

NDEWS *National Drug Early Warning System*

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

Los Angeles County Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

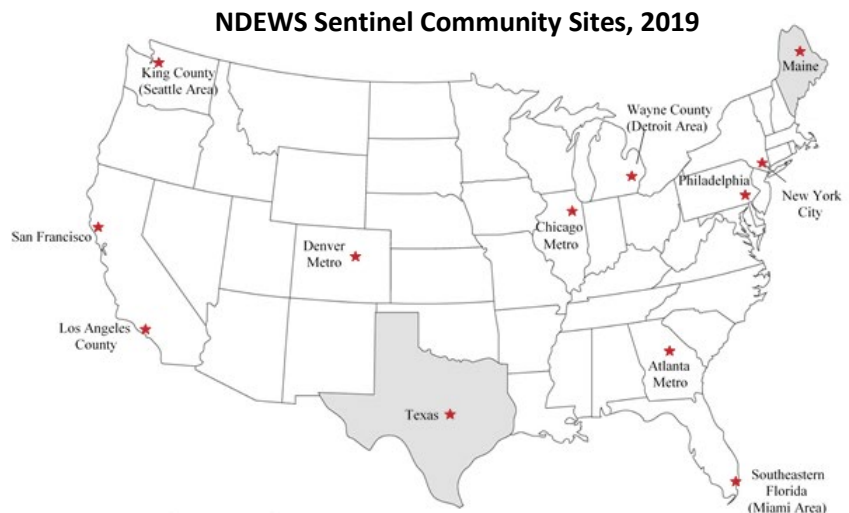
November 2019

NDEWS Coordinating Center

NDEWS *National Drug Early Warning System*

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

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. 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*.**



Sentinel Community Epidemiologists (SCEs)

Atlanta Metro

Brian J. Dew, PhD
Dept of Counseling and Psychological Svcs
Georgia State University
Phone: 404-413-8168
bdew@gsu.edu

Chicago Metro

Lawrence J. Ouellet, PhD
School of Public Health
University of Illinois at Chicago
Phone: 312-355-0145
ljo@uic.edu

Denver Metro

Marion Rorke, MPH
Dept of Public Health and Environment
City and County of Denver
Phone: 720-865-5453
marion.rorke@denvergov.org

Wayne County (Detroit Area)

Cynthia L. Arfken, PhD
Dept of Psychiatry and Behavioral
Neurosciences
Wayne State University
Phone: 313-993-3490
cynthia.arfken@wayne.edu

Los Angeles County

Mary-Lynn Brecht, PhD
Integrated Substance Abuse Programs
University of California at Los Angeles
Phone: 310-983-1196
lbrecht@ucla.edu

Maine

Marcella H. Sorg, PhD, RN
Rural Drug and Alcohol Research Program
University of Maine
Phone: 207-581-2596
mhsorg@maine.edu

Southeastern Florida (Miami Area)

Ben Hackworth, MPH
Commission on Behavioral Health & Drug
Prevention
United Way of Broward County
Phone: 954-453-3740
bhackworth@unitedwaybroward.org

New York City

Denise Paone, EdD
Bureau of Alcohol and Drug Use
Prevention, Care and Treatment
New York City Dept of Health & Mental
Hygiene
Phone: 347-396-7015
dpaone@health.nyc.gov

Philadelphia

Suet T. Lim, PhD
City of Philadelphia
Dept of Behavioral Health and Intellectual
disAbility Services
Community Behavioral Health
Phone: 215-413-7165
suet.lim@phila.gov

San Francisco

Phillip O. Coffin, MD, MIA
San Francisco Dept of Public Health
Phone: 415-437-6282
phillip.coffin@sfdph.org

King County (Seattle Area)

Caleb Banta-Green, PhD, MSW, MPH
Alcohol and Drug Abuse Institute
University of Washington
Phone: 206-685-3919
calebbg@u.washington.edu

Texas

Jane C. Maxwell, PhD
School of Social Work
The University of Texas at Austin
Phone: 512-656-3361
jcmaxwell@austin.utexas.edu

National Drug Early Warning System (NDEWS) Los Angeles County Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

