

NDEWS *National Drug Early Warning System*

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

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

August 2020

NDEWS Coordinating Center

National Drug Early Warning System (NDEWS) ♦ www.ndews.org ♦ ndews@umd.edu ♦ [@ndewsnews](https://twitter.com/ndewsnews) ♦ network.ndews.org

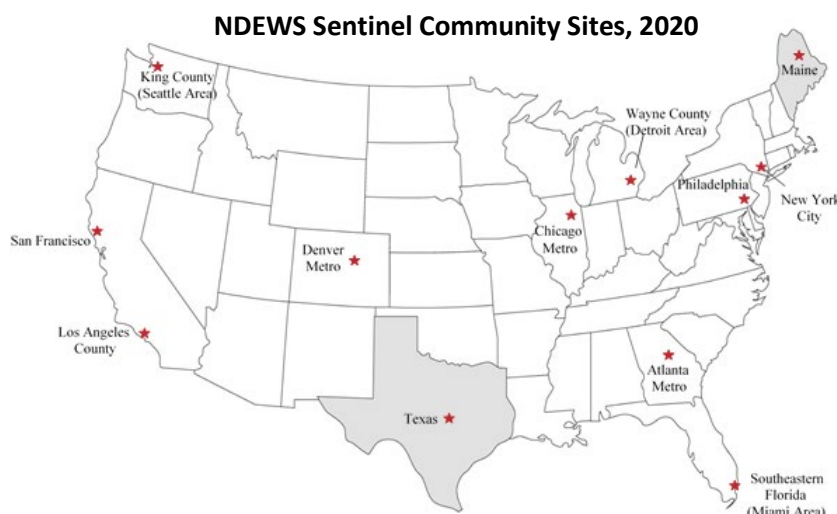
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A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in

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 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
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
Florida Dept of Health in Broward County
Phone: 954-847-8016
benjamin.hackworth@flhealth.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
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
calebbbg@uw.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) Philadelphia Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2020

Suet Lim, Ph.D.

Philadelphia Department of Behavioral Health and Intellectual disAbility Services

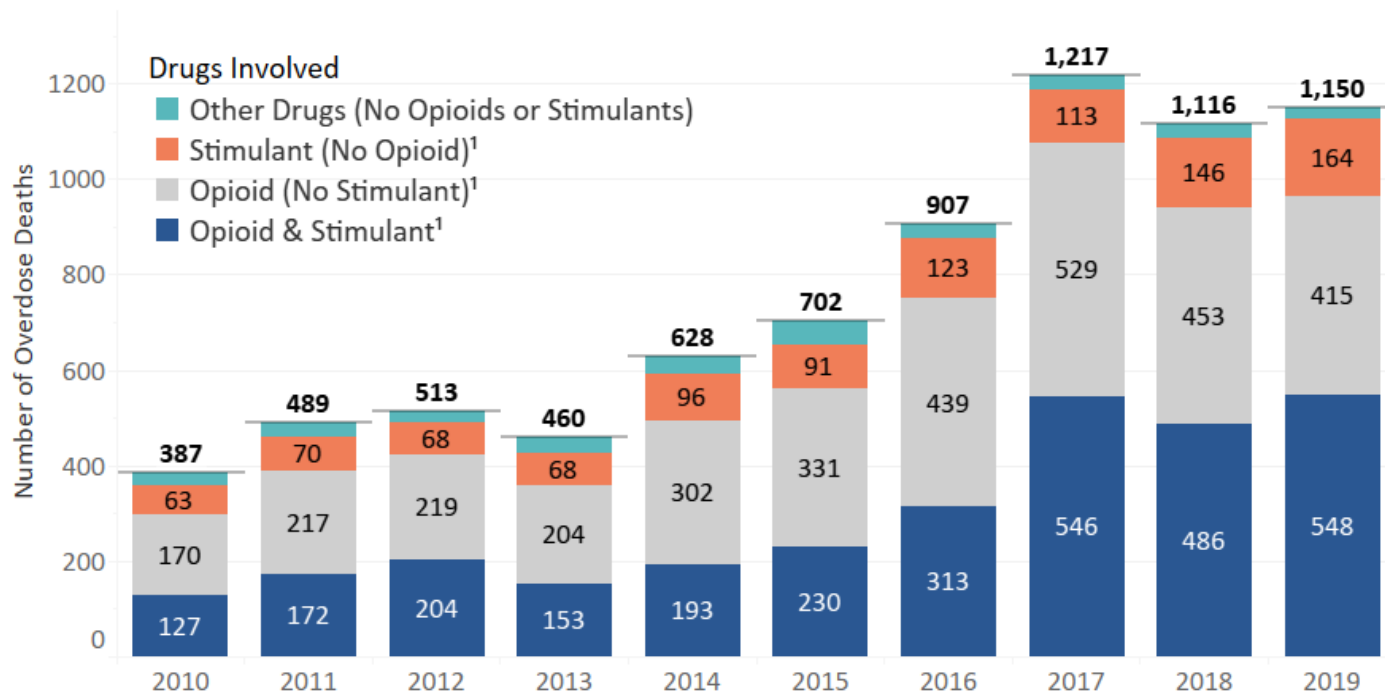
Kendra Viner, Ph.D.

