

NDEWS *National Drug Early Warning System*

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

San Francisco Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

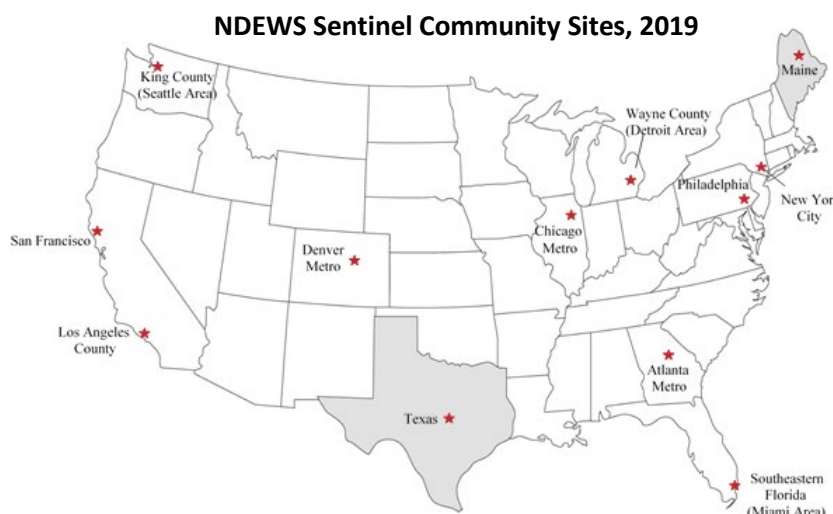
November 2019

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. 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*.**



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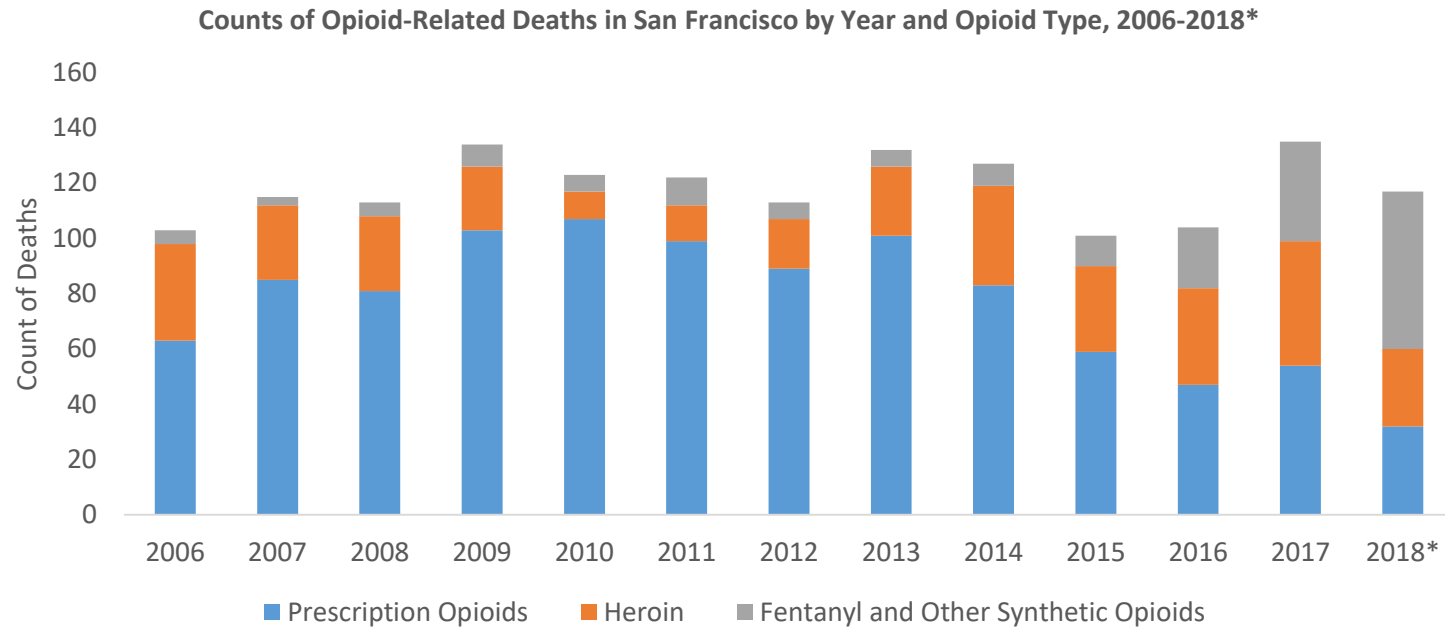
National Drug Early Warning System (NDEWS) San Francisco Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

