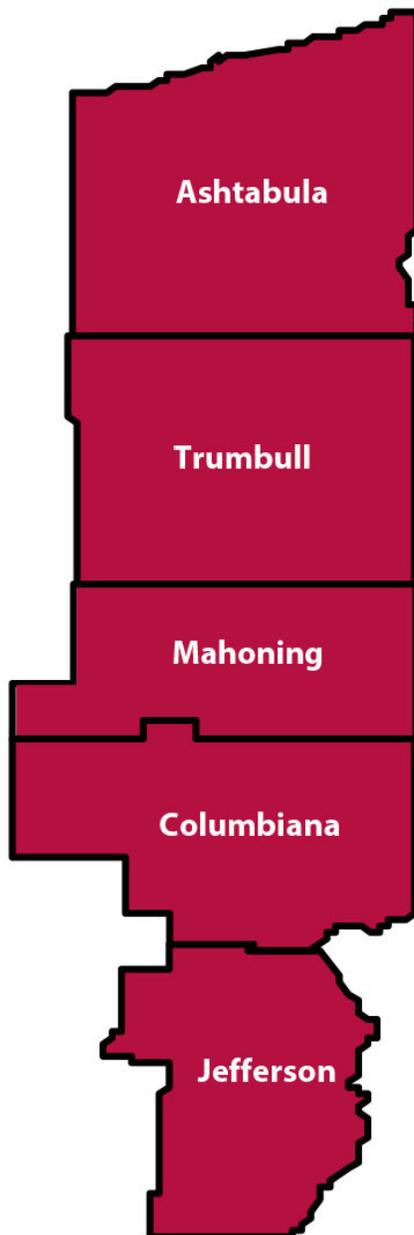


Drug Abuse Trends in the Youngstown Region

Regional Epidemiologist:

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Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the 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 January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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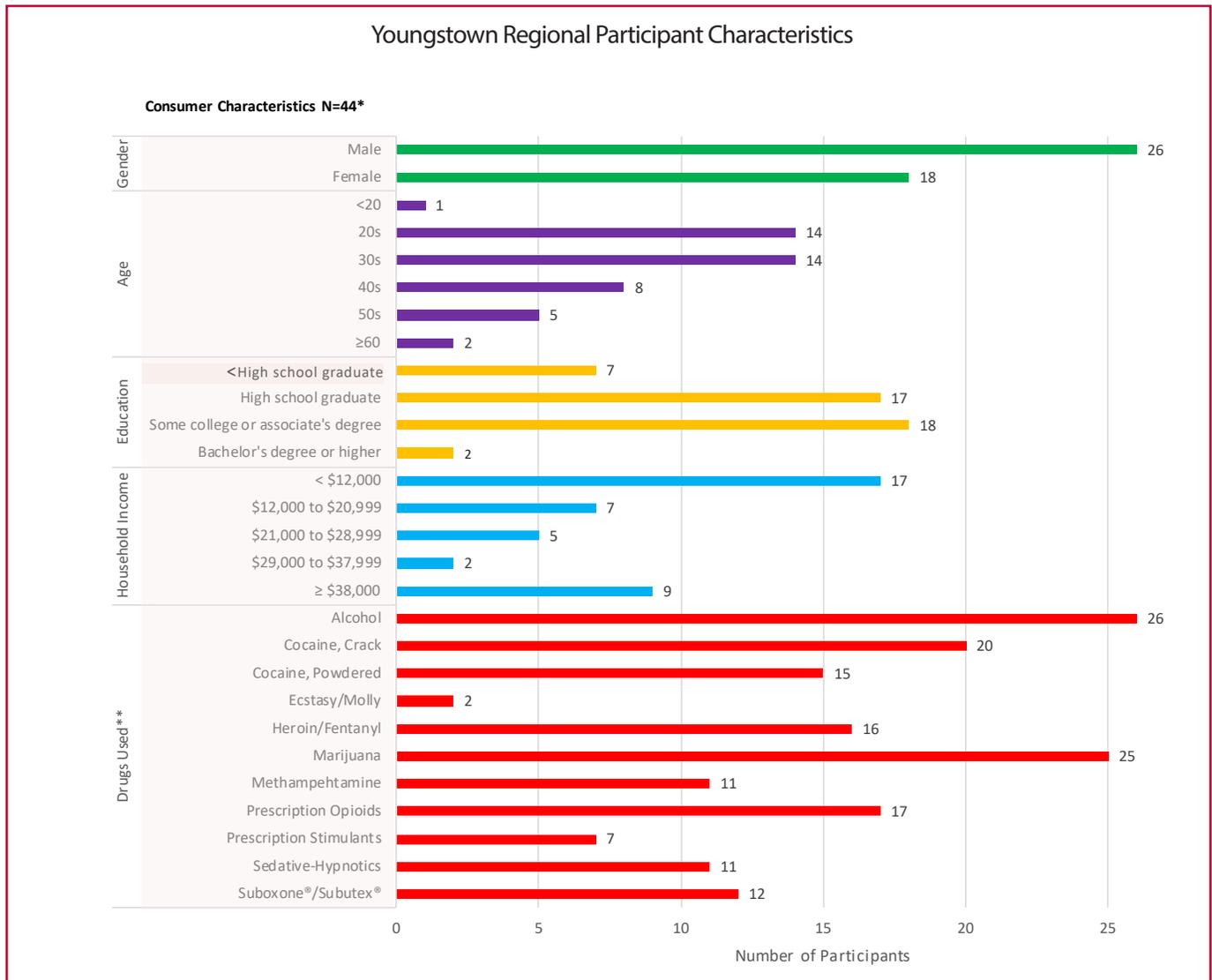
Regional Profile

Indicator ¹	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	697,419	44
Gender (female), 2017	51.0%	50.8%	40.9%
Whites, 2017	82.2%	87.9%	81.8%
African Americans, 2017	12.9%	9.2%	13.6%
Hispanic or Latino Origin, 2017	3.8%	3.4%	4.5%
High School Graduation Rate, 2013-17	89.8%	88.9%	84.1%
Median Household Income, 2013-17	\$52,407	\$44,061	\$16,000-\$20,999 ²
Persons Below Poverty Level, 2017	14.0%	17.1%	54.5% ³

¹ Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

² Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 4 participants due to missing and/or invalid data.

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



*Not all participants filled out forms completely; therefore, numbers may not equal 44

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

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and powdered cocaine remained highly available in the Youngstown region; also highly available were sedative-hypnotics. Changes in availability during the reporting period included: increased availability for marijuana and methamphetamine; likely increased availability for Neurontin®; and possible increased availability for kratom and U-47700.

Law enforcement in the region discussed heroin as the most deadly drug and the number one drug in negatively affecting families and communities. Participants commented that the high availability of heroin was driven by demand. One participant expressed, *“People want it. The demand is always high.”* While many types of heroin were available in the region, participants and community professionals reported white powdered heroin as most available. However, they noted that heroin was often a fentanyl-heroin mixture which could appear pink in color. Law enforcement noted that they were not seeing “pure” unadulterated heroin; they were 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 had increased during the reporting period. Law enforcement commented that they had 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 processed from this region had slightly decreased during the reporting period, the labs noted that the incidence of carfentanil cases had increased.

