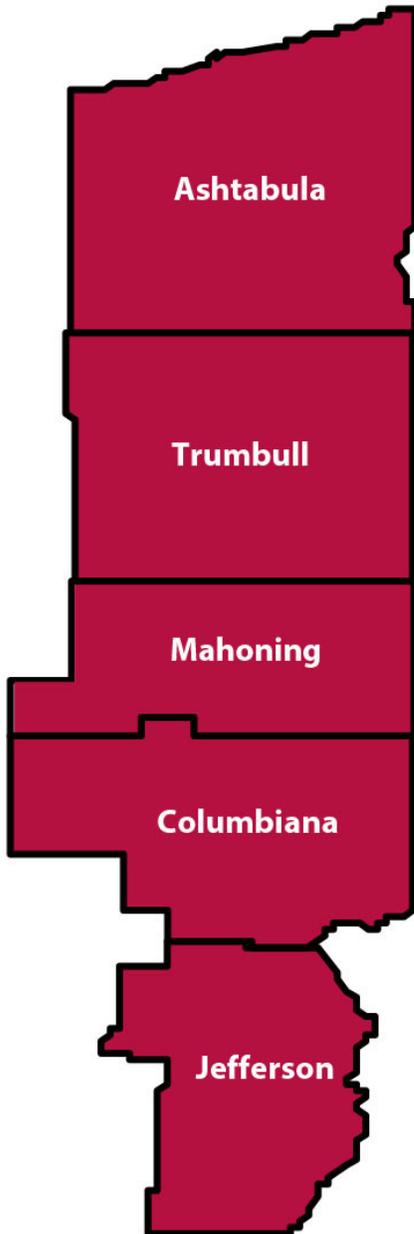




Drug Abuse Trends in the Youngstown Region

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 Columbiana, Jefferson and Mahoning counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) 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 through June 2019. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2019.

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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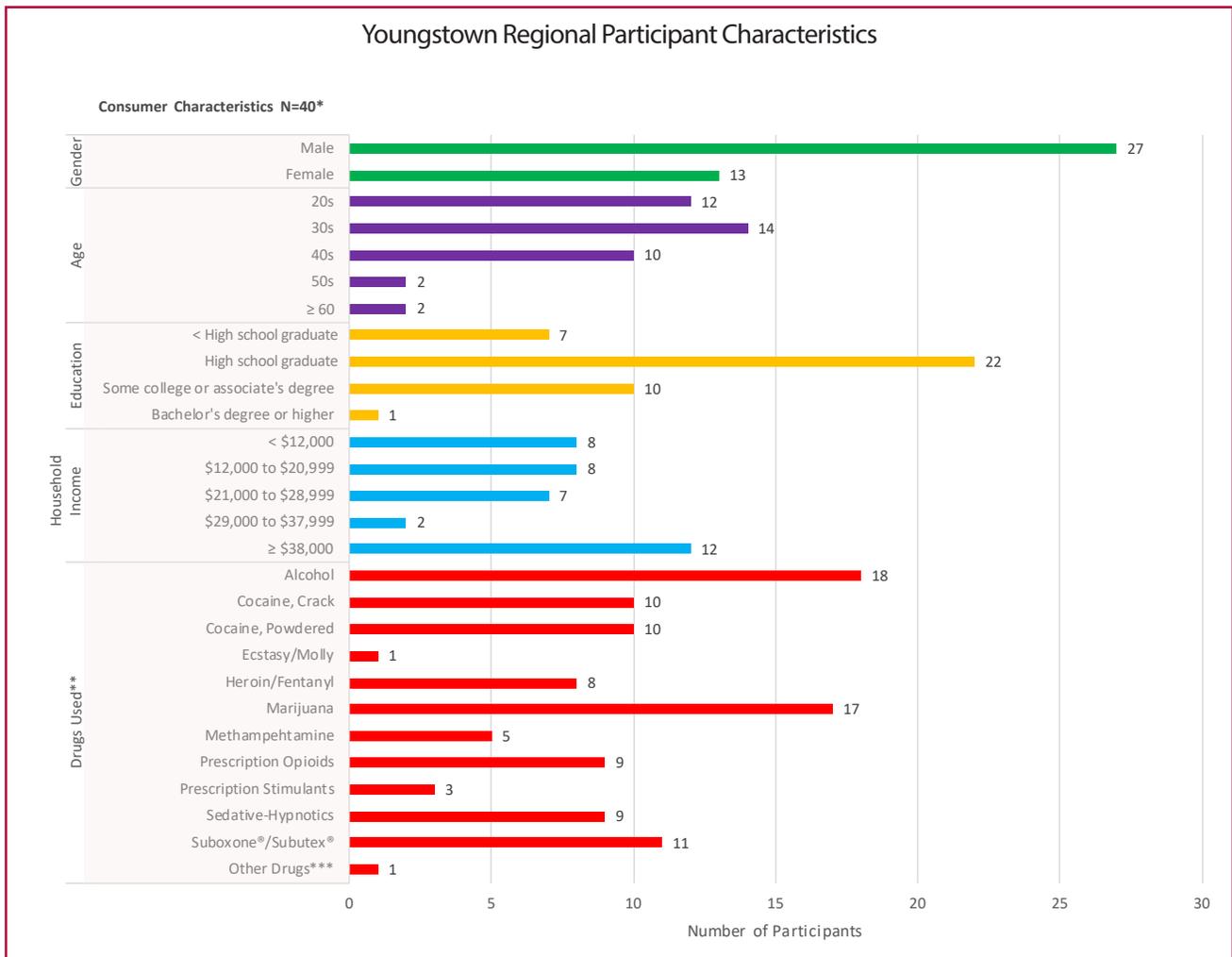
Regional Profile

| Indicator ¹ | Ohio | Youngstown Region | OSAM Drug Consumers |
|--------------------------------------|------------|-------------------|--------------------------------|
| Total Population, 2019 | 11,689,100 | 691,106 | 40 |
| Gender (female), 2019 | 51.0% | 50.6% | 32.5% |
| White, 2019 | 81.7% | 87.7% | 77.5% |
| African American, 2019 | 13.1% | 9.2% | 10.0% |
| Hispanic or Latino Origin, 2019 | 4.0% | 3.7% | 7.5% |
| High School Graduation Rate, 2014-18 | 90.1% | 89.2% | 82.5% |
| Median Household Income, 2018 | \$54,533 | \$45,321 | \$21,000-\$24,999 ² |
| Persons Below Poverty Level, 2018 | 13.9% | 17.0% | 51.4% ³ |

¹Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.