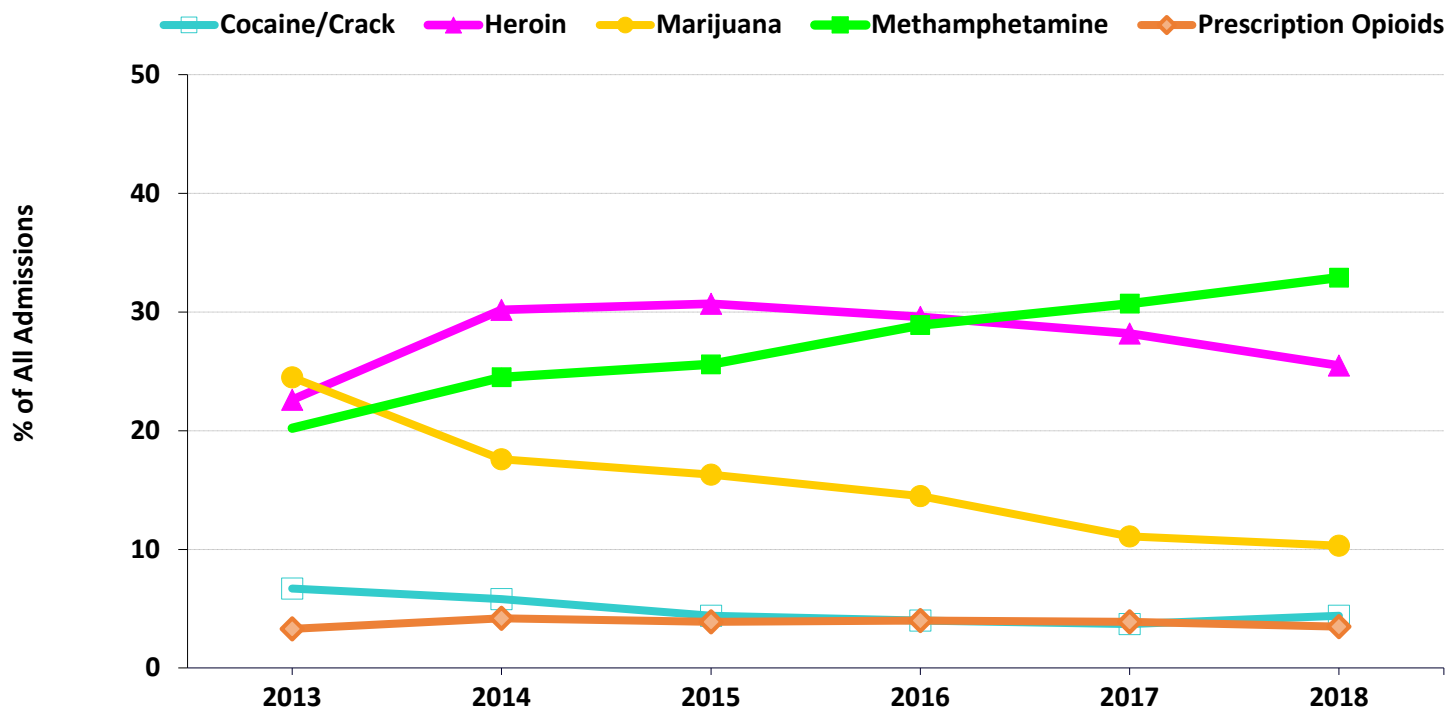
Mary-Lynn Brecht, Ph.D.

UCLA School of Nursing and UCLA Integrated Substance Abuse Programs

Highlights

- Methamphetamine continues to be a major problem in Los Angeles County.
 - NFLIS data (Jan-June 2018): methamphetamine at 48.5% of total reports, continuing an increasing trend over more than a decade
 - Medical Examiner toxicology cases (2018): 1,126 (of 2,930 reported cases) tested positive for methamphetamine, a substantial increase over 2017.
 - Treatment admissions (2018): 33% for methamphetamine, an increase over the previous year.
 - Low and decreasing prices; major law enforcement problem.
- Heroin showed mixed trends, but small changes and lower numbers and percentages than methamphetamine.
- Prescription opioids continue to be a focus of public concern, with increases in most indicators, but still a small presence in some indicators.
 - Medical Examiner toxicology cases (2018): 631 for narcotic analgesics, an increase over previous year; fentanyl was positive in 287 of these cases, a substantial increase over 2017.
 - Poison Control System (2018): 13.1% for prescription opioids (nearly that of all illicit substances combined), a slight increase over 2017 (12.9%).
 - NFLIS reports (Jan-June 2018): 3.3% for narcotic analgesics, an increase over 2017; fentanyl was a major contributor to this category at 1.3%, more than double that in 2017.
 - Treatment admissions (2018): 3.5%, a slight decrease from 2017.