Participants and community professionals reported that the high availability of methamphetamine had increased during the reporting period. Participants stated that crystal methamphetamine was everywhere, discussing that the drug was highly available in the city

of Youngstown; historically, methamphetamine was prevalent in rural communities and seldom found in urban environments. Law enforcement also noted the ease of obtaining the drug in Youngstown which was something they had not reported previously. Moreover, treatment providers reported that more clients than previous were entering treatment and indicating methamphetamine as their primary drug of choice. A few providers stated that for some users, heroin was a secondary choice to methamphetamine.

Respondents attributed increased availability of methamphetamine to increased demand as more heroin users migrated from heroin to methamphetamine either out of fear of heroin/fentanyl overdose or due to enrollment in a medication-assisted treatment (MAT) program where they were prescribed Vivitrol® or Suboxone® (buprenorphine). 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 processed from this region had increased during the reporting period. Participants and treatment providers described typical methamphetamine users as white people and people who worked long hours and needed to be alert/stay awake. Law enforcement noted the popularity of crystal methamphetamine among the gay population.

Kratom (mitragynine, a psychoactive plant substance) was available in the region. While it was easy to obtain, participants reported that kratom was usually not abused. They discussed heroin users taking kratom to help with withdrawal symptoms. However, a few participants expressed their belief that kratom was abused to produce a heroin-like high. Participants and law enforcement reported that the availability of kratom had increased during the reporting period. Participants reported obtaining kratom from head shops and convenience stores.

Lastly, law enforcement reported that the availability of U-47700 (synthetic opioid) had increased during the reporting period. BCI crime labs also reported that the incidence of U-47700 cases they processed from this region had increased.

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'. A participant commented, *"It's everywhere."* Community professionals most often reported the current availability of powdered cocaine as '8'; the previous most common scores were '2' for treatment providers and '8-9' for law enforcement.

A treatment provider discussed, *"People are scared [of overdosing and dying] because fentanyl is showing up in everything, so they're thinking if they switch to cocaine [from opiates], they would be safer."* Treatment providers noted a correlation with medication-assisted treatment (MAT) and cocaine use. One provider shared, *"We've found even people on medicated assistance, they'll go completely over to cocaine ... many times, there's cocaine in their system ... they seem to gravitate towards the cocaine as a secondary [drug] ... cocaine seems to be a draw for them."* A law enforcement officer reported, *"An average search warrant here would be maybe 25 grams of crack cocaine or powdered cocaine, and they're pretty even in what we would see."*

Corroborating data indicated that powdered cocaine is available in the Youngstown region. Ohio Department of Public Safety (ODPS) reported seizing 26.9 kilograms (59.4 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. In August, the Trumbull County Combined Health District and the Trumbull County Mental Health and Recovery Board informed of a deadly mixture of cocaine and fentanyl as circulating in Trumbull County, reporting that users often unknowingly get cocaine laced with fentanyl; as of August 2018, there were 29 confirmed overdose deaths recorded in Trumbull County for 2018 (www.wkbn.com, Aug. 20, 2018). Officers with the U.S. Drug Enforcement Agency (DEA) raided a house on the west side of Youngstown (Mahoning County), confiscating six kilograms of cocaine, 100 grams of heroin, five weapons, \$3,000 in cash and a bulletproof vest; a man at the house was taken into custody, accused of smuggling large amounts of cocaine twice monthly from Houston, Texas to the Youngstown area (www.wkbn.com, Oct. 31, 2018).

Participants reported that the high availability of powdered cocaine has remained the same during the past six months, while community professionals reported increased availability. Treatment providers commented: *"[Availability is] certainly up... It's doubled since 2017; I think there's a lot of cross addictive behavior and people are reaching out to do other drugs because they're still wanting to escape and get that high, and they're becoming afraid of the fentanyl."* Law enforcement noted: *"The last year, year to 18 months, yes [an increase]; Both powder and crack cocaine have made a comeback in this area over the last year, that's probably the biggest change that we've had."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '10', on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. However, some participants reported quality can vary from zero to 10. One participant shared, *"It could be like straight baking powder or it could be straight 'scale' (high-quality powdered cocaine)."* Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agent as fentanyl. One participant stated, *"Everything's being cut with fentanyl now."* In addition, participants discussed users overdosing on powdered cocaine due to fentanyl. One law enforcement representative commented, *"We have seen [powdered cocaine cut with fentanyl], but it's not common...."*

Other adulterants mentioned included: baby laxative, baby powder, baking soda, creatine, steroids and vitamin B-12. One participant shared, *"A lot of other things you can buy in a head shop that will maybe give you a numb feeling in your mouth..."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: *"It's going down;*

There's a shortage [of good quality cocaine]; [Drug dealers are] greedy and cutting it; There ain't no cut that's good. With cocaine, you would aim to have it not cut at all."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	●	caffeine
●	levamisole (livestock dewormer)	
●	local anesthetics (lidocaine and procaine)	
●	phenacetin (banned analgesic)	
●	triacetin (triglyceride)	

Reports of current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is an "eight ball" (1/8 ounce) for \$175. However, participants discussed that pricing for powdered cocaine fluctuates depending on dealer and location of purchase. One participant stated, *"It depends on where you go, who you're getting it from. At one point I was getting an eight ball for like \$150 and at some other points it cost upwards of \$250."* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$100
1/8 ounce (aka "eight ball")	\$175	
1/2 ounce	\$550-600	
An ounce	\$1,200	

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants discussed snorting: *"[Snorting is] socially acceptable; I'm afraid of needles; It's easier, doesn't take as long to prepare [as intravenous injection] or [you snort] if you can't find a vein."* One participant commented that shooting produces a *"better 'buzz' (high)."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as anyone. A participant commented, *"Now, I feel like it's everybody."* Law enforcement representatives were

also unable to describe a typical powdered cocaine user, while treatment providers described typical users as young people (aged 22 to 40 years) who drink alcohol. One treatment provider reported, *"We're seeing young people use alcohol again because they think it's safer [than opiates] and cocaine's a natural upper compliment to [alcohol] ... they're saying, cocaine isn't that bad..."* Another treatment provider commented, *"I know a lot of people who don't think that it's a problem ... you hear 'coke' (powdered cocaine) is more recreational and it's not as addicting so it's less stigmatized."*

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: *"High demand; You can get it anywhere; 'Crack' (crack cocaine), you just want more and more ... there is no end until you deplete everything (all your financial resources) [then] you're stealing stuff [to purchase crack cocaine]...."*

Treatment providers most often reported the current availability of crack cocaine as '7', while law enforcement most often reported it as '8'; the previous most common scores were '8' and '6', respectively. Treatment providers discussed: *"We never hear, 'I had a difficult time getting it; MAT (medication-assisted treatment) program doesn't work for (block) crack cocaine; We now have a generation of people who are afraid of opiates ... they haven't seen so much problems with crack, they're moving back towards [cocaine]."* A law enforcement officer stated, *"Crack has made its comeback,"* describing the prevalence of crack cocaine seizures when serving large-scale search warrants in the area. Another law enforcement officer added, *"When we are purchasing drugs here as part of an investigation ... that average phone call ... is, 'Do you want the 'hard?' meaning crack, or, 'Do you want the 'boy?' meaning heroin, and that's very typical here."*

Corroborating data indicated that crack cocaine is available in the Youngstown region. ODPS reported seizing 661.0 grams (1.5 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. A Warren (Trumbull County) man was charged in federal court for selling crack cocaine, heroin

and maintaining a drug house; police seized an ounce of heroin, an ounce of crack cocaine, surveillance equipment, syringes, Narcan®, a money counter and an assault rifle magazine from the man's house at the time of his arrest (www.wfmj.com, Aug. 7, 2018). Two people were arrested on drug charges in East Palestine (Columbiana County) after police raided their apartment and confiscated crack cocaine, methamphetamine, heroin, marijuana and \$2,000 (www.wkbn.com, Sept. 21, 2018). A woman was arrested along with her boyfriend after the boyfriend drove the woman's car into a bar on the west side of Youngstown; police arrested the woman because they found a large bag of crack cocaine and marijuana in her car (www.vindy.com, Sept. 24, 2018).

