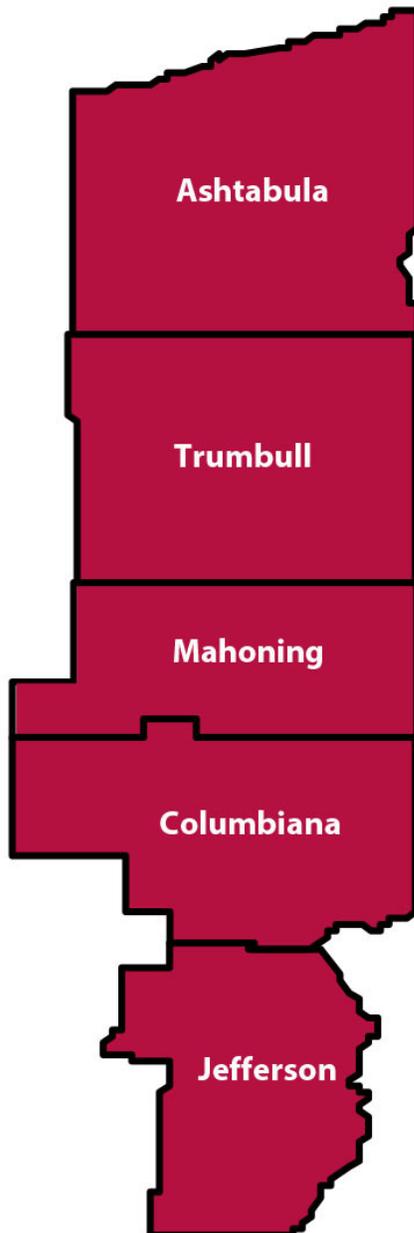




## Drug Abuse Trends in the Youngstown Region



### Regional Epidemiologist:

**Sarah Balsler**, MPH, MSW, LSW, CHES

### Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

*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.

### OSAM Staff:

**R. Thomas Sherba**, PhD, MPH, LPCC  
OSAM Principal Investigator

**Kathryn A. Coxe**, MSW, LSW  
OSAM Coordinator

**Jessica Linley**, PhD, MSW, LSW  
OSAM Quantitative Data Analyst

## Regional Profile

Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	700,453	40
Gender (female), 2016	51.0%	50.7%	30.0% <sup>2</sup>
White, 2016	82.5%	88.0%	82.5% <sup>3</sup>
African American, 2016	12.8%	9.1%	7.5% <sup>3</sup>
Hispanic or Latino Origin, 2016	3.7%	3.3%	15.0%
High School Graduation Rate, 2012-6	89.5%	88.7%	82.5%
Median Household Income, 2012-16	\$50,674	\$42,911	\$16,000-\$19,999 <sup>4</sup>
Persons Below Poverty Level, 2016	14.6%	17.9%	52.5% <sup>5</sup>

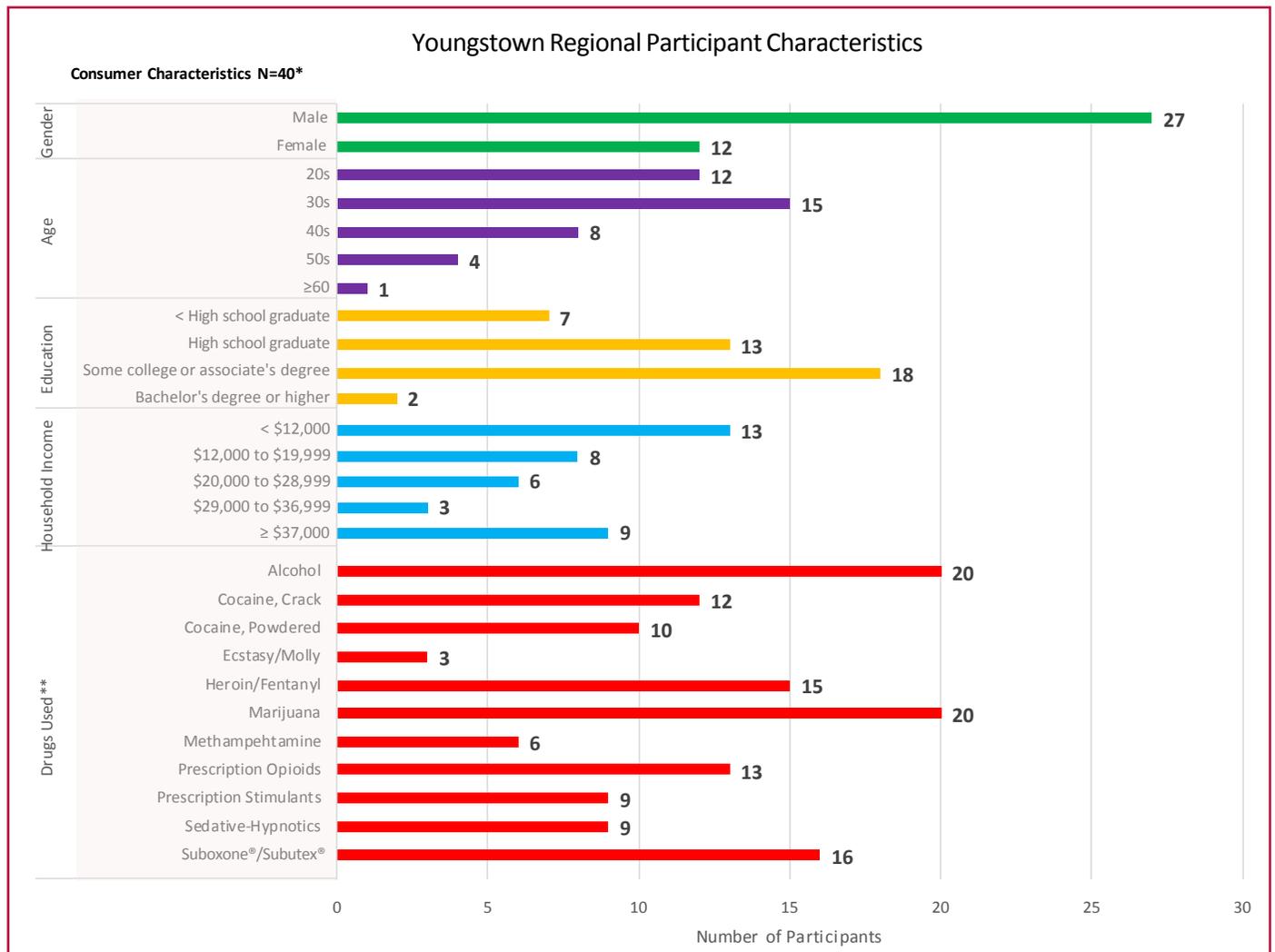
<sup>1</sup> Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2018.

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

<sup>3</sup> Other races reported include "more than one race."

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

<sup>5</sup> Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.



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

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

## Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, Neurontin® (gabapentin) and powdered cocaine remained highly available in the Youngstown region; also highly available were fentanyl and methamphetamine. Changes in availability during the reporting period included: increased availability for methamphetamine; and likely increased availability for fentanyl, marijuana and powdered cocaine.

Participants discussed increased demand for fentanyl as more heroin users were exposed to the drug and increased their tolerance for opiates. They explained that fentanyl was far more potent than heroin, thus once a heroin user experienced the high of fentanyl, it was 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 drug dealers adulterating heroin with fentanyl, often unbeknownst to users, to increase their profits as fentanyl was cheaper than heroin but sold at heroin prices. The BCI Richfield Crime Lab reported that the number of fentanyl and fentanyl analogues cases it processed had increased during the reporting period.

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

Participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. Reportedly, there had 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 processed had increased during the previous six months; the lab reported processing clear and brown 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 had remained high during the reporting period, participants indicated that the availability of marijuana extracts and concentrates (oils, “dabs”) had 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 processed had increased during the reporting period.

Neurontin® remained highly available in the region for illicit use. Participants and community professionals reported that some doctors were 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 processed had increased to 100 cases during the reporting period, from 11 cases for the previous reporting period.

## 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 everywhere; A lot of people want that 'up,' want that extra boost."* Treatment providers most often reported the current availability of powdered cocaine as '2,' while law enforcement most often reported it as '8-9;' the previous most common score for both treatment providers and law enforcement was '7.' One treatment provider remarked, *"I assume it's available ... we really don't see much powdered cocaine [in the recent history of clients entering treatment]."* On the other hand, law enforcement discussed, *"We're seeing more 'coke' (powdered cocaine) in the area; Probably the most [increase in availability] we're seeing right now would be cocaine ... that's most on the rise."*

Corroborating data indicated that powdered cocaine is available in the Youngstown region. The Ohio Department of Public Safety (ODPS) reported seizing 3.3 kilograms (7.4 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police (Mahoning County) arrested a man during a traffic stop for cocaine possession; during a search of the man's vehicle, officers found powdered cocaine, crack cocaine and prescription opioids ([www.vindy.com](http://www.vindy.com), Feb. 27, 2018). Youngstown Police arrested two men during a traffic stop after searching the men's vehicle and seizing several bags of suspected cocaine, cash and a loaded firearm ([www.wkbn.com](http://www.wkbn.com), April 22, 2018). Youngstown police arrested a man during a traffic stop after finding a bag of powdered cocaine, a bag of crack cocaine, two bags of heroin, several pills, a firearm, digital scales and cash in his vehicle ([www.wfmj.com](http://www.wfmj.com), June 22, 2018).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported increased availability. Officers reflected: *"It's definitely more prevalent now than it was this time last year; I think you have a lot of dealers that are starting to be a little more scared to mess with heroin and fentanyl [switching to cocaine sales]."* The Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

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

common score was also '5.' Several participants agreed with a participant who stated, *"It's more or less average."* One participant explained, *"If your mouth ain't numb as hell and you're not instantly like [mimics hyperventilating], then that's usually [quality of] a '4' or a '5.'"* In addition, other participants explained how they could tell if the drug was good quality: *"If I don't throw up when I do my coke, I'm mad and I want my money back; Just like the 'crack' (crack cocaine) ... if you puke ... you know you got some good 'dope' [powdered cocaine]."*

Participants discussed adulterants that affect the quality of powdered cocaine and reported the top cutting agents (adulterants) for the drug as baking soda, methamphetamine and vitamin B. Other adulterants mentioned included: creatine, fentanyl, isotol (dietary supplement), laxative, Orajel™ and cutting agents sold at head shops under the brand names of Bolivian Rock, Bolivian Flake and Mother of Pearl among others.