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.

Number of Unintentional Overdose Deaths by Drugs Involved, 2010-2019

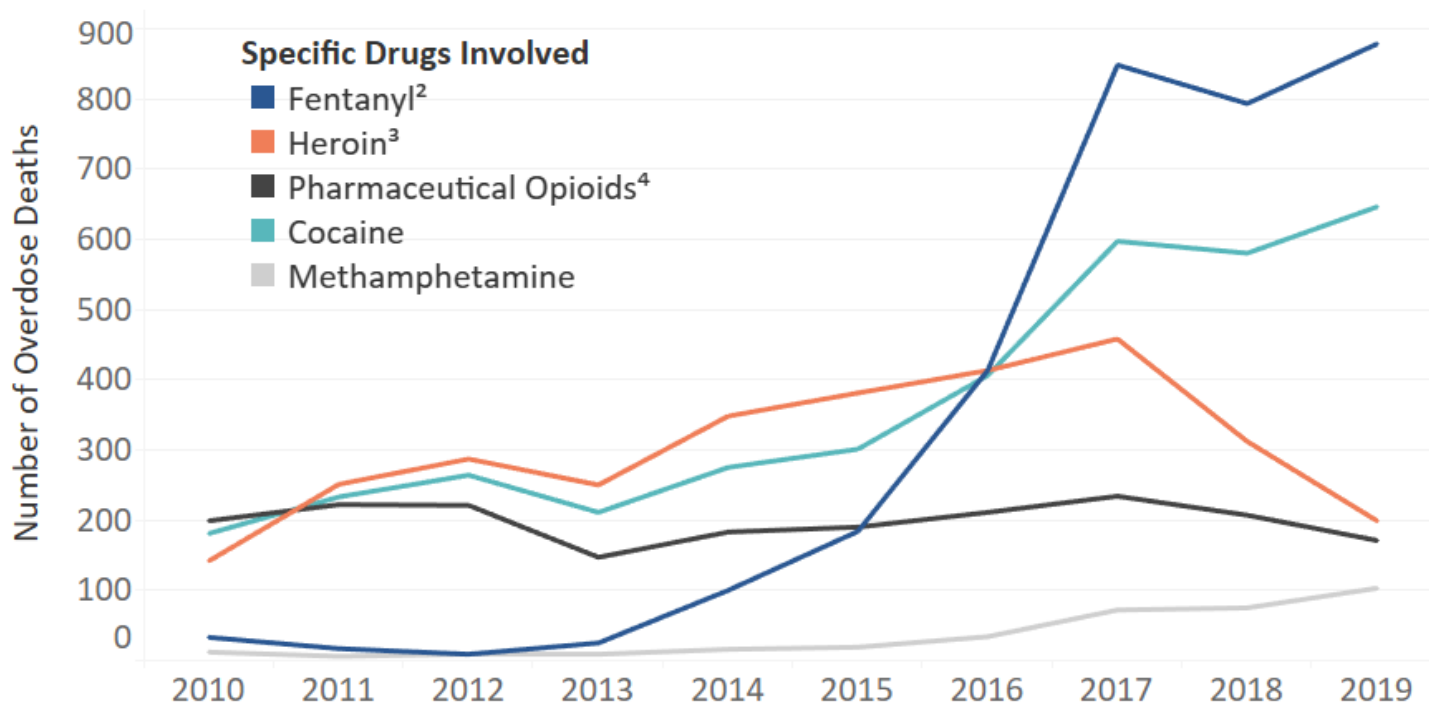


¹Additional drugs such as sedating drugs may have been involved; Stimulants include cocaine, methamphetamine and medicinal amphetamines.