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

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



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

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

***Ketamine.

Historical Summary

In the previous reporting period (January – June 2019), crack cocaine, fentanyl, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine and Suboxone® remained highly available in the Youngstown region. Changes in availability during the reporting period included: increased availability for marijuana and methamphetamine; and possible decreased availability for heroin and sedative-hypnotics.

While heroin remained available in the region, participants overwhelmingly expressed difficulty in discerning heroin from fentanyl and reported heroin unadulterated with fentanyl as nearly unavailable. Thus, participants explained that many users called fentanyl, “heroin.” One participant stated, *“Everything is ‘cut’ (adulterated with fentanyl), so there’s not really been heroin around here.”* Treatment providers concurred that the availability of heroin had decreased during the reporting period, the drug had been supplanted by fentanyl. Several providers reported very few clients screening positive for heroin on urine drug screens while the prevalence of clients screening positive for fentanyl was high. BCI crime labs reported that the incidence of heroin cases they process from this region had decreased during the reporting period, while the incidence of fentanyl cases had increased.

Corroborating data indicated that marijuana was highly available in the Youngstown region. ODPS reported seizing 597.2 kilograms (1,316.5 lbs.) of marijuana from this region during the reporting period. Participants and community professionals reported that the availability of marijuana had remained the same during the reporting period, while the availability of marijuana extracts and concentrates (oil and waxy forms of marijuana, aka “dabs”) had increased. Participants particularly noted an increase in the availability and popularity of vape cartridges containing marijuana which enable users to use cannabis undetected in public spaces. In addition, several participants shared of their experience with “fake” cartridges containing little to no THC (tetrahydrocannabinol, the psychoactive ingredient of marijuana); reportedly, these cartridges were present in the region and typically contained vegetable oil.

Several respondents used the term “skyrocketed” when describing the increased availability of methamphetamine during the reporting period. Law enforcement confirmed that the available methamphetamine in the region was almost all imported crystal methamphetamine from Mexico and not “shake-and-bake” (user produced powdered methamphetamine). Law enforcement reported that drug cartels were pushing crystal methamphetamine and flooding the regional drug market with it. Participants attributed increased use of methamphetamine to heroin/fentanyl users switching to the drug out of fear of overdose death. They also noted the longer lasting high and the cheaper price for methamphetamine compared to crack cocaine as making methamphetamine the preferred stimulant drug. However, participants noted that methamphetamine was cut with other drugs, specifically fentanyl and MDMA (ecstasy/molly). BCI crime labs reported that the incidence of methamphetamine cases they process from this region had increased during the reporting period.

Lastly, participants and community professionals continued to discuss abuse of Imodium® (over-the-counter anti-diarrheal medication) during the reporting period. Both groups of respondents described opiate users consuming a large number of Imodium® doses to combat opiate withdrawal symptoms.

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 stated: *“My past drug dealers I run into [now], they [currently] have ‘crack’ (crack cocaine), ‘powder’ (powdered cocaine) and heroin; [Powdered cocaine] is everywhere.”*

Treatment providers most often reported the current availability of powdered cocaine as ‘5,’ while law enforcement most often reported it as ‘10,’ the previous most common scores were ‘10’ and ‘8,’ respectively. A treatment provider stated, *“Diagnosis wise, [powdered*

cocaine abuse and dependence] comes up, but [these diagnoses] are not as prevalent as compared to what I see for other drugs." A law enforcement representative explained high current availability of powdered cocaine as follows, "A lot of the people that we've put away (jailed) are getting out (released) and are going back to what they know [selling drugs] ... a lot of our 90s [powdered] cocaine and crack dealers."

Corroborating data indicated that powdered cocaine is available in the Youngstown region. Ohio Department of Public Safety (ODPS) reported seizing 47.6 kilograms (105.0 lbs.) of powdered cocaine from this region during the past six months; ODPS reported seizing 2.9 kilograms (6.4 lbs.) of powdered cocaine from this region during the previous reporting period. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Winterville Police (Jefferson County) made a routine traffic stop for speeding and uncovered a half kilogram of powdered/crack cocaine and large amounts of heroin, crystal methamphetamine and MDMA (ecstasy); the seized drugs were worth more than \$150,000, and reportedly, the seizure was the largest drug seizure that Winterville has ever had (www.wtov9.com, July 15, 2019). Youngstown Police (Mahoning County) seized five bags of cocaine, a bag of heroin, \$729, two digital scales and a loaded gun during a drug raid of a home in the city; officers arrested a man for possession of drugs and drug paraphernalia (www.wkbn.com, Aug. 1, 2019). East Liverpool Police (Columbiana County) recognized a recent overdose victim sitting in a parked car and stopped to check on him; officers observed the man drinking a beer with keys in the car's ignition, a woman passed out in the car's backseat, a man lying in the grass beside the car, and when questioned, the man in the driver's seat admitted to having cocaine in his pocket and marijuana in the car (www.wkbn.com, Sept. 20, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant noted, "[Powdered cocaine] is always available." A law enforcement official added, "[Availability of powdered cocaine] has been the same the past two years." 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.

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

Participants most often rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants stated: "It's 'stepped on' (adulterated to create more product)... Everyone's trying to get rich; They always have it stretched to make some money; If I see it's not 'fish scales' (high quality, unadulterated cocaine), I don't want it.... It looks like fish scales ... it's real shiny and it's real pretty, that's how you know you're getting legit stuff. If not [fish scales], you know it's ... bad."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and they continued to report the top cutting agents for the drug as baby laxatives, baking soda and fentanyl. Other adulterants mentioned included: Bolivian Rock (a cutting agent sold at head shops), ether, methamphetamine, prescription opioids, prescription stimulants (Adderall®) and vitamin B. Participants explained: "[Drug cartels/dealers] are putting a lot of stuff that's more addictive in [powdered cocaine], like fentanyl and methamphetamine; [Dealers] cut it with 'meth' (methamphetamine) ... and [users] think it's really good [powdered cocaine], but all they're doing is just meth; [Powdered cocaine] is cut with baby laxative, ether ... anything that looks like 'coke' (powdered cocaine)...." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented, "It goes through so many people's hands ... they're [all] trying to make the most money they can."