Phillip O. Coffin, M.D., and Christopher Rowe, M.P.H.
San Francisco Department of Public Health

Highlights

- Opioid-related deaths have been relatively stable since 2006, with 100-140 per year.
- Fentanyl was involved in 6% of opioid deaths in 2014 and 49% of opioid-related deaths in 2018.
- Most measures of methamphetamine use and related morbidity and mortality have increased over time. Emergency department visits and hospitalizations in particular have increased sharply since 2013.
- Prior to 2015, increases in methamphetamine-related deaths were driven by deaths not involving opioids. Since 2015, increases in methamphetamine-related deaths have been driven by fentanyl involvement
- Although cannabis-related treatment admissions and drug seizures have been declining, hospitalizations and emergency department visits have increased.
- California legalized cannabis for recreational use in 2018.

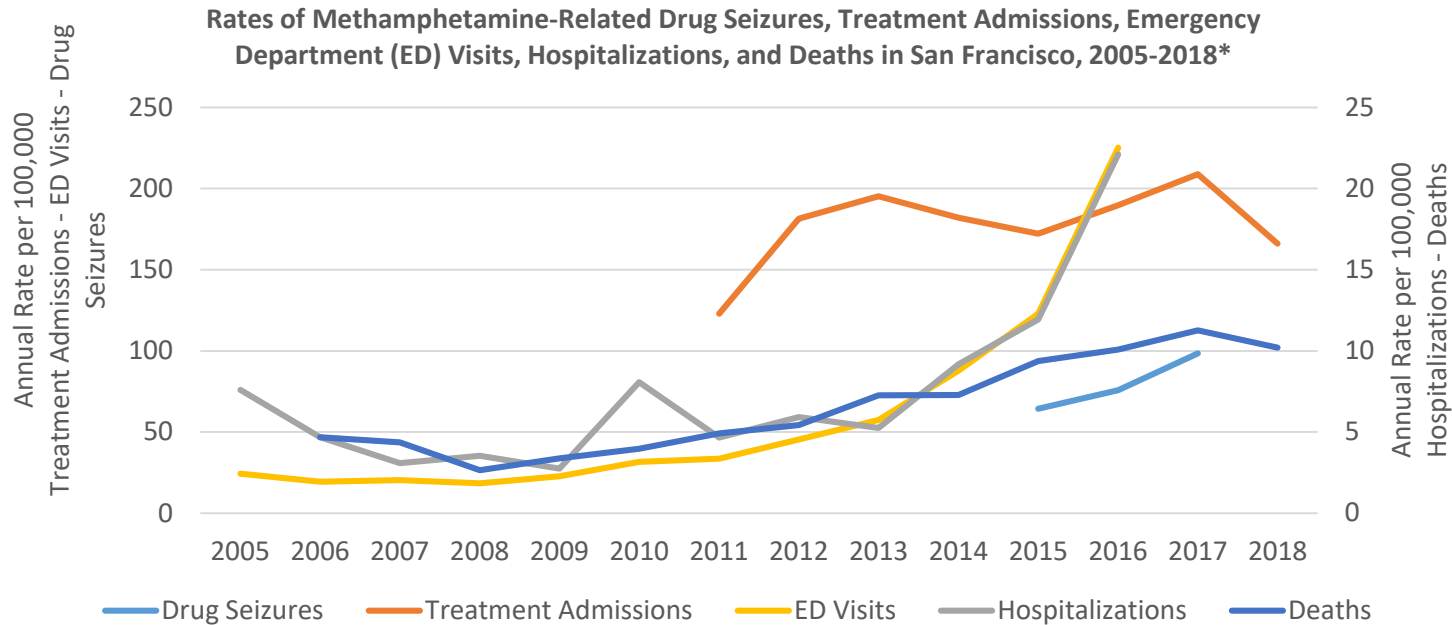
Opioids



- Opioid-related deaths have been relatively stable since 2006, with 100-140 per year.
- Deaths involving only prescription opioids have decreased while those involving fentanyl have increased.
- Fentanyl was involved in 6% of opioid deaths in 2014 and 49% of opioid-related deaths in 2018.
- Preliminary medical examiner data report presence of fentanyl in 104 overdose deaths in 2018.

*2018 mortality data are incomplete.

Methamphetamine

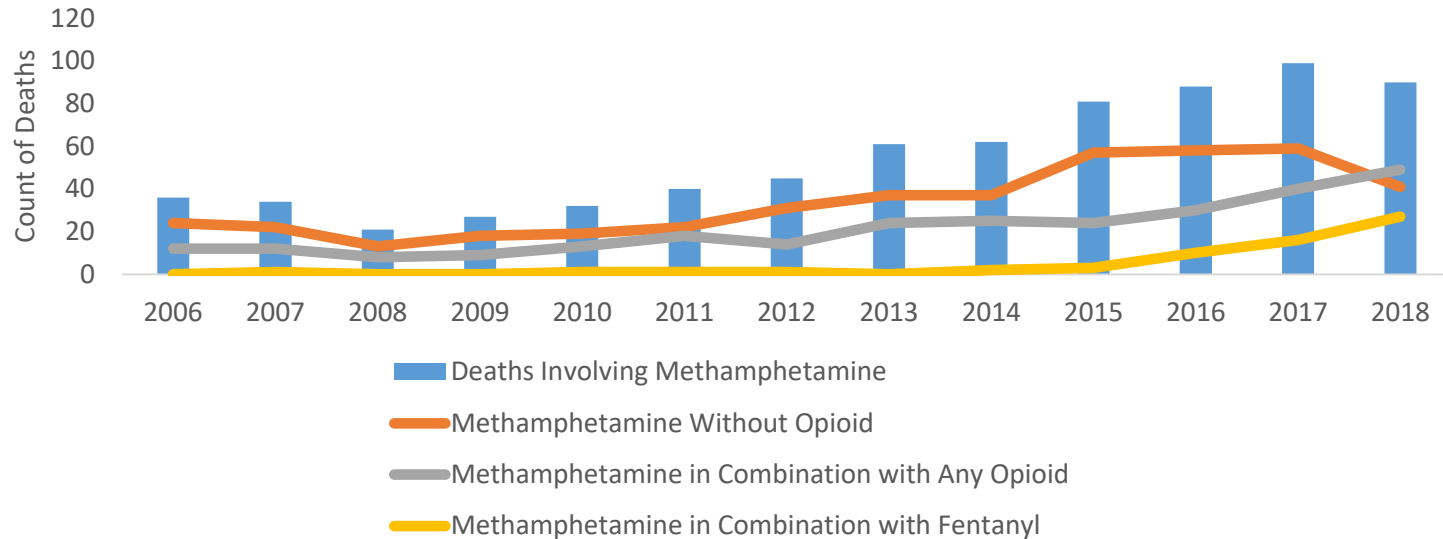


- Most measures of methamphetamine use and related morbidity and mortality have increased over time.
- ED visits and hospitalizations in particular have increased sharply since 2013.

*2018 mortality data are incomplete.

