NDEWS National Drug Early Warning System

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National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: Atlanta Metro

August 2015

NDEWS Coordinating Center

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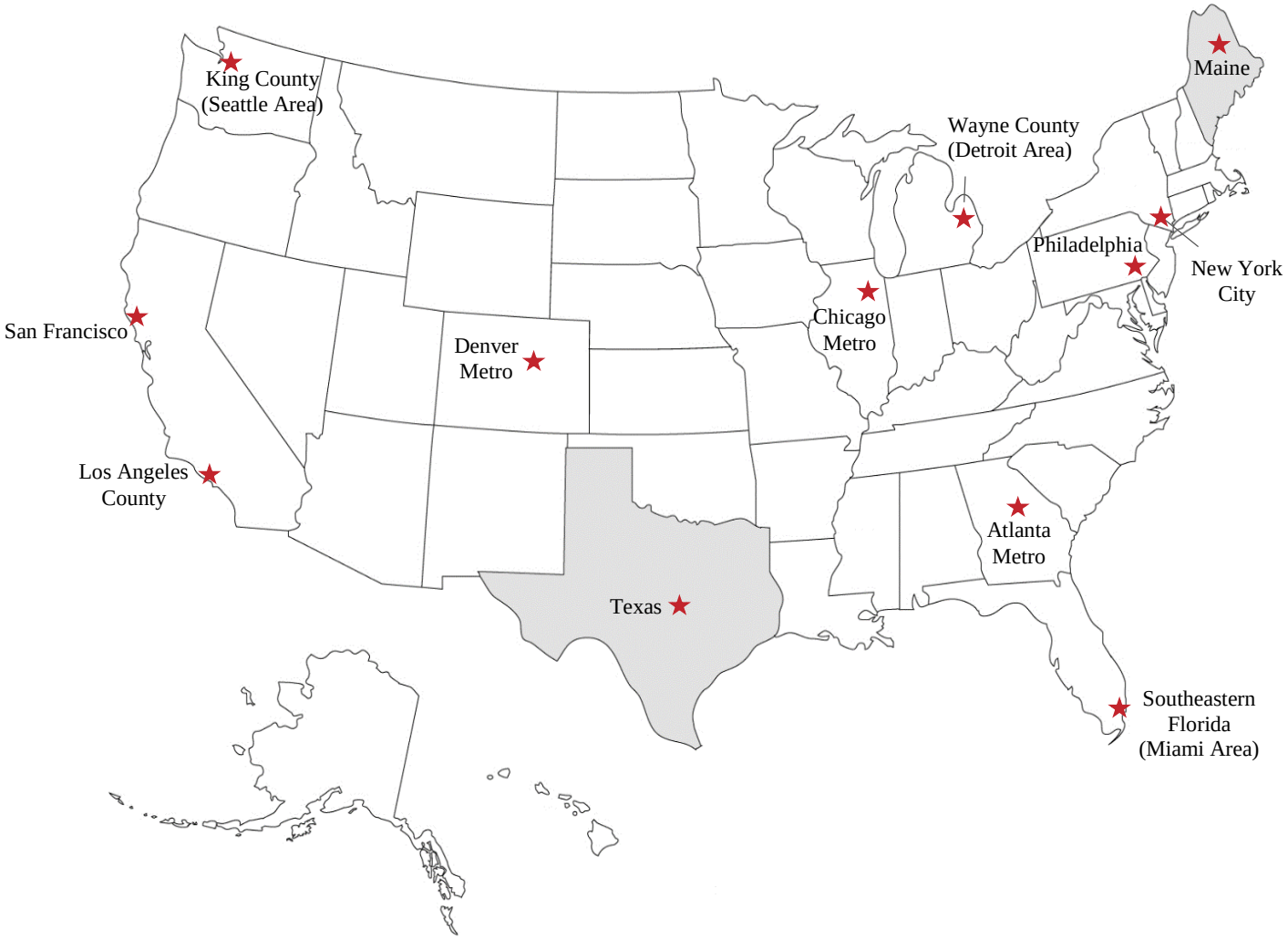
Sentinel Community Site (SCS) Locations



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National Drug Early Warning System (NDEWS)
Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

- The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
- The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
- The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at www.ndews.org.

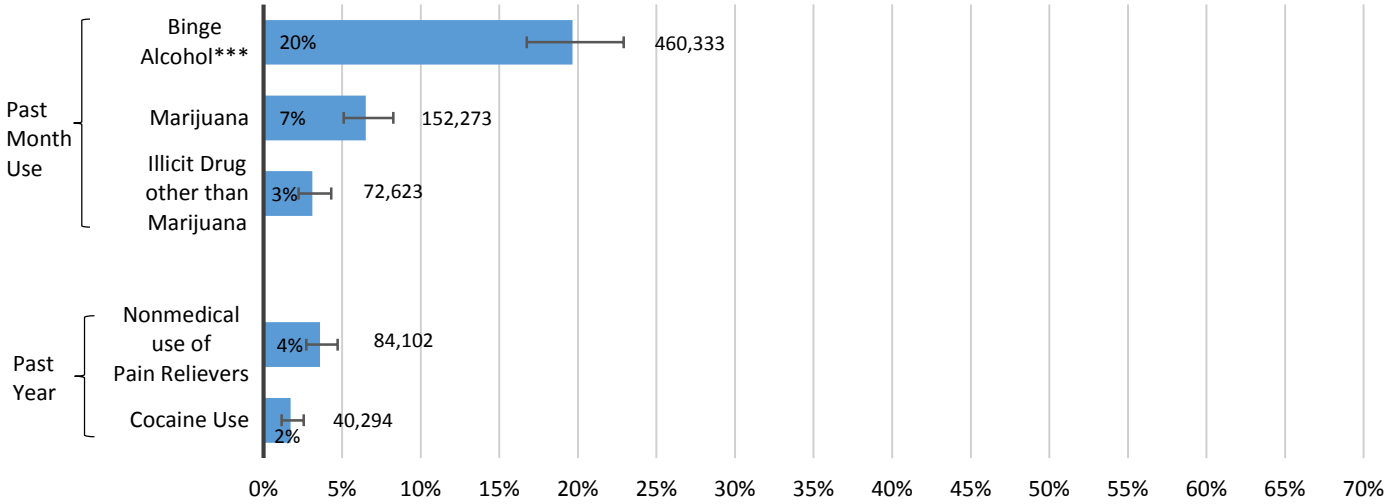
National Drug Early Warning System (NDEWS)
Atlanta Metro Sentinel Community Site
Profile Snapshot, 2015

Substance Use

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Persons 12+ Years Reporting Selected Substance Use, Atlanta Region^, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons**



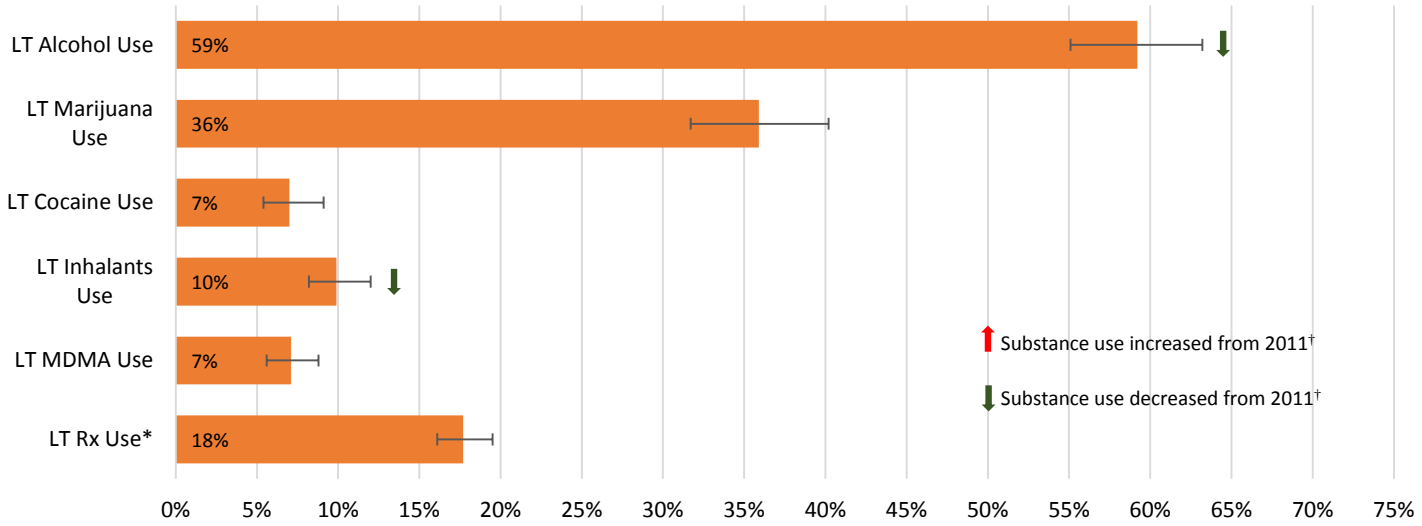
*U.S. Population: U.S. civilian non-institutionalized population. ^Atlanta Region: NSDUH Substate Region 3 comprises Clayton, DeKalb, Fulton, Gwinnett, Newton, and Rockdale Counties. **Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (2,342,663) from Table C1 of the NSDUH Report. ***Binge Alcohol: Defined as drinking five or more drinks on the same occasion.

