

# **NDEWS** *National Drug Early Warning System*

---

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

## Los Angeles County Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018

November 2018

NDEWS Coordinating Center

---

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

NDEWS is funded under NIDA Cooperative Agreement DA038360 awarded to the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park. Opinions expressed in this report may not represent those of NIH or NIDA.

# NDEWS *National Drug Early Warning System*

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



## 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)

James N. Hall, BA  
Center for Applied Research on Substance Use  
and Health Disparities  
Nova Southeastern University  
Phone: 786-547-7249  
upfrontin@aol.com

### 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: 347-396-7015  
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: 415-437-6282  
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  
calebbg@u.washington.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) Los Angeles County Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018

Mary-Lynn Brecht, Ph.D.

UCLA School of Nursing and UCLA Integrated Substance Abuse Programs

---

## Highlights

---

- Continuing increases were reported in treatment admissions and National Forensic Laboratory Information System (NFLIS) reports for **methamphetamine** (highest of any substance in these indicators at 31% and 47%, respectively); little change occurred in medical examiner toxicology cases; methamphetamine was the second most frequently identified drug; a slight decrease was seen in poison control calls with rates remaining low (4%).
- Increases across indicators were reported for **fentanyl**, but levels remained generally low. NFLIS reports of fentanyl seizures more than doubled from 2016 to 2017 (to a still low rate of 0.6%); toxicology cases from the medical examiner data showed an increase (to 182 cases, from 115 in 2016). Bulk fentanyl was introduced on the street for wholesale purchase in late 2017.
- Local concern remains for **heroin**; however, indicator trends were mixed. NFLIS reports increased (but remained at a lower-than-national rate of 8.2%); and poison control calls increased (but at a low rate of 2.0%). Heroin treatment admissions were at a relatively high level (28%) but declined from 2015–2016 levels.
- Local concern remains for misuse of **prescription/other opioids**; however, trends were mixed across indicators. Opioid trends decreased for treatment admissions (low level of 3.8% in 2017), medical examiner toxicology cases, and for poison control center calls (13%). There was an increase in NFLIS reports (low level of 2.9%, including fentanyl).
- Reports of emerging **synthetics** remained very low across available indicators.

---

## NDEWS Priority Substances

---

### COCAINE/CRACK

#### Key Findings

Of Los Angeles County substance abuse treatment admissions in 2017, 3.8% ( $n = 1,038$ ) reported crack or powder cocaine as the primary drug of abuse. This represents a continuing decrease in cocaine/crack admissions for nearly two decades (for example, cocaine/crack admissions constituted 4.1% of total admissions in 2016, 4.4% in 2015, 5.8% in 2014, and 6.7% in 2013; Table 4a; Exhibit 1).

Cocaine retained a rank of third among drugs from National Forensic Laboratory Information System (NFLIS) drug reports in 2017 for Los Angeles County, accounting for 14.9% of reports in 2017 compared with 12.4% of reports in 2016 and 14.3% of reports in 2015. It is too early to tell whether this increased percentage indicates a structural change in cocaine availability/prevalence (reversing a several-year downward trend) or is merely an artifact resulting from the substantial decrease in cannabis reports in NFLIS.

Cocaine was detected in 385 of Los Angeles County medical examiner toxicology cases in 2017, which was a decrease from 402 in 2016 (Exhibit 2). This was a smaller number of cases in 2017 than for narcotic analgesics (other than heroin/morphine), methamphetamine, and THC. (Note that no comparison values are presented for heroin/morphine because those cases were incomplete.)

Cocaine accounted for 1.6% of drugs reported in 2017 Los Angeles County Poison Control calls, which was similar to 2016 (Exhibit 4). Within the subgroup of all illicit drugs together (accounting for 14.5% of all substances reported in relevant poison control calls; Exhibit 3), cocaine accounted for 11.3% of these illicit drug reports.

The National Survey on Drug Use and Health (NSDUH) estimated that 2.5% of Los Angeles County individuals age 12 and older used cocaine in the past year based on 2014–2016 survey results.

The Youth Risk Behavior Surveillance System (YRBSS) reported that 4.0% of secondary school students in Los Angeles County have used cocaine, which is a decrease from 5.0% in 2015, 6.5% in 2013, 9.2% in 2011, and 9.7% in 2009.

#### Polydrug Use

Among individuals reporting cocaine/crack as the primary drug for admission to substance abuse treatment in 2017, 67.7% reported a secondary drug (Table 4b). Alcohol was the most frequently reported secondary drug (by 27.4% of cocaine/crack primary admissions), marijuana by 25.4%, methamphetamine by 9.1%, heroin by 1.4%, and other opioids by 1.1%.

Of the 385 Los Angeles County medical examiner toxicology cases in 2017 with positive results for cocaine, 69.6% also tested positive for at least one other type of substance. More specifically (for additional

substances [or their metabolites] for which more than 3% tested positive), 27.8% tested positive for alcohol, 14.8% for fentanyl, 11.2% for THC, 6.8% codeine, 4.4% for PCP, 3.6% for hydrocodone, 3.6% for methadone, 3.4% for benzodiazepines, and 3.1% for oxycodone.

