Philadelphia
Sentinel Community Site (SCS)
Drug Use Patterns and Trends, 2020

August 2020

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 2020, 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 2020 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  
b dew@g su. edu  

**Chicago Metro**
Lawrence J. Ouellet, PhD  
School of Public Health  
University of Illinois at Chicago  
Phone: 312-355-0145  
l j o@ 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  
Florida Dept of Health in Broward County  
Phone: 954-847-8016  
benjamin. hackworth@f lhealth. gov  

**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: 646-941-3355  
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: 628-217-6282  
philipp. coffin@sf dph. org  

**King County (Seattle Area)**
Caleb Banta-Green, PhD, MSW, MPH  
Alcohol and Drug Abuse Institute  
University of Washington  
Phone: 206-685-3919  
cale bbg@uw. edu  

**Texas**
Jane C. Maxwell, PhD  
School of Social Work  
The University of Texas at Austin  
Phone: 512-656-3361  
jmaxwell@austin.utexas. edu
National Drug Early Warning System (NDEWS)  
Philadelphia Sentinel Community Site (SCS)  
Drug Use Patterns and Trends, 2020

Suet Lim, Ph.D.  
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Kendra Viner, Ph.D.  
Philadelphia Department of Public Health

---

Highlights

- After experiencing a decline in 2018, **unintentional drug overdose deaths** in Philadelphia increased by 3% in 2019.
- In 2019, **opioids** were detected in 84% of overdose decedents and **stimulants** were detected in 62% of overdose decedents. Both opioids and stimulants were detected in 48% of overdose deaths.
- While overdose deaths specifically involving **heroin** and **pharmaceutical opioids** declined by 36% and 17%, respectively, between 2018 and 2019, deaths involving **fentanyl**, **cocaine**, and **methamphetamine** increased by 11%, 11%, and 37%, respectively.
- While the rate of **overdose deaths** decreased by 3% among white, non-Hispanic individuals from 2018 to 2019, the rate increased among black non-Hispanic and Hispanic individuals by 14% and 24%, respectively.
- **Heroin** remain the top primary drug of choice at treatment admission. More than twice as many admissions reported heroin as primary drug of choice compared to **alcohol**, the next highest substance reported.
- **Marijuana** admissions have been declining for the past 5 years and have the lowest percentage of the selected substances reported.
Additional drugs such as sedating drugs may have been involved; Stimulants include cocaine, methamphetamine and medicinal amphetamines.

In 2019, 1,150 people died of an unintentional drug overdose. This represents a 3% increase from 2018.

Opioids were detected in 84% of deaths in 2019. Stimulants such as cocaine and methamphetamine were detected in 50% of overdose deaths. Both stimulants and opioids were involved in 48% of overdose deaths.

Deaths involving stimulants, with or without the presence of opioids, increased by 13% from 2018 to 2019. Deaths involving opioids and no stimulants decreased by 8% over the same time period.

Source: Medical Examiner’s Office
The number of deaths involving fentanyl, cocaine, or methamphetamine increased between 2018 and 2019 while the number of deaths involving heroin and pharmaceutical opioids decreased. Specific drugs involved are not mutually exclusive. Includes both illicit and pharmaceutical fentanyl. May include morphine only deaths. Includes methadone.

Source: Medical Examiner’s Office
From 2018 to 2019, rates of overdose increased among all age categories except those between the ages of 45-54 years.

While the rate of overdose deaths decreased by 3% among white, non-Hispanic individuals from 2018 to 2019, the rate increased among black non-Hispanic and Hispanic individuals by 14% and 24%, respectively.

Rates of overdose death increased among males and were similar for females between 2018 and 2019.

Source: Medical Examiner’s Office
From 2018 to 2019, rates of overdose increased among all age categories except those between the ages of 45-54 years.

While the rate of overdose deaths decreased by 3% among white, non-Hispanic individuals from 2018 to 2019, the rate increased among black non-Hispanic and Hispanic individuals by 14% and 24%, respectively.