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

Youth Risk Behavior Survey (YRBS): Survey of Student Population

Public High School Students Reporting Lifetime (LT) Use of Selected Substances, Georgia^, 2013

Estimated Percent and 95% Confidence Interval



^Georgia: Data not available for Atlanta so data for State of Georgia provided.

*LT Rx Use: Defined as ever took prescription drugs without a doctor's prescription.

†Statistically significant change: $p<0.05$ by t-test.

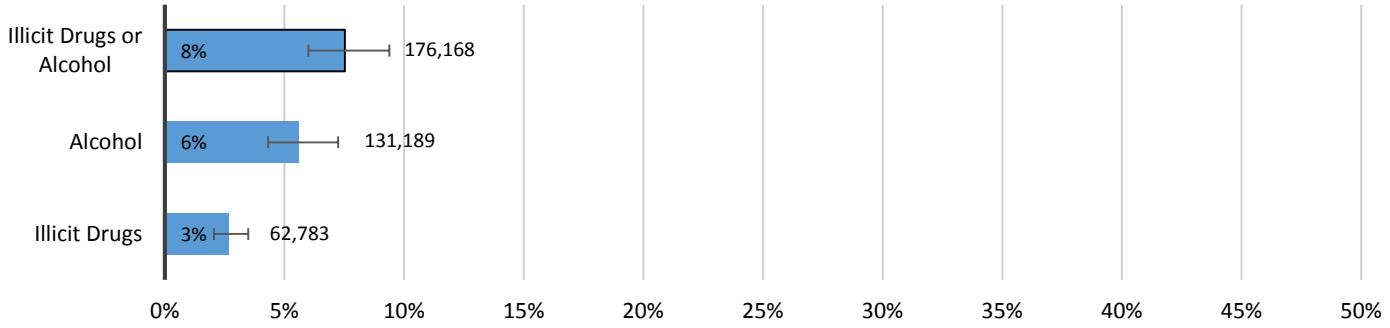
Source: Adapted by the NDEWS Coordinating Center from data provided by CDC, 2001-2013 high school YRBS data.

Substance Use Disorders and Treatment

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Dependence or Abuse in Past Year Among Persons 12+ Years, Atlanta Region^, 2010-2012**

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons***



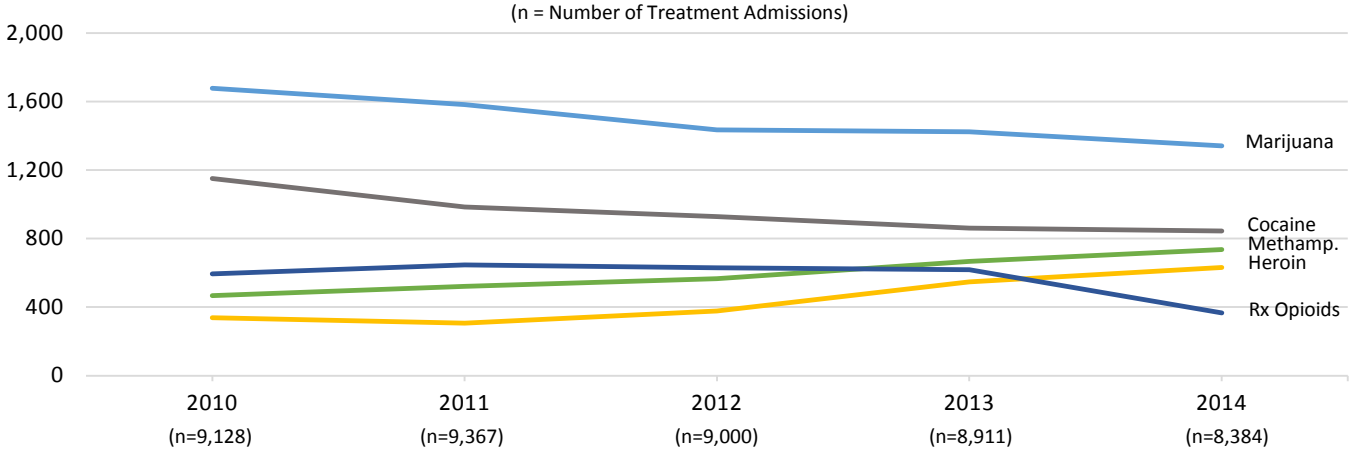
*U.S. Population: U.S. civilian non-institutionalized population. **Dependence or Abuse: Based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. ^Atlanta Region: NSDUH Substate Region 3 comprises Clayton, DeKalb, Fulton, Gwinnett, Newton, and Rockdale Counties. ***Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (2,342,663) from Table C1 of the NSDUH Report.

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

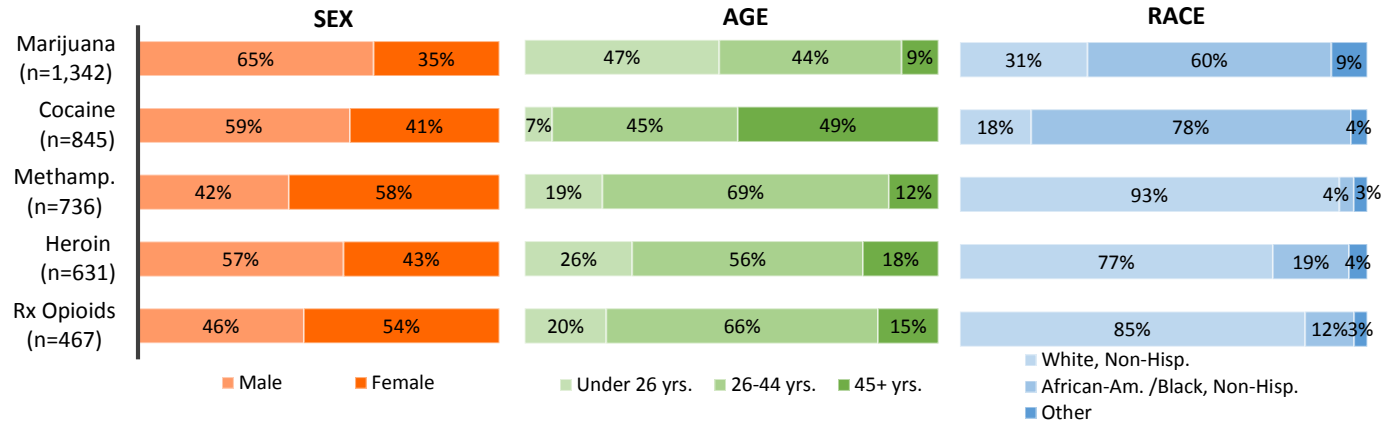
Treatment Admissions Data from Local Sources

Trends in Treatment Admissions*, by Primary Substance of Abuse, Atlanta Metro^, 2010-2014

(n = Number of Treatment Admissions)



Demographic Characteristics of Treatment Admissions*, Atlanta Metro^, 2014



*Treatment Admissions: Includes admissions to publicly-funded programs. Percentages may not sum to 100 due to rounding.
^Atlanta MSA (29 Counties).

Source: Data provided by the Atlanta Metro NDEWS SCE and the Georgia Department of Human Resources.

Law Enforcement Drug Seizures

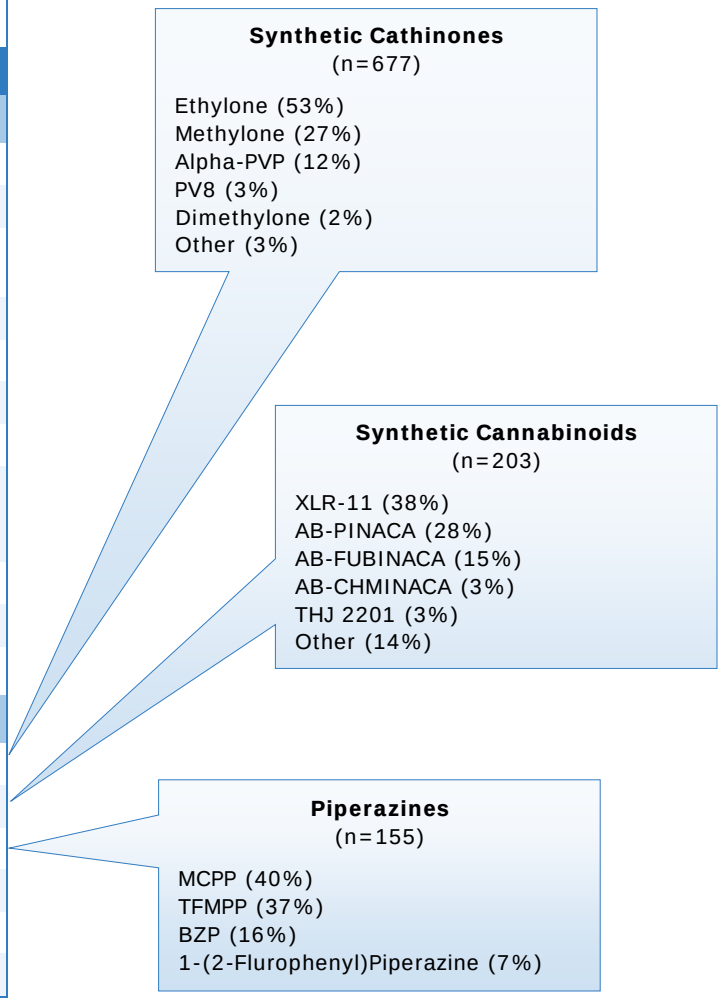
National Forensic Laboratory Information System (NFLIS)