### **Additional Findings**

A majority (61.3%) of primary cocaine/crack admissions to substance abuse treatment in 2017 were male (Table 4b); although this continues the historical “predominantly male” demographic for cocaine/crack, there was a slight increase in percentage of females in 2017 (38.4%) over 2016 (36.7%). Non-Hispanic African Americans/Blacks represented 62.9% of cocaine admissions, which was similar to 2016 (62.3%); thus, this ethnic group continues to be overrepresented in cocaine/crack admissions in comparison with its representation in the Los Angeles general population (9.0% in 2017 [U.S. Census Quickfacts]) or across all 2017 treatment admissions (14.1%). Most cocaine admissions were for individuals older than 45 years of age, with this age group comprising 51.4% of cocaine admissions, which represented a small decrease from 53.9% in 2016. This decrease in older users was accompanied by commensurate increases in admissions by individuals in the youngest age groups, specifically those 25 years and younger (11.8% in 2017 compared with 9.5% in 2016).

According to the Los Angeles Regional Criminal Information Clearing House (LA CLEAR), wholesale and retail prices of cocaine have stabilized during 2017 at their lowest prices since 2013: wholesale prices were at \$20,000 to \$25,000 per kilo at the end of 2017, and retail prices were \$20 to \$60/gram. Retail prices for crack were \$5 to \$10 per 1/10 gram.

## **METHAMPHETAMINE**

### **Key Findings**

Methamphetamine accounted for 30.9% ( $n = 8,502$ ) of admissions to Los Angeles County substance abuse treatment programs in 2017 (Table 4a; Exhibit 1), which continued a generally increasing trend since 2010 with 29.0% in 2016, 25.3% in 2015, and 20.1% in 2013 (shown in Table 4a).

Methamphetamine was ranked first among drugs for Los Angeles County based on drug reports from NFLIS; methamphetamine accounted for 46.6% of reports in 2017, which was an increase from 41.1% in 2016 and 38.7% in 2015, continuing an upward trend since 2009.

Methamphetamine was detected in 837 (of Los Angeles County medical examiner toxicology cases in 2017, which was slightly less than the estimated 859 from 2016 (Exhibit 2).

Methamphetamine was reported in 4.3% of 2017 Los Angeles County Poison Control calls, which represented a very slight decrease from 4.5% in 2016 and 4.8% in 2015, attenuating the previous increasing trend from 1.2% in 2008 to 4.8% in 2015 (Exhibit 4). Within the illicit drug category, methamphetamine accounted for the largest share at 29.3%.

The YRBSS reported 2.7% of Los Angeles County secondary school students in 2017 with lifetime methamphetamine use, which was down from 3.4% in 2015, 5.1% in 2013, 6.9% in 2011, and 7.1% in 2009.

## **Polydrug Use**

Among individuals reporting methamphetamine as the primary drug for admission to substance abuse treatment in 2017, a majority (58.3%) reported a secondary drug (Table 4b). Marijuana was the most frequently reported secondary drug (by 28.9% of primary methamphetamine admissions), followed by alcohol (19.4%), heroin (3.6%), cocaine/crack (3.0%), and other opioids (0.7%).

Of the 837 Los Angeles County medical examiner toxicology cases in 2017 with positive results for methamphetamine, 89.2% also tested positive for at least one other type of substance (Exhibit 2). More specifically (for additional substances [or their metabolites] for which more than 3% of cases had positive results), 20.6% had positive results for alcohol, 10.9% for THC, 9.9% for cocaine, 5.9% for fentanyl, and 4.9% for codeine.

## **Additional Findings**

Compared with admissions for other major illicit drugs, primary methamphetamine admissions to substance use treatment in 2017 had the largest proportion of females (48.7%; Table 4b), which was slightly higher than in 2016 (46.3%). Methamphetamine admissions were most likely to be Hispanic (63.6% in 2017, similar to 2016), followed by non-Hispanic Whites (21.7%) and non-Hispanic African American/Blacks (9.6%). Among methamphetamine admissions, 2.3% were by clients younger than 18 years of age; 20.6% of admissions were for clients ages 18–25; 65.6% were for clients ages 26–45; and clients older constituted 11.5% of methamphetamine admissions. This suggests a slight aging of the methamphetamine treatment population with 77.1% older than 25 in 2017 compared with 74.9% in 2016 and 74.2% in 2015. Smoking continued as the most frequently mentioned route of administration by primary methamphetamine admissions (76.0%). Proportions of injectors (9.7%) and inhalers (10.8%) are similar to 2016 (9.7% and 11.1%) but have generally declined from the 1990s (from 15.2% and 29.9%, respectively, in 1999).

According to LA CLEAR, the wholesale and street price of methamphetamine remained stable in 2017: Wholesale prices were at \$2,000 to \$3,500 per pound near the end of 2017, compared with \$2,400 to \$3,000 mid-2016, \$2,800 to \$3,500 near the end of 2015, and \$17,500 to \$19,500 in 2008. Retail prices were reported at \$50 to \$100 per 1/8 ounce in fourth quarter 2017 compared with \$50 to \$80 in mid-2016 and \$80 to \$140 at the end of 2015. Beginning in 2016, methamphetamine was also being sold in smaller wholesale quantities (¼ and ½ pound units); prices remained stable across 2017 (\$800 to \$1,000 for ¼ pound and \$1,300 to \$1,445 for ½ pound units) to increase profits.