Treatment Admissions by Primary Substance of Abuse Los Angeles County, 2013-2018

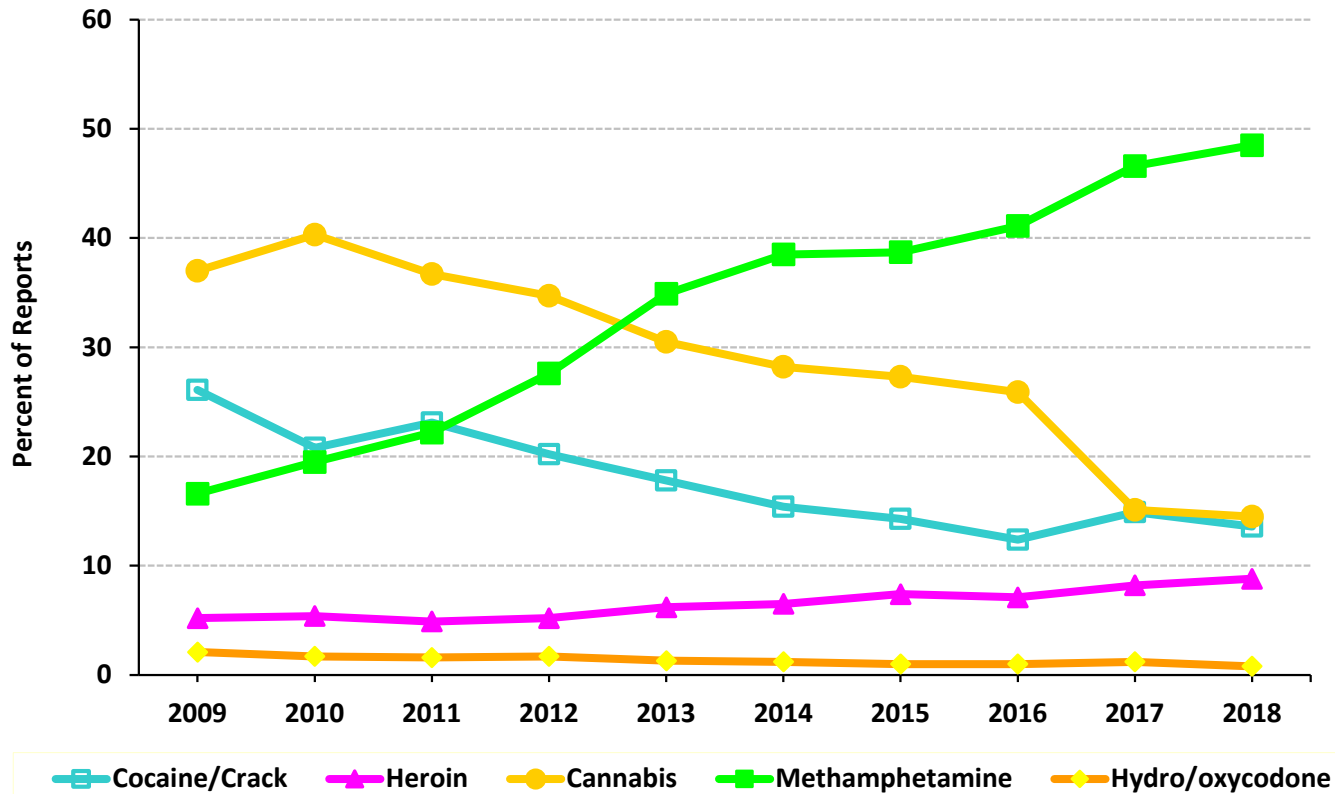


- This graph shows major illicit (or formerly illicit [marijuana]) substances, as well as prescription opioids.
- There was an increase for methamphetamine and decreases for heroin, marijuana, and prescription opioids.
- Note that graph represents percentages of admissions by specified drug. Total numbers of admissions differ across reporting periods. There has been a substantial decrease in total numbers of admissions to treatment since 2010, due to factors such as decreases in state funding and changes in delivery of services.