However, participants highlighted that dealers cut powdered cocaine with just about any white substance, explaining: *"They just add ... other stuff to it to make more money; You can go to the head shop and ask for Bolivian Flake ... it's white and it looks just like coke; Carpet freshener, too, you can go to the head shop and ask for 'carpet freshener' ... because you are not allowed to sell cuts, so you have to call it carpet freshener; [Mother of Pearl] looks like pearl. It's got a pearly look to it. It's shiny, rainbow color. You mix [powdered cocaine] with it ... makes it look good."* In addition, several participants talked about methamphetamine as a cut for powdered cocaine: *"It's way cheaper; [Methamphetamine] makes their product better; You still feel the high ... feels like you're getting something."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months, although one participant exclaimed, *"[Quality] always goes up and down."*

<b>Powdered Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	caffeine
	●	levamisole (livestock dewormer)
	●	local anesthetics (lidocaine and procaine)
	●	phenacetin (banned analgesic)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, participants explained that price can vary based on quality and from whom one purchases. They discussed: "If you know somebody, you can get it cheaper; A dealer will get it a lot cheaper than a user." Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. One participant commented, "I always just got an 'eight ball' (1/8 ounce)." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

<b>Powdered Cocaine</b>	<b>Current Prices for Powdered Cocaine</b>	
	1/10 gram	\$10
	A gram	\$60
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$200
	1/4 ounce	\$400
	1/2 ounce	\$600-700
	An ounce	\$1,200

The most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, nine would snort the drug. Participants replied: "You snort it; Sniff it up; Everyone snorts it; More snorters for sure; There's a stigma on smoking it rather than snorting it." A few participants discussed users intravenously injecting (aka "shooting") powdered cocaine: "If you're using the needle, that's how you want to do everything; Squirt some water in it, mix it up, dissolve it and bang [inject]... It's a lot faster [high] and it's going to last longer; Once you become an intravenous user, there's no other way to do it..."

Participants described typical powdered cocaine users as employed or having access to money, male and people who like to party. Participants stated: "People with more

Participants described typical powdered cocaine users as employed or having access to money, male and people who like to party. Participants stated: "People with more money tend to use cocaine instead of crack ... sophisticated people; My boyfriend used to say 'coke' (powdered cocaine) is for classy girls; In my experience, powdered cocaine is typically for college kids, people who use it to party." Further conversation added: "[If] you have a job where you're working 14 hours a day, [cocaine] gives you energy; I know truckers that do it to stay on the road; People who work third shift ... like the steel mill I worked at ... almost everybody snorted powder." Other participants added: "People don't associate [powdered cocaine use] with being a junkie, like, 'That's an okay drug to do; It's socially acceptable.'"

Community professionals described typical powdered cocaine users as young, white people and people who like to party. Treatment providers discussed: "We see it more with the younger guys and women coming in [to treatment] ... It's a party drug; Teenagers are using the 'weed' (marijuana) and the powder [cocaine]." A few providers added: "Powdered cocaine tends to be more socially acceptable; It's not something usually identified as a primary drug of choice."

### 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: "It's everywhere; It's a lot easier to get crack than it is to get powder; [Drug dealers] get more money out of rocking it up [turning powdered cocaine into crack cocaine]."

Treatment providers most often reported the current availability of crack cocaine as '8,' while law enforcement most often reported it as '6,' the previous most common score for both treatment providers and law enforcement was '7.' One treatment provider commented, "I've heard crack mentioned more than powder." Another treatment provider reflected, "A lot of medically assisted treatment (MAT) is for opiate-use specifically ... so, you can be on Suboxone®, you can be on Vivitrol® [and] not be able to use an opioid, but you can use [crack cocaine] as much as you want...." Law enforcement discussed: "You get certain

dealers who will sell crack and heroin; Everybody we come in contact with has either crack or heroin or 'meth' (methamphetamine)."

Corroborating data indicated that crack cocaine is available in the Youngstown region. ODPS reported seizing 552.8 grams (1.2 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested a man for drug possession after seizing a large bag of crack cocaine during a raid in Mahoning County ([www.wkbn.com](http://www.wkbn.com), Jan. 10, 2018). The Warren Police Department Street Crimes Unit and Tactical Entry Team conducted raids of three homes in Warren that led to the arrest of two men on drug trafficking charges; authorities seized 44 grams of crack cocaine, 38 grams of heroin, firearms, cash and drug paraphernalia between the three locations ([www.wkbn.com](http://www.wkbn.com), March 8, 2018). The Trumbull County Sheriff's Office working with other regional and federal law enforcement agencies concluded a three-month investigation with the search and seizure of 25 grams of crack cocaine, 30 grams of heroin, eight Suboxone® sublingual filmstrips, a gram of powdered cocaine, hydrocodone pills, naloxone (opiate overdose reversal medication), drug paraphernalia and cash from a residence in Warren; three men were arrested as a result of this investigation ([www.wkbn.com](http://www.wkbn.com), March 9, 2018). The Columbiana County Drug Task Force seized 54 grams of crack cocaine, three grams of powdered cocaine, one gram of heroin, 15 grams of marijuana, scales, drug paraphernalia, cash and firearms while executing a search warrant at a home in Rogers; one man was arrested ([www.wkbn.com](http://www.wkbn.com), May 23, 2018).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant commented, "Not since the '80s [has availability changed]." Treatment providers reported that the availability of crack cocaine has increased during the past six months, while law enforcement reported that it has remained the same. Treatment providers stated: "There have been more people reporting crack cocaine use than in the past; I think [users consider think] heroin's too dangerous...." BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants commented: "It's garbage; Now you've got a bunch of idiots and teenagers selling it and half of it's not even real cocaine; It's low quality cocaine so they're going to have low quality crack." A few participants discussed varying quality of crack cocaine, depending on the amount of money one is willing to pay for the drug and the location of the purchase. They said: "It just depends on what part of the city you go to; It's up or down; It just depends on what you want to pay for it." One participant added, "If it looks like wax or is yellowish, then you know it's the good stuff...."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Participants explained that the reason for cutting crack cocaine is to increase profits: "When you turn it into crack... you get way more out of it; It's more profitable." Other cuts for crack cocaine mentioned included: benzocaine (local anesthetic), creatine and dietary supplements. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram for \$10. A participant explained, "Rule of thumb is like \$10 a 'point,' and a point would be a tenth of a gram." However,

participants added that dealers will supply crack cocaine for any amount of money. For example, participants stated: *"You can go there with like \$13 and they'll give you something for it; I've literally went with like \$3 and some change ... and got my fix."* Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$60
	1/16 ounce	\$100
	An ounce	\$900

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 discussed: *"I've watched a couple people take crack and cook it up in a spoon and shoot [intravenously inject] that; I can make a good '20' (\$20 amount of crack) last longer [by] smoking it than putting the whole 20 in a needle."* One treatment provider noted, *"A lot of people are shooting crack up where in the past they smoked it."*

Participants described typical crack cocaine users as African-American people and those of lower socio-economic status, while they noted a recent emergent trend towards more diversity of people using it. Several participants reflected: *"It's been a lot different than it used to be; Business people ... they used to be only cocaine users ... those types of people (professionals) are now smoking crack, people just don't know it."* However, several participants talked about the continued stigma associated with using crack cocaine: *"I had a group of friends I did coke (powdered cocaine) with and then, when I started smoking crack ... they were not feeling it ... they can casually do coke on the weekends and shit and still feel good about themselves; It's definitely more of the lower class, not the college kids."*

Community professionals described typical crack cocaine users as heroin users. A treatment provider commented, *"A large percentage of the time, if I talk to somebody who their drug of choice is heroin or fentanyl, crack cocaine always goes with it ... almost every time it's heroin and fentanyl*

*and crack cocaine."* Law enforcement described typical crack cocaine users as African-American, white and heroin users. Law enforcement reported: *"Every person we come by that uses heroin, nine times out of 10, they're using crack as well; On our search warrants, [when] we've ... found heroin, we found crack."*