Drug Reports* for Items Seized by Law Enforcement in the Atlanta MSA in 2014
National Forensic Laboratory Information System (NFLIS)

Top 10 Drugs Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	**16,925**	**100%**
Top 10 Drug Reports		
Methamphetamine	5,104	30.2%
Cocaine	3,293	19.5%
Unspecified Pharmaceutical Preparation	2,611	15.4%
Heroin	951	5.6%
Alprazolam	714	4.2%
Oxycodone	700	4.1%
Hydrocodone	421	2.5%
3,4-methylenedioxyethylcathinone (Ethylone)	359	2.1%
Cannabis	345	2.0%
Amphetamine	203	1.2%
Top 10 Total	**14,701**	**86.9%**
Selected Drug Categories		
Synthetic Cathinones	677	4.0%
Synthetic Cannabinoids	203	1.4%
Piperazines	155	0.9%
Tryptamines	33	0.2%
Fentanyl & Fentanyl Analogs	23	0.1%
2C Phenethylamines	21	0.1%

Top 5 Drugs, by Selected Drug Category
(% of Category)**



*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database. The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

**Percentages may not sum to 100 due to rounding.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

National Drug Early Warning System (NDEWS)
Atlanta Metro Sentinel Community Site
Drug Use Patterns and Trends, 2015

Brian J. Dew, Ph.D. and Ned Golubovic, M.S.

SCS Highlights

- Heroin use in Atlanta continues to increase. Substance abuse treatment admissions for heroin in Atlanta increased 23% from 2013 to 2014 and now account for 7.5% of primary admissions. The number of decedents in Fulton County with heroin on board increased 148% (31 to 77) from 2013 to 2014.

- Although heroin indicators continued a multiyear rise, important changes in sociodemographic trends were noted. In particular, in the previous four years the percentage of users of heroin between the ages of 18 and 25 increased year over year. In 2014, this trend was not supported as young adults between 18 and 25 saw a 5% decrease among primary public treatment admissions from 30.3% to 25.4%. In 2014, Whites constituted 76.9% of heroin treatment admissions in Atlanta, compared with 74.5% in 2013 and 64.7% in 2012.

- Multiple indicators suggest that methamphetamine use in metropolitan Atlanta has reached the highest level since its peak in 2005.

- The synthetic cathinone ethylone has replaced methylone in the retail supply of substances being marketed as Molly.

- Although the legalization of marijuana has taken place in select states, multiple indicators suggest that use and availability of the drug in metropolitan Atlanta remains stable. Multiple ethnographic, law enforcement, and HIDTA officials report decreasing retail costs for all grades of marijuana, including high THC-grade marijuana.

- Indicators of non-medical use of prescription opioids peaked at an elevated rate between the years of 2011-2013. Multiple indicators suggest a decrease in their use from 2013 to 2014.

- Similar to sociodemographic changes in heroin, users of prescription opioids in 2014 were more likely to be older and White than in 2013.

- Few local reporting sources differentiate between use of marijuana and synthetic cannabinoids. Therefore, it is difficult to ascertain patterns of use among local synthetic cannabinoid consumers. However, ethnographic reporters claim that use of synthetic marijuana remains high, while citing the use of vaporization techniques embedded in e-cigarette devices as a popular method of use.

Area Description

The metropolitan Atlanta area is located in the northwest corner of Georgia and includes 29 of the State's 159 counties. The metropolitan area includes more than 6,100 square miles, or 10.5% of Georgia's total size. According to 2013 estimates by the U.S. Census Bureau, Georgia currently ranks as the eighth most populous State with just under 10 million residents. The population of the Atlanta Metropolitan Statistical Area (MSA), while steadily increasing from 2000 to 2010, has plateaued since 2011. With an estimated 5.5 million residents, the metropolitan Atlanta area includes nearly 55% of the State's population. The Atlanta metropolitan area ranks ninth among the Nation's major population centers. The city of Atlanta, with an estimated population in 2013 of 443,775, represents 8.1% of the Atlanta MSA and 4.5% of the State's population. The total population living in the city of Atlanta has increased by 5% in the last 3 years. The city is divided into two counties, Fulton County and DeKalb County, which include 17.7 and 12.8% of the metropolitan population, respectively.

There are demographic differences between the city of Atlanta and the larger metropolitan area, which more closely reflects the State as a whole. Based on the 2013 U.S. Census, African Americans are the largest ethnic group within the city (52.4%), followed by Whites (39.1%), Hispanics (5.4%), and Asians (3.1%). When examining the overall metropolitan Atlanta area, those numbers reverse. Whites account for the majority (50.7%), followed by African Americans (32.1%), Hispanics (10.4%), and Asians (4.8%). The estimated percentage of persons living below the Federal poverty level was higher in the city of Atlanta (26.1%) than in the Atlanta MSA (14.8%) and the State (17.9%) in 2013. The housing vacancy rate outside the city (12.3%) was much lower than in the city (17.6%). Available unemployment data indicate a downward trend for the city of Atlanta, the Atlanta MSA, and the State of Georgia. In August 2013, the unemployment rate for the city of Atlanta was 10.4%, versus 12.7% at the end of 2010. The Atlanta MSA's unemployment rate was 6.5%, compared with an annualized rate of 10.1% in 2010. In August 2013, the rate of unemployment for Georgia was 8.7%, down from 10.2% at the end of 2010. In 2013, the Georgia Bureau of Investigation's statewide drug enforcement efforts were led by six regional drug offices (Savannah, Milledgeville, Thomson, Atlanta, Sylvester, and Canton) and 11 multijurisdictional task force programs. In 2013, there were 43 existing drug courts in Georgia (of these, 31 were for adult felony drug offenses and 12 were for juvenile drug offenses).

Additional factors that influence substance use in the State:

- Georgia is both a final destination point for drug shipments and a smuggling corridor for drugs transported along the east coast. Extensive interstate highway, rail, and bus transportation networks, as well as international, regional, and private air and marine ports of entry, serve the State.

- The State is strategically located on the I-95 corridor between New York City and Miami—the key wholesale-level drug distribution centers on the east coast and major drug importation hubs. In addition, Interstate Highway 20 runs directly into Georgia from drug entry points along the southwest border and gulf coast.

- The city of Atlanta has become an important strategic point for drug trafficking organizations, as it is the largest city in the South. It is considered a convenient nexus for all east/west and north/south travel. The city's major international airport also serves as a distribution venue for illicit substances.

- The entire State, Atlanta in particular, has experienced stable growth over the last several years, with a corresponding increase in drug crime and violence. With Georgia bordering North Carolina, South Carolina, Tennessee, Alabama, and Florida, Atlanta is the base for several major dealers who maintain trafficking cells in these States, especially Mexican-based traffickers who hide within legitimate Hispanic enclaves.

Changes in Legislation

Georgia political, medical, pharmaceutical, and public health officials came together to pass a law in 2011 to create a new Prescription Drug Monitoring Program that was to become operational by January 2013. Effective July 1, 2013, a bill related to prescription opioids went into effect. The "Georgia Pain Management Clinic Act" required the licensure of pain management clinics and established criteria on which this license would be issued and renewed. This bill prohibits doctors, nurses, and physician's assistants from prescribing long-acting opioid painkillers in emergency rooms and outlaws the refilling of prescriptions for painkillers that have been lost, stolen, or destroyed. While this proscription drug monitoring program has been initiated, data related to the Metropolitan Atlanta area and the state of Georgia is largely incomplete and therefore will not be included in this report.

Drug Use Patterns and Trends

ALCOHOL

In 2014, alcohol (defined as alcohol only and alcohol in combination with other drugs) was the most commonly reported consumed drug among publicly funded treatment admittees in Atlanta, and it constituted approximately 46% of treatment admissions. Alcohol-related treatment admissions have declined over 18% since 2011 when over half of all public treatment admissions were for alcohol. Among the 66.4% of clients seeking drug treatment who reported a secondary drug of choice, 18.6% listed alcohol as their second drug of choice. Alcohol-related admissions continued to be most commonly male (67.9%) and 35 years old and older (70.5%). The proportion of alcohol-related treatment admissions for clients 35 and older in 2014 was at the highest level in the past 10 years. The proportion of African Americans seeking treatment for alcohol in combination with other drugs has stayed consistent at 48.2%.

Statewide data related to the Georgia Crisis and Access Line showed a multiyear decrease in alcohol related calls. In 2014, calls regarding alcohol decreased from the previous year (19,637 in 2014, compared with 19,711 in 2013 and 21,410 in 2012). Alcohol-related exposure calls to the Georgia Poison Control Center from the 29 counties representing the Atlanta MSA also indicated a declining trend. In 2014, there were 621 calls related to alcohol compared to 628 recorded calls in 2013.