Note: Percentages are based on annual number of admissions with primary drug indicated; these totals differ across years 2013-2018. Total number of admissions for 2018 with a valid primary substance indicated, n=33,071.

SOURCE: Substance Abuse Prevention Control, Los Angeles County Department of Public Health.

Percent of NFLIS Drug Reports for Selected Substances Los Angeles County, 2009–June 2018

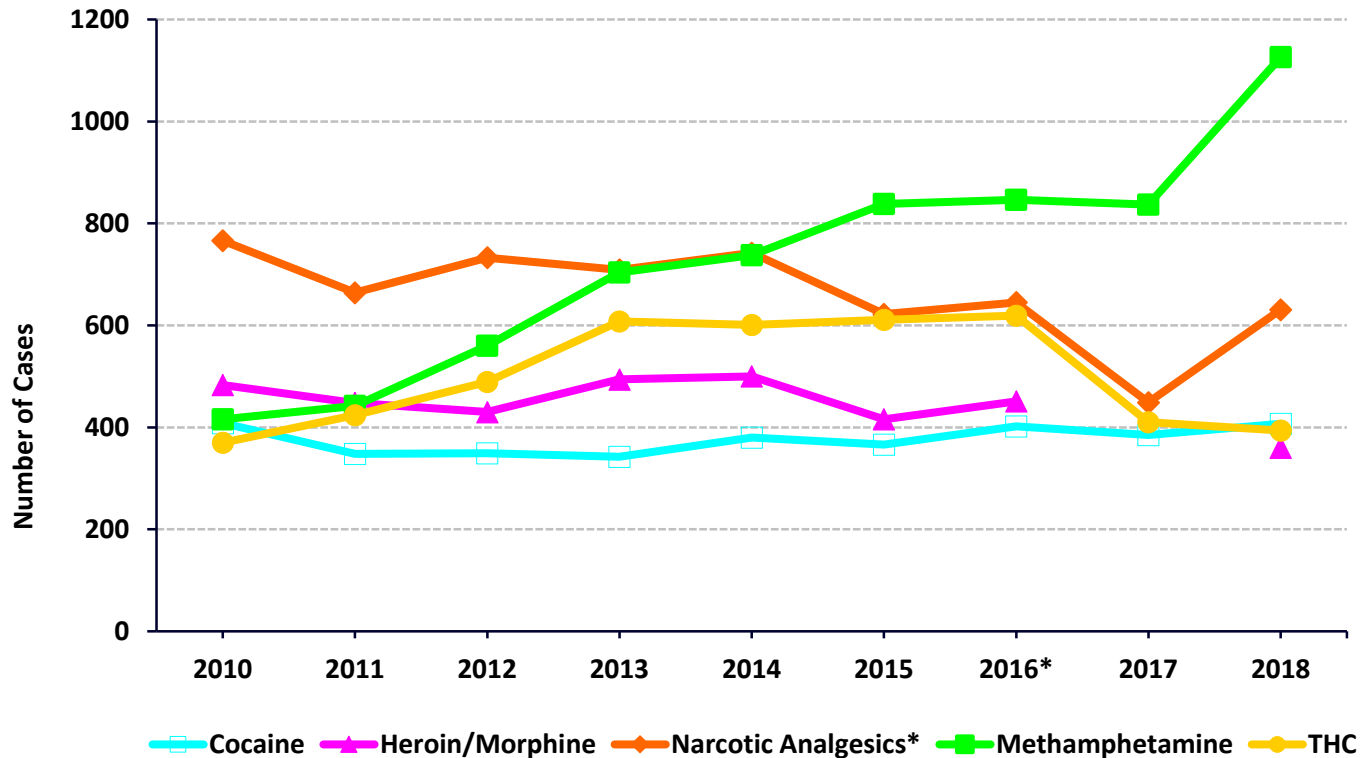


- These data show an increase for methamphetamine and a slight increase for heroin.
- There were Increases for narcotic analgesics, including fentanyl (not shown on graph).

