heroin.

| Heroin | 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 heroin as '3-4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant explained, "Regardless of the color, it's crappy quality ... everybody's trying to make a quick buck ... as soon as it changes hands it gets 'cut' (adulterated) ...". Other participants noted: "With this fentanyl out, that's a really confusing question because nobody ever knows what they're getting; Even drug dealers don't know what they're dealing with half the time." A treatment provider shared, "We've had people who say they're using heroin and they're not even testing positive for opiates, so we don't really know what's in it."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for heroin as fentanyl and vitamins. Additional cuts mentioned included: aspirin, baby laxatives, ether, inositol (dietary supplement), niacin, powdered cocaine, prescription opioids and Sleepinal®. Many participants described buying heroin that was actually fentanyl or heroin mixed with fentanyl. These participants explained: "You can't find real heroin anymore around here; We're calling fentanyl 'heroin' now; It's harder to find powder heroin than it is to find fentanyl; There's no way to measure [the amount of fentanyl in heroin] to where it's safe ... you don't know whether you'll 'OD' (overdose) or not; I think [fentanyl-heroin mixtures is] all there is out there ... it's so powerful." 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 | |
|--------|--|--|
| | <ul style="list-style-type: none"> ● acetaminophen ● carfentanil ● cocaine ● diphenhydramine (antihistamine) ● fentanyl and fentanyl analogues | |

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants commented: "You would go to your dealer and be like, 'I got 20 bucks,' and they'd just give you [\$20 worth]; If you go to a main dealer, it's cheaper than the person who's a middleman that uses." Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of heroin has decreased during the past six months. Participants stated: "The price has gone down; They can't move the product because people are dying, so they have so much product that they have to get rid of it."

Law enforcement comments on heroin pricing included: "It's far cheaper to buy fentanyl [than heroin], and far easier to buy it. Less risk ... you can order it up off the Internet; They had a drug bust earlier this year where they confiscated like 30 pairs of Air Jordan's from this guy's house, this dealer's house ... people had stolen [the high-end sneakers] and given them to him as payment for heroin. They'll take gas cards, Visa gift cards, Tide Pods™ ... people are stealing from family members to go to the pawn shop to get money to buy heroin."

| Heroin | Current Prices for Heroin | |
|--------|---------------------------|-----------|
| | Powdered: | |
| | 1/10 gram | \$20 |
| | 1/2 gram | \$60-70 |
| | A gram | \$100-120 |

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, nine would shoot and one would snort the drug. Participants reported: "I started out snorting it then I got to using the needle (intravenously injecting); I realized I was wasting it by snorting it ... you

feel more of the effects when you intravenously put it in your body. It's a little more intense ... you don't have to use as much."

Participants reported that injection needles are most available from drug dealers and people with diabetes. Additionally, participants reported obtaining needles from pharmacies and retail stores; and a few participants mentioned receiving needles from other users, using someone else's needle, using animal needles, or traveling to Cleveland or Pennsylvania to needle exchange programs. Participants reported: *"I used to get mine through people that would go to a drug store. They would just buy a pack of them and they would sell them to users ... like two for \$5; I had a hard time finding needles, they would usually be from my dealer; Some people go buy dog needles; We used to be able to go to [retail stores] and say, 'I need a box of insulin syringes, 10 cc.' If you say you're a diabetic insulin user, they're going to sell them to you. Now you have to have a prescription for insulin."* Reportedly, the most common price for needles on the street is \$3-5 for one or two needles.

Participants discussed sharing and reusing needles as common practices: *"I'd say 9 out of 10 people share needles at some point ... when you get desperate; I'd always try to clean my needle ... hot water and alcohol; If it was my needle, it was just hot water."* Participants reported the following concerns with sharing needles: *"Hep C (Hepatitis C) is like a real big one; I had a friend die ... they got an infection in their heart; Blood clots ... people get blood clots in their vein that kill them. It's rare but it happens."*

Participants described typical heroin users as white people and people who work labor-intensive jobs. Participants stated: *"I think you see more white people, especially around here; People who have jobs that are hard laborers ... a lot of physical back-breaking work ... a lot of those people get into prescription pain pills and might get into the heroin ... factories ... warehouse jobs"*

Community professionals described typical heroin users as white people and people in their 20s and 30s, while noting an increase in females using the drug. Treatment providers reported: *"Primarily Caucasian is what we see for the most part. But, all ages ... we're talking teenagers in high school; Usually clients that are from the ages of 18 to 35 [years]. Typical clients are usually white Americans; More females than what it used to be."* Law enforcement stated: *"If we had to go by a type, then mid to late teens, early 20s, Caucasian*

... that's probably more prevalent, that's the most overdoses we've encountered; It usually stays pretty much white males and females, and black females. Every blue moon we might get a black male; Like they say, it doesn't discriminate ... all different backgrounds ... religions ... people with rich parents who go to church every weekend ... people who are married, people who have kids, people who I know from growing up. It comes in all shapes and sizes and ages."

Fentanyl



Fentanyl 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 not reported. Participants commented: *"Everybody wants it. Everybody got it; You can buy it online; People that are doing heroin get a tolerance. The regular heroin's not doing it for them, so they go to fentanyl ... the regular don't get them high; There's like 14 kinds of fentanyl ... carfentanil"* Many participants shared not intentionally buying or seeking fentanyl, but testing positive for it on drug screens.