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported increased availability. One treatment provider shared, "I think it has to do with the fear of [opiate] overdose.... We have noticed more cocaine [positive] drug screens." BCI crime labs reported that the incidence of cocaine cases they process from this region has increased 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	No change
	 Treatment providers	Increase

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' One participant stated, "A lot of it has to do with who you get it from ... how much coke [versus cut] they're putting into the crack." Participants also discussed the prevalence of "fleece cocaine," fake cocaine made from various substances. They said: "[The drug dealer] usually has to sleep, so the only person out there is the guy that's trying to also buy crack ... he sells you fake and goes to buy the real stuff for himself; People sell soap, drywall [as crack cocaine]; All you need to do is ... get baby aspirin to cook it down and mix it with water, it hardens up in a block and you cut it up, it looks exactly like crack."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: drywall and fentanyl. One participant shared, "You take an ounce of coke, a bunch of baking soda, and make five ounces of crack if you know how to cook it." One participant experienced fentanyl in crack cocaine, stating, "They're putting [fentanyl] in the crack where you're expecting a high ... I passed out. It just drops you to the ground ... smashed my face and everything...."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. A participant commented, "It's about the same, and that always depends on who you go to ... small-time guys always cut it more."

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2 gram. Participants reported: "'50s' (1/2 gram for \$50) is probably the most common; \$10 for every 'point' (1/10 gram amount)." 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	\$10
	1/2 gram	\$50
	A gram	\$70-100
	1/8 ounce	\$200-250

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, eight would

smoke and two would intravenously inject (aka “shoot”) the drug. One participant shared, *“It’s a lot easier to smoke it. You just put it in a pipe ... versus like having to melt it down, draw it up, find a vein, shoot the vein.”* Participants who discussed shooting, reported: *“IV use is quicker and stronger but it’s more dangerous; Somebody who does heroin and has needles, they would be more inclined to shoot crack; When crack is your drug of choice you like smoking it....”*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users as lower income but emphasized that a typical user is anyone. Participants reported: *“Everybody and anybody will use crack; If you’re uptown, you’re going to buy ‘powder’ (powdered cocaine). If you’re downtown, you’re going to buy ‘hard’ (crack cocaine).”* Treatment providers, who described typical crack cocaine users, reported 18-35 years of age as the typical age range of clients entering treatment who report current crack cocaine use. Law enforcement described typical users as anyone. One law enforcement officer commented, *“It’s as much in the white community, in the black community, Hispanic community....”*

Heroin

Heroin remains highly available in the region. Participants and treatment providers 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 discussed the availability of heroin in relation to prescription opioids, stating: *“People are just not able to find pills (prescription opioids) at all [for illicit use]; They can’t get high [on prescription opioids] so they do heroin; Heroin is cheaper [than prescription opioids].”* Treatment providers commented on the ease of access. One provider stated, *“Because of where we are on the highway, [heroin is] easy to get.”* Law enforcement most often reported the current availability of heroin as ‘8-9;’ the previous most common score was ‘9.’ Law enforcement commented: *“I still think heroin is the most abused [drug in the region]; Heroin with a combination of fentanyl ... is on the up rise.”* Corroborating data indicated that heroin is available in the Youngstown region. ODPS reported seizing 903.0 grams (2.0 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. Law enforcement in Columbiana County raided the home of a drug dealer with ties to a drug cartel, seizing large amounts of heroin, cocaine and marijuana, as well as \$57,000 and two guns; the drug dealer received a 31-year prison sentence (www.wkbn.com, Oct. 15, 2018). A judge in the Trumbull County Common Pleas Court sentenced a Niles drug dealer to five years of probation for heroin trafficking and burglary; undercover agents bought heroin from the dealer at her home where they also seized heroin packaged for sale (www.wfmj.com, Oct. 25, 2018). Youngstown Vice Police raided a home on the south side of Youngstown, arresting two men for possession of heroin; police also seized three digital scales and a handgun from the home (www.wkbn.com, Oct. 26, 2018).

While participants and community professionals reported high current availability of heroin, all respondent types discussed heroin-fentanyl mixtures as most available. A participant shared, *“Those two times [out of 10 heroin purchases] you get [actual] heroin ... it’s not just heroin, it’s heroin and fentanyl... More times than not, it’s just fentanyl and a little bit of heroin.”* Participants explained how they could tell the difference between heroin and fentanyl, stating: *“[A fentanyl high] don’t last as long, you get high way easier and it does not feel like heroin; The sickness is worse [afterwards]; It’s a different color; Fentanyl, to me, is pretty much odorless, I can’t really smell fentanyl. I don’t know if it’s an odorless substance or not, but I can smell heroin, it’s distinct.”* Treatment providers estimated that out of 10 self-identified heroin users, five would test positive for heroin. One treatment provider shared, *“We have a lot of clients coming in thinking that they are on heroin and then when they do their drug test we find out it’s fentanyl.”* One law enforcement officer confirmed, *“There’s always some trace of the fentanyl in most [heroin tested].”*

Reportedly, a solid, brick form of heroin is also available in the region. Law enforcement noted this form of heroin to be prevalent. One law enforcement officer reported, *“Our heroin, it may not be different in terms of potency or anything like that, but in the way that it’s sold here.... We call it ‘rock heroin’... very consistent to crack cocaine.... It has the consistency of a small piece of gravel that you would pick up in a driveway.”* A law enforcement officer described this type of heroin as gray to brown in color and often testing positive for fentanyl. Participants referenced something similar, stating: *“You can get [heroin] in bricks. It’s like a nice*

big chunk [and] once you cut it down, it gets to be powder; Break you off a chunk, pretty much a rock you crush up."

Participants and law enforcement reported that the availability of heroin has remained the same during the past six months, while treatment providers reported that the general availability of heroin has decreased. One treatment provider commented, *"I've heard of people going to 'meth' (methamphetamine) and cocaine because of the idea that heroin and fentanyl are so dangerous."* Treatment providers also noted a decrease in Narcan® (naloxone, opiate overdose reversal medication) administrations as well as a decrease in overdose deaths as indicators of decreased heroin availability.

BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '0' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants explained that the quality of heroin is very poor because dealers heavily "cut" (adulterate) the drug. Participants discussed adulterants that affect the quality of heroin and reported that the top cutting agent remains fentanyl. An additional cut mentioned is cocaine. One participant shared, *"I sold ... it was carfentanil (synthetic opioid significantly more potent than fentanyl), heroin, and cocaine [mixture of all three drugs]."* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Community professionals also discussed fentanyl as a cut for heroin while noting that heroin-fentanyl mixtures have become more common during the past six months. Treatment providers explained: *"Drug dealers realized how much easier it was for them [to cut heroin with fentanyl];*

There's more fentanyl in the heroin in the last six months." Law enforcement reported: *"You see the lab reports and before it was just heroin, but now ... you get the lab reports, there's always some type of fentanyl; [Fentanyl is] apparently stronger for a cheaper price."*

Reports of current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram for \$100. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  acetaminophen  caffeine  cocaine  diphenhydramine (antihistamine)  fentanyl  inositol (dietary supplement)  lidocaine (local anesthetic)  mannitol (diuretic)  methamphetamine  quinine (antimalarial)  sorbitol (artificial sweetener)  tramadol 	

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant explained, *"The high's way better [when you shoot]."* One participant, who snorts, clarified, *"I snort it. I've never shot because I just can't do it, I'm afraid to do it, I don't like needles..."*

Heroin	Current Prices for Heroin	
	1/10 gram	\$20
	1/2 gram	\$50-70
	A gram	\$100

A profile for a typical heroin user did not emerge from the data. Participants commented: *"Usually people who used pills (prescription opioids); It's everybody."* Community professionals described heroin users similarly. Treatment

providers discussed: *"It crosses all barriers; Young, old, white, black, rich, poor, it's everybody."* However, one treatment provider shared, *"It is really prevalent in the young adults, once again 18 to 25 [years of age] ... that tends to be their primary drug of choice most recently."* One law enforcement officer commented, *"I wouldn't say everyone but there's more of a wide age variety."*

Fentanyl

Fentanyl remains highly available in the region. Participants and treatment providers 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 '10' for participants and '3' for treatment providers. Participants shared: *"They're saying you can't find heroin without fentanyl; Fentanyl is really easy [for the drug dealer] to get ... they'll make a whole lot of money selling it."* One treatment provider commented, *"Some people say they rather have fentanyl because it's so much stronger [than heroin alone]."* Law enforcement most often reported the current availability of fentanyl as '8'; the previous most common score was '9'. A law enforcement officer commented, *"People are buying fentanyl and they think it's heroin."* In addition, participants and community professionals indicated carfentanil as available in the region as well. Participants confirmed: *"We know the difference between carfentanil and fentanyl; [Carfentanil] was a purple [color]."*

Corroborating data indicated that fentanyl is available in the Youngstown region. ODPS reported seizing 192.8 grams (0.4 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 three-month police investigation resulted in an arrest when police raided a Warren (Trumbull County) home and seized \$3,000 worth of heroin and fentanyl; police also found Suboxone®, oxycodone, marijuana and digital scales along with eight children in the home at the time of the arrest (www.tribtoday.com, July 27, 2018). In July 2018, a judge issued an arrest warrant for the alleged leader of a drug ring that operated in Columbiana County; undercover agents used wiretaps, informants and undercover drug purchases to break up a conspiracy trafficking in fentanyl, carfentanil, heroin and cocaine (www.wfmj.com, July 30, 2018).

Participants and community professionals reported that the availability of fentanyl has remained the same during the past six months. A law enforcement officer stated, *"The only change ... [an increase] with fentanyl ... in our heroin."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of 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: *"If you like fentanyl [then you rate it high]; There's no gauge for it ... you get so high."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as powdered sugar. One participant explained, *"They don't sell pure fentanyl, they'll mix it. If it's not cut with heroin, it's cut with laxatives or vitamins or something ... it's still going to be really strong but they're going to have more product to sell."* Additional cuts discussed included head shop products, heroin, laxatives and vitamins. One participant stated, *"It's fentanyl and laundry detergent."*

While participants discussed cuts for fentanyl, some participants continued to report that fentanyl is not cut as it is the cut for other drugs. They said: *"Fentanyl is the cut; They mix fentanyl with heroin, they mix fentanyl with coke...."* Participants also reported that fentanyl is pressed into pill form and passed off as prescription drugs: *"They're making fentanyl pills; There's a lot of fake Xanax®."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. One participant remarked, *"It's sold as heroin,"* indicating the price of fentanyl is comparable to that of

heroin. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/2 gram	\$30
	A gram	\$60-100
	An ounce	\$400

The most common route of administration for fentanyl remains intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. A participant explained, “You get damn near all of it when you shoot it...” A few participants confirmed people snort fentanyl because they do not like needles or do not want to have track marks.

Participants and law enforcement described typical fentanyl users as heroin users, while treatment providers described typical users as young, white and middle class. One participant added, “[A person who knows] the high potential for overdose and death and being okay with that, so more suicidal in that way.”

Prescription Opioids



Prescription opioids remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs as ‘2’ on a scale of ‘0’ (not available,

impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7.’

Participants confirmed that opioids are not prescribed as easily as in the past, and when given the choice, they would choose heroin. One participant explained, “I am going to pick the heroin because I’m going to need to spend three times as much on the prescription pills.” Treatment providers most often reported the current street availability of prescription opioids as ‘3,’ while law enforcement most often reported it as ‘5;’ the previous most common score was ‘3’ for both treatment providers and law enforcement. Law enforcement confirmed: “We don’t see a lot of [prescription opioids]; It’s not a concentration of what we investigate anymore.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A police chase in Youngstown ended with two men arrested on drug

charges; when officers attempted to stop the vehicle the men were driving in for failure to stop at a stop sign, the men fled; police apprehended the suspects and found them in possession of 668 prescription opioids, crack cocaine, \$754 and a gun (www.vindy.com, Sept. 28, 2018).

Participants and law enforcement identified oxycodone and tramadol as the most popular prescription opioids in terms of widespread illicit use. Participants reported: “Everybody got [Ultram®]; [People] who have to drop (submit to urinalysis) for probation, they can take [Ultram®] and get away with it.” Law enforcement reported: “Tramadol is huge, those are like candies; Oxycodone tablets, that’s normally what we’re going to see.” Treatment providers identified Percocet® as most popular.

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants reported: “Doctors are not prescribing them as much at all; Most people are turning to heroin.” Treatment providers and law enforcement agreed that prescribing regulations have made an impact in curtailing diversion of prescribed opioids. A treatment provider remarked, “So much has taken place with the control of these that we’re not seeing that much.” However, treatment providers reported an increase in “fake pills,” stating: “[Drug dealers are] making fake prescription pills ... those are very accessible; Most of the fake pills are pressed fentanyl, so they may think they’re buying a Percocet®, but it’s pressed fentanyl ... they don’t know until it comes back as [fentanyl] on a drug screen.”