## **HEROIN**

### **Key Findings**

In 2017, 7,634 of Los Angeles County substance abuse treatment admissions reported heroin as the primary drug. These heroin admissions represented 27.7% of Los Angeles County admissions (Table 4a; Exhibit 1), which was a slight decrease from 28.8% in 2016 and 31.2% in 2015 after a substantial increase from 2013 (22.4%) to 2015.

Heroin was identified in 8.2% of NFLIS drug reports, which was a small increase over 7.1% over 2016.

Heroin ranked fourth among drugs for Los Angeles County based on NFLIS drug reports.

Toxicology results were not available for all cases testing positive for heroin/morphine or metabolites from the Los Angeles County medical examiner toxicology cases in 2017.

Heroin accounted for 2.0% of drugs reported in relevant 2017 Los Angeles County Poison Control calls (or 14.0% of reports for illicit drugs), which was an increase from 2016 (1.3% of all relevant drug reports, 9.2% of illicit drugs; Exhibit 4).

The NSDUH estimated that 0.2% of Los Angeles County individuals age 12 and older used heroin in the past year based on 2014–2016 survey results.

The YRBSS reported that 1.9% of secondary school students in Los Angeles County have used heroin, continuing a decreasing trend from 2.0% in 2016, 3.0% in 2013, 4.4% in 2011, and 3.8% in 2009.

### **Polydrug Use**

Among individuals reporting heroin as the primary drug for admission to substance abuse treatment in 2017, a majority (55.3%) reported a secondary drug (Table 4b). Methamphetamine was the most frequently reported secondary drug (by 29.2% of heroin users), followed by alcohol (6.1%), cocaine/crack (5.3%), marijuana (5.3%), and other opioids (4.0%).

Heroin/morphine results were incomplete for Los Angeles County medical examiner toxicology cases.

### **Additional Findings**

In 2017, heroin admissions to substance use treatment were predominantly for males (71.6%, similar to 2016) and were most likely to be for non-Hispanic Whites (51.7%) or Hispanics (36.4%) (Table 4b). Heroin admissions were predominantly for clients in the 26–45-year age range (53.2%) or who were older than 45 (32.4%). Although an increasing proportion of the heroin admissions was observed for the 18–25 age group from 2008 (9.0%) to 20.2% in 2013, the percentage of heroin admissions for that age group declined to 14.3% in 2017 from 16.8% in 2016.

According to LA CLEAR, heroin remains readily available and wholesale and street prices of heroin remained stable in 2017, similar to 2016 prices. The wholesale price of Mexican black tar heroin was \$25,500 to \$29,000/kilo and street prices at \$50 per ½ gram or \$5.50 to \$10.00 per 1/10 gram (balloon). Availability of Mexican white heroin is becoming more widely available, with wholesale prices decreasing from \$36,000/kilo in mid-2016 to \$28,000/kilo by the end of 2017, but it remains less prevalent in Los Angeles County than Mexican black tar or brown heroin.

## **PRESCRIPTION OPIOIDS**

### **Key Findings**

Admissions for primary drug in the categories “other opioids/synthetics” or “oxycodone/OxyContin” continued to constitute a small percentage ( $n = 1,043$  or 3.8%) of Los Angeles County substance abuse

treatment admissions in 2017, which was a slight decrease from 4.0% in 2016. The gradual increase from 2010 to 2014 appears to have attenuated (Table 4a; Exhibit 1).

Hydrocodone ranked 8th among drugs for Los Angeles County based on NFLIS drug reports for 2017, accounting for 0.8% of total reports and representing a slight increase from 0.6% in 2016. Oxycodone ranked 11th in 2017 NFLIS reports, accounting for 0.4% of total reports, similar to the 2016 percentage. Other opioids accounting for more than 0.1% of NFLIS reports included fentanyl (0.6%; rank 10), tramadol (0.3%), and codeine (0.2%); 2017 reports for tramadol and fentanyl increased over 2016 (0.2% and 0.1%, respectively). Together, the general category of opioids (other than heroin) accounted for 2.9% of NFLIS drug reports for Los Angeles County in 2017, which was an increase from 2.1% in 2016.

One or more narcotic analgesics (not including heroin/morphine) were detected in 449 of 2017 Los Angeles County medical examiner toxicology cases, which was a decrease from 552 in 2016 (Exhibit 2).

Narcotic analgesics (not including heroin) accounted for 12.9% of drugs reported in 2017 Los Angeles County Poison Control calls, which was a decrease from 14.7% in 2016 and 15.2% in 2015. Of these narcotic analgesic reports, 61.4% were for hydrocodone products in 2017, 19.9% were for oxycodone products, and 1.9% were for fentanyl.

In the YRBSS, 10.6% of Los Angeles County secondary school students in 2017 reported that they had ever taken prescription pain medicine without a doctor's prescription. Although a direct comparison cannot be made of 2017 rates with those of previous years because of differences in survey questions, in 2015, 9.5% reported lifetime misuse of prescription drugs (including opioids, Adderall/Ritalin, or tranquilizers).