Methamphetamine & Opioid Overlap

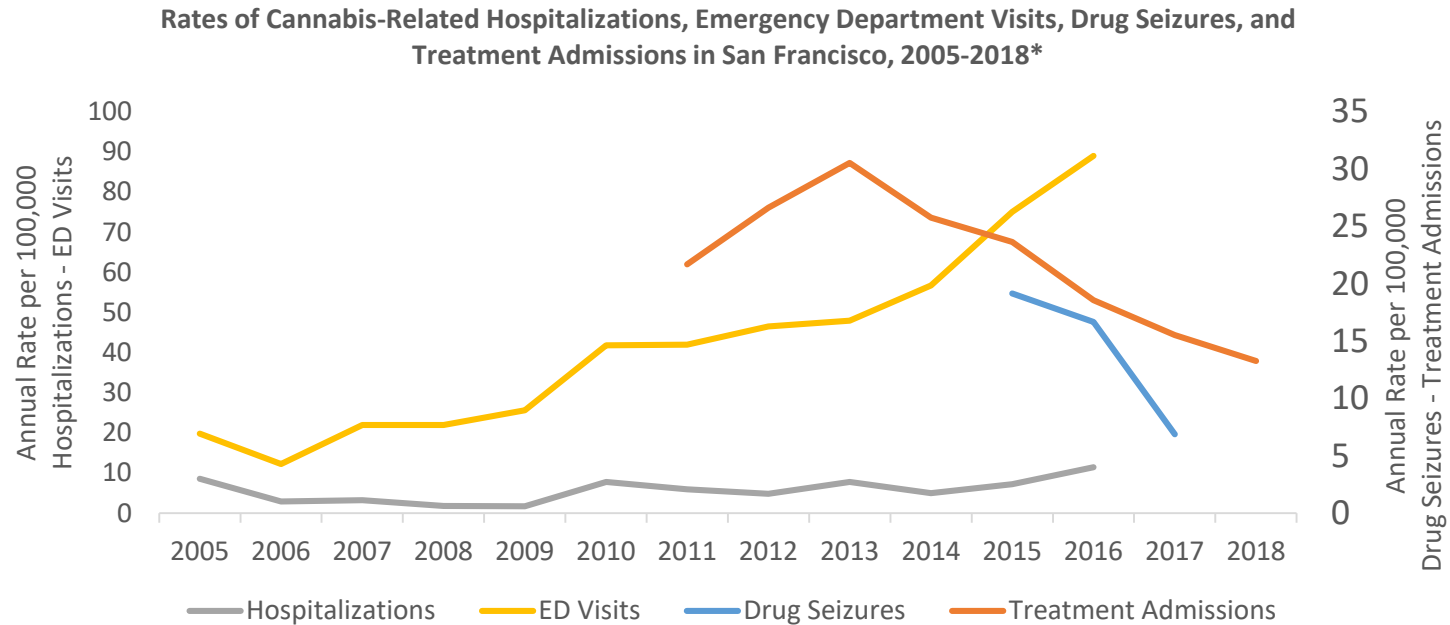
Counts of Methamphetamine-Related Deaths in San Francisco by Year and Opioid-Involvement, 2006-2018*



- Prior to 2015, increases in methamphetamine-related deaths were driven by deaths not involving opioids.
- Since 2015, increases in methamphetamine-related deaths have been driven by fentanyl-involvement.

*2018 mortality data are incomplete.

Cannabis



- Although cannabis-related treatment admissions and drug seizures have been declining, hospitalizations and emergency department visits have increased.
- California legalized cannabis for recreational use in 2018.

*2018 mortality data are incomplete.

Policy Updates

- **Safe Injection Services**
 - A local task force recommended opening a safe injection pilot site San Francisco.
 - AB 186 would have legalized injection drug use under the supervision of health care professionals; it was passed by both houses but vetoed by former Governor Brown.
 - The bill was reintroduced in February 2019 as AB 362; current Governor Newsom “very, very open” to a pilot program.
- **Recreational Cannabis**
 - Proposition for legalization passed in 2016; licenses issued for cultivation and business establishments beginning January 2018.
- **Methamphetamine Task Force**
 - The SFDPH initiated a Methamphetamine Task Force in April 2019 to review the surge in methamphetamine-related morbidity and mortality. The Task Force will meet four times and produce a report before the end of 2019.