Treatment providers most often reported the current availability of fentanyl as '10'; while law enforcement most often reported it as '9'; the previous most common scores were not reported. Treatment providers reported: *"It's just recently come to our area. It's being mixed in [heroin] a lot. Probably the drug dealer's mentality is that it gives them a better high. Most of our clients do not realize they're having fentanyl mixed in with the heroin, and when you tell them, it's kind of a shocker; From what I hear from clients, it's a way to cut what they would think would be heroin to make it last longer, to make it intensified, to keep them hooked, to make more money."* Law enforcement reported: *"The larger dealers are making more money. You can cut [heroin] a lot more; You can buy it for less and sell it for the same price [as heroin]."*

Corroborating data indicated that fentanyl is available in the region. ODPS reported 14 drug task force seizures of heroin and/or fentanyl in the Youngstown region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested several people after executing search warrants at different residences across Youngstown and confiscating 25 grams of fentanyl, a bag of crack cocaine, marijuana, Suboxone®, drug paraphernalia and firearms (www.wkbn.com, July 20, 2017). An investigation lead by the Mahoning County Heroin Overdose Task Force lead to a man being charged with involuntary manslaughter by a Mahoning County grand jury for providing fentanyl to another man who subsequently died from taking the drug at a bar in Youngstown; prosecutors also charged the man with trafficking cocaine and corrupting another with drugs (www.wkbn.com, July 28, 2017). A grand jury in Jefferson County indicted a woman for involuntary manslaughter for providing fentanyl cut with morphine to a man who subsequently died from an overdose at Geneva-on-the-Lake (Ashtabula County) (www.starbeacon.com, Aug. 25, 2017). A man was sentenced to eight years in prison for providing fentanyl to a pregnant woman who subsequently died after taking the drug; Trumbull County prosecutors also charged the man with corrupting another with drugs in regard to the unborn child (www.wfmj.com, Sept. 4, 2017). The Columbiana County Drug Task Force and Lisbon Police conducted a search of a residence in Lisbon after receiving multiple complaints of possible drug trafficking; officers arrested a Virginia man after finding 35 grams of fentanyl and eight grams of crack cocaine hidden in a Narcan® kit (www.wfmj.com, Oct. 2, 2017). Cleaning staff at a hotel in Youngstown found a man dead in his hotel room; the Trumbull County Coroner ruled the death a result of an unintentional fentanyl, heroin and cocaine overdose (www.vindy.com, Oct. 12, 2017). Trumbull County reached a record high for number of overdoses ever experienced in the county in a single month, with a total of 195 overdoses recorded in September 2017, all of which were attributed to fentanyl; the county experienced 1,113 overdoses as of November 2017 (www.wfmj.com, Nov. 5, 2017). Drug Task Force officers in Columbiana County, along with U.S. Marshals identified over 100 people responsible for a fentanyl, carfentanil, heroin and cocaine trafficking ring during an investigation called “Operation Big Oak;” officers arrested two people from Cleveland and took an additional 22 people into custody; officers claimed this as the largest drug trafficking case in Columbiana County (www.nbc4i.com, Nov. 7, 2017). Two individuals in Youngstown were arrested after investigators with Homeland Security noticed a strange package shipped from Shanghai, China

to Youngstown, labeled “pants zipper;” agents confirmed the packaged contained 273 grams of fentanyl, and placed a tracking device on the package; they traced the package to the two men (www.wkbn.com, Nov. 30, 2017).

Participants and law enforcement reported that the availability of fentanyl has remained the same during the past six months, while treatment providers reported increased availability. Treatment providers shared: *“They weren’t getting fentanyl until the last few months. It’s becoming as common as opiates in their system; Once we start to notice a trend of drugs, we start adding it to our drug screens, and we found that almost everyone’s testing positive for fentanyl; It’s getting worse. What’s happening now is ... we’re seeing more deaths.”* The BCI Richfield Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months, while the number of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was not reported. Participants stated: *“It’s killer; It’s gotta be ‘10;’ Most people will overdose on it.”* Participants did not have knowledge of adulterants (aka “cuts”) that affect the quality of the drug. Participants discussed: *“It’s cut with something. It’s got to be cut to be sold; When I overdosed, I had no opiates in my system. It was straight fentanyl; In my last three overdoses, when the hospital tested me ... straight fentanyl.”*

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Participants indicated that the price of fentanyl is the same as heroin. Participants reported: *“They sell it for the same as heroin; That’s why they’re pushing it because it’s so much cheaper and they’re making the same amount of money. So, they’re like doubling their profit ...”*

| Fentanyl | Current Prices for Fentanyl | |
|----------|-----------------------------|-----------|
| | 1/10 gram | \$20 |
| | 1/2 gram | \$60-70 |
| | A gram | \$100-120 |

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka “shooting”). Participants reported that out of 10 fentanyl users, all 10 would shoot the drug. Participants and law enforcement described typical fentanyl users as people who use heroin. Treatment providers additionally noted use among people aged 18-35 years.

Prescription Opioids

Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant remarked on the decreased street availability of these drugs: *“Better regulation.”* Treatment providers most often reported current street availability as ‘5’, while law enforcement reported it as ‘2-4’; the previous most common scores were ‘8’ and ‘5-7’, respectively. A treatment provider stated, *“It’s not easy to get ... it’s why they’re heading to heroin, or what they think is heroin.”* A law enforcement officer discussed, *“It’s a lot harder to get the pills. It’s not impossible, and if you find the right person that has a supply from somewhere, then that supply is usually constant. But, finding that initial dealer is more difficult than finding a heroin or cocaine dealer.”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. ODPS reported 13 drug task force seizures of prescription opioids in the Youngstown region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was sentenced in Columbiana County Common Pleas Court to 10 months in prison for selling hydrocodone on two separate occasions (www.salemnews.net, Dec. 6, 2017). Youngstown Police arrested a man during the execution of a search warrant at a residence in Campbell (Mahoning County) after the man readily admitted to officers that he had marijuana and “fake cocaine” on him to sell; officers confiscated the substances, which was actually 1.5 grams of crushed methadone pills, 10.4

grams of cocaine laced with mostly baking soda, and a bag of marijuana (www.wkbn.com, Dec. 11, 2017). Youngstown Police arrested two people on separate occasions in the same home on the same night after an initial raid of the home yielded topiramate (a medication used to treat nerve pain); officers found five young children in the home and obtained a search warrant, where they confiscated tramadol, crack cocaine, marijuana, a firearm and cash (www.wkbn.com, Dec. 15, 2017).