### **Polydrug Use**

Among individuals reporting opioids other than heroin as their primary drug for admission to substance abuse treatment, 48.0% reported a secondary drug; 8.6% reported alcohol, 6.0% methamphetamine, 5.8% marijuana, 5.2% heroin, and 3.2% cocaine/crack (Table 4b). Note that 10.4% reported benzodiazepines as a secondary drug.

Of the 449 Los Angeles County medical examiner toxicology cases in 2017 testing positive for narcotics other than heroin/morphine, 72.8% also tested positive for two or more drugs. More specifically, 19.6% had positive results for alcohol, 18.7% for anti-depressants, 16.5% for methamphetamine, 13.1% for cocaine, and 3.1% for sedatives.

### **Additional Findings**

Admissions to substance abuse treatment for "other opioids/synthetics" or "oxycodone/OxyContin" remained predominantly male (55.8%), majority non-Hispanic White (52.2%), and older than 25 years (89.9%; Table 4b). The percentage of opioid admissions for younger users (25 years or younger) has remained relatively stable: 10.1% in 2017, 9.7% in 2016, and 10.0% in 2015.

According to LA CLEAR, the street price of hydrocodone has remained stable in 2017 at \$5 to \$10/pill. The street price of fentanyl decreased to \$60 to \$100/patch in 2017 from \$100 in 2016; and wholesale quantities were available in 2017 at \$30,000/kilo.



## FENTANYL AND OTHER NONPRESCRIPTION SYNTHETIC OPIOIDS

### Key Findings

Fentanyl was identified in 0.6% ( $n = 152$ , ranking of 10) of NFLIS drug reports for Los Angeles County in 2017, which was more than double the number ( $n = 66$ ) and percentage of 2016 reports. Other synthetic opioids were identified in 0.4% of NFLIS reports in 2017. Fentanyl was identified in 182 Los Angeles medical examiner toxicology cases in 2017, which was an increase from 115 in 2016. Fentanyl was reported in 10 calls to the Poison Control System in 2017, which was an increase over eight calls in 2016 and a decrease from 20 reports in 2015 and 23 reports in 2014.

### Polydrug Use

Of the 182 Los Angeles County medical examiner toxicology cases in 2017 testing positive for fentanyl, 76.9% also tested positive for at least one other type of substance. More specifically, 31.3% also had positive results for cocaine, 26.9% for methamphetamine, 23.6% for alcohol, 8.8% for anti-depressants, 6.6% hydrocodone, 5.0% codeine, and 5.0% oxycodone.

---

## Other Priority Substances in Los Angeles

---

## MARIJUANA

### Key Findings

We continue to provide marijuana trends as usage policies change in California and Los Angeles County (see section on legislative changes).

Marijuana as the primary drug accounted for 12.0% of Los Angeles County treatment admissions, which was a decline from levels in 2016 (14.9%) and 2015 (16.1%) and continuing a downward trend (Table 4a; Exhibit 1).

Cannabis was identified in 15.1% of NFLIS drug reports in 2017 with a ranking of second among drugs for Los Angeles County. This was a substantial decrease from 25.9% in 2016, possibly heralding the imminent policy changes for cannabis (with recreational use allowed under California law beginning January 2018).

THC was detected in 410 of Los Angeles County medical examiner toxicology cases in 2017, which was a decrease from 619 in 2016 (Exhibit 2).

Marijuana accounted for 4.2% of drugs reported in 2017 Los Angeles County Poison Control calls, which was similar to 2016 but higher than 3.4% in 2015 and 3.3% in 2014 (Exhibit 4). Marijuana accounted for 29.1% of the reports within the category of illicit drugs, which represented a smaller share than in 2016 (33%).

The NSDUH estimated that 15.3% of Los Angeles County individuals age 12 and older used marijuana in the

past year based on 2014–2016 survey results; estimates indicated that 10.4% used marijuana in the past month.

An increase in lifetime marijuana use was reported in the YRBSS for secondary school students in Los Angeles County with 2017 levels at 35.9% over 2015 levels of 34.7% but still below 2013 (39.3%), 2011 (42.4%), and 2009 (37.6%) levels. Likewise an increase was seen in past 30-day marijuana use, with 2017 levels at 19.1% over 16.6% in 2015 but remaining lower than 20.3% in 2013, 22.4% in 2011, and 19.3% in 2009.

### **Polydrug Use**

Among individuals reporting marijuana as the primary drug for admission to substance abuse treatment, 54.7% reported a secondary drug (Table 4b). Alcohol was most frequently reported as a secondary drug (by 26.0% of primary marijuana admissions), methamphetamine by 18.3%, cocaine/crack by 3.7%, heroin by 0.4%, and other opioids by 0.9%.

Of the 410 Los Angeles County medical examiner toxicology cases in 2017 with positive results for THC, 58.3% also tested positive for at least one other type of substance. More specifically (for additional substances [or their metabolites] showing positive results for more than 3%), 34.9% had positive results for alcohol, 22.2% for methamphetamine, and 10.5% for cocaine.