## 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.' Participants reported, *"Extremely [available]; [Heroin is] cheap ... the demand is really high; It's a poor area and [selling heroin] it's a quick way to make money ... because there are no jobs."* Treatment providers most often reported current availability as '10,' while law enforcement most often reported it as '9,' the previous most common score for both community professional groups was '10.' Law enforcement discussed: *"Heroin is our number one drug; You have individuals who have been addicted for years to opiates and are no longer able to get prescription pills or doctor visits to get their pills, so they go to heroin; As far as affecting most families and the community ... heroin is the most deadly and ... causes the most [negative] effect."*

Corroborating data indicated that heroin is available in the Youngstown region. ODPS reported seizing 1.2 kilograms (2.6 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police (Mahoning County) seized heroin, marijuana, promethazine, drug paraphernalia, cash and firearms during a raid that resulted in the arrest of a man for drug possession ([www.wkbn.com](http://www.wkbn.com), Jan. 10, 2018). The Niles Municipal Court (Trumbull County) indicted two women on charges of possession of drug paraphernalia following an incident where Niles Police had administered multiple doses of naloxone to them after finding the two overdosed in an apartment in possession of four crack pipes ([www.tribtoday.com](http://www.tribtoday.com), Feb. 14, 2018). Warren Police responding to a reported overdose administered naloxone to the driver of a car that lost consciousness and hit a parked car in a shopping center parking lot; there was a young child in the back seat of the car ([www.nbc4i.com](http://www.nbc4i.com), Feb. 20, 2018). The Warren Street Crimes Tactical Entry

Team conducted raids of three homes in Warren seizing more than 38 grams of heroin that tested positive for fentanyl, 39 grams of cocaine, 15 grams of crack cocaine, three firearms and drug paraphernalia; officers arrested two men for trafficking cocaine and heroin ([www.wfmj.com](http://www.wfmj.com), March 8, 2018). The Jefferson County Drug Task Force and Special Response Team collaborated with Wells Township Police (Jefferson County) to arrest a man after seizing an undisclosed amount of heroin and cash following a drug bust in Brilliant (Jefferson County) ([www.wtov9.com](http://www.wtov9.com), March 27, 2018). Law enforcement in Youngstown arrested a man during a traffic stop after finding two bags of suspected heroin and crack cocaine in the man's vehicle ([www.wkbn.com](http://www.wkbn.com), April 17, 2018). During an investigation of a shooting, Youngstown Police arrested the woman responsible for firing the gun; officers searched a van belonging to the woman and seized heroin, powdered cocaine, crack cocaine, marijuana, oxycodone, cash, a firearm and ammunition ([www.wkbn.com](http://www.wkbn.com), April 21, 2018). Law enforcement in Austintown (Mahoning County) arrested a woman on prostitution and drug charges after responding to a 911 call that the woman placed for her overdosed companion; officers found a plastic bag containing suspected heroin ([www.wkbn.com](http://www.wkbn.com), May 4, 2018). The Department of Justice reported on the indictment of seven people on 39 federal charges related to the distribution of heroin, fentanyl, powdered cocaine and crack cocaine from February 2015 to April 2018 in the Youngstown area ([www.wfmj.com](http://www.wfmj.com), June 1, 2018). A federal Grand Jury in Mahoning County indicted a man on charges of involuntary manslaughter and trafficking in heroin; it is suspected that he sold the drugs that caused a fatal overdose of an Austintown man ([www.wfmj.com](http://www.wfmj.com), June 6, 2018). Multiple law enforcement groups including Ashtabula Police collaborated in a sting operation that led to the arrest of three men and the seizure of an undisclosed amount of heroin, fentanyl, 20 pounds of marijuana, cash and firearms ([www.wkbn.com](http://www.wkbn.com), June 7, 2018). Law enforcement in Youngstown arrested a woman at a hospital after she allegedly injected heroin into the IV of a patient ([www.wfmj.com](http://www.wfmj.com), June 15, 2018). A judge in Columbiana County Common Pleas Court sentenced a woman to 14 years in prison on 11 felony charges including trafficking heroin and cocaine; the woman was the leader of a criminal organization out of Warren ([www.wfmj.com](http://www.wfmj.com), June 21, 2018). Austintown Police arrested a man during a traffic stop

after finding a spoon, cotton swab and needle containing heroin residue on his person with his son in the back seat of the car ([www.wkbn.com](http://www.wkbn.com), June 26, 2018).

While many types of heroin are currently available in the region, participants and community professionals reported white powdered heroin as most available. However, they noted that heroin is often a fentanyl-heroin mixture which can appear pink in color. Participants shared: *"They'll say it's 'china white' [a street term for high-quality heroin], but I think it's fentanyl; It's all fentanyl; They make way more money off fentanyl."* Treatment providers reported: *"I have seen more where somebody thought they were using heroin and ... really, it's just fentanyl; Very few [treatment clients] come in here testing positive for heroin, it's fentanyl...."* Similarly, law enforcement commented: *"For the most part we aren't seeing pure heroin ... heroin-fentanyl or just fentanyl ... being sold as heroin; By the time it gets to the streets of Ashtabula, it already has fentanyl in it; Straight heroin? Not for months."*

Black tar heroin is not as available in the region. Participants rated the current availability of this type of heroin most often as '2.' A participant remarked, *"There's a little bit of tar here, not much."* A law enforcement officer agreed: *"I can't think the last time I saw 'tar' (black tar heroin)."*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. Participants commented: *"You get what you're looking for; People want it. The demand is always high."* BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3-4.' However, participants discussed variability of quality: *"I would say define 'quality' ... because something that's cut (adulterated) with fentanyl, to some people that's good quality; Either you get a little bit high or you die; It's all fentanyl. There's not a lot of real heroin around here."*

Participants discussed adulterants (aka "cuts") that affect the quality of the heroin and they continued to report fentanyl as the top cutting agent for the drug. Additional cuts mentioned included: ecstasy, "molly" (powdered MDMA), prescription opioids, quinine (antimalarial), sleep aids and Xanax®. One participant discussed, *"I 'came up dirty' (tested positive on a drug screen) for ecstasy and I haven't used ecstasy for 15 years. I was only doing heroin."* In addition a few participants agreed, *"[Heroin] is just cut down with whatever anyone could find ... to [produce more product to] make more money."* 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"> <li>● acetaminophen</li> <li>● caffeine</li> <li>● cocaine</li> <li>● diphenhydramine (antihistamine)</li> <li>● fentanyl</li> <li>● inositol (dietary supplement)</li> <li>● lidocaine (local anesthetic)</li> <li>● mannitol (diuretic)</li> <li>● methamphetamine</li> <li>● quinine (antimalarial)</li> <li>● sorbitol (artificial sweetener)</li> <li>● tramadol</li> </ul>

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram for \$20. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram	\$20
	1/2 gram	\$60
	A gram	\$120

The most common routes of administration for heroin are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, five would shoot and five would snort the drug. One participant shared, *"Half the time I would snort it. Half the time I would inject it."* Participants reported that injection needles are most available from friends and pharmacies. Additionally, participants reported obtaining needles from people with diabetes, drug dealers, needle exchange programs and through Internet purchase. Participants commented: *"You can go to [your local pharmacy] to get them, but you gotta buy the whole box; I would just ask my dealer [for a needle]; We ordered ours in bulk online; In Cleveland, they have needle exchanges; In Columbus, I would either go to pharmacies or to the needle exchange; I would just use my friends' [needles]"* Reportedly, the most common price for needles on the street is \$5 for two needles.

Participants discussed sharing and reusing needles as common practices: *"One person doesn't have one and the other one does and they want that high; You can use them (needles) about five times; After five [uses] they don't go in very well."* Participants further discussed: *"Bleach kills everything; I trust it [cleaning needles with bleach]; When you want that high you don't really care; Some of them already have diseases, so they don't care; I watched a whole group of people who just passed around [one needle], no cleaning, nothing, just use it and pass it."* Participants said the following regarding health concerns: *"When you're in the moment, no [concerns about health], afterwards you question it; You use with brand new people, you're okay; I was in such a f\*\*\*\*\* up place. The kid told me he had hepatitis C and I said, 'It's fine;' I was worried about HIV."*

A profile for a typical heroin user did not emerge from the data. Participants commented: *"Everyone; Every walk of life; You could be rich [or] poor."* Community professionals described heroin users similarly. Treatment providers

discussed: *"Wide range; Any age, any gender; Employed or not."* In addition, one law enforcement officer observed: *"More African-American males and females use heroin ... more than they used to; In our schools ... I think minority kids are starting with heroin ... started going right to heroin."*

## Fentanyl

Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants discussed: *"Look at the death toll ... it'll tell you the availability [is high]; Some people were telling me in jail they have all these dark web [Internet] sites to purchase fentanyl ... they were getting it straight out of Afghanistan ... straight off the black market."* Treatment providers most often reported the current availability of fentanyl as '3,' while law enforcement most often reported it as '9;' the previous most common score was '9-10' for both groups of community professionals. Treatment providers thought that fentanyl not mixed with heroin to be difficult to obtain, thus the lower rating. Law enforcement discussed: *"We get some [suspected heroin] that comes back [from lab tests as] pure fentanyl; We don't think it's being made here [in Ohio]."*

Corroborating data indicated that fentanyl is available in the Youngstown region. ODPS reported seizing 916.6 grams (2.0 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A federal grand jury in Ashtabula County indicted 17 individuals as a result of an undercover operation led by the Ashtabula County prosecutor's office and a county drug task force; the charges included the trafficking of fentanyl, heroin, methamphetamine, cocaine, carfentanil and synthetic marijuana ([www.starbeacon.com](http://www.starbeacon.com), Jan. 13, 2018). The Jefferson County Sheriff's office arrested three individuals during a drug bust for suspected selling of fentanyl in Steubenville ([www.wkbn.com](http://www.wkbn.com), March 16, 2018). A judge in Mahoning County Common Pleas Court sentenced a man and woman to prison following the death of their toddler from

a carfentanil overdose ([www.vindy.com](http://www.vindy.com), April 21, 2018). A grand jury in Jefferson County indicted two men for trafficking and possession of fentanyl and cocaine following a raid conducted by an Ohio and West Virginia joint drug task force ([www.heraldstaronline.com](http://www.heraldstaronline.com), May 5, 2018). A judge in Jefferson County Common Pleas court sentenced a man to three years in prison after a he submitted a guilty plea to trafficking fentanyl from his home ([www.heraldstaronline.com](http://www.heraldstaronline.com), June 6, 2018).