Participants and community professionals identified oxycodone, Vicodin® and Ultram® as the most available prescription opioids in terms of widespread illicit use. A participant commented, *“Everyone was prescribed [Vicodin®].”* Treatment providers reported: *“[Ultram®] seems easy to get. It just seems like something they are prescribed and they’re learning to abuse it; That one’s real easy ... seems like the doctors are giving them tramadol (Ultram®) thinking that it won’t take them to any level of addiction, and it is. They’re over taking their medication.”* One law enforcement officer shared, *“Last year we seized about 60,000 pills of tramadol!”*

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants commented: *“Yeah, it’s a lot harder to find ... better regulation, fewer doctors, fewer pharmacies willing to fill prescriptions; They’re harder to get. I’m surprised that people are still getting them; More doctors are getting busted; The government is cracking down on them.”* Community professionals reported that the street availability of prescription opioids has remained the same during the past six months.

The BCI Richfield Crime Lab reported that the number of oxycodone/acetaminophen (Percocet®), methadone and Ultram® cases it processes has increased during the past six months, while the number of hydrocodone (Vicodin®), hydromorphone (Dilaudid®), oxymorphone (Opana®), morphine and oxycodone (OxyContin®) cases has decreased.

| 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 consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. A participant remarked, "One dollar per milligram, that's across the board on everything." Overall, participants reported that the price of prescription opioids has remained the same during the past six months.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---|
| | Dilaudid® | \$5 for 4 mg \$10 for 8 mg |
| | Methadone | \$7-10 for 10 mg |
| | OxyContin® OP | \$40-50 for 80 mg |
| | Percocet® | \$5 for 5 mg \$7 for 7.5 mg \$8-10 for 10 mg |
| | Roxicodone | \$1 per milligram |
| | Vicodin® | \$2-3 for 0.5 mg \$5 for 7.5 mg \$5-7 for 10 mg |

Participants reported obtaining these drugs for illicit use from drug dealers, doctors or from someone with a prescription for them. Participants shared: "I had a prescription ... legitimate means. I have a bad back and went to see a licensed doctor ... it took a little time for me to get up to the 'oxy-30s' (oxycodone 30 mg) ... I've been getting them for quite a while and when I would run out, I would buy it on the street ... people would sell them on the streets so that they could buy heroin; I used to sell them to drug dealers."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is oral consumption. Participants estimated that out of 10 illicit prescription opioid users, seven would orally consume and three would snort the drugs. Participants reported: "Taking them as you would a pill or grinding them up and snorting; Some people would snort them because it's a faster effect than eating them; If it's a 'perk' (Percocet®) or a 'vike' (Vicodin®), I chew it up and eat it. If it's a 'roxi 30' (Roxicodone® 30 mg), I'm going to 'shoot' (intravenously inject) it ... And if it's an 'oxy' (oxycodone), I'm just going to cook it up in the spoon so I can shoot it."

Participants described typical illicit prescription opioid users as drug dealers, people who had an injury and African-American people. Participants reported: "People that have been injured and were prescribed and then the doctor cut them off so they have to find more; Mainly the dealers are into the pills; The dealer is selling to a person with a script of 'perks' (Percocet®), so that person will trade their 'perks' for the 'dope' (heroin); Most drug dealers do pain pills because they like them, but don't want to be heroin addicts; It's more the black community. It goes along with the marijuana and the 'syrup' ... the 'methazine' (promethazine) with codeine ... that's another prevalent pharmaceutical."

Community professionals described typical illicit prescription opioid users as white people, males and employed. However, a treatment provider reported: "It's a wide range. I've seen clients in the last six months that range from the early 20s to late 40s when it comes to pills." A law enforcement officer reported, "White males that are employed. There's not as much of a stigma there if they're using something that could be prescribed, for one, plus they have money to buy it. We live in such an industrial area and it's easy to get hurt at your job if you're a male and working in the mill or a factory. Most of them are work-related injuries ..."

Suboxone®

Suboxone® is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip form as '9' and in pill form as '3-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common overall score was '10'. Participants reported: "There's a lot more people that want it now ... the heroin epidemic has grown ... there's a lot more Suboxone® doctors popping up, so there's a lot more people using Suboxone®; Drug dealers that have heroin have 'subs' (Suboxone®), so that if somebody can't get heroin ... they can get 'subs.'" Participants reported the most available type of Suboxone® as the sublingual filmstrip (aka "strip") form. Participants commented: "When the pills were around, I used the pills, but now I don't know if you can get those anymore; It seems like everybody has the strips."

Treatment providers most often reported the current street availability of Suboxone® as '2-3', while law enforcement most often reported it as '6-7'; the previous most common scores were '10' and '8', respectively. Treatment providers discussed: "The doctors that I know that prescribe it, prescribe it one at a time or two at a time ... they keep it at low levels and are very

strict about allowing the client to do the Suboxone® program. So, I haven't seen much abuse of that; I just don't see it as a problem in my group or groups that I've had. The clients I've had have chosen not to do the Suboxone® program They go to a different type of maintenance program, which is called the Vivitrol® shot."

Law enforcement reported: "It's so overly prescribed ... they don't need that much. So, they take what they need and sell the rest. We have had multiple people in the last six months get revoked or get kicked out of drug court for selling their Suboxone® strips; There are also the cash clinics in the area ... the clinics don't do strip counts ... they don't do random drug screens." Law enforcement most often reported the filmstrip as the most available type of Suboxone® in the region. They commented: "Strips. I can't tell you the last time I saw a pill; It's what doctors are prescribing."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Vice Squad and the Youngstown Community Police Unit arrested a woman after executing a search warrant at her home in Youngstown and seizing nine Suboxone® filmstrips, two bags of crack cocaine, a heroin press and a handgun; two children in the home at the time of the raid were placed into the custody of a relative (www.vindy.com, Nov. 3, 2017). Warren Police (Trumbull County) arrested a man for drug possession after responding to a call that 30-40 gunshots were fired in a building in the area; during a search of the building, officers found a man with a pill grinder and pill bottle containing miscellaneous pills, suspected heroin, a hypodermic needle and gun rounds in his pocket; officers obtained a search warrant for the building and arrested the man after finding an additional 20 hypodermic needles, 17 Suboxone® doses, 1,160 grams of marijuana, a magazine for an AK-47 and drug paraphernalia (www.wkbn.com, Dec. 5, 2017).