### **Additional Findings**

In 2017, 63.0% of the primary marijuana admissions to substance abuse treatment were male (Table 4b), which was a decline from 67.7% in 2016. A majority of marijuana admissions were Hispanics (at 62.4%, overrepresented as compared with the Los Angeles County population where Hispanics constituted 48.6% in 2017 [U.S. Census Quickfacts]), followed by non-Hispanic African American/Blacks (at 22.6%, also overrepresented as compared with the 2017 Los Angeles County population where African American/Blacks constituted 9.0%). Of the major illicit substances, the smallest percentage of non-Hispanic Whites (9.5%) was reported for marijuana admissions in 2017. Marijuana admissions had the largest proportion of clients younger than 18 years (39.2% in 2017, continuing a decreasing trend for this age group with 42.8% in 2016, 45.6% in 2015, and 48.4% in 2014), compared with this age group share of methamphetamine admissions (2.3%), alcohol admissions (2.0%), cocaine (1.9%), heroin (0.1%), and other opioids (1.0%).

According to LA CLEAR, marijuana prices remained stable in 2017, which was similar to 2016, with all grades readily available, both imported from Mexico and cultivated domestically.

## **SYNTHETICS—CATHINONES, CANNABINOIDS, PIPERAZINES, TRYPTAMINES**

### **Key Findings**

The prevalence of emerging synthetic drugs remains very low for Los Angeles County across indicator systems that report these substances. These substances are not yet recorded for statewide treatment admission data and are not routinely examined in medical examiner toxicology cases.

Synthetic cathinones (reported as bath salts by callers) accounted for 0.1% ( $n = 6$ ) of drugs reported in 2017 Los Angeles County Poison Control calls, as compared with  $n = 4$  in 2016. Synthetic cathinones accounted for 36 reports or 0.1% of NFLIS drug reports in 2017, which was an increase over 21 reports (<0.1%) in 2016 but a decrease from 67 reports in 2015 (or 0.2%) and 201 reports (or 0.6%) in 2014. Of these 36 reports in 2017, 11 were reported as ethylone, 6 as n-ethylpentylone, and 4 as butylone.

Synthetic cannabinoids (most reported as “spice” by callers) accounted for 0.1% ( $n = 5$ ) of drugs reported in 2017 Los Angeles Poison Control calls, continuing a decreasing trend from  $n = 15$  in 2016 and  $n = 33$  in 2015. Synthetic cannabinoids accounted for 0.1% ( $n = 25$ ) of NFLIS drug reports, which was an increase from  $n = 18$  in 2016 but a decrease from  $n = 55$  in 2015 and  $n = 86$  in 2014. According to LA CLEAR, the street price of “spice” remained consistent at \$10 to \$20/gram in 2017, similar to 2016. The 2017 YRBSS results indicate that 6.5% of Los Angeles high school students report having used synthetic cannabinoids.

There were 12 reports of piperazines in NFLIS (<0.1%;  $n = 8$  TFMPP and  $n = 4$  BZP), which was an increase from  $n = 1$  report of TFMPP in 2016. In 2017 NFLIS data, there were  $n = 10$  reports (<0.1%) of tryptamines, which was an increase from  $n = 7$  in 2016; the most frequently reported tryptamine in 2017 was dimethyltryptamine (DMT) with 7 reports. There was 1 report of DMT (dimethyltryptamine) among substances reported in 2017 Los Angeles Poison Control call.

---

## Infectious Diseases Related to Substance Use

---

According to CDC reports, there were 1,882 HIV diagnoses in the Los Angeles County portion of the Los Angeles/Anaheim metropolitan statistical area in 2016 (rate of 22.1 per 100,000 population), which was a decline from 2,001 in 2015 (rate of 23.4) and 2,251 in 2014 (rate of 26.6). Males accounted for a large proportion of diagnoses ( $n = 1,688$ , 89.7% of 2016 diagnoses); the rate per 100,000 population for males was 40.5, which was a decline from a rate of 42.9 in 2015 and 48.7 in 2014. Females accounted for 10.3% of 2016 HIV diagnoses ( $n = 194$ , rate of 4.5 per 100,000 population). Among males, men who have sex with men (MSM) contact remained the predominant vector of transmission (93.2%). Injection drug use (IDU) was reported as the transmission vector in 2.5% male cases, MSM/IDU in 2.9%, and heterosexual contact in 1.4%. This 2016 distribution of transmission vectors for males was similar to that for 2015. Among females, heterosexual contact remained the primary transmission vector (84.8% of female HIV diagnoses). IDU remained a secondary vector of transmission for females, at 16.5%; this was a slight increase over 15.2% in 2015 and 14.5% in 2014. Among males, the rate of HIV diagnosis was highest for the Black/African American race/ethnic group at 122.4 per 100,000 (compared with a rate of 47.4 for American Indian/Alaska Native, 42.8 for Hispanic/Latino, 26.6 for White, and 13.4 for Asian). Among males, the highest rate by age grouping was for 25–34-year-olds at 78.7 per 100,000 population (compared with 37.7 for 13–24 years, 54.9 for 35–44 years, 37.4 for 44–54 years, and 8.3 for those 55 and older). Among females, the highest rates for race/ethnic groups were 22.4 per 100,000 population for American Indian/Alaska Native and 20.4 for Black/African Americans (compared with 3.8 for Hispanic/Latino, 2.6 for Whites, and 0.7 for Asians). Among females, the rate for age groups was highest for 35–44-year-olds (7.9 per 100,000 population) followed by 25–34-year-olds (rate of 6.1),

45–54-year-olds (rate of 5.9), 13–24-year-olds (rate of 3.5), and those older than 55 (rate of 1.6); this constituted a slight shift toward diagnoses of older women than in 2015.