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, San Francisco 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 (#)	10,830	100%	10,270	100%	9,958	100%	9,660	100%	8,609	100%
Primary Substance of Abuse (%)										
Alcohol	2,384	22.0%	2,293	22.3%	2,144	21.5%	1,959	20.3%	1,766	20.5%
Cocaine/Crack	1,214	11.2%	928	9.0%	757	7.6%	693	7.2%	529	6.1%
Heroin	4,145	38.3%	4,177	40.7%	4,183	42.0%	4,077	42.2%	3,815	44.3%
Prescription Opioids	501	4.6%	502	4.9%	482	4.8%	419	4.3%	407	4.7%
Methamphetamine	1,549	14.3%	1,488	14.5%	1,656	16.6%	1,836	19.0%	1,466	17.0%
Marijuana	627	5.8%	584	5.7%	463	4.6%	390	4.0%	335	3.9%
Benzodiazepines	20	0.2%	22	0.2%	23	0.2%	14	0.1%	24	0.3%
MDMA	19	0.2%	12	0.1%	5	0.1%	5	0.1%	7	0.1%
Synthetic Stimulants	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Synthetic Cannabinoids	1	<0.1%	1	<0.1%	0	0.0%	0	0.0%	0	0.0%
Other Drugs/Unknown	370	3.4%	263	2.6%	245	2.5%	267	2.8%	260	3.0%

NOTES:

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

unavail: Data not available.

Source: Data provided to the San Francisco SCE by the San Francisco Department of Public Health (SFPDH), Community Behavioral Health Services Division.