Rates of overdose death increased among males and were similar for females between 2018 and 2019.
Special Initiatives and Policy Changes

State Policy
- On May 13, 2020, state representatives introduced House Co-Sponsorship Memoranda outlining plans to introduce legislation allowing for expanded syringe access across the state
  - Currently syringe exchange is only legal in Philadelphia and Allegheny Counties (Pittsburgh)
- On February 3, 2020, the PA Senate Bill 432: Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) Act, was amended to allow local health departments to access identified Prescription Drug Monitoring Program Data

Local Policy
- In February 2020, the Philadelphia Board of Health passed a regulation requiring emergency departments to report aggregate data on drug-related visits from the hospitals to the Philadelphia Department of Public Health (PDPH)
## Treatment Tables
## Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Philadelphia Residents, 2015-2019
Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

<table>
<thead>
<tr>
<th>Primary Substance of Abuse (%)</th>
<th>2015 (#)</th>
<th>2015 (%)</th>
<th>2016 (#)</th>
<th>2016 (%)</th>
<th>2017 (#)</th>
<th>2017 (%)</th>
<th>2018 (#)</th>
<th>2018 (%)</th>
<th>2019 (#)</th>
<th>2019 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1,359</td>
<td>28.3%</td>
<td>693</td>
<td>19.8%</td>
<td>415</td>
<td>18.6%</td>
<td>310</td>
<td>15.6%</td>
<td>537</td>
<td>17.4%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>676</td>
<td>14.1%</td>
<td>394</td>
<td>11.2%</td>
<td>197</td>
<td>8.8%</td>
<td>227</td>
<td>11.4%</td>
<td>364</td>
<td>11.8%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1,206</td>
<td>25.1%</td>
<td>1,287</td>
<td>36.7%</td>
<td>1,027</td>
<td>46.1%</td>
<td>962</td>
<td>48.5%</td>
<td>1,417</td>
<td>46.0%</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>60</td>
<td>1.2%</td>
<td>145</td>
<td>4.1%</td>
<td>121</td>
<td>5.4%</td>
<td>94</td>
<td>4.7%</td>
<td>127</td>
<td>4.1%</td>
</tr>
<tr>
<td>Methamphetamine**</td>
<td>11</td>
<td>0.2%</td>
<td>15</td>
<td>0.4%</td>
<td>10</td>
<td>0.4%</td>
<td>15</td>
<td>0.8%</td>
<td>44</td>
<td>1.4%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1,086</td>
<td>22.6%</td>
<td>640</td>
<td>18.3%</td>
<td>303</td>
<td>13.6%</td>
<td>197</td>
<td>9.9%</td>
<td>213</td>
<td>6.9%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>34</td>
<td>0.7%</td>
<td>63</td>
<td>1.8%</td>
<td>44</td>
<td>2.0%</td>
<td>37</td>
<td>1.9%</td>
<td>53</td>
<td>1.7%</td>
</tr>
<tr>
<td>MDMA</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Synthetic Stimulants***</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Synthetic Cannabinoids***</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Other Drugs/Unknown***</td>
<td>378</td>
<td>7.9%</td>
<td>269</td>
<td>7.7%</td>
<td>109</td>
<td>4.9%</td>
<td>141</td>
<td>7.1%</td>
<td>326</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

**NOTES:**

*Admissions:* Includes admissions for uninsured and underinsured individuals admitted to any licensed treatment programs funded through the Philadelphia Department of Behavioral Health and Intellectual disAbility Services. Each admission does not necessarily represent a unique individual as some individuals are admitted to treatment more than once in a given period. Please note that Pennsylvania expanded Medicaid coverage under the Affordable Care Act and more than 100,000 additional individuals became eligible beginning 2015. As individuals who historically have been uninsured become insured, the number of individuals served through the BHSI (Behavioral Health Special Initiative) program declined; thus treatment admissions reported by BHSI have declined. Additionally, state law Act 76 of 2016, suspends MA benefits for up to a maximum of two years in the event of incarceration. This law, effective 2017, also contributed to fewer individuals served through BHSI and treatment admissions continue to decline in 2018.

**Methamphetamine:** Includes both amphetamines and methamphetamine.

**Other Drugs:** May include synthetics, barbiturates, and over-the-counter drugs. **Synthetic Stimulants** and **Synthetic Cannabinoids** are not distinguishable from "Other Drugs" in the reporting source.

unavail: Data not available.