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

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$1 per milligram
	Opana®	\$30 for 20 mg \$60-80 for 40 mg
	OxyContin® OP	\$1 per milligram
	Percocet®	\$1 per milligram
	Vicodin®	\$3 for 5 mg

Participants reported obtaining these drugs for illicit use through prescription as a result of self-harm or as part of medical treatment, from someone with a prescription and drug dealers. Participants stated: *"I didn't care who you were, whose friend you were, whose grandma you were, whose mother you were, I was in your medicine cabinet and I would steal whatever was in your medicine cabinet; if all else fails, just crash your car into a telephone pole light and go to the emergency room ... or go to the dentist and get a bunch of teeth pulled that you don't even need pulled."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting, followed by oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. A participant explained, *"[Users] get the 'buzz' (high) quicker [by snorting] pills."*

A profile for a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anyone while noting one would need money to afford buying prescription opioids. Participants shared: *"You gotta have money; I see everyone from doctors down to lawyers to people working at [convenience stores] ... anybody, anymore."* Treatment providers described typical illicit prescription opioid users as older. They commented: *"[Older people] are still able to obtain a prescription from a doctor ... a doctor's more willing [to prescribe to older persons] thinking they're more honest about their pain; There's*

no distinction in who uses the pills, everybody does, but for African Americans, it's like less stigmatized than heroin is, so it's just easier for them to admit, 'yeah, I pop pills' [and] it's so glamorized in rap music and stuff." Law enforcement described typical illicit prescription opioid users as young adults. A law enforcement representative reported, *"For tramadol, the middle to late 20s, early 30s ... young kids."*

Suboxone®

Suboxone® (buprenorphine) is highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip (aka "strips") as '10' 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 '7' for filmstrips and '5' for pills. Participants reported: *"You get more [use] out of the strips than you do the pills that's why I get the strips; The insurance company changed [and are now paying for pills], so the pills are coming back. You are actually getting paid more money if you have the strips [to sell] than the pills since the strips are in higher demand."*

Treatment providers most often reported the current street availability of Suboxone® as '6-7,' while law enforcement most often reported it as '8,' the previous most common score was '4' for both treatment providers and law enforcement. Treatment providers believed users are easily able to get a prescription for Suboxone® with insurance companies covering the pills, and they indicated that users can also purchase Suboxone® at self-pay clinics where filmstrips are still an option. Treatment providers confirmed clients are getting Suboxone® from each other as well. One treatment provider shared, *"It's like a job [selling one's Suboxone® prescription]."* In addition, one law enforcement officer discussed the prevalence of illicit Suboxone® use in prison, stating, *"It's profitable to the dealer that's taking it in trade for his product, and it's profitable for the [person] that's taking (smuggling) it into [the prison] ... and it's profitable to that person in prison who's selling it ..."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police (Mahoning County) raided a house on the south side of Youngstown and arrested a man after finding various drugs hidden throughout the man's house; officers found 17 Suboxone® filmstrips, along with cocaine

and fentanyl, hidden in a hollowed-out space behind bricks in the home's garage (www.wkbn.com, Nov. 8, 2018).

Participants and community professionals reported that the street availability of Suboxone® has remained the same during the past six months. One participant remarked, "That's been steady." BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased 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 consistent among participants with experience buying the drug. Participants discussed: "The strips are usually cheaper [than pills] ... I always got the strips cheaper; I would trade my 'subs' (Suboxone®) for crack cocaine." Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10 for 8 mg
	Pill	\$25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants discussed getting the drug through prescription and from other users. Reportedly, the most common route of administration for illicit use of Suboxone® filmstrips is oral consumption, followed by intravenous injection (aka "shooting"), while the most common routes of administration for the pill form are snorting and oral consumption. Participants commented: "People like the strips because they can shoot them; I've seen people shoot them, I've seen people put them in water and snort them; I put it under my tongue, sublingual, under my tongue, it's a horrible taste."

Participants and community professionals described typical illicit Suboxone® users as opiate users. One participant shared, "I know a lot of people who do heroin will always have Suboxone® for when they either can't get money to buy [heroin] or for some reason they can't find [heroin]." Treatment providers also described typical illicit users as younger, stating: "It would be younger, I don't think our senior citizen crowd is in on that; And their parents' insurance is paying for it, too." A law enforcement officer noted illicit Suboxone® use among incarcerated individuals.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '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 also '8'. One participant commented, "There's a lot of people getting prescribed them for anxiety." Community professionals most often reported the current street availability of sedative-hypnotics as '6-7'; the previous most common scores were '7' for Mahoning County and '2' for areas outside of Mahoning County. One law enforcement officer shared, "We do deal with the upper milligram Xanax® ... not really buying or seizing a lot of them, but we are dealing with some overdoses [involving Xanax®]."

In addition to discussion of illicit sedative-hypnotic use in the region, many participants spoke about "fake pills" pressed to look like sedative-hypnotics as being passed as legitimate prescription medications. These participants shared: "Now, they're pressing them, and you have no idea what you are getting; They use a pill press and it says Xanax® and it looks like a 'xanie bar' (Xanax® 2 mg) ... like one you get from the manufacturer, but it's pressed with fentanyl or something else."

Participants identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as most available. Treatment providers reported: "Xanax® would be number one. I really feel like it's glamorized; [Xanax is] just in lots of medicine cabinets; I don't think a lot of people go to their drug dealer and say they want Xanax®, it does happen, but I think that availability is that a lot of people are able to

go to a doctor and say I have anxiety and they're getting a thirty day 'script' (prescription) of Xanax® or Klonopin®; I've also had people that have mental health [diagnosis] get prescriptions, save half their scripts [and] sell the other half of their scripts for heroin or crack or whatever."

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. One participant stated, "I've always been able to get them." A treatment provider stated, "We've been seeing a lot of our clients who maybe see a physician outside of here, in recovery, who still, even though that physician knows they are in recovery, still continues to prescribe those types of medications for them ... they're still easily prescribed." In addition, one law enforcement officer reported, "We're seeing more with the [counterfeit] Xanax® and postal [delivery]. ... We investigate packages that are coming in ... and they are synthetic, fake lookalike Xanax®."

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

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$0.50 per milligram. Participants reported: "They're like a dollar a piece. You can get like 10 [pills] for \$10 whether it be green or blue [Valium®]; [Klonopin® is] usually cheaper [than most benzodiazepines]."

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

Participants reported obtaining sedative-hypnotics for illicit use from friends with prescriptions, dealers and through Internet purchase. Participants shared: "There are one-stop-shop xanie dealers, but then there's people who sell anything I have known people who have made all their money off [selling] 'xans' (Xanax®); I had a prescription, I was abusing them and selling them." One participant mentioned they sold fake pills to make fast money, stating, "I did that to a few people."

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drugs. Participants commented: "Snorting them is pretty painful; I would dissolve mine in hot tea, too ... [the effect is] just like a big cuddle blanket around me; You definitely don't get high off shooting (intravenously injecting) Xanax®, I tried that once, wasted a whole bunch of pills...."

Participants described typical illicit sedative-hypnotic users as drug dealers, females and opiate users who use the drugs to help alleviate withdrawal symptoms. Participants shared: "My drug dealer would use them for himself ... so I would trade them to him for crack; I know a lot of people take them when they're detoxing off heroin; I think it's more females and moms honestly; It starts out using them for what they are supposed to, and then it's using them more and more." Treatment providers discussed the connection between getting into recovery and needing mental health treatment; they reported that some clients with mental health diagnoses are prescribed sedative-hypnotics. Law enforcement described typical illicit sedative-hypnotic users as young. They commented:

"Typically young adults, 14-20-year range; I think Xanax® has almost replaced marijuana in high schools."