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, San Francisco 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 (#)	1,766	100%	529	100%	3,815	100%	407	100%	1,466	100%	335	100%	24	100%	0	100%	0	100%
Sex (%)																		
Male	1,342	76.0%	388	73.3%	2,626	68.8%	245	60.2%	1,136	77.5%	233	69.6%	21	87.5%	n/a	n/a	n/a	n/a
Female	423	24.0%	141	26.7%	1,189	31.2%	162	39.8%	330	22.5%	102	30.4%	3	12.5%	n/a	n/a	n/a	n/a
Race/Ethnicity (%)																		
White, Non-Hisp.	662	37.5%	97	18.3%	1,806	47.3%	216	53.1%	547	37.3%	34	10.1%	15	62.5%	n/a	n/a	n/a	n/a
African-Am/Black, Non-Hisp	379	21.5%	326	61.6%	1,033	27.1%	51	12.5%	277	18.9%	107	31.9%	3	12.5%	n/a	n/a	n/a	n/a
Hispanic/Latino	490	27.7%	68	12.9%	556	14.6%	71	17.4%	424	28.9%	143	42.7%	1	4.2%	n/a	n/a	n/a	n/a
Asian	53	3.0%	15	2.8%	79	2.1%	13	3.2%	76	5.2%	22	6.6%	1	4.2%	n/a	n/a	n/a	n/a
Other	182	10.3%	23	4.3%	341	8.9%	56	13.8%	142	9.7%	29	8.7%	4	16.7%	n/a	n/a	n/a	n/a
Age Group (%)																		
Under 18	9	0.5%	1	0.2%	0	0.0%	0	0.0%	4	0.3%	107	31.9%	0	0.0%	n/a	n/a	n/a	n/a
18-25	75	4.2%	29	5.5%	143	3.7%	21	5.2%	126	8.6%	80	23.9%	7	29.2%	n/a	n/a	n/a	n/a
26-44	719	40.7%	130	24.6%	1,642	43.0%	241	59.2%	946	64.5%	95	28.4%	14	58.3%	n/a	n/a	n/a	n/a
45+	963	54.5%	369	69.8%	2,030	53.2%	145	35.6%	390	26.6%	53	15.8%	3	12.5%	n/a	n/a	n/a	n/a
Route of Administration (%)																		
Smoked	0	0.0%	424	80.2%	252	6.6%	31	7.6%	916	62.5%	321	95.8%	0	0.0%	n/a	n/a	n/a	n/a
Inhaled	0	0.0%	82	15.5%	659	17.3%	26	6.4%	115	7.8%	0	0.0%	0	0.0%	n/a	n/a	n/a	n/a
Injected	0	0.0%	9	1.7%	2,782	72.9%	53	13.0%	393	26.8%	0	0.0%	1	4.2%	n/a	n/a	n/a	n/a
Oral/Other/Unknown	1,766	100.0%	14	2.6%	122	3.2%	297	73.0%	42	2.9%	14	4.2%	23	95.8%	n/a	n/a	n/a	n/a
Secondary Substance (%)																		
None	1,263	71.5%	238	45.0%	1,224	32.1%	167	41.0%	872	59.5%	160	47.8%	3	12.5%	n/a	n/a	n/a	n/a
Alcohol	n/a	n/a	104	19.7%	116	3.0%	23	5.7%	194	13.2%	83	24.8%	3	12.5%	n/a	n/a	n/a	n/a
Cocaine/Crack	145	8.2%	n/a	n/a	1,026	26.9%	28	6.9%	58	4.0%	22	6.6%	2	8.3%	n/a	n/a	n/a	n/a
Heroin	43	2.4%	67	12.7%	n/a	n/a	50	12.3%	139	9.5%	6	1.8%	4	16.7%	n/a	n/a	n/a	n/a
Prescription Opioids	9	0.5%	8	1.5%	190	5.0%	n/a	n/a	13	0.9%	3	0.9%	3	12.5%	n/a	n/a	n/a	n/a
Methamphetamine	165	9.3%	58	11.0%	939	24.6%	45	11.1%	n/a	n/a	54	16.1%	7	29.2%	n/a	n/a	n/a	n/a
Marijuana	118	6.7%	50	9.5%	242	6.3%	29	7.1%	152	10.4%	n/a	n/a	2	8.3%	n/a	n/a	n/a	n/a
Benzodiazepines	8	0.5%	3	0.6%	56	1.5%	24	5.9%	3	0.2%	3	0.9%	n/a	n/a	n/a	n/a	n/a	n/a
Synthetic Stimulants	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	n/a	n/a	n/a	n/a
Synthetic Cannabinoids	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	n/a	n/a	n/a	n/a

NOTES:

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

n/a: Not applicable; **unavail:** Data not available; **na:** Not applicable; **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 San Francisco SCE by the San Francisco Department of Public Health (SFDPH), Community Behavioral Health Services Division.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Treatment admissions data for San Francisco County were provided by the Community Behavioral Health Services Division of the San Francisco Department of Public Health (SFDPH). Treatment episodes include clients admitted in prior years who are still receiving services in a particular year (e.g., methadone maintenance clients).

Hospital admission and emergency department visit data for San Francisco County were provided by the California Office of Statewide Health Planning and Development.

Drug mortality data were obtained from the California Department of Public Health via the Vital Records Business Intelligence System, with additional information provided by the San Francisco Office of the Chief Medical Examiner.

Drug seizure data were provided by the National Forensic Laboratory Information System (NFLIS), Drug Enforcement Administration (DEA). Data were retrieved on Identified Drugs of Total Analyzed Drug Reports, San Francisco, 2015 to 2017, NFLIS, DEA. NFLIS methodology allows for the accounting of up to three drugs per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug.

For additional information about the substances and substance use patterns discussed in this report, please contact Phillip Coffin, M.D., Director, Substance Use Research Unit, San Francisco Department of Public Health, 25 Van Ness, Suite 500, San Francisco, CA 94102, Phone: 415-437-6282, E-mail: phillip.coffin@sfdph.org.