- 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

Number of Overdose Deaths by Specific Drugs Involved, 2010-2019¹

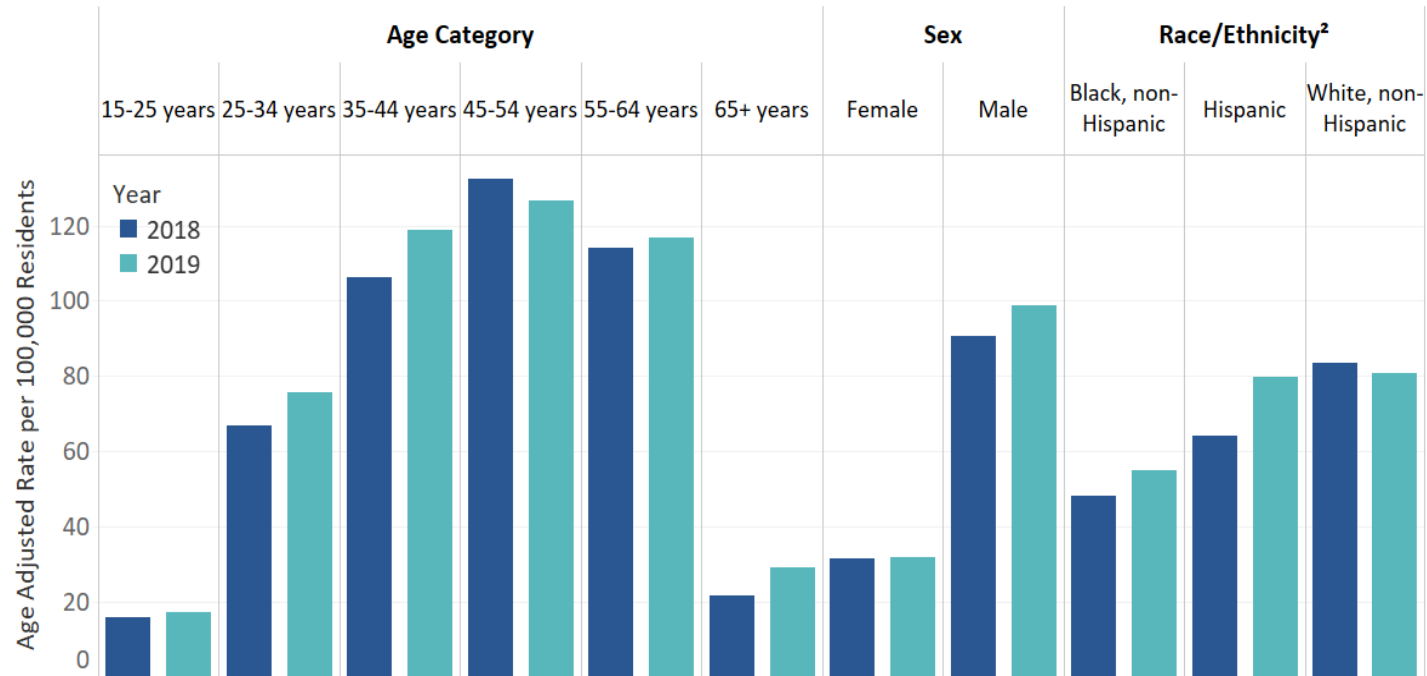


¹Specific drugs involved are not mutually exclusive. ²Includes both illicit and pharmaceutical fentanyl. ³May include morphine only deaths. ⁴Includes methadone

- 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.