Participants reported that the availability of fentanyl has increased during the past six months. Participants commented: *"It's a new trend; People want to get that high; [Dealers are] getting fentanyl for cheaper, so they can cut the heroin with it and still get the same price out of it."* However, a law enforcement officer reported, *"I have yet to see any proof that our street dealers here are actually cutting their heroin with ... fentanyl. I believe once that shipment comes in, that heroin was already cut with that mixture."*

Community professionals reported that the general availability of fentanyl has remained the same during the past six months. Only one law enforcement professional noted, *"We are getting more and more labs with carfentanil in it."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly decreased during the past six months, while the incidence of carfentanil cases has increased.

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

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 also '10.' Participants discussed: *"It's way stronger [than heroin]; Deathly; It gets you real high, but the effects don't last. You get sick quicker ... with fentanyl."* Overall, participants reported that the general quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram for \$20. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

*"I know what's getting popular, OxyContin® ... they're making it, homemade OxyContin® ... they put powder cocaine and heroin in them. [Clients] were just talking about that today; It's new, so that's going to be your next chapter [of the drug epidemic]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Brookfield (Trumbull County) arrested a woman for drug trafficking, driving under suspension and endangering children after she drove intoxicated to a bar with her children to sell tramadol pills ([www.wkbn.com](http://www.wkbn.com), June 1, 2018).

Participants and community professionals identified Percocet® (aka "perks") and Roxicodone® 30 mg (aka "perk 30s") as the most popular prescription opioids in terms of widespread illicit use. In addition, participants mentioned Norco®, methadone, Opana®, oxycodone and Vicodin® as also available. Law enforcement added: *"I see a lot of Ultram® (tramadol); Tramadol is real popular in this area ... that's like candy."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. They commented: *"The last couple months it got really hard to find pills; Prices went up [and] doctors stopped prescribing them."* Community professionals also reported that the general availability of prescription opioids has remained the same during the past six months.

BCI crime labs reported that the incidence of morphine cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®) and tramadol (Ultram®) cases they process from this region has decreased or remained the same. BCI labs also reported processing very few cases of hydromorphone (Dilaudid®), oxymorphone (Opana®) and methadone from this region during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$60
	A gram	\$120

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 users, all 10 would shoot the drug. Participants explained that shooting the drug has desirable effects and reported: *"It's a stronger, better high; Quicker high."*

Participants described typical fentanyl users as opiate users, while community professionals reported typical users as male, 18-25 years of age and those having a connection to the criminal justice system. Law enforcement commented: *"Same as heroin; White, male, younger."*

## Prescription Opioids

Prescription opioids remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4.' One participant shared, *"I didn't have a problem getting them. I'd find the same person every month [and] I'd go buy their 'script' (prescription)."* Community professionals most often reported the current street availability of prescription opioids as '3'; the previous most common score was '5' for treatment providers and '2-4' for law enforcement. Treatment providers discussed: *"When they can't get heroin ... they get pills (prescription opioids) instead; It's a secondary thing."* A law enforcement officer remarked, *"We're just not seeing a whole lot of pills."*

In addition, treatment providers reported "fake OxyContin®" pills as currently in circulation in the region. They described:

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. Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants commented: *“Oh yeah, [price] has gone up; ‘Cause they’re harder to find.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$20 for 8 mg
	methadone	\$8 for 10 mg
	Norco®	\$3 for 15 mg
	Opana®	\$40 for 30 mg \$50 for 40 mg
	OxyContin® OP	\$1-2 per milligram
	Percocet®	\$5 for 5 mg
	Roxicodone®	\$1 per milligram
	Ultram®	\$1.50 for 50 mg \$2 - 4 for 100 mg
	Vicodin®	\$5 for 5 mg \$7.50 for 7.5 mg \$8 for 10 mg

Participants reported obtaining these drugs for illicit use from someone with a prescription, a veterinarian prescription for a pet and through Internet purchase. Participants recalled: *“I would buy people’s ‘scripts’ (prescriptions); They were readily available to me [due to parent’s prescription]; They order it online now; I was buying some off the street; I was buying from old ladies and stuff like that.”* Several participants discussed an increase in ability to obtain these drugs from veterinarians: *“They’re using their animals’ [prescriptions], too ... Ultram® and Vicodin® ... They call them ‘doggie trims’ and ‘doggie bites;’ You would get the same tramadol if your dog needed it.”*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting, followed by oral consumption. Participants estimated that out of 10 illicit

prescription opioid users, six would snort and four would orally consume the drugs. Participants explained: *“If you snort a pill, it’ll last longer than if you just ate it; It just hit me quick. I enjoyed ... crushing the pill and putting a straw in my nose....”* Other participants discussed intravenous injection as a route of administration for prescription opioids. One participant said, *“Some [users] will ‘shoot’ (intravenously inject). Just depends on what [your preferred method of drug use is].”*

Participants described typical illicit prescription opioid users as white people and middle class. One participant shared, *“They’re usually white ... middle class [or] middle upper class. They say, ‘I’m not a junkie, I just take pills.’ It’s the idea that if you take a prescription painkiller, you’re not as bad as someone who’s abusing heroin ... there’s a stigma that’s attached to heroin that isn’t attached to prescription painkillers.”* Treatment providers could not agree on a description of a typical illicit user, while law enforcement indicated that typical illicit users are of an affluent background. They said: *“People that have money that are going to the doctor; The people who have jobs.... It’s the upscale people; More affluent people ... are still using the pills because there’s always that stigma with heroin.”*

### Suboxone®

Suboxone® remains moderately available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip form as ‘7’ and in pill form as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘9’ for the filmstrip and ‘3-4’ for the pill. Participants commented: *“There’s more people using ‘strips’ (filmstrips) than there are people using pills; I’ve only seen [pills] in the hospital. They give you 2 mg pills in the hospital, but I never seen them on the street.”*

Community professionals most often reported the general current street availability Suboxone® as ‘4;’ the previous most common scores were ‘2-3’ for treatment providers and ‘6-7’ for law enforcement. Treatment providers commented: *“[Clients are] coming in here and getting detox off one thing, then they want to jump straight to the Suboxone®; There are so many Suboxone® doctors now. You can go anywhere and pay \$200 a month and get 60 strips; Not just the doctors, it’s readily available ... on the streets.”* Law enforcement commented: *“We still find [Suboxone®] in search warrants all the time*

[Drug users are] *selling Suboxone® for heroin; Yes, there is trafficking in Suboxone®.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Austintown Police (Mahoning County) arrested a woman in possession of Suboxone® without a prescription following an undercover operation; the woman was charged with possession of a Schedule III substance and for soliciting sex ([www.nbc4i.com](http://www.nbc4i.com), March 22, 2018).

Participants and community professionals reported that the general street availability of Suboxone® has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly decreased during the past six months.

Suboxone®	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 Suboxone® were reported by participants with experience buying the drug. One participant stated, "\$10-20 [for strips] ... some people tax (charge extra), especially if someone's really sick (experiencing withdrawal), they'll charge them a lot more money." Overall, participants reported that the price of Suboxone® has increased during the past six months. Participants discussed: "The price is actually going up on them. They used to be able to get them for \$10; I was buying them [for] \$10 and selling [for] \$20; I'd definitely buy Suboxone® [to resell] ... they were a form of currency."

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip or pill	\$10-20 for 8 mg
	Subutex®	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants reported getting the drug through

doctors and individuals selling their prescriptions. Participants shared: "Usually, it's the same as the prescription opiates ... somebody has a script of them; To be honest, every drug dealer I went to for heroin would sell Suboxone®. I started using it illegally when I was using heroin. I was telling my wife that I was buying Suboxone® and that's how I was getting away with buying heroin in front of her." Treatment providers said: "Drug dealers come across Suboxone® and they sell it; I've heard a couple clients say they got them from doctors [and] trade them to the dealers to get their drugs."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip is oral consumption, while the most common routes of administration for the pill form are oral consumption and snorting. Participants explained: "The question is the difference in abuse. Would I rather abuse the strips or the pills? ... The answer is the pills. You can crush them. You can do a couple different things with them; I would just get an 8 mg strip, cut it into little pieces and eat it; Everybody I knew snorted [the pills] ... works quicker, I guess."