Participants reported that the street availability of Suboxone® has increased during the past six months, while community professionals reported that street availability has remained the same. Participants commented: "More doctors are prescribing; People would rather buy Suboxone® than buy heroin and die." The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Overall, participants reported that the price of Suboxone® has increased during the past six months. Participants shared: "They've gotten more expensive; Just depends on who you're going through. Your typical dealer would sell it for \$20-25; I knew a dealer that would put \$10 worth of credit toward your heroin [purchase] for your Suboxone® as long as it was in the package."

| Suboxone® | Current Street Prices for Suboxone® | |
|----------------|-------------------------------------|------------------|
| | Filmstrip | \$5-10 for 4 mg |
| | | \$10-20 for 8 mg |
| \$30 for 12 mg | | |
| Pill | \$15-20 (unspecified dose) | |

In addition to obtaining Suboxone® for illicit use on the street from drug dealers and Suboxone® clinics, participants also reported getting the drug through other users who sell their prescriptions. Participants commented: "I used to buy it off the street before I came here ... I knew people that were in recovery and would want to get rid of them, so I'd buy off of them; A lot of people go to clinics and then sell them ... so they can get high ... or just to have money to pay their bills; This is a small town, everybody knows at least one person that has Suboxone® and sells them." Law enforcement officers discussed: "Half are selling part of their prescription. We're fully supportive of medically assisted treatment but not forever. It's just replacing the heroin with something else; From what I've seen, you have a user who is going through the program but is still using. So, what they'll do is sell their strips to their dealer in exchange for heroin, and the dealer will go out and sell the strips and make money."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is oral consumption, and the most common routes of administration for illicit use of Suboxone® pills are intravenous injection (aka “shooting”) and snorting. Participants reported: *“With the strips, you can melt them down and shoot them or eat them. With the pills, you can crush them up and shoot them or snort them; Quicker relief. People are used to using the needle [to get high].”*

Participants described typical illicit Suboxone® users as heroin addicts. Participants stated: *“People who abused opiates; Heroin addicts; People in jail ... people come in with them [illicitly].”* Treatment providers described typical illicit Suboxone® users as someone struggling in treatment, young people, females and white people. Treatment providers reported: *“A lot of times they’re younger because it’s the first go-to medication; It’s usually females and they range from 21-35 [years of age] ... white females.”* Law enforcement described typical illicit Suboxone® users as white males and heroin users. Law enforcement reported: *“It’s been all over the board, but it’s typically white males that are using it and selling; Same as users of heroin and fentanyl. You have the people who don’t want to quit [heroin], they may have insurance so they’ll go and get their Suboxone® strips in the program, and then go and sell those or trade those for heroin.”*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs 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 discussed: *“You have to find somebody that has them ... usually they only have them for a day or two because they sell quick ... they’re not that expensive; The doctors around here have gotten really strict about giving prescriptions.”*

Treatment providers most often reported the current street availability of sedative-hypnotics as ‘7-8’, while law enforcement most often reported it as ‘3’; the previous most common scores were ‘7’, and ‘5-6’ and ‘10’, respectively. Treatment providers commented: *“They’re easy to get; I see*

doctors prescribing them this medication and they know how to abuse it.”

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. ODPS reported six drug task force seizures of benzodiazepines in the Youngstown region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police executed a search warrant at a home on the south side of Youngstown after receiving multiple complaints of drug-related activity; officers arrested three people after seizing 44 alprazolam (Xanax®) pills, three bags of marijuana, a bag of crack cocaine and cash; officers also found four young children living in the home and placed them into the custody of a relative (www.wkbn.com, Oct. 12, 2017).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: *“People want [Xanax®]. Everybody’s got them; People will pay money for [Xanax®]; [Xanax® is] not hard to get; I got a pretty stable supplier ... person with a prescription [for Klonopin®].”*

Community professionals identified Ativan® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A treatment provider commented, *“[Xanax® is] the most popular. They’re all pretty easily accessible.”* Law enforcement stated: *“Klonopin® is being prescribed more and more We don’t typically let our probationers or our drug court participants be on any ‘benzos’ (benzodiazepines) unless it’s absolutely necessary for their mental health; [Xanax® is] what the docs are prescribing; The only ones on this list that I’m absolutely positive are easy to get are Xanax® and Ativan® ... Xanax® especially.”*

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Law enforcement remarked, *“[Xanax® has] been around for a while.”* The BCI Richfield Crime Lab reported that the number of carisoprodol (Soma®) and lorazepam (Ativan®) cases it processes have increased during the past six months, while the number of alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases have decreased.

| Sedative-Hypnotics | 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 sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$2 per milligram. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|--|
| | Ativan® | \$1 (unspecified dose) |
| | Klonopin® | \$2 for 0.5 mg \$2-3 for 1 mg \$5-6 for 2 mg |
| | Valium® | \$3-5 for 5 mg \$6 for 10 mg |
| | Xanax® | \$1-1.50 for 0.5 mg \$2.50 for 1 mg \$5 for 2 mg |

Participants reported obtaining these drugs for illicit use from drug dealers, friends and through prescription. A participant shared, *"I've been taking benzos my whole life and most of the time I've had a prescription for them. I just abuse [the] prescription ... [and] I know a couple people who have them prescribed to them, so that's how I could get them"*