Results from the Youth Risk Behavior Survey for high school students in Georgia indicate a significant decrease in lifetime use of alcohol from 2011 to 2013. In 2011, 66.1% of students throughout Georgia were estimated to have consumed alcohol in their lifetime and in 2013, this estimate was 59.2%. Among students who were surveyed in 2011, it was estimated that 17.5% consumed more than five drinks of alcohol in a row within a couple of hours on at least one day during the 30 days prior to the survey. In 2013, this estimate was determined to be 13.3%. Ethnographic reporting efforts support this decline in alcohol consumption among statewide high school students. It is important to note that these statewide estimates were consistent with the national average in 2011 (6.8%) but higher than then national average in 2013 (5.5%).

While the multiple indicators discussed above show decreasing trends in alcohol consumption, the number of decedents in Fulton County who had alcohol in their system at the time of death doubled in 2014 compared to the previous year (50 vs. 25), the highest level in nearly 10 years.

COCAINE

Metropolitan Atlanta has consistently reported high levels of cocaine hydrochloride and crack cocaine use, and most drug indicators in 2014 suggest a leveling off of cocaine use at these moderately high levels.

In 2014, cocaine was the second most frequently mentioned illicit primary drug of choice for individuals seeking assistance at publicly funded treatment centers in metropolitan Atlanta. The number of primary admissions in metropolitan Atlanta in 2014 for cocaine or crack (n=845) decreased by 17 admissions from the previous year, reflecting a steady decrease since 2000. In 2014, cocaine-related admissions constituted 10.1% of the total number of primary admissions (including treatment admissions for alcohol only and alcohol in combination with other drugs). The ratio of males to females in treatment for cocaine remained stable from 2013 to 2014 (1.4:1). While treatment data from 2010 to 2012 revealed similar proportions by gender, nearly a 5% increase in female treatment admittees was reported in 2013 and a stabilization of this pattern existed in 2014. Clients older than 35 accounted for the highest number of cocaine admissions across all age groups (74.6%) in 2014. Among the 66.4% of clients seeking treatment who reported secondary drugs of choice, the percentage of clients who indicated that they used powder or crack cocaine in 2014 was 21.8%.

Admissions to public treatment facilities in the Atlanta MSA were predominately African American, with members of this racial group constituting 78.5% of cocaine treatment admissions. While the overall numbers of persons seeking treatment for cocaine is down annually since 2012, the prevalence of African Americans seeking treatment for cocaine has risen for the past three years (74.2% in 2012, 76.9% in 2013, and 78.5% in 2014). Among all treatment admissions for cocaine, African Americans are most likely to report their primary drug of choice as cocaine hydrochloride (69.5%) and crack (81.6%). The majority of crack cocaine primary admissions reported that they smoked the drug (72.4%), while cocaine hydrochloride admissions were most likely to snort (63.6%) and smoke (22.7%) the drug.

According to the National Forensic Laboratory Information System (NFLIS), cocaine accounted for 19.5% (n=3,293) of total drug reports for items seized by law enforcement in the Atlanta MSA in 2014. The number of cocaine reports in 2014 (n=3,293) was less than those in 2013 (n=3,588) and 2012 (n=3,796),

continuing a downward trend.[1] In 2014, the Georgia State Medical Examiner's Office reported that cocaine was detected in 245 postmortem specimens, an increase of 35.5% from 2013. In Fulton County alone, the medical examiner's office reported that 74 postmortem specimens tested positive for cocaine at the time of death, the highest level in over five years. The number of cocaine-related exposure calls made from within metropolitan Atlanta to the Georgia Poison Control Center has remained mostly stable for the past three years (95 in 2012, 83 in 2013, and 90 in 2014). Results from the Youth Risk Behavior Survey for high school students in Georgia indicate no significant change in cocaine use from 2011 to 2013. In 2011, 6.7% of students throughout Georgia were estimated to have used cocaine in their lifetime and in 2013, this estimate was 7.0%. It is important to note that these statewide estimates were consistent with the national average in 2011 (6.8%) but higher than then national average in 2013 (5.5%).

The use of both forms of cocaine by African Americans continued in 2014, with multiple metropolitan Atlanta-based indicators (public substance abuse treatment, Fulton County Medical Examiners data, and Poison Control data) suggesting increased use in this population. In fact, there could be a growing difference among stimulant users in Atlanta that is largely moderated by race. In 2014, African Americans were more likely to be admitted to treatment for cocaine while Whites were more likely to be admitted to treatment for methamphetamine. From 1998-2013, cocaine was the most often reported drug detected at the time of death among Fulton County decedents. This trend was broken in 2014 when heroin was found to be the leading drug detected at the time of death in Fulton County, although the numbers for cocaine were nearly identical (77 reports of heroin and 74 of cocaine). Multiple street level ethnographic reporters relate that the supply of high purity cocaine hydrochloride and crack cocaine remain elevated and cost is stable.

HEROIN

Unlike the majority of large U.S. cities, especially in the northeast, multiple drug indicators for metropolitan Atlanta have historically suggested low levels of heroin use (CEWG June 2014 meeting discussions). However, increased use of heroin in Atlanta over the past five years has become a significant local public health concern. According to local law enforcement officials, Atlanta, within the last two years, has moved from a secondary or tertiary distribution hub to a primary heroin trafficking location. The supply of South American heroin, which has traditionally dominated the local market, has diminished over the past two to three years as higher purity, cheaper Mexican heroin has entered the metropolitan Atlanta market. Over the past eight years the demographics of Atlanta's heroin users has changed dramatically as well. Today, nearly 8 out of every 10 admissions for public substance abuse treatment are White and over 68% of admittees are under the age of 35. In 2006, nearly half of heroin users seeking treatment in metropolitan Atlanta were African American and nearly two out of every three heroin-related admittees were over the age of 35.

The increase in heroin use is reflected in all drug indicators for 2014. Over 5.6% (n=951) of the total NFLIS drug reports for items seized by Atlanta law enforcement were identified as heroin in 2014. This

[1]The Atlanta catchment area used for the 2014 NFLIS data includes one more county and two more cities than were included in previous years.

percentage represents an increase in comparison to 2013 (5.0%) and 2012 (2.9%).[2] Especially concerning among local drug indicators is the increased prevalence of deaths among persons who have died with heroin in their system. The Fulton County Medical Examiner's Office reported that for the first time, the number of decedents in 2014 with heroin on board ranks as the top among all types of substances detected at the time of death. In fact, the number of Fulton Country deaths associated with heroin use for 2014 was the highest for any type of illicit drug in the last 10 years.

Drug trafficking of heroin has become more extensive and multiple local ethnographic street reporters indicate that supply is high and purity levels are increasing. Traditionally, the sale of heroin has been conducted in open air markets in a part of the inner city named The Bluff. When substance abuse treatment admissions for heroin were under 3.5% annually, the exchange of the drug, even among those persons who lived in the suburbs and other parts of the city, largely took place in this neighborhood. Users would enter The Bluff by car or public transportation, purchase their heroin, and return home. Starting in 2013 and continuing in 2014, local law enforcement, along with local ethnographic sources, suggest that these trends have changed significantly. Retail distribution of the drug is conducted more extensively throughout the city, especially in more affluent, White suburbs in Northwest and Northeast Atlanta.

In 2014, treatment admissions for individuals who reported heroin as their primary drug of abuse accounted for 7.5% of public treatment program admissions (including alcohol only and alcohol in combination) in the 29-county MSA. The proportion of individuals seeking treatment for heroin has more than doubled since 2011, when admissions were 3.3%, and increased 23% from 2013 to 2014. Treatment admission percentages for males were higher (56.9%) than for females (43.1%). Among the 66.4% of users admitted to treatment that reported secondary drugs, 3.3% of admittees indicated that heroin was a secondary drug of choice, compared to the 2.7% reported in 2013.

In 2014, Whites constituted 76.9% of heroin treatment admissions in metropolitan Atlanta, compared with 74.5% in 2013 and 64.7% in the 2012. This proportion of White users of heroin entering treatment in 2014 is the highest level on record. African Americans made up the next highest proportion, at 18.7%. Approximately 31.9% of the treatment admissions were for clients age 35 and older in 2014. This proportion represents a decrease from 34.3% in 2013 and 41.6% in 2012. Clients ages 18–25 represented 25.4% of admissions for heroin in 2014, a 4.9% decrease from the previous year (30.3% in 2013). In 2014, treatment admissions for heroin among users ages 26–34 increased to 42.2% in comparison to 2013 (34.9%) and 2012 (31.3%). Over 82.9% of clients admitted to public treatment for heroin preferred to inject the drug. The most commonly reported secondary drugs of choice were cocaine (15.7%) and prescription opioids (12.5%).

Metropolitan Atlanta-based heroin-related exposure calls to the Georgia Poison Control Center, although remaining at relatively low levels, have more than doubled in the last 5 years (29 in 2010, 43 in 2011, 54 in 2012, 64 in 2013, and 68 in 2014). Results from the Fulton County Medical Examiner's Office indicate a large increase in decedents who have heroin in their system at the time of death. The number of decedents in Fulton County with heroin on board increased 148% (31 to 77) from 2013 to 2014. In fact, since 2010, the

[2]The Atlanta catchment area used for the 2014 NFLIS data includes one more county and two more cities than were included in previous years.

annual number of deaths in Fulton County with heroin on board has increased from 4 to 77. Over half of all deaths with heroin on board also reported fentanyl use at the time of death.