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: *"That stuff's very available because it's legal all over now; Getting socially acceptable, and it's probably the least frowned upon [drug] I guess."* Treatment providers discussed: *"That's the treatment challenge we have, because we know if you don't stay completely abstinent, you're going to have a problem with [marijuana] or go back to your drug of choice; [Marijuana] is used with almost everything and anything."* Law enforcement noted: *"Yeah, it's everywhere; Smokables is about all we deal with, not that we haven't seen edibles (food products made from marijuana)."*

Corroborating data indicated that marijuana is available in the Youngstown region. ODPS reported seizing 66.5 kilograms (146.6 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. Residents of a home in Southington Township (Trumbull County) notified police when they found 17 potted-marijuana plants on their property; the owners of the property discovered the marijuana while clearing a trail with a tractor (www.wkbn.com, July 23, 2018). Responding to complaints of drug sales outside of a Youngstown (Mahoning County) bar, police arrested a man for possession of cocaine and marijuana; along with a bag of marijuana, the man was also found with what he reported to be liquid THC (tetrahydrocannabinol, the psychoactive component of marijuana) (www.vindy.com, Aug. 16, 2018). Local drug task forces used helicopters to locate and seize hundreds of marijuana plants from throughout the Youngstown region; reportedly, each fully grown marijuana plant can yield roughly \$1,000 in marijuana (www.wkbn.com, Sept. 6, 2018). Trumbull County Sheriff's deputies responded to a complaint of a man burning trash in his backyard and found the man chopping down marijuana plants in his garden; the man claimed that the marijuana was weeds and later admitted

that he gave marijuana to people but stated that he had never sold or smoked the marijuana himself (www.wkbn.com, Sept. 25, 2018). Niles Police (Trumbull County) found marijuana, a scale and packaging materials along with a gram of a gray powdered substance thought to be heroin or fentanyl while executing a search warrant of a suspected drug house; one man at the home was arrested (www.wkbn.com; Oct. 4, 2018). Youngstown Police raided a home on the east side of Youngstown and seized three bags of marijuana along with three bags of crack cocaine, eight tramadol pills, two digital scales and \$800; a man at the residence was arrested and charged with drug trafficking (www.wkbn.com, Oct. 31, 2018). Employees of a Sebring (Mahoning County) motel called police after smelling marijuana coming from a room at the motel; police arrested a man for drug possession and child endangerment after the man admitted to smoking marijuana with two children present (www.wkbn.com, Nov. 5, 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 '10'; the previous most common score was '2-3'. One participant commented, *"People want to think [dabs are] better for you, the health-conscious people ... better than smoking just 'weed' (marijuana)."* Community professionals most often reported the current availability of marijuana extracts and concentrates as '8'; the previous most common scores were '2-3'. Treatment providers commented: *"Dabs are big; Vaping [dabs] is a big one."* A law enforcement officer remarked, *"We definitely see the dabs."*

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider stated, *"People have always used a lot of marijuana."* However, participants and law enforcement indicated that the availability of marijuana extracts and concentrates has increased during the past six months, while treatment providers reported that availability of these alternative forms of marijuana has remained the same. Participants discussed: *"It's on the rise; You can buy the [vape] pens anywhere, all you have to do is buy a cartridge [of THC oil]; Easier to conceal [marijuana use]."* A law enforcement officer confirmed, *"[Dabs are] a lot more available than they ever were."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

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

Participant 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 overall score was also '10.' One participant shared, "Around here now, it's all better quality." Participants also discussed the high quality of marijuana extracts and concentrates. Participants reported: "When I tried it, it was strong; The best weed is maybe 40, 50 percent THC and then you can get oils that are 99 percent THC." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. One participant commented: "Everybody's got good weed now."

Current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common amount of purchase for marijuana is 1/8 ounce; for marijuana extracts and concentrates, it is a gram. Participants discussed the high price for dabs: "Not everyone is going to pay the money for it. Who's going to pay \$60 for a gram when you can pay \$10 for a gram of weed; Money and quality are linked." Overall, participants reported that the price of marijuana and marijuana extracts and concentrates has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$10
	An ounce	\$50
	High grade:	
	A blunt (cigar) or a gram	\$20
	1/8 ounce	\$50
	1/4 ounce	\$50-100
	1/2 ounce	\$100
	An ounce	\$150-200
	A pound	\$2,000-3,000
Extracts and concentrates:		
1/2 gram	\$60	
A gram	\$100	
An ounce	\$800	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants reported: "I'd smoked it in pipes; I used a pen, a dab pen it's kinda like a e-cigarette; It's called a nectar collector, basically you use a butane torch and this metal pipe with glass; Still smoking ... it's so concentrated it's more effective and immediate if you just smoke it [instead of orally consuming in edibles]."

Participants and community professionals described typical marijuana users as anyone. Participants commented: "Everybody smokes; Older people and young up and comers ... yuppies, executives..." Participants and community professionals described typical marijuana extracts and concentrates users as young people. Participants stated: "College kids 18-30 [years of age]; Millennials." Treatment providers discussed: "I know more young people are loving the dabs; It is more socially acceptable; Parents are grateful they're only using [marijuana]."

Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' and community professionals most often reported it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '9', respectively. Treatment providers commented:

"I've had more clients say it's very available; if someone's trying to 'speedball' (use both stimulant and depressant drugs) and crack's not readily available, they'll go to 'meth' (methamphetamine) [it is easily found]."

Corroborating data indicated that methamphetamine is available in the Youngstown region. ODPS reported seizing 369.4 grams (0.8 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. The Columbiana County Drug Task Force, operating on a tip, raided a home in Salem and found a methamphetamine lab; the home was occupied by a man and woman with two young children (www.wkbn.com, Aug. 8, 2018). Ohio State Highway Patrol (OSHP) stopped a vehicle for a stop sign violation, and upon smelling marijuana, searched the vehicle and discovered over an ounce of methamphetamine with an estimated street value of nearly \$3,500; OSHP filed felony drug charges against the driver of the car (www.cleveland.com, Aug. 24, 2018). Police responded to a report of shoplifting at a Bazetta Township (Trumbull County) home improvement store and stopped a vehicle driven by the alleged shoplifters, finding materials used to make methamphetamine; three occupants of the car were arrested for manufacturing illegal drugs, possession of drug paraphernalia and petty theft as some of the materials were found to have been taken from the home improvement store (www.wkbn.com, Sept. 4, 2018). A worker with an electric and power company in Jefferson County discovered a suspected methamphetamine lab at a home where he had gone to shut off electricity; the worker found several bottles containing a crystal substance outside of the home and reported it to the Jefferson County Sheriff's Office (www.wtov9.com, Oct. 5, 2018). Trumbull-Ashtabula Group (TAG) Task Force busted a methamphetamine trafficking operation in Ashtabula; after a two-month long investigation into the sale of methamphetamine from an apartment, officers arrested the resident of the apartment

for trafficking in methamphetamine and possession of marijuana (www.news5cleveland.com, Nov. 20, 2018). Law enforcement in Jefferson County arrested two people at a Yorkville apartment after discovering materials used to manufacture methamphetamine; the four children present at the time of their parents' arrest were placed in the care of a relative (www.wtov9.com, Nov. 26, 2018). Boardman Police (Mahoning County) responded to a large retail store on a report of shoplifting, when police apprehended the suspect alleged to have stolen a purse, they found a hypodermic needle, methamphetamine and a Suboxone® pill in the suspect's purse (www.wkbn.com, Dec. 6, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they indicated crystal methamphetamine as more prevalent in the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Regarding the lower current availability of powdered methamphetamine, participants discussed that crystal methamphetamine is inexpensive and that obtaining the materials to produce powdered methamphetamine is challenging due to pharmacy restrictions. One participant stated, *"They made it so we can't easily buy the Sudafed® (pseudoephedrine)."*

