

NDEWS *National Drug Early Warning System*

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

Atlanta Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

November 2019

NDEWS Coordinating Center

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A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in 12 Sentinel Community Sites (SCSs) across the U.S (see Figure). Emerging drugs and changing drug trends are monitored by each local SCE utilizing indicators such as drug overdose deaths, treatment admissions, hospital cases, poison center exposure calls, and law enforcement seizures. **In May 2019, each SCE was asked to review available indicators and identify up to five drugs they considered most important to summarize for their site and include in their 2019 annual *Drug Use Patterns and Trends Report*.**

NDEWS Sentinel Community Sites, 2019



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National Drug Early Warning System (NDEWS) Atlanta Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

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Highlights

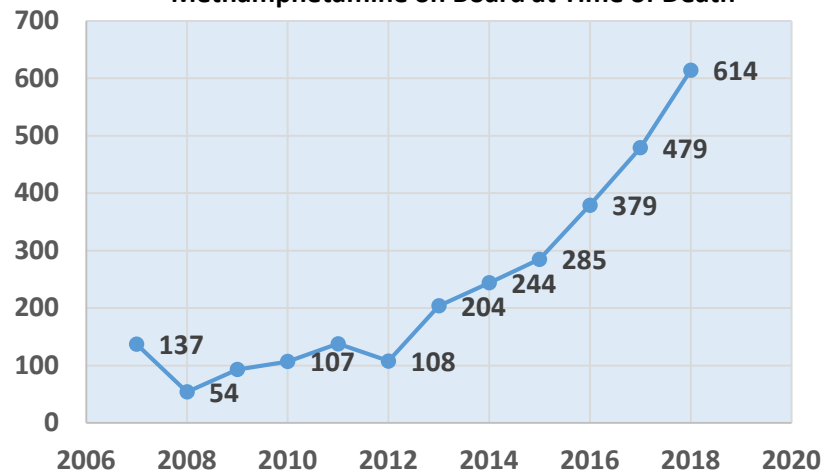
- Multiple methamphetamine data indicators have reached record levels, indicating increased use of the drug (NFLIS, treatment, and Georgia Medical Examiner data).
- Methamphetamine is no longer confined to Atlanta's white population and is spreading into the local African American community.
- Heroin indicators are mixed. Treatment admissions are at the highest level on record for Atlanta (6.0%). Statewide deaths with heroin on board are at a four year low. The percentage of NFLIS reports are at a five year low.
- Once dominant in Atlanta, the use of cocaine/crack is stable at rates below methamphetamine. Users are the oldest of any cohort, most likely to be African American, and smoking. There has been a slight decrease in Georgia Medical Examiner data from a 10-year high in 2017.
- The market for marijuana in Atlanta has changed more drastically than any local drug market, with significantly less statewide production and greater reliance on high-level THC oils transported from the West.
- All major drug indicators for alprazolam and other benzodiazepines are down in 2018 compared with the previous four years. The existence of alprazolam in the Georgia mortality data reached its lowest level since 2008. Still the drug most likely consumed by females, a greater percentage of treatment admissions were 25 years or younger than at any time in the last 10 years.
- The rise of prescription opiate use, witnessed between 2011 and 2016, has now leveled off with multiple indicators reflecting a decrease in 2018 compared with the previous two years

Methamphetamine

Percent of Total Methamphetamine-Related NFLIS Drug Reports



Number of Georgia Decedents with Methamphetamine on Board at Time of Death



- Largest percentage of methamphetamine-related NFLIS drug reports on record.
- Local NFLIS methamphetamine-related trend is supported by 2018 treatment data (12% of all primary treatment admissions are methamphetamine-related, which is equivalent to the previous 2005 high of 12.2%).
- Supports ethnographic reports of increasing supply of methamphetamine in Atlanta.

