San Francisco
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.

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Highlights

- San Francisco is experiencing a dramatic increase in drug overdose deaths across opioids and stimulant drugs, all driven by fentanyl.

- Methamphetamine indicators, including hospitalizations and emergency department visits, along with overdose deaths, all continue to rise.

- Cannabis indicators are not yet suggestive of an increase in morbidity, mortality, or treatment utilization since recreational use was legalized in 2018.

- San Francisco completed a Methamphetamine Task Force in 2019 with plans for a "sobering center" for people who are high on methamphetamine; these plans have been put on hold due to COVID-19.

- San Francisco has ceased breaking up encampments of people experiencing homelessness to avoid exacerbating COVID-19 transmission.

- San Francisco has housed people experiencing homelessness in hotels throughout San Francisco, both to manage and to prevent outbreaks in shelters and other congregate living settings.

- San Francisco has heavily utilized telehealth for delivery of treatment for SUDs, particularly buprenorphine.
• Opioid-related ED visits have increased steadily since 2011.
• Opioid-related deaths were stable through 2016 but have increased since (more detail on next slide).
• Treatment admissions have been relatively stable despite system-wide declines.

*2019 mortality data are incomplete.
Opioids

Counts of Opioid-Related Deaths in San Francisco by Year and Opioid Type, 2006-2019*

• Opioid overdose deaths were relatively stable 2006-2016, increased significantly 2017-2019
• Deaths increased from 104 in 2016 (21% including fentanyl) to more than 237 in 2019 (68% including fentanyl)
• Heroin deaths (without fentanyl) are stable, prescription opioid deaths (without heroin or fentanyl) continue to decrease.

*2019 mortality data are incomplete.
Methamphetamine-related morbidity and mortality continue to increase.

- Although ED visits, hospitalizations, and deaths have been increasing steadily for 10+ years, the rates of increase are faster in recent years.

*2019 mortality data are incomplete.
Cocaine-related morbidity and mortality are increasing.
Mortality was stable through 2016 but has been increasing since (more detail on next slide).
Emergency department visits have been increasing since 2010, and hospitalizations since 2015.

*2019 mortality data are incomplete.
Methamphetamine and Cocaine Mortality by Opioid Involvement, 2006-2019*

![Graph showing the count of deaths involving methamphetamine and cocaine from 2006 to 2019.](image)

- Deaths Involving Methamphetamine
- Methamphetamine in Combination with Any Opioid
- Methamphetamine Without Opioid
- Methamphetamine in Combination with Fentanyl
- Deaths Involving Cocaine
- Cocaine in Combination with Any Opioid
- Cocaine Without Opioid
- Cocaine in Combination with Fentanyl

*2019 mortality data are incomplete.

NDEWS San Francisco SCS Drug Use Patterns & Trends, 2020
• 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.

*2019 mortality data are incomplete.
Policy Updates

• Methamphetamine Task Force
  • The SFDPH Methamphetamine Task Force in 2019 recommended multiple new programs that were under development prior to the COVID-19 pandemic and have now been put on hold.

• San Francisco has ceased breaking up encampments of people experiencing homelessness to avoid exacerbating COVID-19 transmission.

• Isolation and Quarantine efforts
  • SFDPH has housed people experiencing homelessness in hotels throughout San Francisco, both to manage and to prevent outbreaks in shelters and other congregate living settings
  • SFDPH has heavily utilized telehealth for delivery of treatment for SUDs, particularly buprenorphine
### Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, San Francisco 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>Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 2016 2017 2018 2019</td>
</tr>
<tr>
<td></td>
<td>(#) (%)) (#) (%) (#) (#) (%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Total Admissions (#)</td>
<td>10,270 100%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>2,293 22.3%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>928 9.0%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4,177 40.7%</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>502 4.9%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1,488 14.5%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>584 5.7%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>22 0.2%</td>
</tr>
<tr>
<td>MDMA</td>
<td>12 0.1%</td>
</tr>
<tr>
<td>Synthetic Stimulants</td>
<td>0 0.0%</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>1 0.0%</td>
</tr>
<tr>
<td>Other Drugs/Unknown</td>
<td>263 2.6%</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.