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powder methamphetamine has remained the same. Participants reported: *"I think it's increasing because the [unadulterated] heroin's no longer available, so they're switching ... going to other products; They're scared of the fentanyl; I've seen more crystal around lately than I've ever have."* Community professionals reported that the overall availability of methamphetamine has remained the same during the past six months. One law enforcement officer remarked, *"I think it's been steady."*

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	No change
	 Treatment providers	No change

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. One participant confirmed, "Crystal's good." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported salt and sugar as cutting agents for methamphetamine. One participant remarked that dealer's cut methamphetamine, "to rip you off." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Reports of current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Overall, participants reported that the price of methamphetamine has decreased during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal and powdered:	
	1/2 gram	\$30-40
	A gram	\$100
	1/8 ounce	\$120-140
	1/4 ounce	\$200
	An ounce	\$550-700

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, six would smoke and four would intravenously inject (aka "shoot") the drug. Participants stated: "Most people at home smoked it but a couple of us shot; Easier [to smoke]; I don't inject [reason for smoking]." One participant with experience injecting methamphetamine commented, "[Injection] would make me get more of a higher rush."

Participants and community professionals continued to note typical methamphetamine users as white, young people. However, participants also noted methamphetamine use among non-white people. Participants commented: "A lot of times, it's white people, but I know a lot of black people getting high [with methamphetamine] recently, too; I know a lot of people in college [who use methamphetamine] to stay up to do their homework and stuff." Treatment providers commented: "More white; 18 [years of age] to maybe 30s." One law enforcement officer described a shift, stating, "[Methamphetamine is] making an urban presence ... that doesn't mean it's being used by African Americans or Latinos, it's still primarily a Caucasian abused drug ... I'd say [typical users are] probably 20s to mid-30s [in age]."

Prescription Stimulants

Prescription stimulants 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 also '7'. Participants reported: "[Adderall® is] always used in combination [with other drugs]; [Regulators] don't care about it as much; It's very, very common to share [prescribed stimulants]."

Treatment providers most often reported the current availability of prescription stimulants for illicit use as '5', while law enforcement did not comment on current availability; the previous most common availability scores were '3' and '4', respectively. One treatment provider shared, "They've been prescribed Adderall®, and they're like, 'yeah, I have a problem with alcohol' ... but they don't believe that their Adderall® prescription is a problem."

Participants identified Adderall® as the most available prescription stimulant in terms of widespread illicit use, while treatment providers reported Adderall® and Vyvanse® as most available. Treatment providers commented: "My patients say they [get doctors to prescribe Adderall®] because they can sell Adderall®, so that's why ... they're more available; Vyvanse® would be number two." Participants and treatment providers reported that the street 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 reported by participants with experience buying the drugs. Participants discussed: "[Price] depends on the milligrams; I would take some out (remove medication from the capsule) and then sell the pill ... I would cheat them; I've put other stuff inside the capsule." Reportedly, prescription stimulants typically sell for \$0.50 per milligram. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Opioids	
	Adderall®	\$5 for 10 mg \$10-20 for 30 mg

Participants reported obtaining prescription stimulants for illicit use through doctor prescription and from others with a prescription for them. Participants commented: "I was prescribed it, I could get it every month; [The doctor] had me fill out this ADHD (attention-deficit hyperactivity

disorder) questionnaire ... apparently I scored pretty high.... I knew the questions and how they were being asked ... manipulating the system was easy therefore getting the drug was easy; Usually, someone with a prescription selling their prescription...."

The most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would orally consume and one would snort the drugs. Participants commented: "You can even crush the beads and snort it; You just take it (swallow); Parachuting (form of oral consumption) ... parachuting is with toilet paper or like paper towel ... you [crush the pill] wrap it up [in the tissue and swallow] ... it looks like a little parachute, parachuting into your mouth."

Participants and treatment providers described typical illicit prescription stimulant users as students. A participant shared, "College, but now I'd say millennials in general. I say that because when I got to college that's when I first heard of Adderall® ... a lot of people in college were doing it ... [those same] people now still use it." Treatment providers commented: "Professionals, college students; I think you see it more in the younger generation.... 'Oh, I got this big exam in the morning. Hey, do you got some Adderall® available?'"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were only able to provide comment on the current availability of "molly" (powdered MDMA), most often reporting its current availability as '2-3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1'. Most participants described obtaining molly through the purchase of other drugs, as molly is used to adulterate other drugs. They said: "I can't easily find it; When I was coming into the recovery center, they said that I had cocaine and molly in my system [when I only used cocaine]."

Treatment providers most often reported the current availability of the pressed tablet form of ecstasy as '2-3' and of molly as '3'; the previous most common scores were '2' and '4', respectively. Treatment providers

discussed: *"I had a client this week that mentioned molly; There's an outdoor concert venue/campground [in Portage County] about a half hour away ... it's very available there."* Law enforcement were unable to provide comment on ecstasy and molly availability during the past six months.

Participants and treatment providers reported that the availability of molly has remained the same during the past six months. A participant shared, *"It's not readily available because they're using it to cut other things to make more money off of it."* BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants discussed the quality of molly and rated the current overall quality of it as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. One participant said, *"It was all right, not that good though."*

One participant reported current prices for molly. The participant described buying what he believed to be molly, *"a fold, a piece of paper... I just got a \$20 [amount] ... I don't know [the exact amount], I was pretty drunk ... at parties a lot of times they will 'eyeball' (estimate the amount)."* In terms of the most common route of administration, this participant reported snorting molly; in the previous reporting period participants noted both snorting and oral consumption. The participant stated *"I snorted it that day. I didn't have a needle on me ... I don't know [what's most common]."* Treatment providers described typical ecstasy and molly users as young. They said: *"It's that young generation; Under 25 [years of age]."*

Other Drugs in the Youngstown Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]), inhalants, kratom (mitragynine), Neurontin® (gabapentin), OTCs (over-the-counter medications: cough syrups and Imodium®) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported processing very few cases of synthetic cathinones ("bath salts") from this region during the past six months.

Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of hallucinogens as '3' for LSD on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-5.' A participant commented, *"If you know where to look, it's available."* Another participant shared, *"I know five different people right now who have [LSD]."* Law enforcement most often reported the current availability of LSD as '2-3,' the previous most common score was also '2-3.'

Participants and law enforcement reported that the availability of LSD has remained the same during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has slightly 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 comment

Participants most often rated the current overall quality of LSD as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Overall, participants reported that the quality of LSD has remained the same during the past six months. The most common route of administration for LSD is oral consumption. Participants estimated that out of 10 LSD users, all 10 would orally consume the drug. A participant added, "on the tongue." Participants described typical LSD users as hippies, while law enforcement described typical LSD users as aged early 20s.

Inhalants

Inhalants (duster [DFE] and nitrous oxide [N2O], aka "whippets") are available for illicit use in the region. One treatment provider discussed, "They're going to Walmart, buying a case, several cans of it and doing it immediately in the parking lot ... and then you find out it's been going on quite a while." Law enforcement reported: "We get a lot of intel about it, but we don't see it around here; Other areas sharing what they're seeing with us but not so much that it's happening here." Treatment providers described typical inhalant users as younger to older males. Treatment providers reported: "It's teenagers; The whippets and inhalants with your older crowd."