According to the Los Angeles County Department of Public Health Acute Communicable Disease Control, new cases of hepatitis A in Los Angeles County numbered 66 in 2016, which was double the count in 2015, with an annual incidence rate of 0.69 per 100,000 population. This was an increase from rates of .34 in 2015 and .44 in 2014. Note that the incidence rate for California for 2016 was 0.49 and for the United States 0.56. Nearly half ( $n = 25$ ) of these hepatitis cases were for 15–34-year-olds. Five new cases of (acute) hepatitis C (incidence rate of 0.05) were reported in 2016, which was an increase from two cases in 2015. The annual incidence rate of hepatitis C for California was 0.10 and for the United States was 0.68.

The California Department of Health reported high rates of sexually transmitted diseases for the state and for Los Angeles County in 2016. Los Angeles ranked fourth in the state among counties in terms of chlamydia incidence, experiencing an incidence rate of more than 500 per 100,000 population. For gonorrhea, Los Angeles County ranked third in the state with an incidence rate of more than 200 (an increase from 172.8 in 2015), and ranked fifth for early latent syphilis with a rate of approximately 40 (an increase over 18.3 in 2015). Incidence rates in 2016 continued the several-year increasing trends.

---

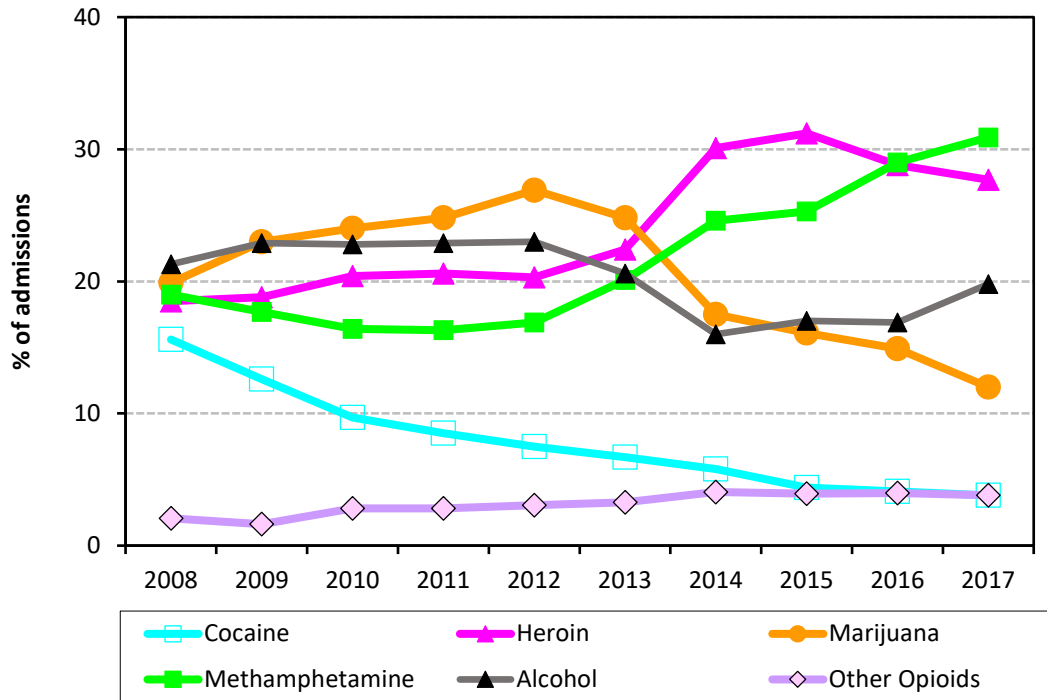
## **New Substance-Related Legislative and Policy Updates**

---

In 2016, California voters passed an amendment, effective 1/1/2018, legalizing recreational use of marijuana, including possession and use of up to one ounce of marijuana (or 8 grams of concentrates) and cultivation of up to six plants per residence for personal use by adults 21 or older. In addition, it establishes a licensed regulation system for commercial production and sale of adult use cannabis and levies a production tax of \$9.25/ounce of flowers plus an additional 15% excise tax on retail sales of marijuana both adult-use and medical. Counties and cities can make local decisions about whether, where, and under what conditions to allow dispensaries for medical and recreational, other distribution and sales vectors, and wholesale/retail cultivation. During 2017 (and continuing in 2018), local governments were developing these regulations, which differ from city to city within Los Angeles County.