NOTES: Other substances comprise very small percentages of reports and are not shown on graph. 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.

SOURCE: DEA, National Forensic Laboratory Information System (NFLIS);

Number of Medical Examiner Toxicology Cases with Drugs Detected Los Angeles County, 2010-2018



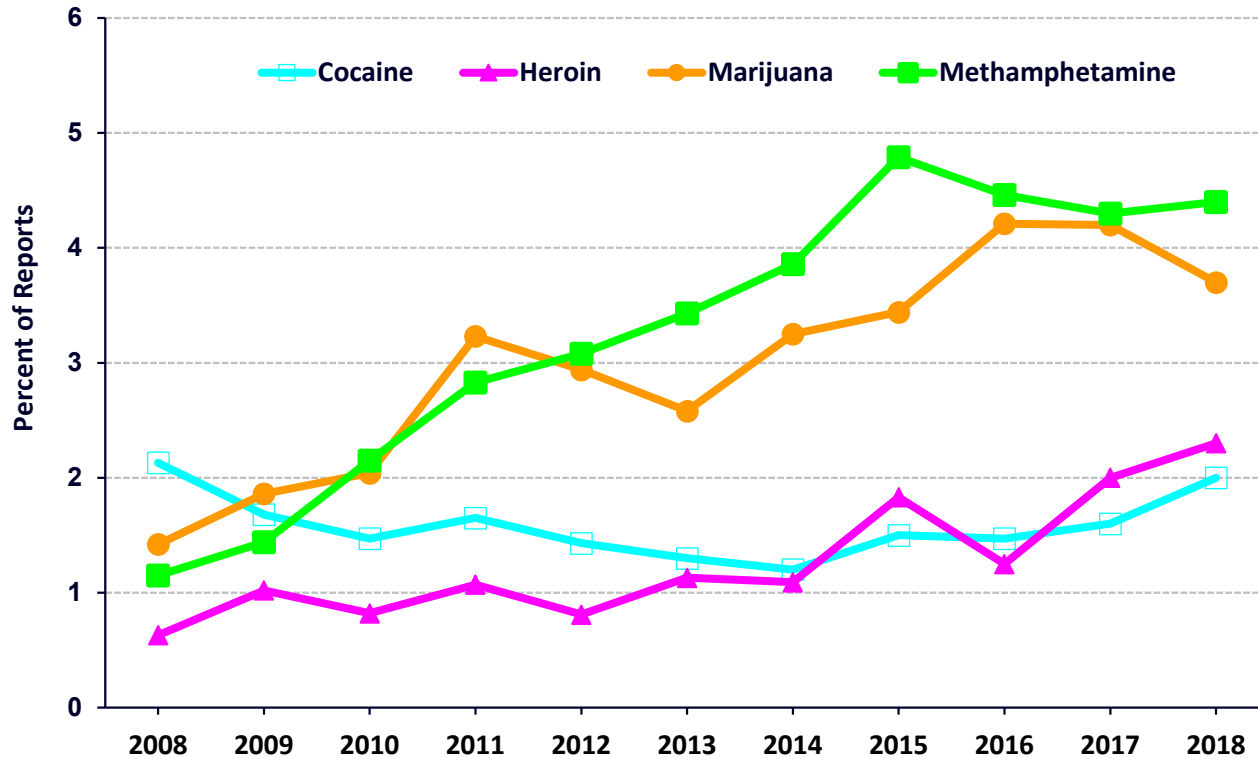
- There were notable increases in 2018 for methamphetamine (continuing many years of increases) and narcotic analgesics (a change from the earlier downward trend).

*For 2016, graph used estimated total and estimated methamphetamine frequency; heroin/morphine data not available for 2017.

