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

November 2019

NDEWS Coordinating Center
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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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.
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>
<thead>
<tr>
<th>Primary Substance of Abuse (%)</th>
<th>2014 (#)</th>
<th>(%)</th>
<th>2015 (#)</th>
<th>(%)</th>
<th>2016 (#)</th>
<th>(%)</th>
<th>2017 (#)</th>
<th>(%)</th>
<th>2018 (#)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>2,384</td>
<td>22.0%</td>
<td>2,293</td>
<td>22.3%</td>
<td>2,144</td>
<td>21.5%</td>
<td>1,959</td>
<td>20.3%</td>
<td>1,766</td>
<td>20.5%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>1,214</td>
<td>11.2%</td>
<td>928</td>
<td>9.0%</td>
<td>757</td>
<td>7.6%</td>
<td>693</td>
<td>7.2%</td>
<td>529</td>
<td>6.1%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4,145</td>
<td>38.3%</td>
<td>4,177</td>
<td>40.7%</td>
<td>4,183</td>
<td>42.0%</td>
<td>4,077</td>
<td>42.2%</td>
<td>3,815</td>
<td>44.3%</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>501</td>
<td>4.6%</td>
<td>502</td>
<td>4.9%</td>
<td>482</td>
<td>4.8%</td>
<td>419</td>
<td>4.3%</td>
<td>407</td>
<td>4.7%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1,549</td>
<td>14.3%</td>
<td>1,488</td>
<td>14.5%</td>
<td>1,656</td>
<td>16.6%</td>
<td>1,836</td>
<td>19.0%</td>
<td>1,466</td>
<td>17.0%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>627</td>
<td>5.8%</td>
<td>584</td>
<td>5.7%</td>
<td>463</td>
<td>4.6%</td>
<td>390</td>
<td>4.0%</td>
<td>335</td>
<td>3.9%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>20</td>
<td>0.2%</td>
<td>22</td>
<td>0.2%</td>
<td>23</td>
<td>0.2%</td>
<td>14</td>
<td>0.1%</td>
<td>24</td>
<td>0.3%</td>
</tr>
<tr>
<td>MDMA</td>
<td>19</td>
<td>0.2%</td>
<td>12</td>
<td>0.1%</td>
<td>5</td>
<td>0.1%</td>
<td>5</td>
<td>0.1%</td>
<td>7</td>
<td>0.1%</td>
</tr>
<tr>
<td>Synthetic Stimulants</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>1</td>
<td>&lt;0.1%</td>
<td>1</td>
<td>&lt;0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Drugs/Unknown</td>
<td>370</td>
<td>3.4%</td>
<td>263</td>
<td>2.6%</td>
<td>245</td>
<td>2.5%</td>
<td>267</td>
<td>2.8%</td>
<td>260</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

**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 (SFDPH), Community Behavioral Health Services Division.
<table>
<thead>
<tr>
<th></th>
<th>Primary Substance</th>
<th>Number of Admissions (#)</th>
<th>Sex (%)</th>
<th>Race/Ethnicity (%)</th>
<th>Age Group (%)</th>
<th>Route of Administration (%)</th>
<th>Secondary Substance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcohol</td>
<td>1,766 100%</td>
<td>1,342 76.0%</td>
<td>662 37.5%</td>
<td>9 0.5%</td>
<td>0 0.0%</td>
<td>None 1,263 71.5%</td>
</tr>
<tr>
<td></td>
<td>Cocaine/Crack</td>
<td>529 100%</td>
<td>388 73.3%</td>
<td>379 21.5%</td>
<td>75 4.2%</td>
<td>0 0.0%</td>
<td>Alcohol n/a 104 19.7%</td>
</tr>
<tr>
<td></td>
<td>Heroin</td>
<td>3,815 100%</td>
<td>2,626 68.8%</td>
<td>1,033 27.1%</td>
<td>130 24.6%</td>
<td>143 18.2%</td>
<td>Cocaine/Crack n/a 104 19.7%</td>
</tr>
<tr>
<td></td>
<td>Prescription Opiods</td>
<td>1,466 100%</td>
<td>245 60.2%</td>
<td>216 53.1%</td>
<td>21 24.6%</td>
<td>21 6.4%</td>
<td>Heroin 43 2.4%</td>
</tr>
<tr>
<td></td>
<td>Methamphetamine</td>
<td>335 100%</td>
<td>1,136 77.5%</td>
<td>547 37.3%</td>
<td>39 13.3%</td>
<td>39 7.1%</td>
<td>Prescription Opioids 9 0.5%</td>
</tr>
<tr>
<td></td>
<td>Marijuana</td>
<td>24 100%</td>
<td>233 69.6%</td>
<td>34 10.1%</td>
<td>142 48.4%</td>
<td>14 4.2%</td>
<td>Methamphetamine 118 6.7%</td>
</tr>
<tr>
<td></td>
<td>Benzodiazepines</td>
<td>0 100%</td>
<td>21 87.5%</td>
<td>15 62.5%</td>
<td>14 42.7%</td>
<td>1 1.0%</td>
<td>Marijuana 58 11.0%</td>
</tr>
<tr>
<td></td>
<td>Synthetic Stimulants</td>
<td>0 100%</td>
<td>3 12.5%</td>
<td>3 12.5%</td>
<td>1 3.6%</td>
<td>1 1.2%</td>
<td>Benzodiazepines 8 0.5%</td>
</tr>
<tr>
<td></td>
<td>Synthetic Cannabinoids</td>
<td>0 100%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>Synthetic Stimulants 1 0.1%</td>
</tr>
</tbody>
</table>

**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.
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.

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