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

Current prices for powdered cocaine were reported by participants with experience buying the drug. Participants discussed that pricing is dependent on the dealer and quality. One participant said, *“Different people you deal with have different prices and [pricing also] depends on if they cut it ... or not...”* Reportedly, the most common quantities of purchase for powdered cocaine are 1/2 gram and a gram. 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 | |
|------------------|-------------------------------------|---------|
| | 1/2 gram | \$30-35 |
| | A gram | \$60-80 |
| | 1/2 ounce | \$600 |

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka “shoot”) the drug. A participant stated, *“[Snorting is] the socially acceptable way to do it,”* while another participant remarked, *“[Some users are] afraid of needles.”* Participants also discussed shooting powdered cocaine: *“More people are using needles nowadays; I inject, more people inject because once you inject something you get ... that instant feeling [of euphoria], you won’t go back to snorting; When you snort, you are losing a good bit of [your powdered cocaine], but when you inject, you are getting 100% of that.”*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical powdered cocaine users as everyone. However, a few participants shared: *“People in their 20s [use powdered cocaine] after they get through that ‘pot’ (marijuana) phase, that’s usually the next thing that happens; Someone who wants to be more social ... I was younger when I started snorting cocaine.”* Community professionals also described typical powdered cocaine users as everyone. However, a few professionals noted powdered cocaine use among white males: *“As far as race, a white male; White males [around] 30 years old.”*

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 the most common drug; Everybody sells it ... you got coke, you got crack.”* Treatment providers most often reported the current availability of crack cocaine as ‘6,’ while law enforcement most often reported it as ‘10,’ the previous most common scores were ‘10’ and ‘8,’ respectively. A treatment provider commented, *“Other substances are what I hear a lot more of now.”*

Corroborating data indicated that crack cocaine is available in the Youngstown region. ODPS reported seizing 1.6 kilograms (3.5 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. When Youngstown Police tried to pull a car over for a traffic violation, the driver fled, dropping a loaded handgun and a bag of crack cocaine out of his vehicle; when the vehicle came to a stop, officers arrested the driver on drug and weapons charges (www.wkbn.com, Dec. 2, 2019).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. 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 crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ Participants stated: *“You can get some really good stuff (crack cocaine) here. ... It’s not cooked with as much*

baking soda; [Crack cocaine] gets you so much higher than powder [nowadays]." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with fentanyl. Other cuts mentioned included: Baby laxatives, baking soda, BC® Powder (headache relief). A participant stated, "It's cut, it's a money thing, cut with fentanyl and baking soda [to increase amount for sale]...." 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"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetics (lidocaine & procaine) ● phenacetin (banned analgesic) | |

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants discussed: "It's 'point by point' (\$10 per 1/10 gram); I pay \$25 bucks for a half gram." Reportedly, the most common quantity of purchase remains 1/10 gram (aka "point"). 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 "point") | \$10 |
| | 1/2 gram | \$25 |
| | A gram | \$60-70 |
| | 1/16 ounce (aka "teener") | \$100 |
| | 1/8 ounce (aka "eight ball") | \$250 |

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants described: "Most common is smoking, it instantly gets you high;

[Smoking is] just the common way to do it." However, one participant noted, "[Route of administration] depends on who you're with. The people I'm with are shooting everything under the sun (they shoot crack cocaine)."

A profile for a typical crack cocaine user did not emerge from the data. Participants discussed: "Anyone, [crack cocaine] doesn't discriminate; Everybody smokes that shit." However, a few participants noted crack cocaine use among people of low socio-economic status. One participant mentioned: "[Crack users] are lower class, lower income...." Community professionals noted crack cocaine use among older people and white people. One treatment provider described, "Our older [client] population, and also I notice a lot more Caucasians [using crack cocaine]." A law enforcement official commented, "[Crack cocaine users are] older ... 40s plus (40 years of age and older) ... well, at least 35 [years of age]."

Heroin

Heroin is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3.' The low availability score assigned by participants during the previous reporting period reflected the participant perspective that heroin unadulterated with fentanyl was nearly unavailable.

Participants for this current reporting period observed: "You can go anywhere and get [heroin]; There's some people that have just 'fetty' (fentanyl) and there's people that have straight 'dope' (heroin) ... it all depends on where you get it from." However, the consensus remained that fentanyl is often mistaken for heroin, and participants continued to discuss difficulty in discerning heroin from fentanyl. They said: "I don't think heroin exists anymore ... I think it's all fentanyl; If we were talking about straight heroin [current availability], I'd say it's like a '2' (low in availability), but it depends [the drug dealer] you're going to."

Community professionals most often reported the current availability of heroin as '10'; the previous most common scores were '3' for treatment providers and '7' for law enforcement. A law enforcement officer stated, "There is high demand for heroin ... it's highly addictive." However, community professionals also discussed that users find

it difficult to discern heroin from fentanyl. A treatment provider observed, *“They think they’re getting heroin, and it turns out that it’s [fentanyl] . . . it’s killing so many people because [fentanyl] is so much stronger [than heroin], and they think it’s heroin, and they’re using the same amount [of fentanyl as they would heroin] . . . [fentanyl] is so much more potent.”*

Corroborating data indicated that heroin is available in the Youngstown region. ODPS reported seizing 1.1 kilograms (2.5 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. A U.S. District Court judge sentenced a Warren (Trumbull County) man to 60 years in federal prison for selling heroin that resulted in the overdose death of a woman (www.wkbn.com, Aug. 9, 2019). In two days, a Trumbull County drug task force seized heroin, fentanyl, prescription pills, Suboxone®, over \$10,000, five handguns and ammunition during two separate raids of residences in Warren (www.wkbn.com, Aug. 27, 2019). Youngstown Police pulled over a man for running a stop sign and found heroin, cocaine and \$792 in the man’s car; officers arrested the man for possession of heroin and cocaine (www.wkbn.com, Sept. 9, 2019). A federal prison in Youngstown discovered that an inmate’s family was sending him heroin-soaked pictures through the mail, so the inmate could continue trafficking drugs while incarcerated; family members would soak 100% cotton paper in a liquefied heroin mixture, and once the paper dried, they would put the paper in a printer and print pictures onto the paper and later mail to the inmate who would then sell the pages in prison for \$300-500 each (www.dispatch.com, Nov. 28, 2019).