The most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. Regarding snorting the drugs, participants reported: *"Crush them up and sniff (snort) them; [Snorting] hits me faster. Instead of waiting 20-30 minutes for the pill to get into your system, I'd say about 10 minutes it would hit me."* Regarding oral consumption of

the drugs, participants commented: *"When you sniff it, your nose only absorbs like 30% of whatever you're putting up it ... so it's really a waste; They would crush up the 'bars' (Xanax® 2 mg, aka 'xanie bars') and put them in NyQuil™; They put [Xanax®] on their 'blunts' (marijuana-filled cigars)."*

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants were unable to describe typical users. One treatment provider described typical illicit sedative-hypnotics users as methamphetamine users. This provider remarked, *"Former meth addicts who suffer from high levels of anxiety. They usually see a mental health counselor and they prescribe them things like Xanax® and Klonopin® ... I've seen a high increase in that since meth has been around."* Law enforcement described typical illicit users as white people, and poly-drug users. Law enforcement commented: *"More Caucasian probably. It's always with some other kind of drug, too It's unusual to make an arrest where you only find Xanax®; We've seen that pretty much across the board; It doesn't get a bad rap like heroin does."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of marijuana 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 stated: *"Everywhere; Everybody smokes [marijuana]; Everyone either has it or grows it."* Treatment providers commented: *"Marijuana is at the very top; It's just so easily available for them to get anywhere off the street. It's their 'go-to' [drug] and most of them were raised smoking (by parents using marijuana) and don't think it's a problem; They think it's okay. You can't overdose on it."*

Corroborating data indicated that marijuana is available in the region. ODPS reported 12 drug task force seizures of marijuana in the Youngstown region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Portage County Sheriff's Office and the U.S. DEA in Youngstown conducted an investigation that led to the seizure of

over 400 pounds of marijuana hidden in compartments of new cars that were shipped to Lordstown (Trumbull County); staff members at a Ford dealership in Portage County first noticed the drugs during car inspections, and investigators learned cars shipped to Columbiana and Mahoning counties also contained the drug (www.wkbn.com, July 17, 2017). Canfield Police (Mahoning County) uncovered evidence of marijuana trafficking during an investigation of a residence; officers found glass jars containing marijuana, materials used to extract THC (tetrahydrocannabinol, the psychoactive component of marijuana) from marijuana plants and a firearm (www.vindy.com, Aug. 2, 2017). The Ashtabula County Sheriff's Office, the Ashtabula County Heroin Overdose Task Force and several other law enforcement agencies collaborated to conduct a drug sweep at five different residences in Ashtabula, arresting two people and confiscating 418 grams of marijuana, 28 grams of heroin, 24 grams of cocaine, four grams of crystal methamphetamine, a firearm and cash (www.starbeacon.com, Aug. 22, 2017). The Trumbull-Ashtabula Group Drug Task Force and OSHP collaborated after receiving an anonymous tip of a marijuana grow operation in Saybrook Township (Ashtabula County); officers used an OSHP aircraft to locate 75 plants growing in a swamp (www.starbeacon.com, Aug. 30, 2017). Youngstown Police arrested two men during the execution of a search warrant at a residence on the north side of Youngstown, seizing 21 bags of marijuana, oxycodone, Viagra® and a firearm (www.wkbn.com, Sept. 1, 2017). OSHP in Ashtabula County arrested a man from New York during a traffic stop on Interstate 90 after a K-9 officer alerted to drugs in the man's vehicle; officers seized 300 grams of solid hash (cannabis resin) and three grams of liquid hash (www.wfmj.com, Sept. 25, 2017). Warren Police (Trumbull County) took into custody a man with six felony warrants for his arrest; officers found the man in his home and arrested him for marijuana trafficking (www.wkbn.com, Dec. 6, 2017). Boardman Police (Mahoning County) arrested a mother of two young children after searching her home and finding marijuana scattered throughout their house; the woman claimed that since she read that marijuana cannot kill anyone, she was not worried about the drug being in reach of her children; officers seized a total of 200 grams of marijuana (www.wkbn.com, Dec. 7, 2017).

Participants and community professionals discussed 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 the current availability of these alternative forms of marijuana as '7'; the previous most common score was '10'. Participants commented: *"That's available; You need to know people for that. Certain people don't know how to make it, and they try to make it and blow themselves up ... It's hard to find people who do it right."* Law enforcement most often reported the current availability of marijuana extracts and concentrates as '7-8'; the previous most common score was '8'. Law enforcement discussed: *"The most in demand is going to be the high-quality strains from medical [marijuana] states ... California, Colorado, Michigan; With the opinion ... the push across the United States to legalize [marijuana use], there's a decreased stigma and an increase in use of marijuana [extracts and concentrates] ..."*

Participants and community professionals reported that the general availability of marijuana has remained the same during the past six months. However, participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. Participants stated: *"[Dabs are] more readily available because it's more popular ... people are wanting to smoke that more; Because it's hip, it's cool; It's the new thing now. Everybody's wanting to try it."*

The BCI Richfield Crime Lab reported that the number of marijuana cases (including "edibles") that it processes has remained the same during the past six months, while the number of marijuana extracts and concentrates cases it processes has increased.