NOTES: Numbers reflect cases for which toxicology tests were conducted with positive result for at least one tested substance (i.e., not just drug-related deaths). Each case may have more than one drug detected. Medical examiner cases in which drugs were detected (drug-involved, not necessarily drug-caused). Narcotic analgesics & narcotic-like analgesics (other than heroin/morphine) include codeine, hydrocodone, hydromorphone, oxycodone, oxymorphone, methadone, fentanyl, other narcotics, and tramadol. The number of toxicology cases for 2010-2018, respectively: n=2981, 2866, 3068, 3109, 3038, 3024, 3038*, 2789, and 2930.

SOURCE: Los Angeles County Medical Examiner data.

Percent of Poison Control System Reports for Selected Illicit Drugs Los Angeles County, 2008-2018



- Reports of specific illicit drugs constitute small percentages of the Poison Control reports summarized; illicit substances together constituted 14.4% of reports in 2018.
- Of the 4,163 reports in 2018, 14.4% were for illicit drugs including marijuana; 26.1% for benzodiazepines, 13.1% for prescription narcotics (not shown on graph), and 7.6% for non-narcotic analgesics.
- There were increases in 2018 for methamphetamine, heroin, and cocaine.
- Prescription narcotics constituted 13.1% in 2018 (not shown on this graph), a slight increase over 12.9% in 2017.

SOURCE: California Poison Control System, 2018 data (3/20/19).

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Los Angeles County 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 (#)	34,370	100%	31,596	100%	30,885	100%	28,557	100%	33,071	100%
Primary Substance of Abuse (%)										
Alcohol	5,413	15.7%	5,384	17.0%	5,148	16.7%	5,650	19.8%	6,910	20.9%
Cocaine/Crack	2,001	5.8%	1,391	4.4%	1,235	4.0%	1,060	3.7%	1,439	4.4%
Heroin	10,392	30.2%	9,709	30.7%	9,154	29.6%	8,061	28.2%	8,449	25.5%
Prescription Opioids**	1,428	4.2%	1,240	3.9%	1,245	4.0%	1,102	3.9%	1,157	3.5%
Methamphetamine	8,409	24.5%	8,083	25.6%	8,938	28.9%	8,760	30.7%	10,893	32.9%
Marijuana	6,051	17.6%	5,150	16.3%	4,487	14.5%	3,347	11.7%	3,420	10.3%
Benzodiazepines/barbiturates***	170	0.5%	192	0.6%	242	0.8%	227	0.8%	301	0.9%
MDMA	28	0.1%	28	0.1%	34	0.1%	33	0.1%	30	0.1%
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs	478	1.4%	419	1.3%	402	1.3%	317	1.1%	472	1.4%

NOTES:

***Admissions:** Includes all admissions to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). An admission is countable only after all screening, intake, and assessment processes have been completed, and all of the following have occurred: 1) the provider has determined that the client meets the program admission criteria; 2) if applicable, the client has given consent for treatment/recovery services; 3) an individual recovery or treatment plan has been started; 4) a client file has been opened; 5) the client has received his/her first direct recovery service in the facility and is expected to continue participating in program activities; 6) in methadone programs, the client has received his/her first dose. Admissions are counted for this table only if a valid primary substance was indicated. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

****Prescription Opioids:** Includes drug categories labeled "oxycodone/OxyContin" and "other opiates or synthetics." *****Benzodiazepines/barbiturates** includes drug categories labeled "tranquilizers (benzodiazepines)", "other tranquilizers," "other sedatives/hypnotics," "barbiturates".

unavail: Data not available.

SOURCE: Data provided to the Los Angeles NDEWS SCE by Substance Abuse Prevention and Control, Los Angeles County Department of Public Health. Note that the source for these data is different from earlier years' reports and values may differ slightly.