**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>Primary Substance</th>
<th>Alcohol</th>
<th>Cocaine/Crack</th>
<th>Heroin</th>
<th>Prescription Opioids</th>
<th>Methamphetamine</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>1,745</td>
<td>476</td>
<td>3,743</td>
<td>464</td>
<td>1,356</td>
<td>261</td>
<td>52</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sex (%)</strong></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>1,339</td>
<td>76.7%</td>
<td>348</td>
<td>71.1%</td>
<td>2,603</td>
<td>69.5%</td>
<td>313</td>
<td>67.5%</td>
<td>1,040</td>
</tr>
<tr>
<td>Female</td>
<td>404</td>
<td>23.2%</td>
<td>128</td>
<td>26.9%</td>
<td>1,140</td>
<td>30.5%</td>
<td>151</td>
<td>32.5%</td>
<td>316</td>
</tr>
<tr>
<td><strong>Race/Ethnicity (%)</strong></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>665</td>
<td>38.1%</td>
<td>80</td>
<td>16.8%</td>
<td>1,736</td>
<td>46.4%</td>
<td>267</td>
<td>57.5%</td>
<td>480</td>
</tr>
<tr>
<td>African-Am/Black, Non-Hisp</td>
<td>338</td>
<td>19.4%</td>
<td>303</td>
<td>63.7%</td>
<td>1,092</td>
<td>29.2%</td>
<td>57</td>
<td>12.3%</td>
<td>298</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>516</td>
<td>29.6%</td>
<td>58</td>
<td>12.2%</td>
<td>1,140</td>
<td>30.5%</td>
<td>78</td>
<td>16.8%</td>
<td>393</td>
</tr>
<tr>
<td>Asian</td>
<td>63</td>
<td>3.6%</td>
<td>19</td>
<td>4.0%</td>
<td>85</td>
<td>2.3%</td>
<td>13</td>
<td>2.8%</td>
<td>73</td>
</tr>
<tr>
<td>Other</td>
<td>163</td>
<td>9.3%</td>
<td>16</td>
<td>3.4%</td>
<td>290</td>
<td>7.7%</td>
<td>49</td>
<td>10.6%</td>
<td>112</td>
</tr>
<tr>
<td><strong>Age Group (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Under 18</td>
<td>7</td>
<td>0.4%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>18-25</td>
<td>55</td>
<td>3.2%</td>
<td>14</td>
<td>2.9%</td>
<td>103</td>
<td>2.8%</td>
<td>30</td>
<td>6.5%</td>
<td>106</td>
</tr>
<tr>
<td>26-44</td>
<td>739</td>
<td>42.3%</td>
<td>113</td>
<td>23.7%</td>
<td>1,535</td>
<td>41.0%</td>
<td>274</td>
<td>59.1%</td>
<td>879</td>
</tr>
<tr>
<td>45+</td>
<td>944</td>
<td>54.1%</td>
<td>349</td>
<td>73.3%</td>
<td>2,104</td>
<td>56.2%</td>
<td>160</td>
<td>34.5%</td>
<td>369</td>
</tr>
<tr>
<td><strong>Route of Administration (%)</strong></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>0</td>
<td>0.0%</td>
<td>393</td>
<td>82.6%</td>
<td>305</td>
<td>81.1%</td>
<td>99</td>
<td>21.3%</td>
<td>875</td>
</tr>
<tr>
<td>Inhaled</td>
<td>0</td>
<td>0.0%</td>
<td>63</td>
<td>13.2%</td>
<td>748</td>
<td>20.0%</td>
<td>29</td>
<td>6.3%</td>
<td>109</td>
</tr>
<tr>
<td>Injected</td>
<td>0</td>
<td>0.0%</td>
<td>4</td>
<td>0.8%</td>
<td>2,558</td>
<td>68.3%</td>
<td>90</td>
<td>19.4%</td>
<td>318</td>
</tr>
<tr>
<td>Oral/Other/Unknown</td>
<td>1,745</td>
<td>100.0%</td>
<td>16</td>
<td>3.4%</td>
<td>132</td>
<td>3.5%</td>
<td>49</td>
<td>10.6%</td>
<td>112</td>
</tr>
<tr>
<td><strong>Secondary Substance (%)</strong></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>1,072</td>
<td>61.4%</td>
<td>172</td>
<td>36.1%</td>
<td>1,037</td>
<td>27.7%</td>
<td>154</td>
<td>31.2%</td>
<td>649</td>
</tr>
<tr>
<td>Alcohol</td>
<td>n/a</td>
<td>n/a</td>
<td>124</td>
<td>26.1%</td>
<td>144</td>
<td>3.8%</td>
<td>18</td>
<td>3.9%</td>
<td>231</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>198</td>
<td>11.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>997</td>
<td>26.6%</td>
<td>48</td>
<td>10.3%</td>
<td>78</td>
</tr>
<tr>
<td>Heroin</td>
<td>59</td>
<td>3.4%</td>
<td>64</td>
<td>13.4%</td>
<td>n/a</td>
<td>n/a</td>
<td>55</td>
<td>11.9%</td>
<td>130</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>26</td>
<td>1.5%</td>
<td>9</td>
<td>1.9%</td>
<td>185</td>
<td>4.9%</td>
<td>n/a</td>
<td>n/a</td>
<td>18</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>225</td>
<td>12.9%</td>
<td>48</td>
<td>10.1%</td>
<td>1,053</td>
<td>28.1%</td>
<td>104</td>
<td>22.4%</td>
<td>n/a</td>
</tr>
<tr>
<td>Marijuana</td>
<td>129</td>
<td>7.4%</td>
<td>54</td>
<td>11.3%</td>
<td>237</td>
<td>6.3%</td>
<td>29</td>
<td>6.3%</td>
<td>197</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>18</td>
<td>1.0%</td>
<td>2</td>
<td>0.4%</td>
<td>74</td>
<td>2.0%</td>
<td>23</td>
<td>5.0%</td>
<td>16</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>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>2</td>
<td>0.1%</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>
</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; 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. Emergency department visits and hospitalizations include primary or nonprimary ICD-9 codes: E850.0*, E850.1*, E850.2*, 965.0* and ICD-10 codes: T40.0* (excluding T40.0X6), T40.1*, T40.2* (excluding T40.2X6), T40.3* (excluding T40.3X6), T40.4* (excluding T40.4X6), T40.6* (excluding T40.606, T40696); primary only ICD-9 codes: 304.0*, 305.5* and ICD-10 code: F11*.

**Drug mortality** data were taken from the National Vital Statistics System-Mortality data, with additional information provided by the California Electronic Death Record System (CA-EDRS).

**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 and 2016, 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: 628-217-6282, E-mail: phillip.coffin@sfdph.org.