## Exhibits

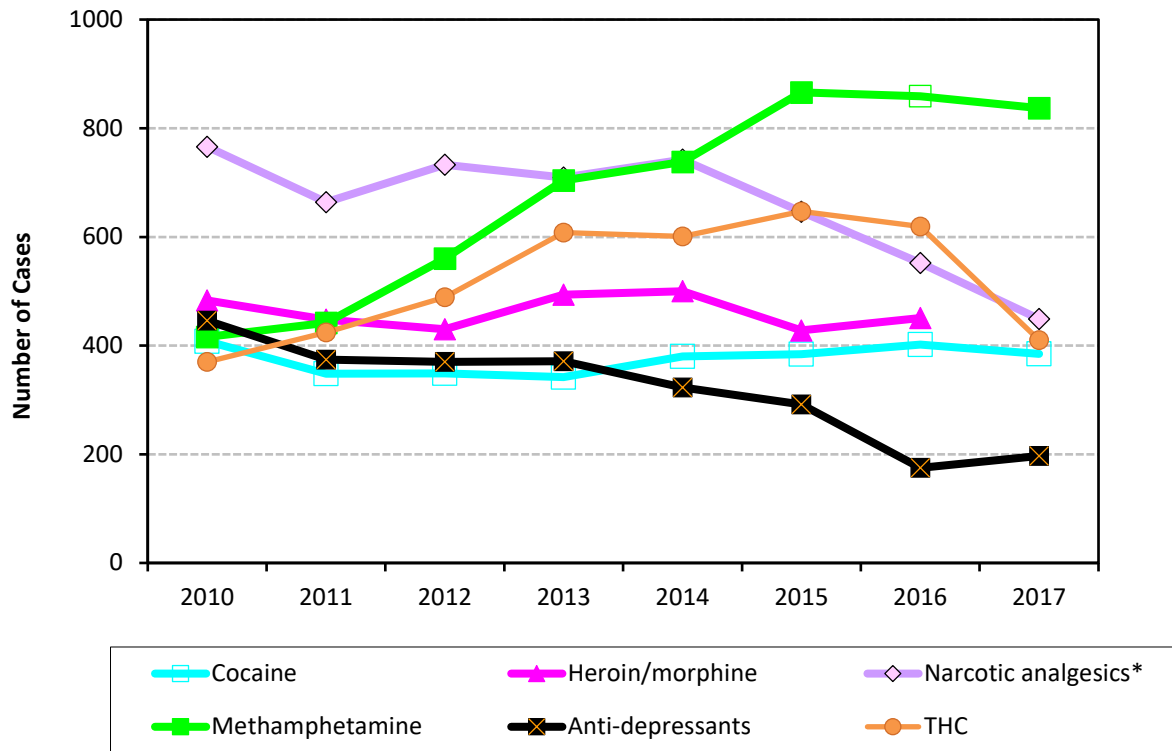
**Exhibit 1. Percentage of Admissions to Substance Use Treatment for Selected Major Substances (Primary Drug for Admission), Los Angeles County, 2008–2017<sup>1</sup>**



<sup>1</sup> Data include all admissions to programs in Los Angeles County receiving any public funding and all admissions to programs providing narcotic replacement therapy (whether or not the program receives public funding). Number of admissions in 2017  $n = 27,557$ , in 2008  $n = 55,530$ .

Source: California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis.

**Exhibit 2. Number of Medical Examiner Toxicology Cases with Drugs Detected, Los Angeles County, 2010–2017<sup>1</sup>**