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, Los Angeles County Residents, 2018
Number of Admissions, by Primary Substance and Percentage of Admissions 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 (#)	6,910	100%	1,439	100%	8,449	100%	1,157	100%	10,893	100%	3,420	100%	301	100%	unavail	unavail	unavail	unavail
Sex (%)																		
Male	4,037	58.4%	850	59.1%	5,971	70.7%	619	53.5%	5,725	52.6%	2,126	62.2%	164	54.5%	unavail	unavail	unavail	unavail
Female	2,844	41.2%	583	40.5%	2,451	29.0%	534	46.2%	5,095	46.8%	1,286	37.6%	136	45.2%	unavail	unavail	unavail	unavail
Other	13	0.2%	5	0.3%	17	0.2%	2	0.2%	53	0.5%	4	0.1%	1	0.3%	unavail	unavail	unavail	unavail
Unknown/missing	26	0.4%	1	0.1%	10	0.1%	2	0.2%	20	0.2%	4	0.1%	0	0.0%	unavail	unavail	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	2,178	31.5%	116	8.1%	4,356	51.6%	552	47.7%	2,148	19.7%	339	9.9%	107	35.5%	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	1,058	15.3%	925	64.3%	342	4.0%	178	15.4%	1,076	9.9%	649	19.0%	24	8.0%	unavail	unavail	unavail	unavail
Hispanic/Latino	3,166	45.8%	298	20.7%	3,055	36.2%	329	28.4%	6,810	62.5%	2,088	61.1%	138	45.8%	unavail	unavail	unavail	unavail
Asian	110	1.6%	22	1.5%	120	1.4%	25	2.2%	204	1.9%	38	1.1%	8	2.7%	unavail	unavail	unavail	unavail
Other	243	3.5%	42	2.9%	344	4.1%	39	3.4%	405	3.7%	170	5.0%	13	4.3%	unavail	unavail	unavail	unavail
Unknown/missing	155	2.2%	36	2.5%	232	2.7%	34	2.9%	250	2.3%	136	4.0%	11	3.7%	unavail	unavail	unavail	unavail
Age Group (%)																		
Under 18	75	1.1%	18	1.3%	3	0.0%	5	0.4%	86	0.8%	1,344	39.3%	41	13.6%	unavail	unavail	unavail	unavail
18-25	592	8.6%	102	7.1%	979	11.6%	90	7.8%	2,038	18.7%	782	22.9%	90	29.9%	unavail	unavail	unavail	unavail
26-45	3,904	56.5%	493	34.3%	4,917	58.2%	655	56.6%	7,241	66.5%	1,119	32.7%	125	41.5%	unavail	unavail	unavail	unavail
46+	2,339	33.8%	826	57.4%	2,550	30.2%	407	35.2%	1,528	14.0%	175	5.1%	45	15.0%	unavail	unavail	unavail	unavail
Route of Administration (%)																		
Smoked	19	0.3%	1,058	73.5%	2,074	24.5%	51	4.4%	8,170	75.0%	3,286	96.1%	6	2.0%	unavail	unavail	unavail	unavail
Inhaled	-	0.0%	307	21.3%	304	3.6%	31	2.7%	1,244	11.4%	27	0.8%	6	2.0%	unavail	unavail	unavail	unavail
Injected	-	0.0%	12	0.8%	5,964	70.6%	34	2.9%	1,178	10.8%	3	0.1%	-	0.0%	unavail	unavail	unavail	unavail
Vaping	-		6		4		-		16		16		-		unavail	unavail	unavail	unavail
Oral/Other	6,887	99.7%	56	3.9%	100	1.2%	1,041	90.0%	283	2.6%	83	2.4%	289	96.0%	unavail	unavail	unavail	unavail
Unknow/missing	3	0.0%	0	0.0%	3	0.0%	0	0.0%	2	0.0%	5	0.1%	0	0.0%	unavail	unavail	unavail	unavail
Secondary Substance (%)																		
None	2,350	34.0%	373	25.9%	2,909	34.4%	474	41.0%	3,441	31.6%	1,269	37.1%	43	14.3%	unavail	unavail	unavail	unavail
Alcohol	n/a	n/a	381	26.5%	367	4.3%	72	6.2%	1,987	18.2%	791	23.1%	36	12.0%	unavail	unavail	unavail	unavail
Cocaine/Crack	405	5.9%	n/a	n/a	392	4.6%	36	3.1%	333	3.1%	118	3.5%	23	7.6%	unavail	unavail	unavail	unavail
Heroin	109	1.6%	13	0.9%	n/a	n/a	81	7.0%	416	3.8%	18	0.5%	10	3.3%	unavail	unavail	unavail	unavail
Prescription Opioids**	98	1.4%	13	0.9%	296	3.5%	68	5.9%	77	0.7%	30	0.9%	27	9.0%	unavail	unavail	unavail	unavail
Methamphetamine	1,340	19.4%	136	9.5%	2,797	33.1%	88	7.6%	n/a	n/a	521	15.2%	47	15.6%	unavail	unavail	unavail	unavail
Marijuana	1,185	17.1%	274	19.0%	448	5.3%	74	6.4%	2,819	25.9%	n/a	n/a	74	24.6%	unavail	unavail	unavail	unavail
Benzodiazepines/barbiturates***	136	2.0%	17	1.2%	293	3.5%	74	6.4%	89	0.8%	109	3.2%	4	n/a	unavail	unavail	unavail	unavail
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other/unknown/missing	1,289	18.7%	232	16.1%	947	11.2%	190	16.4%	1,731	15.9%	564	16.5%	37	12.3%	unavail	unavail	unavail	unavail