Kratom

Kratom (mitragynine, a psychoactive plant substance) is 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 not reported. Participants shared: "[Opiate users] consider it not a drug ... they'll make tea from it and the tea will calm them down.... If I ate a bunch enough or drank a bunch enough, I wouldn't be 'dope sick' (experience withdrawal); You can get it off the Internet, you can get it from the head shop; I would take eight [capsules] at a time."

Treatment providers most often reported the current availability of kratom as '9'; the previous most common score was not reported. Treatment providers commented: "They use it more than we know, and they don't talk about it because they don't want to get in trouble; It's probably used 10 times more than what we think it is."

Participants reported that the availability of kratom has remained the same during the past six months, while treatment providers reported increased availability. Providers commented: "My patients have said that they can go into head shops or vape stores and literally get it off of the shelf ... that's the powder, and then they're saying they can buy powder and capsules online; People are talking about it a lot more."

Participants most often rated the current overall quality of kratom as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant shared, "It's good." Participants reported that the most common route of administration for kratom remains oral consumption. Participants estimated that out of 10 kratom users, all 10 would orally consume the drug. Participants and treatment providers described typical kratom users as opiate users. Participants commented: "Somebody who has to pass a drug test; People who have a prescription [for opioids] and their prescription runs out; I took it because I was trying to withdrawal myself."

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the drug's current street availability as '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 '10.' Participants shared: "There's a lot of people using Neurontin®; [Neurontin® is] a nerve pain killer.... If you take enough Neurontin®, you're not dope sick; I take like 20, 30, 800 mg pills a day."

Treatment providers most often reported the current street availability of Neurontin® as '10'; the previous most common score was '7.' Treatment providers commented: "Doctors are prescribing it like crazy [and] at high doses; People are reporting that similar to ... marijuana kind of enhancing a high, people are saying that gabapentin, Neurontin® have a similar effect ... it enhances the high [when combined with other substance use]."

Participants reported that the street availability of Neurontin® has decreased during the past six months, while treatment providers reported increased availability. Treatment providers shared: "They're prescribing it for

everything ... anxiety ... people have realized if I take more of these it will get me really high.... If I'm a heroin user or an opioid user, it will enhance my high a lot and it's not detected on a drug screen unless you specifically ask them to test for it; Here we do [test for gabapentin] but like probation ... parole and jobs ... they're not going to specifically get all these other tests for specific drugs."

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 800 mg for \$1. One participant explained, "800s, you can get them for \$1, \$0.75. I buy a prescription for \$45, I buy them in bulk." Overall, participants reported that the price of Neurontin® has remained the same during the past six months. The most common routes of administration for illicit use of Neurontin® are oral consumption and snorting. Participants estimated that out of 10 Neurontin® users, five would orally consume and five would snort the drug. Participants and treatment providers continued to describe typical illicit Neurontin® users as opiate users.

OTCs

Treatment providers discussed abuse of OTCs. They commented: "All of that is easily available; It's a big problem because we have trouble testing for it." Treatment providers described typical cough syrup users as younger and people in recovery. They said: "Some people in recovery, next thing you know, Nyquil® becomes their drug of choice; I'd say it's age 13 [years] to 30-year olds doing it; The opiate addict or even meth, someone who is a [drug] user."

Participants discussed abuse of Imodium® (anti-diarrheal). They shared: "When you take 25, 30 Imodium® [pills] it tricks your pain receptors in your mind because Imodium® was originally derived from an opiate, so when you take enough of them, it tricks your pain receptors, it makes you think that you took a pain pill; It's a lot more common out there, not everybody wants to say, 'I would go to the store and steal six boxes of ... Imodium®.' You know what I mean, and you start talking about it and people were like, 'Oh yeah, I did that, too.'"

Treatment providers also commented on the abuse of Imodium® during the past six months. They stated: "Well, they talk about it, you can't test for it; Because it helps them withdrawal from opiates ... [and] you can take [several] of them and it gets you high."

Participants and treatment providers described typical illicit Imodium® users as opiate users trying not to use opiates. A participant shared, "Somebody who's coming off of opiates, who's withdrawing, physically dope sick." A treatment provider remarked, "Opiate addict for sure." Participants reported that Imodium® is most often used in combination with Neurontin®. Additional substances mentioned included Pepto-Bismol®. One participant remarked, "[Pepto-Bismol®] for your nausea because Imodium® doesn't help with your nausea."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. While participants did not report on availability of the synthetic marijuana during the past six months, treatment providers most often reported the drug's current availability as '2' and law enforcement most often reported it as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2' for both treatment providers and law enforcement.

Treatment providers and law enforcement reported that the availability of synthetic marijuana has increased during the past six months. One treatment provider commented, "You can buy it over the counter." Law enforcement stated: "We are seeing that a little bit more; Correction facilities are seeing it more...." BCI crime labs reported processing very few cases of synthetic cannabinoids from this region during the past six months.

Treatment providers described typical synthetic marijuana users as younger people (junior high and high school students) and persons subjected to drug screening as required for employment, probation and treatment programs. Law enforcement described typical users as incarcerated.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine and sedative-hypnotics remain highly available in the Youngstown region; also highly available in the region is Suboxone® (buprenorphine). Changes in availability during the past six months include: increased availability for powdered cocaine; likely increased availability for marijuana extracts and concentrates (aka “dabs”); and decreased availability for prescription opioids.

“It’s everywhere,” said a participant in describing the current high availability of powdered cocaine in the region. Corroborating data indicated that powdered cocaine is highly available. Ohio Department of Public Safety reported seizing 26.9 kilograms (59.4 lbs.) of powdered cocaine from the Youngstown region during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months.

Participants and community professionals discussed opiate users switching to cocaine use due to fear of overdosing on fentanyl. A treatment provider noted, *“They’re thinking if they switch to cocaine, they would be safer.”* Treatment providers also noted a correlation with medication-assisted treatment (MAT) and cocaine use. Since MAT blocks an opiate high, they reported that powdered cocaine has become a substitute high for many MAT clients. One provider remarked, *“Many times there’s cocaine in their system ... they seem to gravitate towards*

the cocaine as a secondary [drug] ... cocaine seems to be a draw for them.”

Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agent as fentanyl. One participant stated, *“Everything’s being cut with fentanyl now.”* In addition, participants discussed users overdosing on powdered cocaine due to fentanyl cut. One law enforcement representative commented, *“We have seen [powdered cocaine cut with fentanyl], but it’s not common....”*

Participants reported that the availability of crystal methamphetamine has increased during the past six months. Participants cited fear of fentanyl overdose as the driver for increased methamphetamine demand. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Law enforcement described a shift in methamphetamine availability to urban areas when previously the drug was almost exclusively found in rural settings.

Lastly, in addition to stimulant drugs, several other substances are reportedly used by opiate users to alleviate opiate withdrawal symptoms (aka “dope sickness”). Participants discussed the use of the over-the-counter drug, Imodium®, as well as Neurontin® and kratom (mitragynine, a psychoactive plant substance). Participants shared: *“When you take 25, 30 Imodium® [pills], it tricks your pain receptors in your mind ... so when you take enough of them ... [it’s like] you took a pain pill; If you take enough Neurontin®, you’re not dope sick; You can get [kratom] off the Internet, you can get it from the head shop; I would take eight [kratom capsules] at a time.”*