**SOURCE:** Data provided to the Philadelphia NDEWS SCE by Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Behavioral Health Special Initiative.
<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Alcohol</th>
<th>Cocaine/Crack</th>
<th>Heroin</th>
<th>Prescription Opioids</th>
<th>Naltrexone/OTHER</th>
<th>Marijuana</th>
<th>Benzo-diazepines</th>
<th>Synthetic Stimulants</th>
<th>Synthetic Cannabinoids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Admissions (#)</td>
<td>537 100%</td>
<td>364 100%</td>
<td>1,417 100%</td>
<td>127 100%</td>
<td>44 100%</td>
<td>213 100%</td>
<td>53 100%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Sex (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>405 75.4%</td>
<td>262 72.0%</td>
<td>1,046 73.8%</td>
<td>99 78.0%</td>
<td>37 84.1%</td>
<td>186 87.3%</td>
<td>29 54.7%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Female</td>
<td>132 24.6%</td>
<td>102 28.0%</td>
<td>371 26.2%</td>
<td>28 22.0%</td>
<td>7 15.9%</td>
<td>27 12.7%</td>
<td>24 45.3%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Race/Ethnicity (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, Non-Hisp</td>
<td>166 30.9%</td>
<td>60 16.5%</td>
<td>757 53.4%</td>
<td>28 22.0%</td>
<td>16 12.6%</td>
<td>12 9.6%</td>
<td>9 7.2%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>African-Am/Black, Non-Hisp</td>
<td>276 51.4%</td>
<td>243 66.8%</td>
<td>287 20.3%</td>
<td>59 46.5%</td>
<td>14 31.8%</td>
<td>154 72.3%</td>
<td>19 35.8%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>40 7.4%</td>
<td>30 8.2%</td>
<td>129 9.1%</td>
<td>16 12.6%</td>
<td>2 4.5%</td>
<td>19 8.9%</td>
<td>4 7.5%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Asian</td>
<td>1 0.2%</td>
<td>3 0.8%</td>
<td>15 1.1%</td>
<td>3 2.4%</td>
<td>0 0.0%</td>
<td>3 1.4%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Other</td>
<td>54 10.1%</td>
<td>28 7.7%</td>
<td>229 16.2%</td>
<td>21 16.5%</td>
<td>1 2.3%</td>
<td>12 9.6%</td>
<td>9 7.2%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Age Group (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>2 0.4%</td>
<td>3 0.8%</td>
<td>3 0.2%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>4 1.9%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>18-25</td>
<td>10 1.9%</td>
<td>7 1.9%</td>
<td>44 3.1%</td>
<td>20 15.7%</td>
<td>0 0.0%</td>
<td>51 23.9%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>26-44</td>
<td>232 42.1%</td>
<td>131 36.0%</td>
<td>962 67.9%</td>
<td>85 66.9%</td>
<td>31 70.5%</td>
<td>128 60.1%</td>
<td>35 66.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>45+</td>
<td>293 54.6%</td>
<td>223 61.3%</td>
<td>408 28.8%</td>
<td>22 17.3%</td>
<td>13 29.5%</td>
<td>30 14.1%</td>
<td>18 34.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Route of Administration (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked</td>
<td>2 0.4%</td>
<td>291 79.9%</td>
<td>22 1.6%</td>
<td>0 0.0%</td>
<td>15 34.1%</td>
<td>188 88.3%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Inhaled</td>
<td>0 0.0%</td>
<td>51 14.0%</td>
<td>386 27.2%</td>
<td>18 14.2%</td>
<td>11 25.0%</td>
<td>1 0.5%</td>
<td>1 1.9%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Injected</td>
<td>7 1.3%</td>
<td>14 3.8%</td>
<td>888 62.7%</td>
<td>8 6.3%</td>
<td>10 22.7%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Oral/Other/Unknown</td>
<td>528 98.3%</td>
<td>3 0.8%</td>
<td>27 1.9%</td>
<td>101 79.5%</td>
<td>8 18.2%</td>
<td>22 10.3%</td>
<td>52 98.1%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Secondary Substance (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0 n/a</td>
<td>99 27.2%</td>
<td>73 5.2%</td>
<td>14 11.0%</td>
<td>4 8.1%</td>
<td>17 7.6%</td>
<td>5 9.4%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>144 26.8%</td>
<td>0 n/a</td>
<td>522 36.8%</td>
<td>17 13.4%</td>
<td>4 9.1%</td>
<td>15 7.0%</td>
<td>10 18.9%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Heroin</td>
<td>24 4.5%</td>
<td>34 9.3%</td>
<td>0 n/a</td>
<td>7 5.5%</td>
<td>6 13.6%</td>
<td>5 2.3%</td>
<td>13 24.5%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>10 1.9%</td>
<td>3 0.8%</td>
<td>0 0.0%</td>
<td>0 0.0%</td>
<td>2 4.5%</td>
<td>4 1.9%</td>
<td>3 5.7%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Naltrexone/OTHER</td>
<td>15 2.8%</td>
<td>2 0.5%</td>
<td>37 2.6%</td>
<td>6 4.7%</td>
<td>0 0.0%</td>
<td>5 2.3%</td>
<td>1 1.9%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Marijuana</td>
<td>91 16.9%</td>
<td>87 23.9%</td>
<td>93 6.6%</td>
<td>23 18.1%</td>
<td>10 22.7%</td>
<td>0 0.0%</td>
<td>8 15.1%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>12 2.2%</td>
<td>8 2.2%</td>
<td>122 8.6%</td>
<td>20 15.7%</td>
<td>4 5.1%</td>
<td>3 1.4%</td>
<td>0 0.0%</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Synthetic Stimulants</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
<td>unavail</td>
</tr>
</tbody>
</table>