NOTES:
***Admissions:** Includes all admissions to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). An admission is counted only after all screening, intake, and assessment processes have been completed, and all of the following have occurred: 1) the provider has determined that the client meets the program admission criteria; 2) if applicable, the client has given consent for treatment/recovery services; 3) an individual recovery or treatment plan has been started; 4) a client file has been opened; 5) the client has received his/her first direct recovery service in the facility and is expected to continue participating in program activities; 6) in methadone programs, the client has received his/her first dose. Admissions are counted for this table only if a valid primary substance was indicated. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.
****Prescription Opioids:** Includes drug categories labeled "oxycodone/OxyContin" and "other opiates or synthetics." Admissions with one opioid subcategory as primary drug could have had another subcategory as secondary drug.
*****Benzodiazepines/barbiturates** includes drug categories labeled "tranquilizers (benzodiazepines)," "other tranquilizers," "other sedatives/hypnotics," "barbiturates". Admissions with one benzodiazepine subcategory as primary drug could have had another subcategory as secondary drug. **n/a:** Not applicable; **unavail:** Data not available; **Percentages** may not sum to 100 due to rounding.

SOURCE: Data provided to the Los Angeles NDEWS SCE by Substance Abuse Prevention and Control, Los Angeles County Department of Public Health.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Data for admissions to substance abuse treatment for 2013-2018 were provided by Substance Abuse Prevention and Control, Los Angeles County Department of Public Health (data received 11/22/19). Note that the source for these data is different from earlier years' reports and values may differ slightly. Data are based on all admissions to programs in Los Angeles County receiving any public funding and all admissions to programs providing narcotic replacement therapy (whether or not the program receives public funding). Admissions in which a primary drug was indicated were included.

Drug reports from seized items analyzed by the U.S. Drug Enforcement Administration's (DEA's) National Forensic Laboratory Information System (NFLIS) correspond to reports of drugs identified (primary, secondary, or tertiary) from drug items seized by law enforcement and analyzed by NFLIS laboratories for Los Angeles County.

Drugs detected in Los Angeles County Medical Examiner toxicology cases were extracted from data provided by the Los Angeles County Medical Examiner's office for calendar year 2018 (data received 2/7/19) with reference to earlier years from the same source. Frequencies reflect cases for which toxicology tests were conducted with a drug detected (i.e., not just drug-related deaths). Each case may have more than one drug detected. Emerging synthetic drugs typically were not included in the toxicology testing and thus are not reported. For reporting purposes, we have combined narcotic analgesics and narcotic-like analgesics (other than heroin/morphine) into one category; these include codeine, hydrocodone, hydromorphone, oxycodone, oxymorphone, methadone, fentanyl, other narcotics, and tramadol.

Poison Control calls were summarized from data from the California Poison Control Center for calendar year 2018 (data received 3/20/19). References to prior years are from the same source. Drug mentions are included for cases (calls) that reported illicit drugs or cases for which the reason for the call was labeled as "intentional/suspected suicide, misuse, abuse, unknown," "contamination/tampering," or "malicious." The number of reports of drugs to the California Poison Control Center in 2018 for Los Angeles County totaled 4,163.

For additional information about the substances and substance use patterns discussed in this report, please contact Mary-Lynn Brecht, Ph.D., University of California at Los Angeles, School of Nursing, Los Angeles, CA 90095, Phone: 310-983-1196, E-mail: lbrecht@ucla.edu.