- The number of statewide decedents testing positive for methamphetamine at the time of death in 2018 is at an all-time high.
- Supports multiple retail level reporting that increasing amounts of fentanyl are being mixed and distributed in Atlanta’s methamphetamine supply, and this addition is typically unknown to the buyer/user.

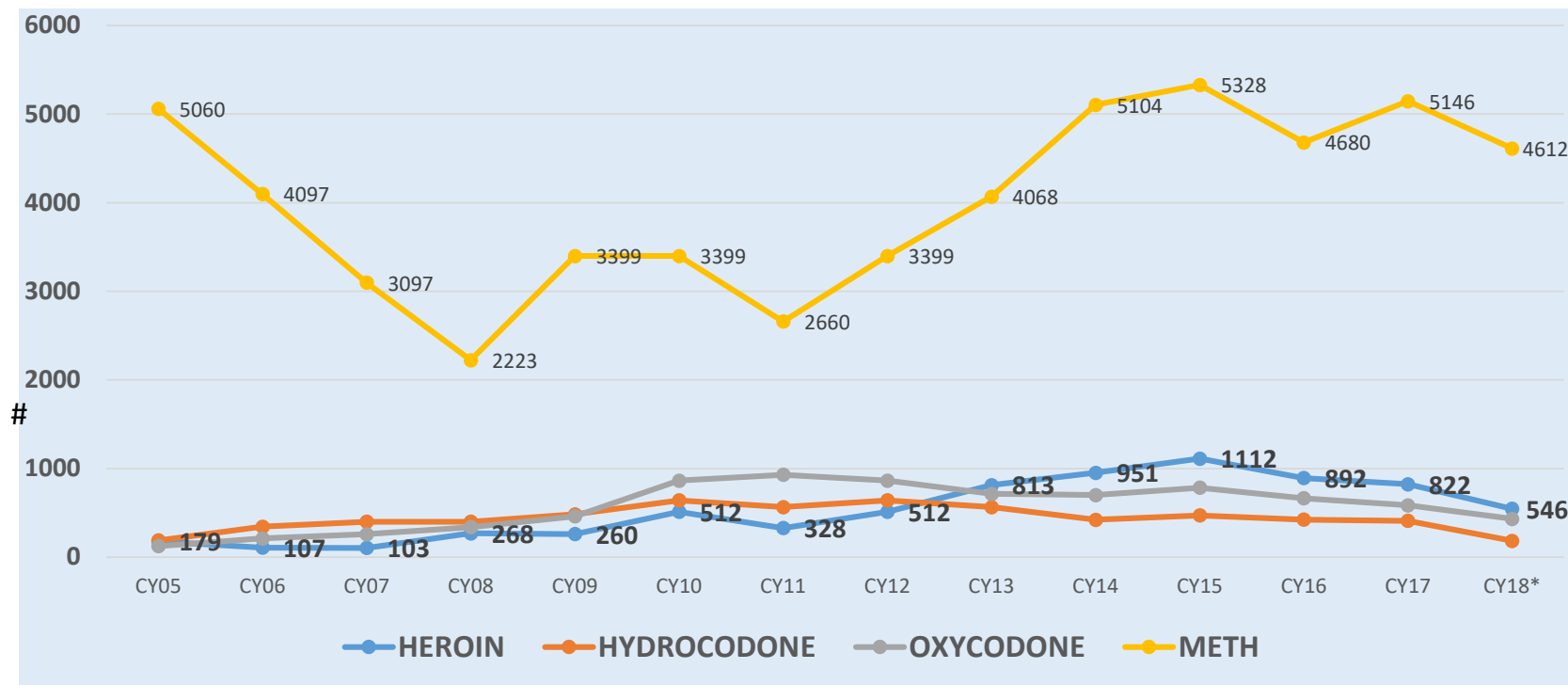
Note: NFLIS reports for 2018 are extrapolated from 1H 2018 data.