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available. A participant summarized, *“There’s brown, there’s black tar, there’s white. Most common is brown powdered, white sometimes.”* Community professionals did not report specific types of heroin as available in the region. However, law enforcement professionals noted: *“They mostly classify [heroin] by color; There’s gray, tan, purple . . . gray is carfentanil (a synthetic opioid more potent than fentanyl). . . .”*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. A treatment provider noted, *“Heroin*

is the one drug that’s been an epidemic in this area. We’ve had problems with that for a very long time.” 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, blue, brown, gray, pink, 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 ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ However, similar to the previous reporting period, high-quality scores are reflective of the high prevalence of fentanyl substitutions for heroin and fentanyl-heroin mixtures. One participant stated, *“[Heroin quality] is probably a ‘10’ because it’s killing people,”* which speaks to the user belief that overdose and death are indicative of “high quality.”

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and they continued to report fentanyl as a top cutting agent for the drug. A participant commented, *“[Heroin] is not even heroin, it’s fentanyl.”* Additional cuts mentioned for heroin included: prescription opioids (Percocet®), powdered cocaine and sedative-hypnotics (Xanax®). A participant summarized, *“I’ve seen [heroin] cut with Xanax®, Percocet®, fentanyl . . . coke, or whatever they got laying around. . . .”* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of heroin purchase is 1/2 gram. 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 (aka "point") | \$10 |
| 1/2 gram | \$40-70 | |
| A gram | \$100 | |

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot, one would snort, and one would smoke the drug. Participants stated: "Almost everyone I know shoots heroin; If they're snorting [heroin], it's just a matter of time before they're [shooting] it."

A profile for a typical heroin user did not emerge from the data. Participants commented: "There is none, everyone does heroin; I don't think it discriminates." However, community professionals described typical heroin users as white people, aged 25-40 years. A treatment provider stated, "I've seen a lot of our middle age, I'd say 25 to like early 40s, and Caucasian mostly." A law enforcement officer added, "More white ... around the age of 30-35 [years]...."

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.' One participant stated, "You can get fentanyl anywhere." Treatment providers most often reported the current availability of fentanyl as '8,' while law enforcement most often reported it as '10;' the previous most common scores were '10' and '7,' respectively. One treatment provider noted, "I hear a lot about how easily it can come right to their home, they get [fentanyl] delivered directly to them."

In addition, participants and community professionals noted the availability of different fentanyl analogues and carfentanil (a synthetic opioid more potent than fentanyl) in the region. A participant reported, "There's carfentanil, not that anybody knows the difference (users typically often do not know what they are using) ... usually, it's just sold as heroin." A law enforcement official stated, "There's carfentanil and acetyl fentanyl.... Most of the time it's not advertised as fentanyl, it's advertised as heroin."

Corroborating data indicated that fentanyl is available in the Youngstown region. ODPS reported seizing 1.0 kilograms (2.2 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. An eyewitness to a drug transaction involving two people outside a grocery store in Steubenville (Jefferson County) alerted police; a Caldwell (Noble County) man sold another man fentanyl and was arrested for the second time in a week for drug trafficking (www.daily-jeff.com, Aug. 21, 2019). Trumbull County Coroner's Office reported that as of mid-July 2019, 60 people had died from drug overdoses in the county, which was keeping pace with 2017's record-breaking high; of the 60 overdose deaths, 68% involved fentanyl (www.wkbn.com, Sept. 17, 2019). Youngstown Police, out on patrol, spotted a truck driving away from the direction of gunfire, and when police tried to pull the truck over, the driver led them on a high-speed chase that ended in a front yard of a home; officers found the driver with two guns, and as officers questioned the man, another man came out of the home and demanded to know what was going on, and when this man refused orders to stay away, officers searched him and found fentanyl, both men were arrested (www.wkbn.com, Dec. 2, 2019). Youngstown

Police arrested a man for possession of fentanyl during a traffic stop; while patting the man down, officers found that a bulge in the man’s pants was a large bag of fentanyl (www.wkbn.com, Dec. 9, 2019). Trumbull County Coroner’s Office recorded 78 overdose deaths through October 8, an increase from 60 overdose deaths recorded during the same time period the previous year; the coroner reported that many of the deaths were due to carfentanil and fentanyl use (www.wkbn.com, Dec. 10, 2019).

Participants reported that the availability of fentanyl has remained the same during the past six months. Treatment providers reported that the general availability of fentanyl has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider commented, “It’s easier to get, it’s cheaper for dealers [to sell fentanyl than heroin]...” BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while the incidence of carfentanil cases has increased considerably.

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

Participants most often rated the current overall quality of fentanyl as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ One participant shared, “One day, I was [passed] out for fifteen minutes and they couldn’t wake me up [due to the potency of fentanyl], and when I woke up that’s what I wanted, I wanted more [fentanyl]....”

Participants discussed adulterants (aka “cuts”) that affect the quality of fentanyl and reported that the top cutting agent for the drug is powdered sugar. Additional cuts mentioned included: brown sugar, iced tea mix and MiraLAX®. Participants discussed: “Some people cut it with powdered sugar. I’ve seen people use iced tea mix, anything that kind of resembles [fentanyl] that you can stretch it with; Some people [cut fentanyl] to weaken it ... too strong, not

wanting to kill people, not killing your customers.” Overall, participants reported that the quality of fentanyl has remained the same during the past six months. A participant shared, “It’s the same. [The fentanyl high] doesn’t last as long [as heroin], but that initial rush you get from it ... heroin just can’t compare.”