MARIJUANA

The most commonly used illicit drug in metropolitan Atlanta in 2014 continued to be marijuana. Results from multiple indicators, including street-level ethnographic reporters, suggest a stable market, with greater demand for higher-THC level products. Sixteen percent of admittees identified marijuana as their primary drug of choice, and another 24.2% of persons who reported a secondary drug listed marijuana as well. Treatment admissions data, which is also supported by Poison Control Center and law enforcement reports, indicate that marijuana users are likely to be male, African American, and between the ages of 18 and 34 years.

Approximately 16% of public treatment admissions in 2014 in metropolitan Atlanta (including alcohol-related treatment admissions) were for clients who considered marijuana their primary drug of choice. This proportion of treatment admissions for marijuana has remained stable for the past four years. Additionally, marijuana was reported by 24.2% of treatment admittees as their secondary drug of choice among the 66.4% of treatment admissions who reported a secondary drug. This number represents a 4.7% decrease in comparison to 2013. The proportion of male admittees (65.2%) was higher than the proportion of female admittees (34.8%). However, the percentage of males seeking treatment for marijuana in 2014 decreased by 1.9% from the previous year. The proportion of African Americans who identified marijuana as their primary drug of choice in 2014 remained stable at 59.8%. The percentage of White users indicating marijuana as their primary drug of choice also remained stable, at approximately 31% of treatment admissions. The proportion of younger users decreased over the previous year, with 47% of clients being younger than 26 in 2014, compared to 64.2% in 2013 and 54.2% in 2012. Alcohol continued to be the most popular secondary drug of choice for marijuana users, with nearly one-third of clients reporting it as their secondary drug of choice.

Metropolitan Atlanta-based marijuana-related exposure calls to the Georgia Poison Control Center have increased over the last three years. In 2012, 51 exposure calls were reported, compared to 58 in 2013 and 62 in 2014. Georgia Crisis Line calls addressing marijuana remained stable in 2014 at 17.7%.

Results from the Youth Risk Behavior Survey for high school students in Georgia indicate no change in past month marijuana use between 2011 and 2013. In 2011, 21.2% of students throughout Georgia were estimated to have used marijuana in the past month and in 2013, this estimate was 20.3%. It is important to note that these statewide estimates were consistently lower than the national average in 2011 (37.9%) and in 2013 (35.9%).

METHAMPHETAMINE

The use of methamphetamine in metropolitan Atlanta, while not as historically prolific as found on the West Coast, remained the highest of any major U.S. city east of the Mississippi River (CEWG 2014 meeting discussions). In 2014, the number of persons seeking public treatment admission for methamphetamine was 8.8%, the highest proportion since 2006 (he proportion ranged between 5 and 6% from 2009 to 2011). Nearly 6.4% of the 66.4% of clients who reported secondary drugs of choice reported methamphetamine as their secondary drug. Treatment admissions data indicate that methamphetamine

users in Atlanta continue to be predominantly White, female, and between the ages of 24 and 35 years. While smoking continues to be the preferred route of administration (47.4%), conversations with public health officials indicated concern related to increased rates of injecting the drug among local users. In 2014, the percentage of methamphetamine treatment admissions who reported injecting the substance was at a 4-year high (from 22.9% in 2011 to 29.2% in 2014). Ethnographic reports suggest that users, after building up a tolerance to smoking and snorting the substance, convert to injecting for a more intense high. Clients continued to be predominantly White (93.2%), and were more likely to be ages 26-34 (45.5%) and ages 35 and older (35.7%).

Purity rates at above 85% are reported throughout Atlanta and prices remain stable, if not decreasing due to greater supply of "ice" from Mexico. The number of decedents testing positive for methamphetamine by the Fulton County Medical Examiner's Office (n=19) was the highest since 2005, the peak of methamphetamine use in metropolitan Atlanta.

The number of NFLIS methamphetamine reports for items seized by law enforcement in the Atlanta MSA indicated the greatest year over year increase of any type of substance in 2014. Drug reports for methamphetamine increased from 3,399 in 2012, to 4,068 in 2013, to 5,104 in 2014.[3] Ethnographic sources indicate that methamphetamine users are increasingly smoking the drug via vaporization methods commonly associated with e-cigarettes. Local health officials cite the lack of public awareness due to a tempered community response related to methamphetamine use as compared to the mid-2000s. A public health official states "that over 10 years ago, multiple groups surfaced to educate the community about the varied risks associated with meth. Advertisements appeared in local newspapers and magazines and billboards were placed around town. Where are these groups now when we see the use of the drug reaching similar levels?"

Calls to the Georgia Crisis Line in 2014 for amphetamines, in which methamphetamine-related calls are included, represented 10.2% of the total calls. Methamphetamine-related exposure calls to the Georgia Poison Control Center in 2014 remained stable when compared to the previous year (80 exposure calls in 2014 vs. 82 exposure calls in 2013). However, the number of methamphetamine-related exposure calls in 2014 is still higher than 67 recorded calls in 2012. Results from the Fulton County Medical Examiner's Office indicate a significant increase in the detection of methamphetamine among local decedents at the time of death. In 2014, Fulton County had 19 deaths with methamphetamine present at the time of death, compared to 10 reports in 2013 and 4 in 2012. This number of reports indicating the presence of methamphetamine at the time of death is the highest since 2005.

PRESCRIPTION OPIOIDS

Although treatment admissions data indicate that the use of hydrocodone- and oxycodone-based products in metropolitan Atlanta peaked in 2012 and 2013, their use among White, suburban, young adults continues to be elevated. The Georgia Department of Human Resources began to report primary treatment admissions for prescription opioids in 2007. Prescription opioids accounted for 4.4% of treatment admissions in 2014, down nearly 36% from the previous year. Over 80% of treatment admittees were White and 62% were below the age of 35. Prescription opioids accounted for 4.4% of

[3]The Atlanta catchment area used for the 2014 NFLIS data includes one more county and two more cities than were included in previous years.

primary treatment admissions in 2014 (including alcohol-related treatment admissions), representing a 2.5% decrease from the previous year (6.9%). Among the 66.4% of treatment admissions who reported a secondary drug of choice, 5.2% indicated prescription opioids as a secondary drug of choice. Over 44% of primary treatment admissions for prescription opioids were age 26–34, a 4% increase from the previous year. For the first time in four years, the proportion of 18-25 year olds who indicated prescription opioids as their primary drug of choice decreased from the previous year. In 2014, 18.8% of persons who sought treatment were between the ages of 18 and 25 compared to 31.8% in 2013. The percentage of female admissions into public substance abuse treatment (54.1%) was larger than the proportion of males (45.9%).

Local ethnographic reporters during 2014 indicated a slight decrease in demand for black market prescription opioids. Several sources cited a drop in price in both hydrocodone- and oxycodone-based products on the street, while noting that newer users increasingly preferred cheaper and more available heroin to prescription opioids. The number of decedents, as tested by the Fulton County Medical Examiner's Office, who had either oxycodone or hydrocodone products detected in their system in 2014 remained stable when compared to the previous year, but were 10-20% lower than results from 2010-2012.

The number of reports in the State of Georgia in which oxycodone was found at the time of death remained stable in 2013 and 2014 (320 deaths in 2013 vs. 317 in 2014). The number of deaths where hydrocodone was detected decreased in 2014 compared to 2013. In 2014 there were 338 instances where hydrocodone was found on board at the time of death, while in 2013 hydrocodone was detected in 384 deaths. Statewide calls to the Georgia Crisis Line regarding opioids/narcotics continued to decline over a three year period. In 2012 there were 4,389 calls related to opioids/narcotics, in 2013 this number decreased to 4,212, and in 2014, reports were down to 4,081. Unlike calls to the Georgia Crisis Line, opioid-related exposure calls among metropolitan Atlanta residents to the Georgia Poison Control Center increased from 2013 (11 calls) to 2014 (16 calls), but were still lower than in 2012 (21 calls).

SYNTHETIC DRUGS

Whereas multiple reporting sources describe the use of major substances, there exists only limited data regarding the use of synthetic cannabinoids and cathinones. However, reports from street-level ethnographers suggest that use of both substances remains popular, especially among young adults under the age of 30. Synthetic cannabinoids, typically sold in local head shops, convenience stores, and gas stations, are available under a number of product names identified as "not for human consumption." Supply and cost of synthetic cannabinoids remains stable in the metropolitan area. Ethnographic reports suggest that these drugs are increasingly being used via e-cigarettes and other vaporization pens, in order to avoid detection.

The number of metropolitan Atlanta-based, synthetic cannabinoid-related exposure calls to the Georgia Poison Control Center indicated a multiple year increase. In 2012, 51 calls were recorded, compared with 58 in 2013 and 61 in 2014. Emergency room officials in several local hospitals have also seen an increase in admittees with agitated conditions and/or hallucinogenic states resulting from synthetic cannabinoid use.