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

Participant most often rated the current quality of low-grade marijuana as '5' and of high-grade marijuana as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall score was '10'. A participant remarked, *"Depends on the strain ... where you're getting it from."* Participants most often rated the current quality of marijuana extracts and concentrates as

'10,' the previous most common score was not reported. Participants indicated that the quality of marijuana and marijuana extracts and concentrates have remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce for marijuana, and a gram for marijuana extracts and concentrates. Overall, participants reported that the price of marijuana and marijuana extracts and concentrates have remained the same during the past six months.

| Marijuana | Current Prices for Marijuana | |
|-----------|-----------------------------------|-----------|
| | Low grade: | |
| | A blunt (cigar) or a gram | \$10 |
| | 1/8 ounce | \$25-25 |
| | High grade: | |
| | A blunt (cigar) or a gram | \$20 |
| | 1/8 ounce | \$50 |
| | 1/4 ounce | \$70-90 |
| | 1/2 ounce | \$240-250 |
| | An ounce | \$300-400 |
| | Extracts and concentrates: | |
| | A gram | \$60-100 |

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, nine would smoke and one would eat the drug. Participants reported: "You're either going to smoke it or you're going to cook it and eat it ... I just smoked it; I'd usually get a glass pipe and smoke it out of that or I'd get a glass water bong" Participants discussed that marijuana extracts and concentrates are most often smoked. Participants estimated that out of 10 marijuana extract and concentrated users, all 10 would smoke this form of the drug. Participants remarked: "They have these things called 'dab rigs.' It's like a metal nail that you heat up with a torch. They have titanium, they have quartz, ceramic,

all kinds ... you heat it up and it's hot and the oil goes over it and you put your dab on it and [smoke it]; It has to be smoked, you can't eat it; [Smoking is] the only way you can do it."

Participants described typical marijuana users as anyone. Participants reported: "Everybody, every race; There's people who are loyal to 'pot' (marijuana) and that's it; Hippies, high-school [students], young kids, cancer patients." Treatment providers and law enforcement also described typical marijuana users as anyone. Treatment providers reported: "I don't know a client who hasn't used marijuana on my caseload; A lot of my clients that have abused marijuana are between 18 and 21 [years of age]. They don't feel like they have a problem." Regarding marijuana extracts and concentrates, a treatment provider shared, "The younger population, the dabs are more popular." Law enforcement remarked: "There's not really any specific type of person; [Dabs are] more of a Caucasian thing."

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of crystal methamphetamine as '8' and of powdered methamphetamine as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common overall score was '6-7'. One participant stated, "I know six people that sell it"

Treatment providers most often reported the overall current availability of methamphetamine as '10,' the previous most common score was '2.' Treatment providers stated: "I hear from clients [that] they begin to use meth just to keep going. They don't use it really to get high ... and they find themselves addicted to it; Primarily, it's to get through the work day; It can be made through household products."

Law enforcement most often reported the current availability of methamphetamine as '5-6' for the crystal form and '2-3' for the powdered form; the previous most common overall score for methamphetamine was '4-6.' A law enforcement officer discussed: "Cartels are pushing more 'Mexican ice' (crystal methamphetamine) over the border along with cocaine and heroin to counteract loss of revenue from marijuana Traditionally, the Mexican

marijuana is not good quality ... they have the mass ability to grow literally tons and tons of it, but the quality isn't as high as the shit they're growing in California and Colorado now. So basically, there's an increase in demand for that high-quality marijuana, and the cartel isn't going to lose money, so they push more ice across to counteract that. That's the prevailing theory." Law enforcement generally reported low availability of powdered methamphetamine due to the amount of work involved in manufacturing the drug in one's home or personal space.

Corroborating data indicated that methamphetamine is available in the region. ODPS reported five drug task force seizures of methamphetamine in the Youngstown region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Multiple law enforcement agencies, including the Trumbull-Ashtabula Group (TAG) Drug Task Force, made over 12 arrests after executing a search warrant at a house with known drug activity; during the search, officers discovered multiple people using heroin and selling heroin, and seized large quantities of methamphetamine and heroin (www.starbeacon.com, July 2, 2017). Mahoning County Drug Task Force officers arrested three people while executing a search warrant at a residence in Youngstown after finding an active methamphetamine laboratory in the home; seven children in the home at the time of the arrests were taken to stay with relatives (www.wkbn.com, Aug. 10, 2017). Jefferson County Drug Task Force officers arrested a man during a traffic stop in Steubenville after a K-9 officer alerted to the presence of drugs in the man's vehicle; officers confiscated 30 grams of liquid methamphetamine; this arrest was the result of a two-month investigation which led to the discovery that the man was shipping approximately 50 grams of methamphetamine from Oklahoma to Jefferson County (www.heraldstaronline.com, Sept. 29, 2017). Craig Beach Police (Mahoning County) arrested two people during a traffic stop after finding undisclosed amounts of methamphetamine, cocaine, heroin and marijuana in their vehicle (www.wfmj.com, Oct. 17, 2017). A federal grand jury indicted two men, one from California and one from Minnesota, for transporting 13 pounds of methamphetamine and an unspecified amount of cocaine in a vehicle into Austintown (Mahoning County); the FBI reported this as the largest methamphetamine seizure in northeast Ohio to date (www.wfmj.com, Nov. 30, 2017). Mahoning County Drug Task Force officers arrested two parents while executing a search warrant at

a residence in Struthers (Mahoning County) after finding the couple cooking methamphetamine in the home with young children present (www.wkbn.com, Dec. 1, 2017). Austintown Police arrested a man for breaking into a hotel room; a hotel manager called police due to suspicious activity; officers found the man in the room watching pornography and in possession of methamphetamine, marijuana and drug paraphernalia (www.wkbn.com, Dec. 6, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce 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 powdered methamphetamine has decreased during the past six months, while the availability of crystal methamphetamine has increased. Participants reported: "[Powdered methamphetamine is] a lot harder to get because they stopped selling the Sudafed®; [Crystal methamphetamine is] getting more popular."

Community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Treatment providers reported: "It's getting worse ... a lot of times when they get on a maintenance (medication assisted treatment) program, the program stops the cravings for heroin, so the next thing they use would be the meth; The reason they use meth with their heroin is because ... when you do heroin you get sick, and it can be very bad. So, in order to avoid that sickness, they start using meth."

Law enforcement reported: "There's a huge increase in crystal; Supposedly, it all comes from Akron ... according to our sources; We busted a lab on the west side of Youngstown a couple weeks ago ... the demand is increasing over the past six months for sure; The availability of crystal is way up. If people can buy a product that's already made that's far superior to what I can make myself, why would I go through the risk of obtaining all the precursor chemicals, run the risk of blowing myself up or burning myself to death, when I can go down and buy the far superior product that's already

ready to snort or shoot or smoke, for probably cheaper than what I can manufacture myself?"