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

| Fentanyl | Current Prices for Fentanyl | |
|----------|-----------------------------|-------|
| | 1/10 gram | \$10 |
| | 1/2 gram | \$50 |
| | A gram | \$100 |

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. Participants commented: “Shoot it, sniff it, I’d say most people would shoot it; [Injecting is] an immediate rush; Ninety-nine percent of the time you end up using a needle (shooting).” A profile for a typical fentanyl user did not emerge from the data. Participants described typical fentanyl users as everyone, while community professionals described typical users as heroin users. A treatment provider stated, “Heroin users....”

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3.’ Participants stated: “[Prescription opioids] and stuff like that (other prescribed medications) are hard to get nowadays compared to heroin; They’re so much harder to find than anything else....” Treatment providers most often

reported the current street availability of prescription opioids as '7,' while law enforcement most often reported it as '6,' the previous most common scores were '2' and '4,' respectively. A treatment provider stated, *"They're becoming more difficult to find."* A Law enforcement official noted, *"I think [demand is low] because of heroin and fentanyl, they're cheaper than prescription meds."*

Participants identified Dilaudid®, Opana®, OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. However, a participant stated, *"Percocet® is easier to get [than other prescription opioids]."* Community professionals identified OxyContin®, Percocet®, Ultram® and Vicodin® as most popular. A treatment provider stated, *"I think part of [the popularity of] Ultram® is that a lot of the times, it doesn't show up on a standard urine [drug] screen.... [Illicit users] view Ultram® as not as harmful compared to some of the other drugs, so they'll gravitate towards those, and a lot of times they'll use them along with other drugs."*

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *"It's because they're pushing the methadone (medication-assisted treatment) in the clinics and the rehabs [thus reducing the number of opioids prescribed/diverted]; Doctors are getting caught for writing prescriptions for people that don't really need them; [Prescription opioids] are not given out as much as they used to be."* Community professionals also reported that the street availability of prescription opioids has decreased during the past six months. Treatment providers commented: *"There are more hoops to jump through (increased oversight) to get them, and to keep getting them; I keep hearing the Percocet® and OxyContin® ... with the laws changing, they're not easily prescribed as they used to be."* A law enforcement official added, *"There are a lot more regulations through pharmacies and doctors now for opiates."*

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases they process from this region has increased during the past six months, while the incidence of tramadol (Ultram®) cases has decreased. The 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. However, a few participants perceived an increase in prices, commenting: *"Price has gone up; The prescriptions cost a lot of money now."*

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|---------------------------------|
| | Percocet® | \$10 for 5 mg \$15 for 10 mg |

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, persons with prescriptions for them and through Internet purchase. Participants stated: *"I just know people who have them prescribed to them; You can order them off the Internet [through social media] and have somebody bring you like 180 of them, from a real prescription...."*

The most common route of administration for illicit use of prescription opioids is oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume (swallow) and two would snort the drugs. Participants stated: *"Majority swallow; If it's an OxyContin® you have to eat (orally take) it... it's not like a regular pill, they made them like gel up (added an abuse deterrent) ... so you can't snort it."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit prescription opioid users as everybody. A few participants

noted: *"I think it's gotten younger; It's starting to get younger and younger like the entertainment industry ain't nothing but glorifying it, it's okay to be like, on something."* Community professionals also described typical illicit prescription opioid users as everybody. A treatment provider remarked, *"Anyone who is given them, who's prone to addiction."*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"You can get [Suboxone®] anywhere now; They don't want people to overdose on heroin and fentanyl, so they give them a crutch (Suboxone®)."* In addition, a few participants reported on the current availability of Suboxone® in penal institutions. A participant shared, *"I was locked up, so I can tell you, Suboxone® is the number one drug in institutions ... everybody is on it in jail and prison."*

Treatment providers most often reported the current street availability of Suboxone® as '9,' while law enforcement most often reported it as '10,' the previous most common scores were '10' and '8,' respectively. Treatment providers stated: *"A lot of [users] are being prescribed [Suboxone®]; There are Suboxone® clinics everywhere. There's so many of them out there.... [Some clinics] are in it for the money, and money alone; In terms of being able to get it through manipulating a doctor or provider, as well as off the street, they're pretty easy to get."* A law enforcement official added, *"There are so many people that get prescriptions for [Suboxone®] that don't use them and sell them."*

Participants and community professionals identified the sublingual filmstrip (aka "strip") form of Suboxone® as more popular than the pill form of the drug in terms of widespread illicit use. Participants expressed a preference for the filmstrip form, sharing: *"Strips are better because you can shoot them and they melt quicker when you put them under your tongue; Strips [are more available than pills] because that's what insurance covers; Nobody likes pills because they don't dissolve as quick The only people who want pills are the people who are really trying to get off heroin."* A treatment provider stated, *"A lot of providers*

are quick to give out strips, and they're easier to conceal...." Law enforcement officials offered: *"Strips are more popular.... That's what [doctors] are writing more of for some reason; Strips are easier to convey through the county jails through mail."*

Participants and community professionals reported that the availability of Suboxone® for illicit use 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 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 reported by participants with experience buying the drug. One participant stated, *"\$10-20 a strip on the street."* In addition, a few participants added: *"Lock-up (jail/prison) price is different (higher) ... they can go around (sell for) \$200 a strip; You could make like \$50-60 in the county (jail) off a strip; Prison, they're about \$140-200 a piece...."* 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 | \$10-20 for 8 mg |
| | Pill | \$15-20 for 8 mg \$30-40 for 12 mg |

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through clinics. Participants described: *"You could just go to the doctor and get it, it's so simple; Usually, people who go to the 'sub' (Suboxone®) clinic, you just wait for them to get their refill [and buy from them]; You got all these cash doctors around here now, I'll be honest, I just went to the cash doctor to get my Subutex® (buprenorphine), so I can sell them to get heroin...."*

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption. Other routes of administration discussed included: snorting, intravenous injection (aka “shooting”), as well as ocular administration (placing the filmstrip on the eye like a contact lens). Participants explained: *“Most people are going to put it under their tongue.... From being locked up, I’ve seen more people dissolve it in water in a ChapStick® cap and snort it. I’ve seen people shoot them, too; When I was in prison the two most common ways were snorting it and putting it in your eye; You can put the strips in water and inject them with a needle, which I know a lot of people who do that.”*