Drug indicators for synthetic cathinones must be interpreted with caution due to uncertain classifications of data related to these drugs. For example, results from street-level ethnographic efforts suggest that the substance Molly is marketed as "pure ecstasy" or "pure MDMA." Usually sold in pill or capsule form, the buyer is typically not aware of its actual chemical ingredients. However, results from the Georgia Crime Lab suggest that a low percentage of pills sold as Molly in metropolitan Atlanta contain MDMA. Rather, the primary substance found in substances sold as Molly is a cathinone-product, specifically ethylone and methylone. While methylone was frequently found in Molly in 2013, it was mostly replaced in Molly by ethylone in 2014. While the Georgia Poison Control Center may identify a drug exposure call as "Molly," it does not differentiate based on the chemical composition of the drug. As a result, it is unknown if the exposure call relates to a drug that consists of MDMA, a cathinone, or a mixture of these substances. The total number of exposure calls for synthetic cathinones indicate a declining trend. Calls related to synthetic cathinones decreased from 17 recorded calls in 2012, to 8 recorded calls in 2013, to 6 recorded calls in 2014.

Noteworthy changes among the number of Atlanta NFLIS cathinone reports occurred between 2013 and 2014. The number of NFLIS methylone reports, after doubling from 2012 to 2013, decreased from 695 reports in 2013 to 183 reports in 2014.[4] While a significant year over year decrease was found in methylone, just the opposite was reported among ethylone reports. In 2013, only 1 report was found for ethylone compared to 359 reports in 2014. Ethnographic reporting indicates that retail drug dealers are marketing Molly as pure MDMA, but in reality, Molly appears to be predominantly ethylone.

NEW AND NOTABLE

Although not prevalent in the drug indicators, conversations with law enforcement, HIDTA officials, and local street-based ethnographers report the emergence of three substances in the metropolitan Atlanta area. First, the use of substances referred to as "legal LSD" has surfaced as a potential drug threat, especially among young adult users between 18 and 24 years of age. Marketed as a natural psychedelic, these substances often contain synephrine or alpha-methyltrptamine. Whereas the former substance is considered legal by the DEA, the latter was listed as a Schedule I drug in 2004.

The rise of "Purple Drank" or "Purp," although not new to the United States, is a recent phenomenon in metropolitan Atlanta. A mixture of codeine and promethazine that is often consumed orally, multiple sources indicate that the use of this substance has increased in the last 12-18 months, especially among persons attending hip-hop and other music events. Local emergency rooms report isolated cases of admittees who have "overdosed" on the liquid substance.

The third emerging drug trend, as cited by multiple sources, is the consumption of powdered alcohol by youth and young adults. With high alcohol by volume percentages, this substance is often mixed with water, fruit juice, or soda and consumed orally. Sold in packets similar to Crystal Light or Koo-aid, this product has become increasingly available, and its price is cheaper than traditional forms of alcohol. This topic was mentioned by law enforcement, public health, and education contacts and by concerned parents. Anecdotal reports indicate that youth can buy powdered alcohol on the street.

[4]The Atlanta catchment area used for the 2014 NFLIS data includes one more county and two more cities than were included in previous years.

Data Sources

Data for this report were drawn from the Appendix tables and the following sources:

Demographic and population data were from the U.S. Census Bureau. Additional unemployment data were provided by the Georgia Department of Labor.

Drug abuse treatment program data were from the Georgia Department of Human Resources for primary and secondary drugs of abuse among clients admitted to Atlanta's public drug treatment programs from January 2000 through December 2014.

Crisis and access line call data were from the Georgia Department of Human Resources and represent the number of telephone calls from persons seeking information about and/or admission to Georgia's public substance abuse treatment centers. Data, obtained from June 2006 through December 2014, were classified by drug type.

Forensic drug analysis data came from the National Forensic Laboratory Information System (NFLIS) and represent evidence seized in suspected drug cases throughout metropolitan Atlanta that were tested by the GBI Forensic Laboratory from 2011 to 2014. NFLIS methodology allows for the accounting of up to three drugs for each item submitted for analysis. The data presented are a combined count, including primary, secondary, and tertiary reports for each drug. Data for 2014 are preliminary and subject to change. Note that the definition of the Atlanta MSA changed and the counts for 2014 include a larger geographical area than prior years. The following areas were added in 2014: Roswell, Alpharetta, and Morgan County.

State drug-related mortality data were obtained from the Georgia Medical Examiner's (ME)'s Office. Data represent the number of postmortem specimens that tested positive for a particular drug and were collected from fiscal years (FYs) 2007 through 2014.

Poison exposure call data were extracted using general terms from the Georgia Poison Control Center and represent the count of drug exposure calls by drug from 2006 to 2014.

Qualitative information and purity data are a result of street-level ethnographic reporting with drug users and law enforcement officials in the metropolitan Atlanta area. Due to the SCE's research efforts over the past 13 years, relationships with persons involved with local illicit drug distribution have been maintained which allow for the corroboration of information with other data sources.

Contact Information: For additional information about the drugs and drug use patterns discussed in this report, please contact Brian J. Dew, Ph.D. Associate Professor and Chair, Department of Counseling and Psychological Services, Georgia State University, P.O. Box 3980, Atlanta, GA 30302, Phone: 404-413-8168, Fax: 404-413-8013, E-mail: bdew@gsu.edu.

National Drug Early Warning System (NDEWS)
Atlanta Metro Sentinel Community Site
Appendix Data Tables, 2015

NDEWS Coordinating Center

Table 1: Demographic and Socio-Economic Characteristics
Atlanta Metropolitan Statistical Area (MSA)^
2009-2013 ACS Five-Year Estimates

	Estimate	Margin of Error
Total Population (#)	**5,379,176**	**
Age (%)		
18 years and over	73.9%	+/-0.1
21 years and over	69.7%	+/-0.1
65 years and over	9.5%	+/-0.1
Median Age	35.2	
Race (%)		
White, Not Hisp.	50.3%	+/-0.1
Black/African American, Not Hisp.	32.1%	+/-0.1
Hispanic/Latino	10.4%	+/-0.1
American Indian/Alaska Native	0.2%	+/-0.1
Asian	5.0%	+/-0.1
Native Hawaiian/Pacific Islander	0.0%	+/-0.1
Some Other Race	0.2%	+/-0.1
Two or More Races	1.8%	+/-0.1
Sex (%)		
Male	48.6%	+/-0.1
Female	51.4%	+/-0.1
Educational Attainment (*Among Population Aged 25+ Years*) (%)		
High School Graduate or Higher	87.7%	+/-0.2
Bachelor's Degree or Higher	34.9%	+/-0.3
Unemployment (*Among Civilian Labor Force Pop Aged 16+ Years*) (%)		
Percent Unemployed	7.8%	+/-0.1
Income		
Median Household Income (in 2013 inflation-adjusted dollars)	$56,605	+/-342
Poverty (%)		
People Whose Income in Past Year is Below Poverty Level	15.3%	+/-0.2

NOTES:
Margin of Error: can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.
^Atlanta MSA: in 2013 the U.S. Office of Management and Budget (OMB) revised MSA delineations across the country; the new Atlanta-Sandy Springs-Roswell, Georgia MSA is made up of 29 counties (previously, 28 counties). The 29 counties are: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickents, Pike, Rockdale, Spalding, and Walton. The principal cities of the Atanta MSA include: Atlanta, Sandy Springs, Roswell, Alpharetta, and Marietta.
****The estimate is controlled; a statistical test for sampling variability is not appropriate.

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

Table 2a: Self-Reported Substance Use Behaviors
Among Persons 12+ Years in *Atlanta Region* ^, 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number
Annual Averages Based on 2010, 2011, 2012 NSDUHs

	Substate Region: Atlanta^	
Substance Use Behaviors	Estimated % (95% CI)	Estimated #*
Used in Past Month		
Alcohol	50.63 (46.50 - 54.76)	1,186,090
Binge Alcohol**	19.65 (16.74 - 22.92)	460,333
Marijuana	6.50 (5.10 - 8.26)	152,273
Use of Illicit Drug Other Than Marijuana	3.10 (2.23 - 4.30)	72,623
Used in Past Year		
Cocaine	1.72 (1.16 - 2.55)	40,294
Nonmedical Use of Pain Relievers	3.59 (2.72 - 4.72)	84,102
Dependence or Abuse in Past Year***		
Illicit Drugs or Alcohol	**7.52 (6.00 - 9.38)**	**176,168**
Alcohol	5.60 (4.31 - 7.24)	131,189
Illicit Drugs	2.68 (2.05 - 3.49)	62,783

NOTES:
95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.
^Atlanta Region: NSDUH Substate Region 3, which comprises Clayton, DeKalb, Fulton, Gwinnett, Newton, and Rockdale Counties.
***Estimated #:** the estimated number of persons aged 12 or older who used the specified drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older
****Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.
*****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 2b: Self-Reported Substance Use Behaviors Among Persons in *Atlanta Region* ^, by Age Group, 2010-2012

Estimated Percent and 95% Confidence Interval (CI),
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: Atlanta^		
	12-17	18-25	26+
	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)
Used in Past Month			
Binge Alcohol*	6.1 (4.6 - 8.2)	31.0 (26.5 - 35.9)	19.5 (16.1 - 23.5)
Marijuana	8.0 (5.9 - 10.7)	19.5 (15.6 - 24.1)	4.1 (2.8 - 5.9)
Use of Illicit Drug Other Than Marijuana	4.3 (2.9 - 6.1)	6.0 (4.3 - 8.4)	2.5 (1.6 - 3.8)
Used in Past Year			
Marijuana	14.2 (11.2 - 17.7)	31.2 (26.4 - 36.4)	7.6 (5.7 - 10.0)
Cocaine	0.6 (0.3 - 1.0)	3.3 (2.1 - 5.2)	1.6 (1.0 - 2.6)
Nonmedical Use of Pain Relievers	4.5 (3.2 - 6.4)	7.5 (5.6 - 10.0)	2.8 (1.9 - 4.1)
Dependence or Abuse in Past Year**			
Illicit Drugs or Alcohol	6.6 (4.8 - 9.0)	17.4 (14.1 - 21.3)	6.0 (4.4 - 8.1)
Alcohol	3.1 (2.1 - 4.4)	11.5 (9.0 - 14.6)	4.9 (3.5 - 6.8)
Illicit Drugs	4.7 (3.2 - 6.8)	7.4 (5.2 - 10.3)	1.6 (1.1 - 2.5)

NOTES:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^Atlanta Region: NSDUH Substate Region 3, which comprises Clayton, DeKalb, Fulton, Gwinnett, Newton, and Rockdale Counties.

***Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 3: Self-Reported Substance Use Behaviors Among *Georgia* ^ Public High School Students, 2013
Estimated Percent and 95% Confidence Interval (CI)
2011 and 2013 YRBS*

Substance Use Behaviors	2013 vs 2011			2013 by Sex			2013 by Race		
	2013	2011	p-value	Male	Female	p-value	White	Black	Hispanic
	Percent			Percent			Percent		
	Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)
Used in Past Month									
Alcohol	27.9 (23.8 - 32.3)	34.6 (30.7 - 38.7)	**0.02**	25.0 (20.1 - 30.7)	30.3 (25.7 - 35.4)	0.06	31.9 (25.4 - 39.2)	22.6 (18.3 - 27.5)	30.8 (23.4 - 39.5)
Binge Alcohol**	13.3 (11.1 - 15.8)	17.5 (14.4 - 21.0)	**0.04**	13.8 (10.5 - 17.9)	12.7 (10.4 - 15.4)	0.58	17.4 (13.5 - 22.1)	7.9 (6.1 - 10.1)	15.8 (10.8 - 22.6)
Marijuana	20.3 (17.0 - 23.9)	21.2 (18.8 - 23.9)	0.64	21.3 (17.5 - 25.7)	19.1 (15.8 - 22.9)	0.20	16.9 (13.0 - 21.8)	23.1 (18.4 - 28.6)	23.9 (18.5 - 30.3)
Ever Used in Lifetime									
Alcohol	59.2 (55.1 - 63.2)	66.1 (62.2 - 69.8)	**0.01**	55.5 (50.5 - 60.3)	62.8 (57.8 - 67.5)	**0.01**	61.2 (55.1 - 66.9)	55.2 (51.3 - 59.1)	65.4 (57.2 - 72.7)
Marijuana	35.9 (31.7 - 40.2)	37.9 (34.4 - 41.6)	0.44	38.0 (32.6 - 43.7)	33.7 (29.8 - 37.7)	0.06	31.3 (25.3 - 38.0)	41.2 (35.6 - 47.0)	40.0 (30.6 - 50.2)
Cocaine	7.0 (5.4 - 9.1)	6.7 (5.3 - 8.5)	0.80	8.0 (5.8 - 10.9)	5.6 (4.2 - 7.6)	0.07	5.3 (3.6 - 7.6)	6.5 (4.0 - 10.4)	11.0 (7.8 - 15.4)
Hallucinogenic Drugs	—	—	~	—	—	~	—	—	—
Inhalants	9.9 (8.2 - 12.0)	13.2 (11.8 - 14.8)	**0.01**	11.2 (8.6 - 14.5)	8.2 (6.7 - 9.9)	0.06	8.1 (5.7 - 11.4)	9.1 (6.7 - 12.1)	15.0 (10.5 - 21.0)
Ecstasy also called "MDMA"	7.1 (5.6 - 8.8)	8.5 (6.8 - 10.6)	0.24	8.7 (6.6 - 11.4)	5.0 (3.8 - 6.7)	**0.00**	5.6 (3.8 - 8.2)	6.2 (3.7 - 10.3)	11.2 (7.7 - 15.9)
Heroin	—	4.7 (3.4 - 6.3)	~	—	—	~	—	—	—
Methamphetamine	—	6.0 (4.8 - 7.6)	~	—	—	~	—	—	—
Rx Drugs without a Doctors Prescription	17.7 (16.1 - 19.5)	—	~	19.5 (16.7 - 22.6)	15.7 (13.4 - 18.4)	0.08	18.5 (14.8 - 22.9)	14.9 (11.7 - 18.9)	18.7 (13.3 - 25.6)
Injected Any Illegal Drug	—	2.9 (2.2 - 3.9)	~	—	—	~	—	—	—

NOTES:
'—' = Data not available; **~ =** P-value not available; **N/A =** < 100 respondents for the subgroup.
^Georgia: data not available for Atlanta so data for State of Georgia provided; weighted data were available for Georgia in 2011 and 2013; weighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction.
***Sample Frame for the 2011 and 2013 YRBS:** sampling frame consisted of public schools with students in at least one of grades 9-12. The sample size for 2011 was 1,969 with an overall response rate of 72%; the 2013 sample size was 1,992 with a 61% overall response rate.
****Binge Alcohol:** defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

Source: Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [3/12/2015].

Table 4a: Trends in Admissions* to Substance Abuse Treatment Programs, *Atlanta MSA*^ Residents, 2010-2014

Number of Admissions and Percent of Admissions with Selected Substances
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**9,128**	n/a	**9,367**	n/a	**9,000**	n/a	**8,911**	n/a	**8,384**	n/a
Primary Substance of Abuse (%)										
Alcohol	4,353	47.7%	4,706	50.2%	4,470	49.7%	4,205	47.2%	3,856	46.0%
Cocaine/Crack	1,151	12.6%	985	10.5%	928	10.3%	862	9.7%	845	10.1%
Heroin	339	3.7%	306	3.3%	377	4.2%	548	6.1%	631	7.5%
Prescription Opioids	595	6.5%	647	6.9%	629	7.0%	619	6.9%	366	4.4%
Methamphetamine	468	5.1%	522	5.6%	567	6.3%	667	7.5%	736	8.8%
Marijuana**	1,677	18.4%	1,582	16.9%	1,435	15.9%	1,423	16.0%	1,342	16.0%
Benzodiazepines	205	2.2%	223	2.4%	185	2.1%	192	2.2%	140	1.7%
MDMA	5	<1%	4	<1%	6	<1%	6	<1%	3	<1%
Synthetic Stimulants	50	<1%	71	<1%	69	<1%	118	1.3%	119	1.4%
Synthetic Cannabinoids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs/Unknown	285	3.1%	321	3.4%	334	3.7%	271	3.0%	346	4.1%

NOTES:

^Atlanta MSA: the Atlanta-Sandy Springs-Roswell, Georgia MSA is made up of 29 counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickents, Pike, Rockdale, Spalding, and Walton. The principal cities of the Atanta MSA include: Atlanta, Sandy Springs, Roswell, Alpharetta, and Marietta.

***Admissions:** includes admissions to publicly-funded programs. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.

****Marijuana/Synthetic Cannabinoids:** the data does not differentiate between marijuana and synthetic cannabinoids.

unavail: data not available

SOURCE: Data provided by the Atlanta Metro NDEWS SCE and the Georgia Department of Human Resources.

Table 4b: Demographic and Drug Use Characteristics of Primary Treament Admissions*
for Select Substances of Abuse, *Atlanta MSA*^ Residents, 2014
Number of Admissions, by Primary Substance of Abuse and
Percent of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth-amphetamine	Marijuana	Benzo-diazepines	Synthetic Stimulants	Synthetic Cannabinoids
Number of Admissions (#)	3,856	845	631	467	736	1,342	140	7	unavail
Sex (%)									
Male	68.0%	58.6%	56.9%	45.9%	41.7%	65.2%	58.6%	42.9%	unavail
Female	32.0%	41.4%	43.1%	54.1%	58.3%	34.8%	41.4%	57.1%	unavail
Race/Ethnicity (%)									
White, Non-Hisp.	47.2%	17.5%	76.9%	84.8%	93.2%	31.4%	85.7%	71.4%	unavail
African-Am/Black, Non-Hisp	48.2%	78.5%	18.7%	12.0%	3.5%	59.8%	10.7%	0.0%	unavail
Hispanic/Latino	2.5%	2.5%	2.1%	<1%	1.1%	5.1%	3.6%	14.3%	unavail
Asian	<1%	0.0%	1.4%	<1%	<1%	<1%	0.0%	0.0%	unavail
Other	1.8%	1.5%	1.0%	1.7%	1.5%	3.2%	0.0%	14.3%	unavail
Age Group (%)									
Under 18	<1%	<1%	<1%	<1%	<1%	13.3%	1.4%	14.3%	unavail
18-25	8.0%	6.5%	25.4%	18.8%	18.1%	33.8%	21.4%	28.6%	unavail
26-44	47.1%	44.9%	55.8%	65.7%	69.3%	44.1%	58.6%	14.3%	unavail
45+	44.7%	48.5%	18.2%	14.6%	12.0%	8.9%	18.6%	42.9%	unavail
Route of Administration (%)									
Smoked	0.0%	72.4%	1.1%	2.6%	47.4%	95.5%	1.4%	0.0%	unavail
Inhaled	0.0%	22.2%	12.7%	7.3%	15.2%	<1%	0.0%	28.6%	unavail
Injected	0.0%	1.8%	82.9%	10.3%	29.2%	0.0%	1.4%	0.0%	unavail
Oral/Other/Unknown	100.0%	3.6%	3.3%	79.9%	8.2%	4.1%	97.1%	71.4%	unavail
Secondary Substance (%)									
None	38.3%	28.3%	22.7%	27.8%	29.6%	43.3%	16.4%	14.3%	unavail
Alcohol	n/a	40.4%	11.3%	9.9%	15.6%	33.3%	8.6%	42.9%	unavail
Cocaine/Crack	27.2%	1.4%	15.7%	2.6%	5.2%	7.7%	5.7%	0.0%	unavail
Heroin	2.2%	2.2%	n/a	4.3%	4.9%	<1%	10.7%	0.0%	unavail
Prescription Opioids	2.2%	<1%	12.5%	n/a	8.8%	1.7%	24.3%	0.0%	unavail
Methamphetamine	3.4%	1.4%	11.4%	1.1%	n/a	8.8%	13.6%	0.0%	unavail
Marijuana**	21.7%	23.2%	12.4%	1.9%	28.8%	n/a	10.0%	42.9%	unavail