Participants and community professionals described typical illicit Suboxone® users as heroin users. Participants commented: "Probably the same demographic as heroin; It prevents the heroin user from continuing to get sick; I know I would buy Suboxone® off of the heroin dealers whenever I was attempting to quit."

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6-7.' Participants discussed: "Extremely easy [to obtain], probably up there with opiates ... heroin; I feel like they're prescribed a lot; My thinking is with the opiate epidemic they're really cracking down on prescribing opiates so they're not paying too much attention to 'benzos' (benzodiazepines) being prescribed; It's so easy to get it from a doctor; That was like my main drug of choice ... Xanax®...." Community professionals most often reported the current street availability of sedative-hypnotics as '7' in Mahoning

County and '2' in surrounding counties; the previous most common scores were '7-8' for treatment providers and '3' for law enforcement. A treatment provider in Mahoning County commented, *"I think that it's very, very common because the doctors here ... they'll prescribe it to you for anything.... You can get some Xanax® really pretty easily.... You don't have to go to a psychiatrist, just a medical doctor...."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police arrested a man in possession of 76 oxycodone and Xanax® pills found during a traffic stop ([www.nbc4i.com](http://www.nbc4i.com), Jan. 11, 2018).

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Participants reported *"The Xanax® [pills] are everywhere; You really only see Xanax® ... Valium® and that other stuff is not really prevalent at all, it's mostly 'xanies' (Xanax®); I've never had any problem finding [Xanax®]."* A treatment provider commented, *"Xanax® leads the pack."* One law enforcement officer said, *"'Xanie bars' (Xanax® 2 mg) are always up (highly available)."*

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Treatment providers observed: *"I'm not hearing an increase in people ... when I ask them their drug of choice, they say, 'Xanax®.' [They say], 'I need benzos because I get edgy on that cocaine, the crack cocaine, so I need something to bring me down.... You always hear that, it's kind of a steady, I don't think it's increasing or decreasing; [Xanax® is] always a side dish to their heroin ... or alcohol ... even marijuana...."*

BCI crime labs reported that the incidence of clonazepam (Klonopin®) cases from this region has increased during the past six months, while the incidence of alprazolam (Xanax®) and diazepam (Valium®) cases has decreased or remained the same. The labs reported processing very few cases of lorazepam (Ativan®), zolpidem (Ambien®) and carisoprodol (Soma®) from this region during the past six months.

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. A participant shared, *"They're kind of cheap."* Overall, participants reported that the price of sedative-hypnotics has decreased during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$0.50 for 0.5-1 mg
	Klonopin®	\$0.50-1 for 0.5 mg \$2 for 1 mg
	Xanax®	\$1 for 0.5 mg \$1-2.50 for 1 mg \$4-5 for 2 mg

Participants most often reported obtaining these drugs from people with prescriptions. Participants shared: *"My mother-in-law got prescribed them [and gave them to me]; Basically like my sister and aunts, 'Here's a handful of them'.... They just get prescribed them and sometimes you don't need them all."*

The most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drugs. However, a few participants suggested that half of illicit users would swallow and snort sedative-hypnotics. Participants with experience snorting these drugs, stated: *"Crush them and snort them; I used to snort Xanax®; I've done both [swallow and snort]; I've hung out with a lot of people who have done both."*

Participants described typical illicit sedative-hypnotics users as female, those with anxiety and partiers. Participants discussed: *"Most my family is prescribed them ... my sisters and aunts ... the females in my family are mostly who get them; Moms and grandmas are getting them prescribed; Your stay-at-home moms; It helps you relax."* Treatment providers described typical illicit sedative-hypnotic users also as female. Treatment providers commented: *"I haven't heard too much [use from men]; I think the men may not want to admit to it, kind of an emasculating drug."* Law enforcement described typical use among younger people: *"That's going to be in your juvenile groups, high school, middle school ... easy to get ... party drug; Parents are having a tendency to take a kid who has a behavioral issue ... instead of spanking them ... they're taking them to a doctor and getting them prescribed drugs...."*

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get)

to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: *"It's off the charts. I mean, you can get 'weed' (marijuana) anywhere; That's like the easiest [drug] to buy; Most people don't even see it as a drug; They don't see it as a bad thing."* Law enforcement discussed: *"Marijuana is probably the most widely used, abused drug; The availability is always there ... there's a big profit [in marijuana sales]; More of the medical marijuana is coming in from Colorado [and] California. It's being shipped in the U.S. Postal Service. We've had some intercepted shipments."*

Corroborating data indicated that marijuana is available in the Youngstown region. ODPS reported seizing 66.1 kilograms (145.7 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police cited a man responsible for an automobile crash for marijuana possession, driving under the influence of drugs and

attempting to bribe officers following the crash ([www.nbc4i.com](http://www.nbc4i.com), Jan. 3, 2018). OSHP in Warren (Trumbull County) arrested a man for crashing head-on into a minivan, killing the driver; afterwards officers learned the man had 108 nanograms per milliliter of marijuana metabolite in his system at the time of the crash; in Ohio, 50 nanograms per milliliter of marijuana metabolite is considered driving under the influence of drugs ([www.vindy.com](http://www.vindy.com), Jan. 8, 2018). Geneva-on-the-Lake Police (Ashtabula County) arrested five men for aggravated robbery, aggravated burglary and trafficking in marijuana following an armed robbery involving gunfire over the sale of a quarter pound of marijuana ([www.starbeacon.com](http://www.starbeacon.com), Feb. 9, 2018). Youngstown Police arrested a man during a raid in which they seized cash, 47 small baggies and three large bags of marijuana ([www.wkbn.com](http://www.wkbn.com), March 29, 2018). OSHP seized 35 pounds of marijuana and marijuana plants following a traffic stop on Interstate 80 in Trumbull County; a man was arrested for trafficking and possession of marijuana ([www.wyvtv.com](http://www.wyvtv.com), April 4, 2018). Youngstown Police arrested a man for OVI (operating a vehicle under the influence of alcohol or drugs) and for possession of marijuana after his vehicle collided with a police vehicle ([www.vindy.com](http://www.vindy.com), April 9, 2018). East Liverpool Police (Columbiana County) arrested a man during a traffic stop for possession of marijuana, drug paraphernalia and endangering children; officers recovered two large bags of marijuana and a digital scale; Child Protective Services attended to a 6-year-old boy found in the back seat of the car ([www.wkbn.com](http://www.wkbn.com), April 20, 2018). Youngstown Police arrested a man during a traffic stop on a charge of drug possession; police found marijuana under the car seats of the man and a passenger in the vehicle ([www.wkbn.com](http://www.wkbn.com), April 22, 2018). Youngstown Police arrested a man for drug possession following a traffic stop; officers seized an undisclosed amount of marijuana, a digital scale and suspected heroin ([www.wkbn.com](http://www.wkbn.com), April 22, 2018). An undercover operation by Austintown Police (Mahoning County) led to the arrest of a woman in possession of a bag of suspected marijuana and three crack pipes while she solicited sex ([www.vindy.com](http://www.vindy.com), May 3, 2018). A federal grand jury in Trumbull County indicted a man for vehicular homicide, possession of drugs and paraphernalia in regards to a fatal automobile accident; OSHP found two small bags of marijuana, a scale and a grinder in the man's vehicle ([www.vindy.com](http://www.vindy.com), June 15, 2018).

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 marijuana extracts and concentrates as ‘2-3;’ the previous most common score was ‘7.’ Participants added that there are several forms of marijuana available in the region: *“You have oils, wax, butter, candy, suckers, brownies ... edibles (food products containing marijuana); There’s hash (hashish, marijuana extract); I know a lot of people that smoke ... medical grade [marijuana].”* Participants described the extraction process: *“Take ‘bud’ (high-grade marijuana) and heat press it. Take all the oil out and smoke it; My brother makes it... He can take a quarter pound of medical [marijuana] and get seven to eight grams of dabs out of it.”*

Community professionals most often reported the current availability of marijuana extracts and concentrates as ‘2-3;’ the previous most common score was ‘7-8.’ One treatment provider shared, *“The guys always talk about dabs. Another thing, too, that I’m starting to hear more and more recently in the last three to four months is oil ... that they’re smoking out of electronic pipes ... it has no smell. They can smoke it in the store and it’s high potency.”*

Participants and treatment providers reported that the availability of high-grade marijuana, including extracts and concentrates, has increased during the past six months, while law enforcement reported a general increase in marijuana. Participants stated: *“It’s gone up big time; The high-grade stuff is getting cheaper, where it used to be \$20 a gram, now it’s only \$10; People are just going out of town and buying a crap load of [marijuana extracts and concentrates] and bringing it back to our area.”* Treatment providers observed: *“We never heard of [cannabidiol (CBD) oil] four months ago; It’s getting popular; There’s also an increase in hookah bars where they’re smoking the oils.”* In addition, a few treatment providers noted an increase in marijuana edibles: *“We’re hearing more about the edibles; I’ve had some patients tell me, some of the edibles look like gummy bears; They have suckers, too.”*

Law enforcement reported: *“I think in the last six months, I’ve seen more users of marijuana; A year ago ... everybody was trying to keep it undercover that they were smoking weed. The past six months, I can name probably 15 places*

*that I’ve walked into with my daughter [and] they were either smoking it or you could smell it.”* BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases has remained the same.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ for low-grade marijuana and ‘9’ for high-grade marijuana. One participant remarked, *“If you want the good stuff, you will get it.”* Overall, participants reported that the general quality of marijuana has remained the same during the past six months.