Participants described typical illicit Suboxone® users as opiate users and white people. Participants stated: *“Heroin addicts use them in between paychecks, to get money for them, or to start the day off (will take to alleviate withdrawal symptoms until they obtain the day’s heroin); More white people do Suboxone®.... More white people go to the clinic.”* Community professionals described typical illicit Suboxone® users also as opiate users. Treatment providers commented: *“Most of them are ex- or [current] heroin addicts; They start using it as part of MAT (medication-assisted treatment), and sometimes ... they end up abusing it instead of utilizing it to try to recover.”*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘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 ‘6.’ Participants stated: *“They’re hard to find; Not too many people get them prescribed anymore; I think all that stuff has been put on the back burner (are in low demand) because there’s so much more enhanced (potent) stuff coming out now [that] people are trying.... I’m going to spend my money on what I know is going to get me the highest.”*

Community professionals most often reported the current street availability of sedative-hypnotics as ‘5’; the previous most common scores were ‘3’ for treatment providers and ‘5’ for law enforcement. A treatment provider stated, *“I’ve kind of seen [sedative-hypnotics] as*

something that’s supplementing opioids or other drugs, but it doesn’t seem to be the main drug they’re using.”

Participants identified Xanax®, followed by Klonopin® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. A participant summarized, *“Everyone wants Xanax®.”* Community professionals identified Xanax® as most available. A treatment provider stated, *“Xanax®, absolutely Xanax®, it’s huge....”*

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and diazepam (Valium®) cases they process from this region has increased during the past six months, while the incidence of zolpidem (Ambien®) cases has remained the same. The labs reported processing very few cases of lorazepam (Ativan®) and carisoprodol (Soma®) from this region during the past six months.

| Reported Availability Change during the Past 6 Months | | |
|---|--|-----------|
| Sedative-Hypnotics |  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. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

| Current Street Prices for Sedative-Hypnotics | | |
|--|-----------|---------------------|
| Sedative-Hypnotics | Klonopin® | \$1-2 per milligram |
| | Valium® | \$2 for 10 mg |
| | Xanax® | \$5-10 for 2 mg |

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors and persons with prescriptions for them. One participant stated, *"I buy them off people who have them."* The most common routes of administration for illicit use of sedative-hypnotics remain oral consumption (swallowing) and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would swallow and four would snort the drugs. A participant clarified, *"You can snort them or eat (swallow) them ... snorting hits you (gets you high) faster."*

A profile for a typical illicit sedative-hypnotic use did not emerge from the data. Participants described typical illicit sedative-hypnotics users as everyone. However, a few participants noted: *"I'd say Xanax® is still pretty popular with kids; I think kids get prescribed Xanax® more."* Community professionals described typical illicit sedative-hypnotic users as young people. A treatment provider stated, *"A younger population."* Law enforcement officials summarized: *"I'd say younger; high school to college kids."*

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 becoming legal; Easy to get, and you can grow it yourself; I think a lot more people are just open-minded to it."* A treatment provider stated, *"It became legal, medically. It's more acceptable I think by society, so people are more open with it."* A law enforcement official stated, *"It's essentially legal now. They didn't mean to do that, but they essentially legalized it ... with their new hemp laws."*

Corroborating data indicated that marijuana is available in the Youngstown region. ODPS reported seizing 47.5 kilograms (104.7 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. Law enforcement's annual "eradication day" flyover of Ashtabula County yielded 68 marijuana plants (www.starbeacon.com, Aug. 22, 2019). Youngstown Police executed a search warrant of a home and seized two bags of cocaine, two large bags of marijuana, a

scale, \$1,519, sixteen marijuana plants and supplies for a marijuana-grow operation; officers arrested the 53-year-old resident of the home (www.wkbn.com, Sept. 5, 2019). Youngstown Police arrested a man during a traffic stop for drug possession and trafficking after the man informed police that he had marijuana and gave permission to search his vehicle; officers seized 86 pills along with heroin in a large plastic bag, over four grams of marijuana and \$700 (www.wkbn.com, Nov. 25, 2019).

Participants and community professionals also 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 also '10.' Participants stated: *"It's easy to conceal; I've seen people ... [on the job] with bosses [nearby] just puffing away because [vaping dabs] doesn't really smell; You can make it yourself. If you have weed, you can make dabs yourself."*

Treatment providers most often reported the current availability of marijuana extracts and concentrates as '7,' while law enforcement most often reported it as '10'; the previous most common scores were '10' for both treatment providers and law enforcement.

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. Participants indicated that the availability of marijuana extracts and concentrates has also remained the same during the past six months, while community professionals reported that the availability of extracts and concentrates, often referring to hash oil (hashish, a drug made from the resin of the cannabis plant), has increased. A treatment provider stated, *"Increasing, because they're being able to do it now legally ... you show your medical card and you can purchase it ... and I hear about how easy it is to make edibles (food products made with marijuana extracts). ..."* A law enforcement officer noted, *"The dabs are down, but the actual oils, that's way up."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (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 | No change |
| |  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 also '10.' Participants stated: "I would say 'loud' (high-grade marijuana) has become the new normal, it's hard to find lower grade [marijuana]; Everything is good now." Participants also discussed the high quality of marijuana extracts and concentrates. Participants stated: "It's pure THC, it's the purest brand out there; It's 90-99% THC." Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

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

| Marijuana | Current Prices for Marijuana | |
|-----------|-----------------------------------|---------|
| | A blunt (cigar) or a gram | \$10-20 |
| | 1/4 ounce | \$70 |
| | An ounce | \$240 |
| | Extracts and concentrates: | |
| A gram | \$60 | |

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. A participant summarized, "Mostly just smoke it in a blunt, bong (water pipe) or [orally consume in]

edibles." Participants estimated that out of 10 marijuana extract and concentrate users, all 10 would vape (inhale and exhale the vapor produced by an e-cigarette or similar device) the drug, mostly via cartridges. Participants stated: "Smoke (vape), that's the only way to use it; Smoke out of a dab rig (small glass water pipe designed specifically for dabbing and vaporizing marijuana wax and concentrates) or a [vape] pen (aka vaporizer pen; a compact, pen-shaped vaporizer)."