Source: NFLIS, DEA

Source: Georgia Medical Examiner’s Office

Heroin

Number of Drug-Specific Related NFLIS Drug Reports (2005-2018)



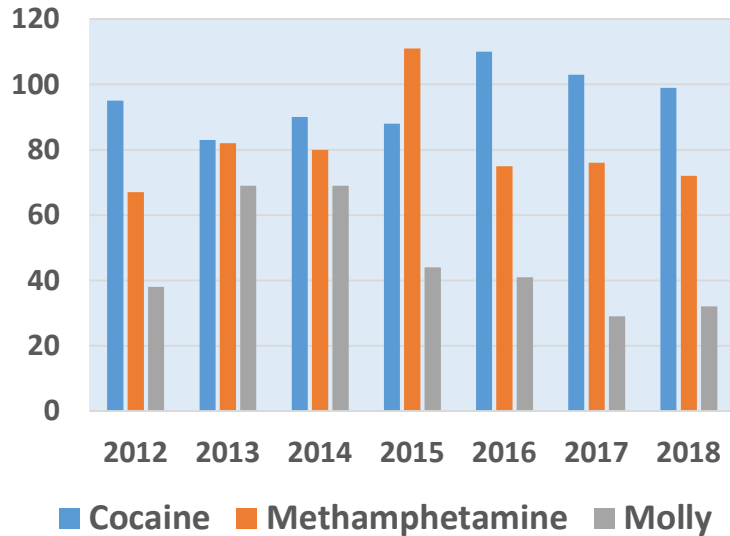
- Atlanta has lower rates of heroin use than any other major US city; 6% of total primary treatment admissions are for heroin.
- Heroin-related NFLIS data in 2018 is half of the total number in 2015.
- Users continued to be increasingly white; younger than 35 years old.
- Ethnographic reports cite an increasing supply of Mexican heroin into the metro Atlanta area.

Note: NFLIS reports for 2018 are extrapolated from 1H 2018 data.

Source: NFLIS, DEA

Crack and Cocaine HCL

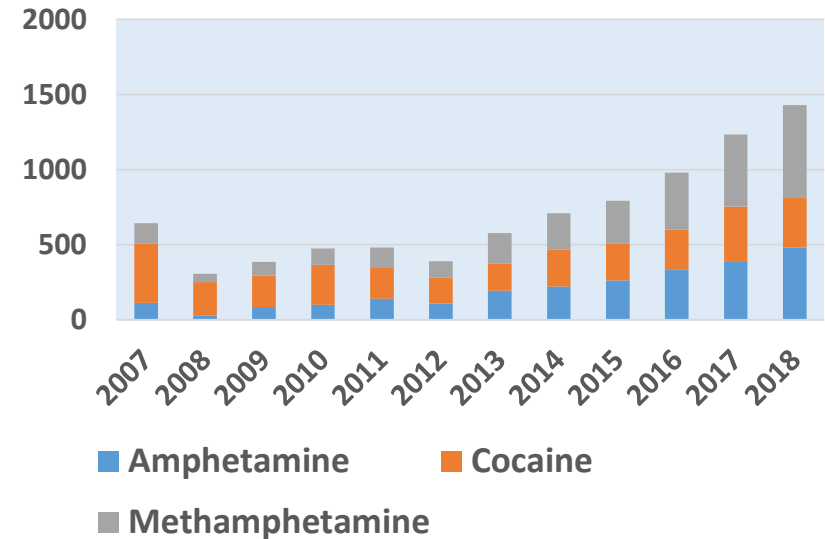
Number of Atlanta-Based Drug Calls to GA Poison Control (2012-2018)



- Users are most likely to be African American, greater than 45 years, and smoke.
- Cocaine-related calls to the Georgia Poison Control Center typically exceed methamphetamine and “molly” calls in metro Atlanta.
- NFLIS indicates stable percentages of cocaine-related reports for the past 5 years.