Source: Medical Examiner's Office

Overdose Death Rates by Age, Sex, and Race/Ethnicity, 2018-2019¹



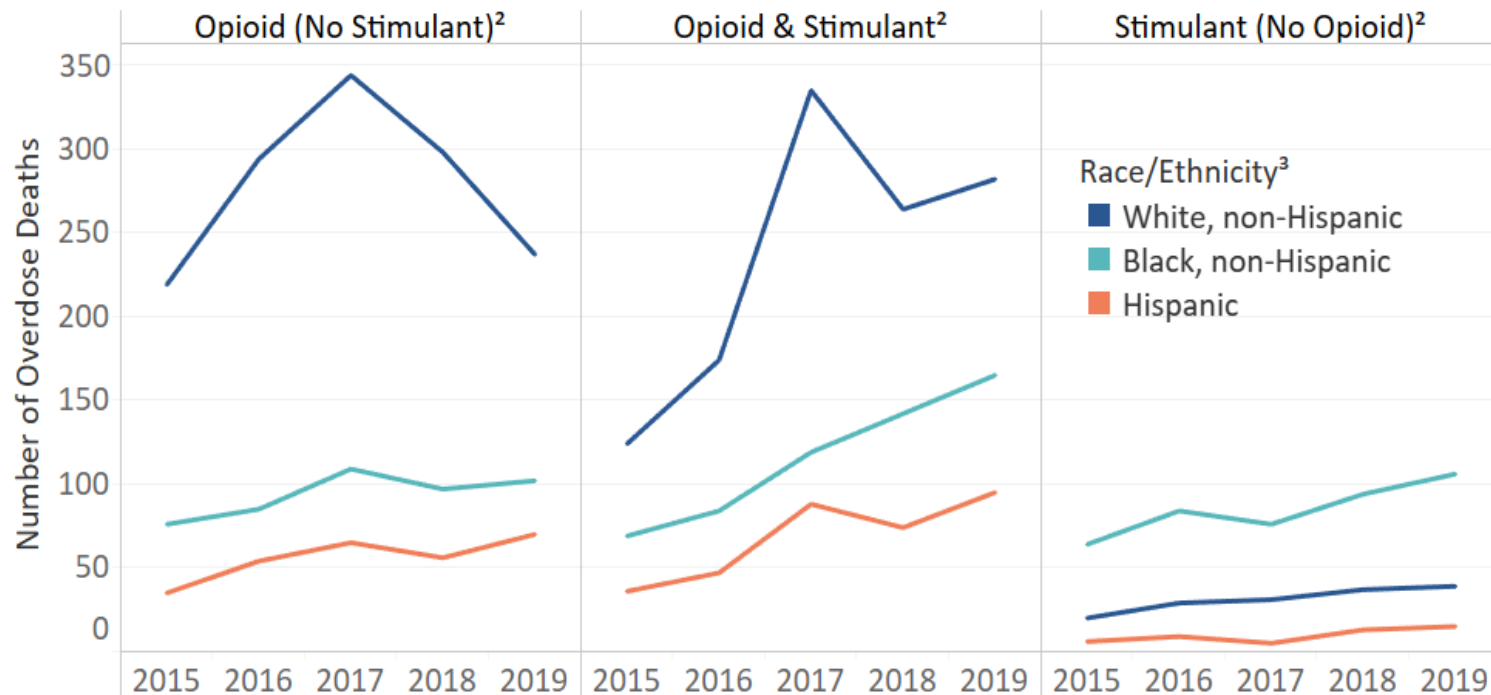
¹Rates are age-adjusted to the U.S. 2000 Standard Population except those for specific age groups.

²Individuals of other race/ethnicity are excluded due to low counts

- 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

Number of Overdose Deaths by Race/Ethnicity and Drugs Involved, 2015-2019¹



¹Drug Categories are mutually exclusive; excludes Other Drugs (No Opioid or Stimulant) because of low counts

²Additional drugs such as sedating drugs may have been involved

³Individuals of other race/ethnicity are excluded due to low counts

- 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

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

	2015		2016		2017		2018		2019	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	4,810	100%	3,506	100%	2,226	100%	1,983	100%	3,081	100%
Primary Substance of Abuse (%)										
Alcohol	1,359	28.3%	693	19.8%	415	18.6%	310	15.6%	537	17.4%
Cocaine/Crack	676	14.1%	394	11.2%	197	8.8%	227	11.4%	364	11.8%
Heroin	1,206	25.1%	1,287	36.7%	1,027	46.1%	962	48.5%	1,417	46.0%
Prescription Opioids	60	1.2%	145	4.1%	121	5.4%	94	4.7%	127	4.1%
Methamphetamine**	11	0.2%	15	0.4%	10	0.4%	15	0.8%	44	1.4%
Marijuana	1,086	22.6%	640	18.3%	303	13.6%	197	9.9%	213	6.9%
Benzodiazepines	34	0.7%	63	1.8%	44	2.0%	37	1.9%	53	1.7%
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
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/Unknown***	378	7.9%	269	7.7%	109	4.9%	141	7.1%	326	10.6%