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 brown and clear crystal methamphetamine as well as off-white powdered methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|-----------------|---|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Increase |

Participants most often rated the current quality of powdered methamphetamine as '3' and of crystal methamphetamine as '7-8'; the previous most common scores were '5' and '8-9', respectively. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: bath salts and MSM (methylsulfonylmethane, a joint supplement). However, a participant remarked, "It's hard to cut 'glass' (crystal methamphetamine)." Overall, participants reported that the quality of powdered methamphetamine has decreased during the past six months, while the quality of crystal methamphetamine has remained the same. A participant said of powdered methamphetamine, "It's weaker now."

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/2 gram. Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

| Methamphetamine | Current Prices for Methamphetamine | |
|-----------------|------------------------------------|-----------|
| | Powdered: | |
| | 1/2 gram | \$25 |
| | A gram | \$50 |
| | 1/16 ounce | \$60 |
| | 1/8 ounce | \$100-150 |
| | An ounce | \$1,200 |
| | Crystal: | |
| | 1/2 gram | \$40-50 |
| | A gram | \$60-80 |
| | 1/16 ounce | \$100 |
| | 1/8 ounce | \$250 |
| | An ounce | \$2,000 |

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, five would smoke and five would intravenously inject (aka "shoot"), snort, or orally consume the drug. Regarding smoking the drug, participants explained: "It's not as intense; It's mellow. If I'm up for 10 days, I'd smoke it instead of shooting." Regarding shooting the drug, participants discussed: "It's way more intense; I shot it because I liked that it's intense."

Participants described typical methamphetamine users as rural, white and working-class people. Participants stated: "I've heard it classified as a worker's drug because it's super cheap; White people, gay people, trailer park people; It's a cheaper high that lasts longer. It's for people who don't have a lot of money; The trailer park thing also has to do with making it because you're not in a neighborhood ... usually on the outskirts [of a town or city]." Treatment providers described typical methamphetamine users as aged 18-40 years, while law enforcement described typical users as white people. A treatment provider remarked, "White male and female, age range between 18 to almost 40 [years]."

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7-10.' Treatment providers most often reported current street availability as '4-5', while law enforcement most often reported it as '1'; the previous scores were '5', and '1-2' and '10', respectively. A treatment provider stated, *"A lot of them say they need it to focus. Some people want it to lose weight or just to have sustained energy."* One law enforcement officer remarked, *"Not too much ... [we find] a pill here and a pill there, but nothing [substantial]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested a man after observing him throwing bags of drugs from a second-floor window of a home; officers found six Adderall® pills, fentanyl, heroin, crack cocaine, tramadol pills, drug paraphernalia and firearms (www.vindy.com, Nov. 30, 2017).

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. Participants commented: *"Everyone is prescribed that shit (Adderall®); I liked that it gave me energy. I liked it because it kept me up. When I was real tired, I would take an Adderall®."* Treatment providers identified Adderall® and Vyvanse® as most available. Treatment providers discussed: *"[Adderall®] gets prescribed to children a lot. [Parents are] getting it from their kids or from someone else's kids; Vyvanse® is an amphetamine and it shows up in our urine screens ... we're seeing a little trend start to happen."*

Participants reported that the street availability of prescription stimulants has remained the same during the past six months; however, they indicated that the availability of Ritalin® has decreased. A participant remarked, *"[Ritalin® availability] is a lot lower than it used to be."* Community professionals reported that the street 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 increased during the past six months, while the number of methylphenidate (Ritalin®) cases has decreased.

| 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 inconsistent among participants with experience buying these drugs. Participants discussed: *"Instant release go for more, the extended release go for less because they don't hit you as hard; I got it for free through a friend."* Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Participants reported obtaining prescription stimulants for illicit use from friends or people with prescriptions for them. Participants stated, *"Someone with a prescription that has ADHD (attention-deficit hyperactivity disorder); I was friends with a person [with ADHD] so they would give them to me. I would trade ... painkillers [for ADHD medications]."*

Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs.

Participants described typical illicit prescription stimulant users as college students and middle-aged women. A participant remarked: *"It's a soccer mom drug."* Treatment providers described typical illicit users as females, while law enforcement described typical illicit users as college students.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2' and of "molly" (powdered MDMA) 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 '5-8' and '10', respectively.

Regarding ecstasy, a participant reported, *“That ain’t a real common drug around here.”* Community professionals reported no knowledge of current availability of ecstasy or of molly; the previous most common scores for ecstasy generally were ‘5’ for treatment providers and ‘2’ for law enforcement. A law enforcement officer commented, *“No, we have not been having issues with that at all.”*

Participants reported the availability of ecstasy has remained the same during the past six months, while the availability of molly has decreased. One participant shared *“[Molly is] lower than it used to be.”* The BCI Richfield Crime Lab reported that the number of MDMA (ecstasy/molly) cases it processes has increased during the past six months.

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

Participants discussed the current quality of molly only and rated it most often as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were no reported. Overall, participants reported that the quality of molly has remained the same during the past six months.

Reports of current prices for molly were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase for molly is a gram. Overall, participants reported that the price of molly has remained the same during the past six months.

| Molly | Current Prices for Molly | |
|-------|--------------------------|-------|
| | 1/10 gram | \$10 |
| | 3.5 grams | \$200 |

Participants reported that the most common route of administration for molly remains oral consumption. Participants estimated that out of 10 molly users, all 10 would orally consume the drug. A participant reported, *“I eat it. It’s a great trip.”* Participants described typical ecstasy and molly users as white people in their early 20s and hippies.

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 (psilocybin mushrooms), Neurontin® (gabapentin) and promethazine (prescription-strength cough syrup).