Source: Georgia Poison Control Center

Number of Decedents with Select Drugs on Board at Death (2007-2018)

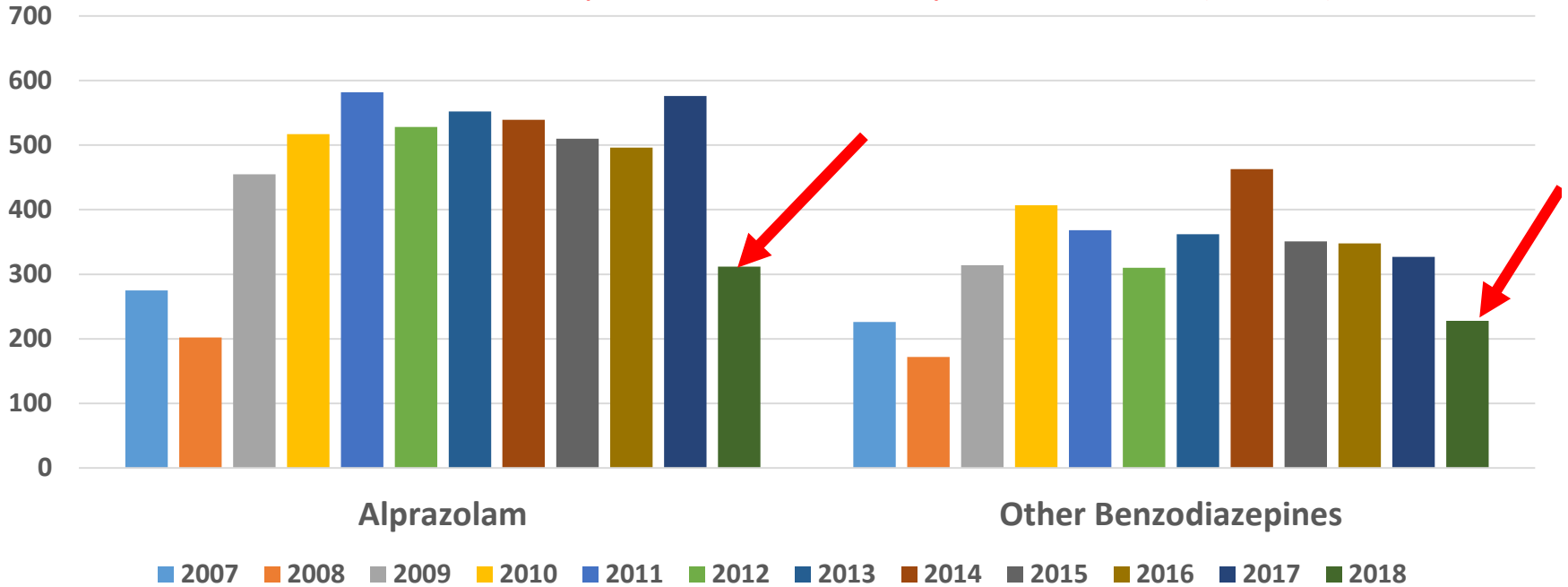


- Increased prevalence of stimulants on board among Georgia decedents. The increase in cocaine-related reports parallels the increased use of amphetamine and methamphetamine.
- Local DEA officials describe the supply of cocaine in Atlanta to be the most stable/consistent than any other major drug. Neither crack/cocaine HCL prices nor purity rates have fluctuated significantly in the last 5 years.

Source: Georgia Medical Examiner’s Office

Benzodiazepines

Number of Decedents with Alprazolam and Other Benzodiazepines on Board at Death (2007-2018)



- All major drug indicators suggest a decrease in benzodiazepine use in metro Atlanta, compared to the previous 5-6 years.
- Public treatment data suggest the lowest primary admissions for benzodiazepines in the past 10 years.
- Benzodiazepines continue to be the one drug most often abused by females and increased use among persons < 26 years old is reported (based on treatment data and ethnographic reports)
- Xanax on board among Georgia decedents is at the lowest point since 2008.