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 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, Philadelphia Residents, 2019
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 (#)	537	100%	364	100%	1,417	100%	127	100%	44	100%	213	100%	53	100%	unavail	unavail	unavail	unavail
Sex (%)																		
Male	405	75.4%	262	72.0%	1,046	73.8%	99	78.0%	37	84.1%	186	87.3%	29	54.7%	unavail	unavail	unavail	unavail
Female	132	24.6%	102	28.0%	371	26.2%	28	22.0%	7	15.9%	27	12.7%	24	45.3%	unavail	unavail	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	166	30.9%	60	16.5%	757	53.4%	28	22.0%	27	61.4%	25	11.7%	21	39.6%	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	276	51.4%	243	66.8%	287	20.3%	59	46.5%	14	31.8%	154	72.3%	19	35.8%	unavail	unavail	unavail	unavail
Hispanic/Latino	40	7.4%	30	8.2%	129	9.1%	16	12.6%	2	4.5%	19	8.9%	4	7.5%	unavail	unavail	unavail	unavail
Asian	1	0.2%	3	0.8%	15	1.1%	3	2.4%	0	0.0%	3	1.4%	0	0.0%	unavail	unavail	unavail	unavail
Other	54	10.1%	28	7.7%	229	16.2%	21	16.5%	1	2.3%	12	5.6%	9	17.0%	unavail	unavail	unavail	unavail
Age Group (%)																		
Under 18	2	0.4%	3	0.8%	3	0.2%	0	0.0%	0	0.0%	4	1.9%	0	0.0%	unavail	unavail	unavail	unavail
18-25	10	1.9%	7	1.9%	44	3.1%	20	15.7%	0	0.0%	51	23.9%	0	0.0%	unavail	unavail	unavail	unavail
26-44	232	43.2%	131	36.0%	962	67.9%	85	66.9%	31	70.5%	128	60.1%	35	66.0%	unavail	unavail	unavail	unavail
45+	293	54.6%	223	61.3%	408	28.8%	22	17.3%	13	29.5%	30	14.1%	18	34.0%	unavail	unavail	unavail	unavail
Route of Administration (%)																		
Smoked	2	0.4%	291	79.9%	22	1.6%	0	0.0%	15	34.1%	188	88.3%	0	0.0%	unavail	unavail	unavail	unavail
Inhaled	0	0.0%	51	14.0%	386	27.2%	18	14.2%	11	25.0%	1	0.5%	1	1.9%	unavail	unavail	unavail	unavail
Injected	7	1.3%	14	3.8%	888	62.7%	8	6.3%	10	22.7%	0	0.0%	0	0.0%	unavail	unavail	unavail	unavail
Oral/Other/Unknown	528	98.3%	3	0.8%	27	1.9%	101	79.5%	8	18.2%	22	10.3%	52	98.1%	unavail	unavail	unavail	unavail
Secondary Substance (%)																		
None	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Alcohol	0	n/a	99	27.2%	73	5.2%	14	11.0%	4	9.1%	17	8.0%	5	9.4%	unavail	unavail	unavail	unavail
Cocaine/Crack	144	26.8%	0	n/a	522	36.8%	17	13.4%	4	9.1%	15	7.0%	10	18.9%	unavail	unavail	unavail	unavail
Heroin	24	4.5%	34	9.3%	0	n/a	7	5.5%	6	13.6%	5	2.3%	13	24.5%	unavail	unavail	unavail	unavail
Prescription Opioids	10	1.9%	3	0.8%	10	0.7%	0	n/a	2	4.5%	4	1.9%	3	5.7%	unavail	unavail	unavail	unavail
Methamphetamine**	15	2.8%	2	0.5%	37	2.6%	6	4.7%	0	n/a	5	2.3%	1	1.9%	unavail	unavail	unavail	unavail
Marijuana	91	16.9%	87	23.9%	93	6.6%	23	18.1%	10	22.7%	0	n/a	8	15.1%	unavail	unavail	unavail	unavail
Benzodiazepines	12	2.2%	8	2.2%	122	8.6%	20	15.7%	4	9.1%	3	1.4%	0	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

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.
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.

Sources

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.