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 (including dabs) and one would orally consume the drug. Participants commented: *“Most people are smoking; You break it down into dabs ... that was probably the most preferred way, and then smoke it...”*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that the price of low-grade marijuana has remained the same during the past six months, while the price of high-grade marijuana has decreased. Participants discussed: *“It’s gotten cheaper; Six months ago you couldn’t get medical or ‘loud’ (high-grade marijuana) for less than \$20 a gram, and now you can get it for \$10 ... sometimes someone will give you a gram and a half for \$10.”*

Marijuana

**Current Prices for Marijuana**

<b>Low grade:</b>	
A blunt (cigar) or a gram	\$5-10
1/4 ounce	\$25
1/2 ounce	\$40-50
An ounce	\$100-160
1/4 pound	\$300
A pound	\$700
<b>High grade:</b>	
A blunt (cigar) or a gram	\$10-20
1/8 ounce	\$30-35
1/4 ounce	\$60-80
An ounce	\$200-325
1/4 pound	\$400-650
A pound	\$1,500
<b>Extracts and concentrates:</b>	
Oil	\$60 per gram
Wax	\$300 for 7 grams

**Methamphetamine**



Methamphetamine 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 '8-9.' Participants discussed: *"You can get it anywhere; Everyone's looking for the 'speed rush' (stimulant high); I used to never be able to get it in Youngstown but now I can pretty much get it anywhere ... it's just easy to get."*

Community professionals most often reported the current availability of methamphetamine as '9,' the previous most common scores were '10' for treatment providers and '2-3' and '5-6' for law enforcement. Treatment providers commented: *"If we had a group of eight people, probably four ... their primary drug is going to be methamphetamine ... they probably recently used and that's what they came in for [treatment for methamphetamine addiction]; You can use [methamphetamine] while you're on Vivitrol® or Suboxone®; [Clients say] they can't have an overdose if they're using meth."* Law enforcement reported: *"It's everywhere ... heroin dealers, almost all of them, are selling methamphetamine now, crystal methamphetamine; We're hearing from people on the street [fear of] overdose deaths with the heroin. I think a lot people are taking note [and switching to methamphetamine]."*

Corroborating data indicated that methamphetamine is available in the Youngstown region. ODPS reported seizing 700.5 grams (1.5 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Sebring Police (Mahoning County) arrested a man on a felony warrant for aggravated possession of drugs after the BCI crime lab identified methamphetamine in three capsules seized from him during a prior incident; the man was also in possession of marijuana at the time of his arrest ([www.the-review.com](http://www.the-review.com), Jan. 30, 2018). Struthers Police and the Mahoning County Drug Task Force arrested two people for possessing chemicals for the manufacture

Participants and community professionals described typical marijuana users as anyone. Participants commented: *"Everyone looks at it as it's just a social thing; You'll see somebody's great grandmother smoking a 'joint' (marijuana cigarette); There's not a lot of people out there who have not smoked weed at least once; Moms, dads, everybody."* Treatment providers stated: *"All ages; From the young to the old; Doctors; From elementary school all the way up to 70-years old."* In addition, participants described the typical users of dabs as young adults: *"I'd say college students; Probably like 18 [years] to mid-20s."* Treatment providers reported typical users of dabs as males: *"That has to be with the guys. I don't hear the ladies talk about [dabs]; It is male, younger males."*

of methamphetamine following a raid of their home ([www.nbc4i.com](http://www.nbc4i.com), March 12, 2018). Austintown Police arrested a woman during a traffic stop after seizing a bag and a container of methamphetamine and pills ([www.vindy.com](http://www.vindy.com), April 27, 2018). Law enforcement in Niles (Trumbull County) arrested two men during a raid of a home after seizing of an undisclosed amount of methamphetamine, pills and cash ([www.wkbn.com](http://www.wkbn.com), June 14, 2018).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated crystal methamphetamine as most prevalent in the region. One participant remarked, *“That’s all I’ve had lately [crystal methamphetamine].”* A law enforcement officer shared, *“It’s become more methamphetamine that’s being imported. Historically in Ashtabula County, it’s been the homemade [powdered] meth, and it’s being taken over by [crystal] methamphetamine being brought to Ohio from the West.”* 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. A participant commented, *“If you can make chocolate chip cookies, you can make meth.”*

Participants reported that the availability of powdered methamphetamine has remained the same during the past six months, while the availability of crystal methamphetamine has increased. Participants commented: *“About a year ago, you barely heard about [crystal methamphetamine], and now today, you probably could walk down the street and get it; It’s so much cheaper than crack and ‘coke’ (powdered cocaine).”*

Community professionals reported that the overall availability of methamphetamine has increased during the past six months. Treatment providers discussed: *“We’re seeing a trend where I think for at least the last few years heroin would be the primary drug and meth would be the secondary. We’re starting to see meth be the primary drug and heroin become the secondary, so people might actually be in partial remission for heroin ... but they use methamphetamine; That was also the concern with Vivitrol®*

*... some clients who were starting to use Vivitrol® didn’t necessarily maintain sobriety ... they just stopped using heroin and started using methamphetamine instead.”*

Law enforcement reported: *“We are seeing meth more in the city (Youngstown); I think it’s more accessibility, more people, more money ... there’s numerous different things [contributing to the increased availability of methamphetamine].”* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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 crystal methamphetamine as ‘8’ and of powdered methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘7-8’ and ‘3,’ respectively. One participant commented on the high quality of crystal methamphetamine, stating, *“There’s so much of it [that] no one has to buy the ‘shitty shit’ (shake-and-bake).”* Participants reported that bath salts (synthetic cathinones) are often used to cut (adulterate) methamphetamine. One participant remarked, *“They cut my meth with bath salts, that’s a common thing, too....”* Overall, participant reported that the quality powdered methamphetamine has decreased during the past six months, while the quality of crystal methamphetamine has increased.

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> dimethyl sulfone (dietary supplement)</li> <li> magnesium sulfate (Epsom salts)</li> </ul>

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram of crystal methamphetamine (aka “a point”) for \$20. Participants discussed: “\$20 a point for ‘glass’ (crystal methamphetamine); It’s going to last you hours; Yeah, all night, maybe a day or two ....” Overall, participants reported that the price of powdered methamphetamine has remained the same during the past six months, while the price of crystal methamphetamine has decreased.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/10 gram	\$10
	1/2 gram	\$30-40
	A gram	\$70-80
	1/8 ounce	\$200-250
	<b>Crystal:</b>	
	1/10 gram	\$20
	1/2 gram	\$50
	A gram	\$40-60
1/16 ounce	\$70-80	

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, nine would shoot and one would smoke, snort or orally consume the drug. Participants stated: “I would shoot it; Everyone I hung out with shot it.” One participant with experience smoking methamphetamine commented, “When they don’t have a syringe [users smoke].”

Participants and treatment providers described typical methamphetamine users as white people and people who work long hours and need to be alert/stay awake. Participants commented: “The typical users are people that have factory jobs, work long hours; I would say more white people.” Treatment providers said: “Usually it’s white; Depending on the hours they’re working, they will basically

self-medicate for the energy....” Law enforcement described typical methamphetamine users as white people, aged 25-45 years and gay people; they also noted an increase in methamphetamine use among African-American people. Law enforcement reported “Typical user, I would say is white male, white female; White but with that being said, we have seen actually more African Americans starting to use [crystal methamphetamine]; We’re also seeing it very popular in the gay community.”

### Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants commented: “I used Adderall®; More kids are getting put on [prescription stimulants]. Parents are getting kids put on it more, and then they are turning around and selling it; People are getting more diagnosed with ADHD (attention-deficit hyperactivity disorder). They know how to manipulate the system [to get a prescription for stimulants].”

Treatment providers most often reported the current street availability of prescription stimulants as ‘3’, while law enforcement most often reported it as ‘4’; the previous most common scores were ‘4’ and ‘9’, respectively. Treatment providers commented: “I wouldn’t say it’s that available; I don’t hear that typically.” Other providers shared insight on some abuse they have observed: “The only thing I hear about is Adderall®. ... people coming in and saying, ‘can I have my Adderall®;’ When they come in ... they are either on Vyvanse® or Adderall® and they’re giving us a hard time because we won’t let them have it ... they were abusing it.”

Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. Participants reported: “Adderall® ... I can get it whenever I want it; I knew a couple people who were prescribed [Adderall®] and I just bought their ‘scripts’ (prescriptions) up; [Vyvanse® is] interchangeable with Adderall®; They usually put kids on [Vyvanse®] around here.” Community professionals most often identified Adderall® as most popular. One law enforcement officer stated, “Adderall® ... I’d say Vyvanse® is a close second.”

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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 consistent among participants with experience buying these drugs. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$3 for 20 mg
	Vyvanse®	\$5 for 20 mg \$10 for 30 mg

Participants reported obtaining these drugs for illicit use from friends, neighbors and other people with prescriptions, and from doctors through prescription. One participant shared, "I would take [my prescription] and sell it." 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 commented: "Dissolve orally or snort it; I ate it; I'd put it in my water bottles [and dissolve] ... it was like my little energy drink; Snorting works faster ... hits you quicker."