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. A treatment provider stated, "I cannot think of many [clients] in the last six months that haven't smoked it..." Law enforcement officials noted: "It's everybody, but it's starting with younger kids; Younger and younger." In addition, a participant noted dab use among long-term marijuana users, saying, "People that are advanced, people that have been smoking for years, and that's like graduating to the purest form of it."

Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of methamphetamine as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant remarked, "I've seen a lot of 'glass' (crystal methamphetamine) around." Treatment providers most often reported the current availability of methamphetamine as '8,' while law enforcement most often reported it as '10,' the previous most common scores were '10' for both treatment providers and law enforcement.

Corroborating data indicated that methamphetamine is available in the Youngstown region. ODPS reported seizing 5.3 kilograms (11.6 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. Columbiana County Drug Task Force executed a search warrant at a Salem home and found seven grams of methamphetamine; officers also seized marijuana, prescription opioids, digital scales and packing materials

from the home (www.wkbn.com, Aug. 23, 2019). East Liverpool Police (Columbiana County) stopped a vehicle for a loud exhaust, detected criminal indicators and called a K-9 officer; the K-9 officer alerted to a considerable amount of crystal methamphetamine in the car (www.wkbn.com, Sept. 11, 2019). Jefferson County Drug Task Force detectives conducted a traffic stop of a vehicle driven by a man believed to be a main methamphetamine supplier in Jefferson County; during the vehicle search, detectives seized 150 grams of methamphetamine valued at \$15,000 (www.wtrf.com, Oct. 18, 2019). Columbiana County Drug Task Force discovered a methamphetamine lab in an apartment complex in Salem near the mayor’s office and city hall; four residents of the apartment complex were forced to evacuate to ensure their safety while law enforcement handled the situation (www.wtrf.com, Nov. 4, 2019). Jefferson County Drug Task Force executed two raids on two residences in the south end of the county and found methamphetamine and children at both residences; officers arrested two people, notifying Child Protective Services to take custody of the children (www.wtov9.com, Nov. 29, 2019). Niles Police (Trumbull County) conducted a drug sweep, searching three homes at the same time; officers made undercover purchases of methamphetamine and heroin and arrested three people, seizing 1.3 grams of suspected fentanyl, 28 grams of suspected methamphetamine, drug paraphernalia, scales and packaging materials during the raids (www.wkbn.com, Dec. 13, 2019).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated crystal methamphetamine as the more prevalent form in the region. Participants stated: *“Ice’ (crystal methamphetamine) is more prominent; Cartel shit from Mexico, [drug cartels] make [crystal methamphetamine] in huge labs ... so, it’s more pure crystal.”* Law enforcement officials stated: *“Now, it’s almost exclusively crystal, no ‘shake-and-bake’ (locally produced powdered methamphetamine); It’s coming from Mexico ... getting pushed across the border and funneled through [the Youngstown region]; Crystal meth right now is the biggest. We used to see a lot of ‘one-pot meth’ (aka ‘shake-and-bake’) and we haven’t seen any labs recently because crystal meth is so cheap, there’s no sense in making your own; You can get better quality of meth at a cheaper price [than powdered methamphetamine], it’s kind of a no brainer.”* A treatment provider stated, *“Crystal is always the one I see....”*

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 stated, *“You can make [shake-and-bake] in your garage if you wanted to.”*

Participants reported that the availability of methamphetamine has increased during the past six months. Participants stated: *“People are getting hip to it over here (in Mahoning County). A lot of ‘dope boys’ (heroin dealers) are selling it now, too ... switching from crack to meth [sales].... It’s way cheaper and you can make a lot more money off of meth than you do crack; It’s worked its way over ... [methamphetamine] has been a west coast drug for a long time, so it’s just worked its way over [to Ohio].”* Treatment providers reported that the general availability of methamphetamine has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: *“It’s increasing every day because people want it, the demand is there for it; I think it’s gone up because of how people are obviously afraid of dying from the fentanyl [overdose]....”* 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 | Increase |

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ However, participants commented: *“[Quality] fluctuates; Shake-and-bake is like wasp spray, it’s garbage.... ‘Glass and shards’ (crystal methamphetamine) are more lab grade (high quality).”*

Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported the following as cutting agents for the drug: baking soda and wasp spray. Participants stated: *“If you don’t get ice, you’re risking [powdered methamphetamine] being cut.... It’s cut with baking soda; They’re cutting it with wasp spray ... that’s very common now.”* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant stated, *“I don’t know [why quality has decreased], I just know I can’t find as good of ice as I used to get.”*

| Methamphetamine | Cutting Agents Reported by Crime Lab | |
|------------------------|---|---|
| | ● | dimethyl sulfone (DMSO; dietary supplement) |
| | ● | magnesium sulfate (Epsom salts) |

Current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Participants discussed: *“I pay \$300 an ounce to sell.... A gram [typically sells] for \$40-50; [Price] depends on what [type and quality] you want and what you want to pay for it.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

| Methamphetamine | Current Prices for Methamphetamine | |
|------------------------|---|-----------|
| | A gram | \$40-50 |
| | An ounce | \$200-300 |

The most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, six would smoke, three would intravenously inject (aka “shoot”), and one would snort the drug. Participants stated: *“A lot of people just smoke because they don’t like needles, it just*

looks bad (there’s stigma around shooting drugs), and meth has a pretty bad name to it anyways, [although] shooting is a lot more intense; Smoking, but I think it would depend. If they were trying to hide it, then they would be snorting more than smoking; You can do it anyway, snort it, eat it, smoke it, shoot it....”