SOURCE: Georgia Medical Examiner’s Office

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Atlanta MSA^Residents, 2014-2018
Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year									
	2014		2015		2016		2017		2018	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	20,855	100.0%	17,419	100.0%	unavail	unavail	18,915	100.0%	20,947	100.0%
Primary Substance of Abuse (%)										
Alcohol	8,800	42.2%	7,184	41.2%	unavail	unavail	8,029	42.4%	8,499	40.6%
Cocaine/Crack	2,829	13.6%	1,721	9.9%	unavail	unavail	1,890	10.0%	2,025	9.7%
Heroin	353	1.7%	805	4.6%	unavail	unavail	1,001	5.3%	1,287	6.1%
Prescription Opioids	680	3.3%	664	3.8%	unavail	unavail	1,277	6.8%	1,314	6.3%
Methamphetamine	1,193	5.7%	1,256	7.2%	unavail	unavail	2,017	10.7%	2,468	11.8%
Marijuana**	4,017	19.3%	3,483	20.0%	unavail	unavail	3,837	20.3%	4,331	20.7%
Benzodiazepines	318	1.5%	184	1.1%	unavail	unavail	264	1.4%	274	1.3%
MDMA	12	0.1%	13	0.1%	unavail	unavail	20	0.1%	6	<0.1%
Synthetic Stimulants	18	0.1%	0	0.0%	unavail	unavail	346	1.8%	357	1.7%
Synthetic Cannabinoids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs/Unknown	2,635	12.6%	2,109	12.1%	unavail	unavail	234	1.2%	386	1.8%

NOTES:

^Atlanta MSA: Includes the following 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, Pickens, Pike, Rockdale, Spalding, and Walton.

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

****Marijuana/Synthetic Cannabinoids:** The data do not differentiate between marijuana and synthetic cannabinoids.

unavail: Data not available.