In addition, secondary data sources reported other drugs not mentioned by respondents. The BCI Richfield Crime Lab reported that the number of bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) and synthetic marijuana (synthetic cannabinoids) cases it processes have increased during the past six months. The lab also reported that the number of U-47700 (synthetic opioid) cases it processes has increased to 100 cases during the past six months, from 11 cases for the six months previous.

Hallucinogens

Psilocybin mushrooms remain available in the region. Participants most often rated the current availability of psilocybin mushrooms as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘1-4.’

Participants commented: *"I have some in my freezer right now; I go to the cow pastures and pick them."* Participants reported that the availability of psilocybin mushrooms has decreased during the past six months. Reportedly, 1/8 ounce of psilocybin mushrooms sells for \$40.

The BCI Richfield Crime Lab reported that the number of DMT (dimethyltryptamine), LSD (lysergic acid diethylamide), PCP (phencyclidine) and psilocybin mushroom cases it processes has decreased during the past six months.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. 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'. Participants explained: *"It's pretty available; You can get it prescribed like that [easily]."* Treatment providers most often reported the current street availability of Neurontin® as '6,' while law enforcement most often reported it as '9,' the previous most common score was '8' for treatment providers, with no previous most common score reported by law enforcement.

Treatment providers discussed: *"A lot of our clients have been prescribed that ... sometimes for anxiety, sometimes for restless leg syndrome, sometimes for sleep, sometimes for neuro therapy. A lot of people have started to abuse that. That's changed in the last six months; I think with not being able to take any kind of pain medication with the methadone that ... means a lot of clients are seeking out the Neurontin® because it helps with pain in some aspects ... when you're mixing it with certain substances or abusing it, it does have a certain high effect."* A law enforcement officer reported, *"People are getting it prescribed ... abusing it or selling it. We had two gentlemen who got terminated from the drug court [program] for getting Neurontin® prescribed through their mental health counselor ... not using it and exchanging it for cocaine."*

Participants reported that the street availability of Neurontin® has remained the same during the past six months, while law enforcement reported increased street availability. A law enforcement officer stated, *"We have a newer mental health provider in this area and they are super big on all of those."*

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

Reportedly, Neurontin® 600 mg most often sells for \$0.50, and 800 mg sells for \$1. Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants described the typical illicit Neurontin® user as a heroin user. Treatment providers reported typical illicit users as anyone, while law enforcement reported typical illicit users as white males, aged 20-30 years. A treatment provider remarked, *"I have a number of people who have been given it for anxiety."*

Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) is moderately to highly available for illicit use 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 not reported. Law enforcement most often reported the current street availability of promethazine as '6-7,' the previous most common score was not reported. A law enforcement officer reported, *"I think you can buy it from the Internet."*

Participants reported that the availability of promethazine has remained the same during the past six months. Reportedly, an ounce of the drug sells for \$20. Participants described typical illicit promethazine users as drug dealers and young people. Law enforcement reported typical illicit users as drug dealers and African-American males. Law enforcement commented: *"It's like a drug dealer's recreational drug. It's very common to find bottles of it in drug traffickers' homes; It's for their personal use. We're not going out and buying this stuff [Dealers are] using it themselves."*

Conclusion

Crack cocaine, heroin, marijuana, Neurontin® (gabapentin) and powdered cocaine remain highly available in the Youngstown region; also highly available are fentanyl and methamphetamine. Changes in availability during the past six months include: increased availability for methamphetamine; likely increased availability for powdered cocaine; and possible increased availability for fentanyl and marijuana.

Participants discussed increased demand for fentanyl as more heroin users are exposed to the drug and increase their tolerance for opiates. They explained that fentanyl is far more potent than heroin, thus once a heroin user experiences the high of fentanyl, it is difficult for the user to be satisfied with a heroin high. While participants reported users seeking fentanyl, many participants shared not intentionally buying or seeking the drug but testing positive for it on drug screens. Treatment providers also discussed dealers adulterating heroin with fentanyl, often unbeknownst to users, to increase their profits as fentanyl is cheaper than heroin but sells at heroin prices. The BCI Richfield Crime Lab reported that the number of fentanyl and fentanyl analogues cases it processes has increased during the past six months.

Community professionals reported that the availability of powdered cocaine has increased during the past six months. They discussed a migration from heroin to cocaine as more opiate users become fearful of overdose and death due to fentanyl and carfentanil. Reportedly, users view cocaine use as “safer” than heroin/fentanyl use. Moreover, as more users are treated with Vivitrol®, the demand for cocaine has increased among those receiving medication assisted treatment for opiate use disorder who still desire to get high. Although participants most often reported that the availability of powdered cocaine has remained the same during the past six months, participants discussed that its availability is beginning to increase; they reported increased availability of crack cocaine during the past six months.

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Reportedly, there’s been an increase in heroin users migrating to the drug for reasons

similar to those of users transitioning to cocaine use. In addition, treatment providers discussed heroin users using methamphetamine in order to combat opiate withdrawal. 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 brown and clear crystal methamphetamine as well as off-white powdered methamphetamine. Participants described typical methamphetamine users as rural, white, and working-class people. Treatment providers described typical methamphetamine users as aged 18-40 years, and law enforcement described typical users as white people.

While participants and community professionals reported that the general availability of marijuana has remained high during the past six months, participants indicated that the availability of marijuana extracts and concentrates (oils, “dabs”) has increased. Participants referred to dabs use as the new and “hip” thing to do. The BCI Richfield Crime Lab reported that the number of marijuana extracts and concentrates cases it processes has increased during the past six months.

Neurontin® remains highly available for illicit use in the region. Participants and community professionals reported that some doctors are now prescribing Neurontin® in lieu of opioids for some pain conditions as well as for anxiety and sleep issues. Participants described the typical illicit Neurontin® user as a heroin user.

Lastly, the BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processes has increased to 100 cases during the past six months, from 11 cases for the six months previous.