Participants described typical illicit prescription stimulant users as students and people substituting for harder drugs. Participants discussed: "College students; The person

*who takes it to keep awake at work, it gives them a burst of energy; They're all over college campuses these days; Somebody that's looking to get a ... speed rush."* Community professionals described typical illicit users as high school and college students. Law enforcement reported: "A lot of it is the young people sharing at the high school; A lot of college kids [illicitly use prescription stimulants] ... just to stay up to study ... I heard that numerous times."

### Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) remains available in the region. However, participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for ecstasy/molly was '8.' Participants discussed: "Very low [availability] ... I don't have a read on anybody doing it anymore, at least not in this area; It's typical for like a 'rave' (dance party) type scene mostly [and] we don't really have too much of that around here." A few participants reported the current availability of ecstasy/molly as higher. They commented: "It's all in who you know; I guess my little friends circle consistently has it all the time."

Treatment providers most often reported the current availability of ecstasy as '2' and of molly as '4'; the previous most common score for ecstasy/molly was '6.' Treatment providers commented: "We see it; I think I see molly more than ecstasy right about now." Law enforcement also reported low current availability of ecstasy/molly; however, they did not assign a current availability rating. Their previous most common availability score for ecstasy/molly was '9.' Law enforcement discussed: "Raves aren't popular anymore; I'm sure it's available. We're just not seeing it or buying it; It would be mixed in with heroin or whatever; I'm sure we would find it if we went looking."

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Crime Labs report that they processed very few cases of MDMA (ecstasy/molly) for this region during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the current overall quality of each as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' for ecstasy and '9' for molly. However, participants discussed variability in quality: "The quality is all over the place basically; I'll just say '5,' put it right in the middle, same thing as anything else, there's low stuff, there's high stuff."

Reportedly, ecstasy/molly is often mixed with other substances including: bath salts (synthetic cathinones), methamphetamine and prescription pills. Participants shared: "When I got into heroin, I didn't even know I was using [ecstasy] until a drug test showed that it was in my system and heroin was the only thing I was using; You can get molly that's ... not molly at all. It's bath salts or meth; I know for sure meth is probably in it; You never know what you're gonna get...." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, molly is typically sold in capsules and users can get a price break for buying ecstasy in large quantities. Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$10
	High dose (aka "triple stack")	\$15-20
	<b>Molly:</b>	
2/10 gram	\$20	

Participants reported that the most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, five would orally consume and five would snort the drugs. Participants discussed: "People put [molly] in water bottles; You swallow [ecstasy] as a pill." In addition, one participant stated, "You can do what they call 'parachuting'... you get a little piece of a tissue, crush [ecstasy] up into the little piece of a tissue and swallow it that way ... that was the hip thing ... it would dissolve faster...."

Participants described typical ecstasy/molly users as younger people, "club kids," "ravers" and partiers. Participants commented: "Definitely a party drug; Techno dance club [scene]." Community professionals described typical ecstasy/molly users as aged 18-30 years and college students. Treatment providers discussed: "I think there is a merge of the skateboard and hip hop culture and there's been a lot of promotion ... one song in particular is called 'molly Percocet'... [Ecstasy/molly use is] being glamourized; It's socially acceptable; A feel good drug." One law enforcement officer remarked, "It's youth or young college people."

## 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: anabolic steroids, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, kratom (mitragynine), Neurontin® (gabapentin), promethazine, Seroquel®, synthetic marijuana and U-47700 (synthetic opioid).

### Anabolic Steroids

Reportedly, anabolic steroids are available for illicit use in the region. However, only a few law enforcement officers were able to discuss current availability, most often reporting the current availability of anabolic steroids for illicit use 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 not reported. Officers discussed: *“Steroids we’ve had, liquid [steroids]; It’s out there ... you can go to any gym probably and get it; It’s also being mailed in; We just did a steroid/testosterone case not that long ago ... the guy ordered it over the Internet ... didn’t think he was breaking the law.”* Law enforcement reported that the availability of anabolic steroids for illicit use has remained the same during the past six months. They described typical illicit users as “gym rats” (dedicated body builders) and males aged 20-40 years.

### Hallucinogens

Hallucinogens are moderately available in the region. Participants most often reported the current availability of hallucinogens as ‘4-5’ for LSD and psilocybin mushrooms on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘1-4’ for psilocybin mushrooms and not reported for LSD. Participants did not report much experience with LSD during the past six months. One participant remarked, *“I don’t go looking for it often ... just once in a while.”* Regarding the current availability of psilocybin mushrooms participants discussed: *“Shrooms’ (psilocybin mushrooms) come and go in this area; I’ve seen them; I had shrooms; It’s just hard to find; It comes and goes.”*

Treatment providers did not rate the current availability of hallucinogens, while law enforcement most often reported the current availability of LSD as ‘2-3’ and of psilocybin mushrooms as ‘3;’ the previous most common scores were not reported. While treatment providers did not provide an availability score for LSD, they discussed its presence in the region. They said: *“People still do LSD; We have Nelson Ledges (state park) very close to us so I know people go on ‘little journeys’ down at Nelson Ledges for [concerts and to experience hallucinogens]; That is definitely a summertime drug, so that’s going to be coming back around; It’s another thing (drug) everybody admits to trying.”*

Law enforcement discussed the current availability of psilocybin mushrooms: *“We’ve seen mushrooms; We had a mushroom lab probably within the last six months; They’ll actually grow them inside in like tanks; That’s a specialty, too, you got to know what you’re doing with them; [Psilocybin*

*mushrooms] are things that we might just come across on search warrants; You’ll see them on occasion, but that’s hit or miss.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Sebring Police (Mahoning County) and the Mahoning Valley Law Enforcement Task Force collaborated in an arrest of a man responsible for trafficking LSD out of his home ([www.the-review.com](http://www.the-review.com), Jan. 31, 2018).

Participants and community professionals reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. However, one participant remarked, *“[LSD availability] has increased probably over the years,”* while a treatment provider stated, *“I’ve heard more about LSD, recently.”* A law enforcement officer said of hallucinogens generally, *“It’s either around or it’s not, and when it’s around, it’s never around a lot.”* BCI crime labs reported that the incidence of LSD and psilocybin mushroom cases they process from this region has increased during the past six months, although still few cases.

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

Reports of current prices for hallucinogens were consistent among participants with experience buying the drugs. Overall, participants reported that the price of LSD and psilocybin mushrooms has remained the same during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A single dose (aka “hit”)	\$20
	<b>Psilocybin mushrooms:</b>	
1/8 ounce	\$40	

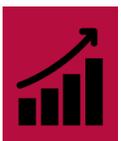
Participants reported that the most common route of administration for LSD and psilocybin mushrooms is oral consumption. Participants estimated that out of 10 LSD and 10 psilocybin mushroom users, all would orally ingest the drugs. One participant remarked, *“Eat them.”*

Participants and community professionals described typical hallucinogen users as hippies, white people, music festival goers and younger people experimenting with drugs. A participant commented, *“The hippies, old timers.”* Law enforcement commented: *“Younger white males, white females; Your Nelson Ledges people (music festival goers), hippies ... tie-dye shirts.”*

### Inhalants

Inhalants (duster [DFE] and nitrous oxide [N2O], aka “whippets”) are available for illicit use in the region. Treatment providers discussed client use of inhalants during the past six months. They said: *“I think it happens more than we know, but we just can’t test for it; [Clients] can’t really use their drug of choice, so they want to use something because they still have those using behaviors and tendencies, so they say ... ‘I can get duster and know I can’t get caught for it, so I’m going to use duster;’ I think it’s still a trend. I think people do it, I think we just don’t catch them doing it, so I think it’s one of those ... ‘I would never do this if I wasn’t in a treatment center getting tested, but because I’m in a treatment center getting tested, I know I can probably get away with it; There was somebody [in treatment] using [duster] just two months ago.”*

### Kratom



Kratom (mitragynine, a psychoactive plant substance) is available in the region. While easy to obtain, participants reported that kratom is usually not abused. They discussed heroin users taking the drug to help with withdrawal symptoms. One participant shared, *“[My mother] used to be like a hardcore pill addict ... kratom worked for her ... I mean I don’t know if it worked, she’s still miserable, but she doesn’t do pills anymore. she just eats kratom buy the handful.”* Another participant said, *“I never felt anything from it.”*

While participants discussed the use of kratom as to alleviate opiate withdrawal, a few participants expressed that kratom can be abused to produce a heroin-like high. These participants stated: *“High like heroin ... I remember [when I took too much]; [Kratom] does produce a heroin type effect and there’s a big push (an appeal) for that; Kratom doesn’t show up on drug tests.”* Law enforcement expressed similar ideas about kratom: *“It is available, usually you see like little Internet ads here and there or flyers posted offering the sale of it. It’s actually not an illegal drug right now, but it is apparently abused; The gist of it is it’s usually a powder ... you order it in a powder form, and if take a bunch of it, it has opiate like effects.”*

Participants and law enforcement reported that the availability of kratom has increased during the past six months. Participants commented: *“I feel like it’s big now for some reason; It first got popular because it wasn’t being tested for ... it was people who were trying to come off of heroin who found something that would produce something similar.”* A law enforcement officer stated, *“I would say this has been in the last year that the upswing has occurred.”*

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

Participants reported obtaining kratom from head shops and convenience stores. They described: *“There’s people who are selling it legally; It’s like bath salts, it’s able to be bought at the same gas station; I’m pretty sure you can get it at the gas station.”* Participants in this region reported that the most common route of administration for kratom is oral consumption. Participants estimated that out of 10 kratom users, all 10 would orally consume the substance. They commented: *“Eat it; Take a giant scoop, throw it in your mouth and wash it down with some iced coffee or something; [Take kratom with] some orange juice.”* Participants and law enforcement described typical kratom users as heroin users.