Participants described typical methamphetamine users as white people. Participants commented: *“More white people; A lot more white people do [methamphetamine].”* In addition, participants discussed methamphetamine use among the LGBTQ (lesbian, gay, bisexual, transgender and questioning) community. One participant remarked, *“Big in LGBTQ community, it’s like a sexual [enhancement] drug.”* Community professionals described typical methamphetamine users also as white people; however, mostly male, aged 20 years and older. A law enforcement official summarized, *“White people, 20 to 35 years old.”*

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.’ A participant noted, *“They’re available, but just like any other [prescribed] drug they’re cutting down on it.”* Treatment providers most often reported the current availability of prescription stimulants as ‘4,’ while law enforcement most often reported it as ‘2;’ the previous most common scores were ‘5’ for both treatment providers and law enforcement. A law enforcement official summarized, *“I don’t think there’s any demand really.”*

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. A participant remarked, *“Adderall® is legal meth.”* A treatment provider stated, *“Adderall® is most common. They like the energy that it gives them for work, and school, and [for looking after] kids....”*

Participants reported that the street availability of prescription stimulants has decreased during the past six months. A participant summarized, *“They’re getting strict with prescribing it now.”* Community professionals reported that the street availability of prescription stimulants has remained the same during the past six

months. BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) from 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 | Decrease |
| |  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. A participant stated, "A 10 milligram [pill sells] for \$5, \$0.50-1 a milligram ... on [college] campuses it will be more." Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

| Prescription Stimulants | Current Street Prices for Prescription Stimulants | |
|-------------------------|---|------------------------------------|
| | Adderall® | \$5 for 10 mg \$10-15 for 30 mg |

Participants reported obtaining prescription stimulants for illicit use from drug dealers and people with prescriptions for the drugs. A participant summarized, "Street or taking from somebody who it was prescribed." 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, eight would orally consume (swallow), one would snort, and one would intravenously inject (aka "shoot") the drugs.

Participants described typical illicit prescription stimulant users as young people. Participants stated: "Younger kids (adolescents); College kids, they're using stimulants to stay up and study...." Community professionals described typical illicit prescription stimulant users also as college

aged. A law enforcement official summarized, "College kids ... [illicitly use prescription stimulants to aid] studying and focusing."

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '2.' Treatment providers most often reported the current availability of ecstasy and of molly as '5,' while law enforcement most often reported it as '2,' the previous most common scores were not reported and '2,' respectively. A treatment provider summarized, "It's not easily available, but they can get it if they want it."

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from 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 quality of ecstasy and molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not reported and '10,' respectively. Reportedly, ecstasy and molly are often adulterated (aka "cut") with other substances including heroin, ketamine (an anesthetic typically used in veterinary medicine) and vitamins (B-12 and C). Participants stated: "B-12 helps give you energy and keeps you from being completely malnourished I guess, vitamin C,

too; I've seen ecstasy pills cut with heroin, ketamine; Everyone is trying to make their own ecstasy pills, so nobody trusts it." Overall, participants reported that the quality of ecstasy and molly has decreased during the past six months. A participant stated, "[Quality is] down, the 'roll' (ecstasy high) definitely doesn't last as long."

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Overall, participants reported that the prices of ecstasy and molly have remained the same during the past six months.

| Ecstasy/Molly | Current Prices for Ecstasy/Molly | |
|---------------|----------------------------------|------|
| | Ecstasy: | |
| | Low dose (aka "single stack") | \$10 |
| | Medium dose (aka "double stack") | \$15 |
| | Molly: | |
| | 1/10 gram (aka "point") | \$10 |
| A gram | \$50 | |

Participants indicated that ecstasy and molly are obtained through drug dealers. Participants reported that the most common routes of administration for ecstasy and molly remain oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, eight would orally consume and/or snort and two would intravenously inject (aka "shoot") the drugs. One participant remarked, "Sniff it, eat it, shoot it." However, participants discussed that users typically snort molly and orally consume ecstasy. Participants and community professionals described typical ecstasy and molly users as young people. Participants stated: "Kids in their 20s; Bar scene mostly." A law enforcement official summarized, "Always younger, partying crowd."

Other Drugs in the Youngstown Region

Participants and community professionals listed Neurontin® (gabapentin) as another drug available for illicit use in the region, but Neurontin® was not mentioned by the majority of people interviewed. In addition, BCI crime labs reported that the incidence of psilocybin mushrooms cases they process from this region has increased during the past six months, while the incidence of LSD (lysergic acid diethylamide) cases they process from this region has slightly decreased.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is moderately available for illicit use in the region. Participants most often reported the drug's current street availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' A participant stated, "[Neurontin®] helps with [opiate] withdrawals, pain, anxiety." Treatment providers most often reported the current street availability of Neurontin® as '7'; the previous most common score was '8.' A treatment provider stated, "That's become very popular.... It's become more easily available through a prescription from a doctor...." Law enforcement did not report on the current availability of Neurontin® for illicit use.

Participants reported that the street availability of Neurontin® has increased during the past six months. A participant summarized, "It's gaining popularity." Treatment providers reported that the availability of Neurontin® for illicit use has remained the same during the past six months.

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

Reports of current prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase for Neurontin® is 300 mg for \$1; 800 mg most often sells for \$2. Overall, participants reported that the price of Neurontin® has remained the same during the past six months.

Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, nine would orally consume (swallow) and one would snort the drug. Participants described typical illicit Neurontin® users as opiate users and users receiving Suboxone® as MAT.

Conclusion

Crack cocaine, fentanyl, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remain highly available in the Youngstown region; also, highly available is heroin. Changes in availability during the past six months include: increased availability for marijuana and methamphetamine; and decreased availability for prescription opioids.

While participants and community professionals reported high current availability ratings for heroin, these high ratings are reflective of fentanyl substitutions for heroin and fentanyl-heroin mixtures. Both groups of respondents continued to discuss that many users find it difficult to discern heroin from fentanyl. Participants and community professionals reported that the availability of heroin has remained the same during the past six months. 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, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin. Participants and community professionals noted the availability of different fentanyl analogues and carfentanil (a synthetic opioid more potent than fentanyl) in the region during the past six months.

Participants and community professionals reported high current availability for marijuana and for high-grade

marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Community professionals reported that the availability of extracts and concentrates, often referring to hash oil (hashish, a drug made from the resin of the cannabis plant), has increased. Respondents discussed the high potency and easy concealment of use for the increasing appeal of dabs. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

Participants and treatment providers reported that the high availability of crystal methamphetamine has increased during the past six months. They attributed increased demand for the cheap and potent drug as the primary reason for increased availability of methamphetamine. Treatment providers also noted opiate users switching to methamphetamine out of fear of fentanyl overdose death. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Community professionals described typical methamphetamine users as white people; however, mostly males, aged 20-35 years.

Lastly, participants reported that the street availability of Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) has increased during the past six months. A participant stated, “[Neurontin®] *helps with* [opiate] *withdrawals, pain, anxiety.*”