**NOTES:**
- Admissions: Includes admissions for uninsured and underinsured individuals admitted to any licensed treatment programs funded through the Philadelphia Department of Behavioral Health and Intellectual disAbility Services. Each admission does not necessarily represent a unique individual as some individuals are admitted to treatment more than once in a given period. Please note that Pennsylvania expanded Medicaid coverage under the Affordable Care Act and more than 100,000 additional individuals became eligible beginning 2015. As individuals who historically have been uninsured become insured, the number of individuals served through the BH (Behavioral Health Special Initiative) program declined; thus treatment admissions reported by BH have declined. Additionally, state law Act 7 of 2016, suspends MA benefits for up to a maximum of two years in the event of incarceration. This law, effective 2017, also contributed to fewer individuals served through BH and treatment admissions continue to decline in 2018.
- Methamphetamine: Includes both amphetamines and methamphetamine.
- 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 Philadelphia NDEWS SCE by Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Behavioral Health Special Initiative.
This report focuses on the city and county of Philadelphia and includes data from the sources shown as follows. Reporting year is the calendar year unless specified as the fiscal year (FY), which would begin on July 1 and end on June 30 of the specified FY.

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

**Treatment admissions** data for residents of Philadelphia County were provided by the Behavioral Health Special Initiative (BHSI), supported by the Division of Behavioral Health (DBH), Philadelphia Department of Behavioral Health and Intellectual disAbility Services. The database covers the uninsured and underinsured population of Philadelphia. The data represent self-reported mentions of use of preferred drugs by individuals admitted to treatment from 2015-2019. This report focuses on primary choice of drugs at treatment admission. Beginning in FY 2015, services funded by the Pennsylvania Department of Drug and Alcohol Programs and tracked by BHSI are required to report through an Internet portal. This new reporting system does not require drug of choice in the data collection. The impact of this change in reporting protocol resulted in an increase in the proportion of “unknown” drug of choice in subsequent years.

**Mortality** data were provided by the Medical Examiner’s Office (MEO), Philadelphia Department of Public Health (PDPH). These data cover mortality cases with toxicology reports indicating the detection of drugs in persons who died in Philadelphia. The MEO does not test for the presence of marijuana/tetrahydrocannabinol (THC)/cannabis.

**Crime laboratory drug analysis** data came from the National Forensic Laboratory Information System (NFLIS-Drug). Data include analysis of drug samples tested by the Philadelphia Police Department Forensic Science Laboratory from law enforcement seizures. The drugs reported include the first, second, and third drugs identified in cases where multiple substances are reported with other drugs within the same item (e.g., a bag of pills containing two different pharmaceuticals may be reported together within the same item by the laboratory, depending on laboratory policies, procedures, and reporting practices).

For additional information about the substances and substance use patterns discussed in this report, please contact Suet Lim, Ph.D., Philadelphia Department of Behavioral Health and Intellectual disAbility Services, 801 Market Street, Philadelphia, PA 19107, Phone: 215-413-7165, E-mail: suet.lim@phila.gov.