**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 availability for illicit use 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 discussed: *"Neurontin® is being abused a lot; Gabapentin is like wow [highly available]; It's easy to get; It's a non-narcotic; It doesn't detect on the average drug test, like you gotta test for it specifically; I used to take a lot of them when I was shooting heroin, too; Take the sickness off (alleviates withdrawal); I would take like eight of them just so I could buy me an hour or two until I could get my fix [of heroin]; It helps with withdrawal."*

Treatment providers and law enforcement most often reported the current street availability of Neurontin® as '7'; the previous most common scores were '6' and '9'; respectively. Treatment providers commented: *"Gabapentin is the one (highly popular); Gabapentin is getting big again; Everybody wants to use gabapentin [in treatment]; It's something they can take that is non-opiate and they can get away with taking it in treatment; At our agency, if a doctor prescribes [gabapentin], we'll allow you to take it. What we don't want you to do is take it if you are not prescribed it ... what we saw were a lot of people were testing positive for gabapentin that were not prescribed gabapentin...."*

Participants reported that the street availability of Neurontin® has remained the same during the past six months, while community professionals reported that it has increased. Participants commented: *"It's easily prescribed; Doctors don't want to give you any kind of narcotic so all the other drugs are going up."* Treatment providers discussed: *"We are seeing more people coming in with Neurontin®, gabapentin use ... more people coming into treatment ... you have an issue with this; It's prescribed for nerve damage and constantly prescribed for an antidepressant; They take 15 at a time; It's definitely increasing; Big time."* Law enforcement reported: *"It's a non-controlled substance and a lot of physicians are prescribing it ... and they're prescribing it in rather large volumes.... Users believe that there is some sort of a high*

*that can be obtained from it, so there is a little bit of demand for it... There is a little bit of it being sold on the streets.... If you start using it in conjunction with an opiate, then it does give a high that we've been told about; I think there's been a definite uptick ... there's a lot of people that are being prescribed it, and there's becoming a little bit of a black market for it."*

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

Reports of street current prices for Neurontin® were inconsistent among participants with experience buying the drug, although overall, participants reported that the price of Neurontin® has remained the same during the past six months. Participants described purchasing Neurontin® from people who have prescriptions for the drug. One participant stated, *"I know right now people under 55, 60 years old that get it and sell it. They sell the whole 'script' (prescription) to people who are addicted to opiates...."*

Participants reported that the most common route of administration for illicit use of Neurontin® remains oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. Participants and community professionals described the typical illicit Neurontin® user as a heroin user. One law enforcement officer observed, *"Someone who is using heroin because it's usually a heroin addict that's starting to experiment with [Neurontin®] ... put that in their regimen of drugs."*

**Promethazine**

Promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) remains available for illicit use in the region. However, participants did not report on the availability of promethazine during the past six months. Community professionals most often

reported the current street availability of promethazine as '2' for treatment providers and '4' for law enforcement on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6-7' for law enforcement and not reported for treatment providers. Treatment providers commented: "I've only had maybe one or two people admit that's what their drug of choice was; I see it more in outpatients; I don't think so much that it's currently used but I'm hearing previous use." A law enforcement officer remarked, "It's a select group of people [who illicitly use promethazine; use is not widespread]."

Treatment providers reported that the street availability of promethazine has increased during the past six months, while law enforcement reported that it has remained the same. One treatment provider stated, "I'm starting to see more and more [illicit use of promethazine] ... and just recently, too ... in the last couple months."

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

Community professionals described typical illicit promethazine users as drug dealers and African-American people. One treatment provider discussed, "Drug dealers are more likely to start off with lean and end up with heroin." Law enforcement commented: "Dealers ... we've found that prescription cough syrup ... they'd been abusing that; It's more of African-American [people using].... We found that when we do search warrants...."

### Seroquel®

Seroquel® (antipsychotic) is available for illicit use in the region. However, only a few treatment providers reported on the street availability of the drug during the past six months. These providers most often reported the current

street availability of Seroquel® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a previous most common score was not reported. Treatment providers discussed: "That Seroquel® ... I see that often; I would say '8' [high on the availability scale] because I think it is legal and [clients think] 'I go to my doctor, and since I can't do this, that or the other, I say, give me Seroquel® and I get high off of it...."

Treatment providers reported that the availability and illicit use of Seroquel® has increased during the past six months. They stated: "I think it's increasing; I think it's increasing, too ... more people are coming in demanding to have their Seroquel®; They will leave treatment for their Seroquel®."

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is available in the region. While participants did not report on availability of the synthetic marijuana during the past six months, community professionals most often reported the current availability for the drug 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 not reported. Treatment providers commented: "It's still around a little bit; When asked, 'what do you use?' They'll say, 'some spice' (synthetic marijuana), but we don't see that too often." Law enforcement discussed: "We've gotten a couple of the labs (lab results) back ... we've gotten back synthetic cannabis, cannabinoid; We're not seeing a whole lot of synthetic marijuana. We've heard of it getting into jails and prisons ... they use liquid 'K2' ... it's the synthetic marijuana ... but nothing in this area."

Treatment providers and law enforcement reported that the availability of synthetic marijuana has remained the same during the past six months. One treatment provider stated, "Marijuana's going to be legal ... so, they don't want to mess with that." A law enforcement officer remarked, "It hasn't been that popular." BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months.

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

Treatment providers described the typical synthetic marijuana user as a male involved in the criminal justice system. One provider explained, *“Criminal justice system males because they weren’t able to be tested for it at one point in time ... the strain changes almost every batch [to remain undetectable].”*

### U-47700



Reportedly, U-47700 (synthetic opioid) is available in the region. However, only a couple law enforcement officers reported on the availability of the substance during the past six months. They discussed: *“We’ve had a couple labs with that in it; It’s out there ... who knows if that trend will continue; We’ve seen [U-47700], not from the same dealer, probably two different dealers; That’s just mixed in with the heroin.”* Law enforcement reported that the availability of U-47700 has increased during the past six months. BCI crime labs also reported that the incidence of U-47700 cases they process from this region has increased during the past six months.

## Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and powdered cocaine remain highly available in the Youngstown region; also highly available are sedative-hypnotics. Changes in availability during the past six months include: increased availability for marijuana and methamphetamine; likely increased availability for Neurontin®; and possible increased availability for kratom (mitragynine) and U-47700 (synthetic opioid).

Law enforcement in the region discussed heroin as the most deadly drug and the number one drug negatively affecting families and communities. Participants commented that the high availability of heroin is driven by demand. One participant expressed, *“People want it. The demand is always high.”* While many types of heroin are currently available in the region, participants and community professionals reported white powdered heroin as most available. However, they noted that heroin is often a fentanyl-heroin mixture which can appear pink in color. Law enforcement noted that they are not seeing “pure” unadulterated heroin; they are seizing fentanyl-heroin mixtures and fentanyl sold as heroin. Participants continued to report fentanyl as the top cutting agent for heroin. Additional cuts mentioned included: ecstasy, “molly” (powdered MDMA), prescription opioids and sedative-hypnotics (sleep aids and Xanax®).

Participants reported that the availability of fentanyl has increased during the past six months. Law enforcement commented that they have seen an increase in reports of carfentanil in crime lab data. And while BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly decreased during the past six months, the labs noted that the incidence of carfentanil cases they process from this region has increased.

Participants and community professionals reported that the current high availability of methamphetamine has increased during the past six months. Participants stated that crystal methamphetamine is everywhere, discussing that the drug is now highly available in the city of Youngstown; historically, methamphetamine was prevalent in rural communities and seldom found in urban environments in the region. Law enforcement also noted the ease of obtaining the drug in Youngstown which is something they had not reported previously. Moreover, treatment providers reported that more clients than previous are entering treatment and indicating methamphetamine as their primary drug of choice. A few providers stated that for some users, heroin is now a secondary choice to methamphetamine.

Respondents attributed increased availability of methamphetamine to a trend among some heroin users to migrate from heroin to methamphetamine to prevent overdose or because they are enrolled in a medication assisted treatment (MAT) program where they are prescribed Vivitrol® or Suboxone® which block opioid

receptors. Law enforcement also noted an increase in heroin dealers selling methamphetamine to increase drug sales/profits. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Participants and treatment providers described typical methamphetamine users as white people and people who work long hours and need to be alert/stay awake. Law enforcement also noted the popularity of crystal methamphetamine among the gay population.

Kratom (mitragynine, a psychoactive plant substance) is available in the region. While easy to obtain, participants reported that kratom is usually not abused. They

discussed heroin users taking the drug to help with withdrawal symptoms. However, a few participants expressed their belief that kratom can be abused to produce a heroin-like high. Participants and law enforcement reported that the availability of kratom has increased during the past six months. Participants reported obtaining kratom from head shops and convenience stores.

Lastly, law enforcement reported that the availability of U-47700 (synthetic opioid) has increased during the past six months. BCI crime labs reported that the incidence of U-47700 cases they process from this region has increased during the past six months.