NOTES:
^Atlanta MSA: the Atlanta-Sandy Springs-Roswell, Georgia MSA is made up of 29 counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickents, Pike, Rockdale, Spalding, and Walton. The principal cities of the Atanta MSA include: Atlanta, Sandy Springs, Roswell, Alpharetta, and Marietta.
***Admissions:** includes admissions to publicly-funded programs. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
****Marijuana/Synthetic Cannabinoids:** the data does not differentiate between marijuana and synthetic cannabinoids.
unavail: data not available; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

SOURCE: Data provided by the Atlanta Metro NDEWS SCE and the Georgia Department of Human Resources.

Table 5: Drug Poisoning Deaths*, by Demographic Characteristics,
Atlanta MSA, 2009-2012
Rate per 100,000 of deaths with underlying causes of drug related poisonings
and 95% Confidence Interval (CI), 2009-2011 and 2010-2012

	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)
Total (Age-Adjusted**)	unavail	unavail
Sex (Age-Adjusted**)		
Male	unavail	unavail
Female	unavail	unavail
Race/Ethnicity (Age-Adjusted**)		
White, Non-Hisp.	unavail	unavail
African-American/Black, Non-Hisp.	unavail	unavail
Hispanic	unavail	unavail
Asian	unavail	unavail
American Indian/Alaska Native	unavail	unavail
Age Group		
<18	unavail	unavail
18-44	unavail	unavail
45-64	unavail	unavail
65+	unavail	unavail

NOTES:
***Deaths due to drug poisoning,** ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs. 8-9) for the ICD-10 definitions.
****Age Adjusted Rate:** the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.
unavail: data not available for geographic area; **DSU:** data statistically unreliable.

SOURCE: Adapted by CESAR from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse. www.healthindicators.gov. [3/19/15].

Table 6: HIV/AIDS and Viral Hepatitis Cases,
Atlanta MSA* and *State of Georgia
Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	Atlanta MSA		Georgia	
	#	Rate per 100,000	#	Rate per 100,000
HIV				
Diagnosis of HIV Infection, 2012[a]	unavail	unavail	4,031	49.6
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011[a]	unavail	unavail	37,878	472.7
Hepatitis B, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	109	1.1
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail
Hepatitis C, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	82	0.8
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail

NOTES:
unavail: data not available.

Sources: Adapted by the NDEWS Coordinating Center from data provided by:
[a]Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: http://www.cdc.gov/nchhstp/atlas/.
[b]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, Surveillance for Viral Hepatitis — United States, 2012.

Table 7a: Drug Reports for Items Seized by Law Enforcement in the *Atlanta MSA*^ in 2014
National Forensic Laboratory Information System (NFLIS)
Top 10 Drug Reports* and Select Drugs/Drug Categories of Interest,
Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	**16,925**	**100%**
Top 10 Drug Reports*		
Methamphetamine	5,104	30.2%
Cocaine	3,293	19.5%
Unspecified Pharmacuetical Preparation	2,611	15.4%
Heroin	951	5.6%
Alprazolam	714	4.2%
Oxycodone	700	4.1%
Hydrocodone	421	2.5%
3,4-methylenedioxyethylcathinone (Ethylone)	359	2.1%
Cannabis	345	2.0%
Amphetamine	203	1.2%
Top 10 Total	**14,701**	**86.9%**
Selected Drug/Drug Categories**		
Fentanyl & Fentanyl Analogs	23	0.1%
Synthetic Cannabinoids	203	1.2%
Synthetic Cathinones	677	4.0%
2C Phenethylamines	21	0.1%
Piperazines	155	0.9%
Tryptamines	33	0.2%

NOTES:
^Atlanta MSA: the Atlanta-Sandy Springs-Roswell, Georgia MSA is made up of 29 counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickents, Pike, Rockdale, Spalding, and Walton. The principal cities of the Atanta MSA include: Atlanta, Sandy Springs, Roswell, Alpharetta, and Marietta. Note that this 29 county catchment area is different than that previously reported for the NFLIS Atlanta Metro area, which only included 28 counties.
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Selected Drugs/Drug Categories:** Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.

Table 7b: Drug Reports* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in the *Atlanta MSA^ in 2014,* National Forensic Laboratory Information System (NFLIS),
Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
Top 5 *Synthetic Cannabinoid* Drug Reports**		
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	77	37.9%
AB-PINACA	56	27.6%
AB-FUBINACA	31	15.3%
AB-CHMINACA (N-[(1S)-1-(AMINOCARBONYL)-2-METHYLPROPYL]-1-(CYCLOHEXYLMETHYL)-1H-INDAZOLE-3-CARBOXAMIDE)	6	3.0%
THJ 2201(1-(5-FLUOROPENTYL)-1H-INDAZOL-3-YL) (NAPHTHALEN-1-YL)METHANONE	5	2.5%
Other Synthetic Cannabinoids	28	13.8%
Total *Synthetic Cannabinoid* Reports	**203**	**100.0%**
Top 5 *Synthetic Cathinone* Drug Reports**		
3,4-METHYLENEDIOXYETHYLCATHINONE (ETHYLONE)	359	53.0%
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	183	27.0%
ALPHA-PYRROLIDINOPENTIOPHENONE (ALPHA-PVP)	82	12.1%
ALPHA-PYRROLIDINOHEPTAPHENONE (PV8)	19	2.8%
DIMETHYLONE (3,4-METHYLENEDIOXYDIMETHYLCATHINONE; bk-MDDMA)	12	1.8%
Other Synthetic Cathinones	22	3.2%
Total *Synthetic Cathinone* Reports	**677**	**100.0%**
Top 5 *2C Phenethylamine* Drug Reports**		
2-(4-IODO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL) ETHANAMINE (2C-I-NBOME)	8	38.1%
2-(4-BROMO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL) ETHANAMINE (2C-B-NBOMe)	6	28.6%
2-(4-CHLORO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL) ETHANAMINE (2C-C-NBOME)	5	23.8%
4-BROMO-2,5-DIMETHOXYPHENETHYLAMINE (2C-B)	1	4.8%
2,5-DIMETHOXY-4-IODOPHENETHYLAMINE (2C-I)	1	4.8%
Total *2C Phenethylamine* Reports	**21**	**100.0%**
Top 5 *Piperazine* Drug Reports**		
META-CHLORPHENYLPIPERAZINE (MCPP)	62	40.0%
1-(3-TRIFLUOROMETHYL)PHENYL-PIPERAZINE (TFMPP)	58	37.4%
N-BENZYLPIPERAZINE (BZP)	24	15.5%
1-(2-FLUOROPHENYL)PIPERAZINE	11	7.1%
Total *Piperazine* Reports	**155**	**100.0%**
Top 5 *Tryptamine* Drug Reports**		
DIMETHYLTRYPTAMINE (DMT)	14	42.4%
4-HYDROXY-N-METHYL-N-ISOPROPYLTRYPTAMINE (4-OH-MIPT)	9	27.3%
5-METHOXY-N,N-DIISOPROPYLTRYPTAMINE (5-MEO-DIPT)	6	18.2%
5-METHOXY-N-METHYL-N-ISOPROPYLTRYPTAMINE (5-MEO-MIPT)	4	12.1%
Total *Tryptamine* Reports	**33**	**100.0%**

NOTES:
^Atlanta MSA: the Atlanta-Sandy Springs-Roswell, Georgia MSA is made up of 29 counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickents, Pike, Rockdale, Spalding, and Walton. The principal cities of the Atanta MSA include: Atlanta, Sandy Springs, Roswell, Alpharetta, and Marietta. Note that this 29 county catchment area is different than that previously reported for the NFLIS Atlanta Metro area, which only included 28 counties.
***Drug Report:** drug identified in law enforcement items submitted to and analyzed by federal, state, or local forensic labs participating in NFLIS.
****Top 5 NPS Category Drug Reports:** fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.