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

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, Atlanta MSA^ Residents, 2018
 Number and Percentage of Admissions, by Primary Substance with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids		Methamphetamine		Marijuana**		Benzo-diazepines		Synthetic Stimulants		Synthetic Cannabinoids**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)	8,499	41%	2,025	10%	1,287	6%	1,314	6%	2,468	12%	4,331	21%	274	1%	357	2%	unavail	unavail
Sex (%)																		
Male	5,292	62.3%	1,158	57.2%	741	57.6%	645	49.1%	1,163	47.1%	2,744	63.4%	111	40.5%	186	52.1%	unavail	unavail
Female	3,207	37.7%	867	42.8%	546	42.4%	669	50.9%	1,305	52.9%	1,587	36.6%	163	59.5%	171	47.9%	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	3,759	44.2%	399	19.7%	901	70.0%	1,024	77.9%	2,223	90.1%	1,425	32.9%	211	77.0%	308	86.3%	unavail	unavail
African-Am/Black, Non-Hisp	4,267	50.2%	1,534	75.8%	316	24.6%	234	17.8%	155	6.3%	2,555	59.0%	36	13.1%	31	8.7%	unavail	unavail
Hispanic/Latino	171	2.0%	23	1.1%	20	1.6%	10	0.8%	42	1.7%	156	3.6%	5	1.8%	6	1.7%	unavail	unavail
Asian/Pacific Islander	120	1.4%	38	1.9%	22	1.7%	6	0.5%	10	0.4%	52	1.2%	3	1.1%	3	0.8%	unavail	unavail
Other	182	2.1%	31	1.5%	28	2.2%	40	3.0%	38	1.5%	143	3.3%	19	6.9%	9	2.5%	unavail	unavail
Age Group (%)																		
Under 18	41	0.5%	0	0.0%	0	0.0%	0	0.0%	6	0.2%	174	4.0%	3	1.1%	2	0.6%	unavail	unavail
18-25	628	7.4%	82	4.0%	170	13.2%	135	10.3%	378	15.3%	1,303	30.1%	45	16.4%	53	14.8%	unavail	unavail
26-44	3,806	44.8%	864	42.7%	771	59.9%	917	69.8%	1,666	67.5%	2,221	51.3%	151	55.1%	268	75.1%	unavail	unavail
45+	4,024	47.3%	1,079	53.3%	346	26.9%	262	19.9%	418	16.9%	633	14.6%	75	27.4%	34	9.5%	unavail	unavail
Route of Administration (%)																		
Smoked	31	0.4%	1,288	63.6%	43	3.3%	68	5.2%	1,199	48.6%	4,132	95.4%	4	1.5%	125	35.0%	unavail	unavail
Inhaled	3	0.0%	541	26.7%	263	20.4%	382	29.1%	365	14.8%	34	0.8%	13	4.7%	61	17.1%	unavail	unavail
Injected	2	0.0%	40	2.0%	885	68.8%	215	16.4%	623	25.2%	4	0.1%	2	0.7%	152	42.6%	unavail	unavail
Oral/Other/Unknown	8,463	99.6%	156	7.7%	96	7.5%	649	49.4%	281	11.4%	161	3.7%	255	93.1%	19	5.3%	unavail	unavail
Secondary Substance (%)																		
None	3,818	44.9%	786	38.8%	319	24.8%	837	63.7%	1,064	43.1%	2,523	58.3%	107	39.1%	173	48.5%	unavail	unavail
Alcohol	n/a	n/a	670	33.1%	118	9.2%	87	6.6%	283	11.5%	887	20.5%	24	8.8%	46	12.9%	unavail	unavail
Cocaine/Crack	1,670	19.6%	n/a	n/a	298	23.2%	8	0.6%	113	4.6%	359	8.3%	9	3.3%	20	5.6%	unavail	unavail
Heroin	111	1.3%	48	2.4%	n/a	n/a	31	2.4%	125	5.1%	26	0.6%	11	4.0%	11	3.1%	unavail	unavail
Prescription Opioids	186	2.2%	8	0.4%	91	7.1%	n/a	n/a	134	5.4%	60	1.4%	43	15.7%	28	7.8%	unavail	unavail
Methamphetamine	356	4.2%	70	3.5%	242	18.8%	112	8.5%	n/a	n/a	348	8.0%	27	9.9%	5	1.4%	unavail	unavail
Marijuana**	2,201	25.9%	420	20.7%	129	10.0%	129	9.8%	653	26.5%	n/a	n/a	34	12.4%	61	17.1%	unavail	unavail
Benzo-diazepines	96	1.1%	15	0.7%	74	5.7%	83	6.3%	83	3.4%	80	1.8%	n/a	n/a	13	3.6%	unavail	unavail
Synthetic Stimulants	61	0.7%	8	0.4%	16	1.2%	27	2.1%	13	0.5%	48	1.1%	19	6.9%	n/a	n/a	unavail	unavail
Synthetic Cannabinoids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

NOTES:
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 *Admissions: Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.
 **Marijuana/Synthetic Cannabinoids: The data do not differentiate between marijuana and synthetic cannabinoids.
 n/a: Not applicable; unavail: Data not available; Percentages may not sum to 100 due to missing data, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data and/or not all possible categories are presented in the table.

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

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

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 1H2018. 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 1H2018 are preliminary and subject to change. NFLIS reports for 2018 are extrapolated from 1H 2018 data.

Law enforcement reports of local drug use trends, prices, and availability were obtained from officials at the Atlanta High Intensity Drug Trafficking Area (HIDTA). Annual meetings with HIDTA staff are supplemented with multiple telephone consultations throughout the year.

Public substance abuse treatment admissions for 2018 have been provided by the Georgia Department of Human Resources.

State drug-related mortality data were obtained from the Georgia Medical Examiner's Office. Data represent the number of postmortem specimens that tested positive for a particular drug and were collected from fiscal years 2007 through 2018.

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 2012 to 2018.

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, E-mail: bdew@gsu.edu.