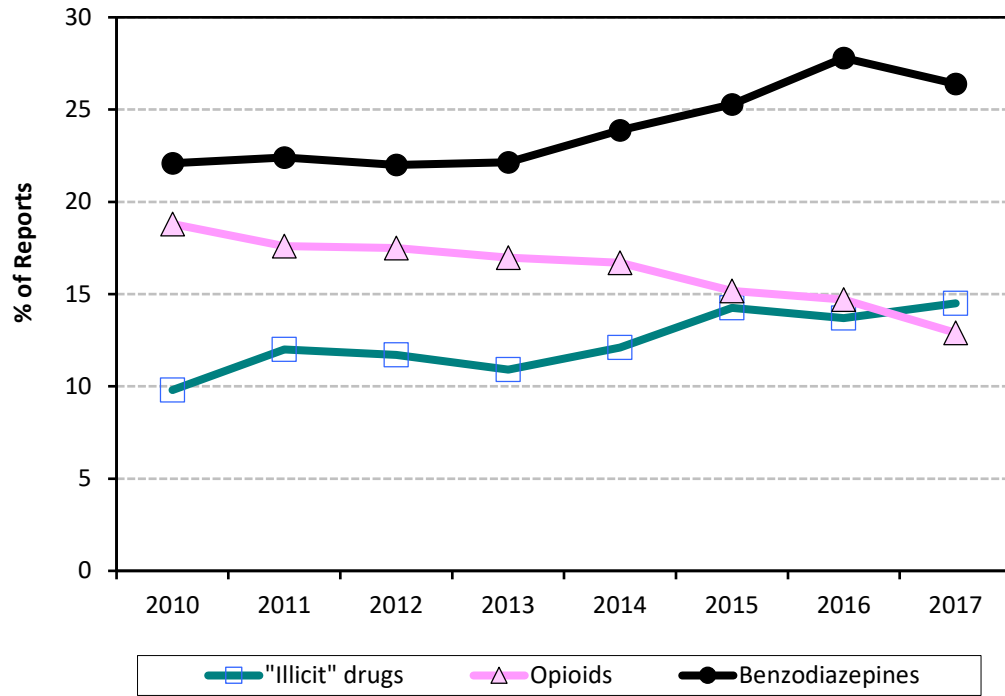


<sup>1</sup> Number of toxicology cases: 2011  $n = 2,866$ ; 2012  $n = 3,068$ ; 2013  $n = 3,109$ ; 2014  $n = 3,038$ ; 2015  $n = 3,024$ ; 2016  $n = 3,031$  (2016 total was estimated, see 2017 report for details); 2017  $n = 2,789$  (2017 data for heroin/morphine were incomplete so heroin/morphine are not shown in the graph for 2017).

\*Narcotic analgesics and narcotic-like analgesics (other than heroin/morphine) include codeine, hydrocodone, hydromorphone, oxycodone, oxymorphone, methadone, fentanyl, other narcotics, and tramadol.

Source: Data for 2017 analysis from Los Angeles County Medical Examiner received 2/7/18.

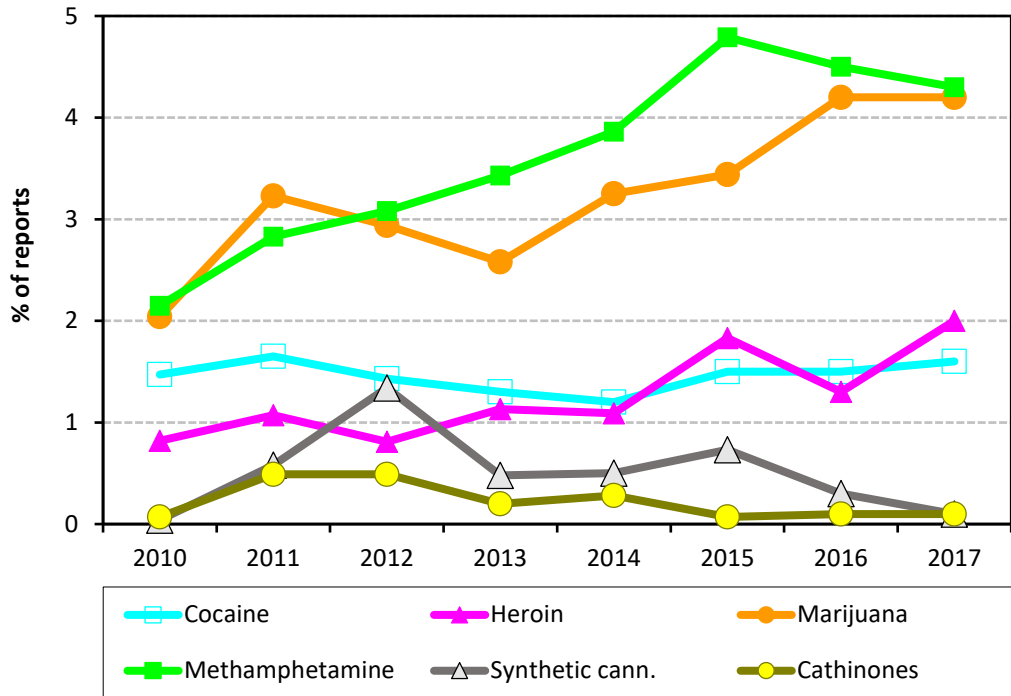
**Exhibit 3. Percentage of Reports to California Poison Control Center for Selected Drug Categories, Los Angeles County, 2010–2017<sup>1</sup>**



<sup>1</sup>Reports for illicit drugs or for cases (for other drugs) with “intentional/suspected suicide, misuse, abuse, unknown,” “contamination/tampering,” or “malicious” reasons.

Source: California Poison Control System (3/18/18) 2017 data, *n* = 4,142 total drug reports.

**Exhibit 4. Percentage of Reports to California Poison Control Center for Selected “Illicit” Drugs, Los Angeles County, 2010–2017<sup>1</sup>**



<sup>1</sup> Reports for illicit drugs or for cases (for other drugs) with “intentional/suspected suicide, misuse, abuse, unknown,” “contamination/tampering,” or “malicious” reasons.

Source: California Poison Control System (3/18/18) 2017 data, n = 4,142 total drug reports.



---

## Treatment Tables

---

**Table 1: Trends in Admissions\* to Programs Treating Substance Use Disorders, Los Angeles County Residents, 2013-2017**  
 Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year									
	2013		2014		2015		2016		2017	
	(#)	(%)	(#)	(%)		(%)	(#)	(%)	(#)	(%)
<b>Total Admissions (#)</b>	<b>39,790</b>	<b>100%</b>	<b>32,826</b>	<b>100%</b>	<b>30,083</b>	<b>100%</b>	<b>26,446</b>	<b>100%</b>	<b>27,557</b>	<b>100%</b>
<b>Primary Substance of Abuse (%)</b>										
Alcohol	8,216	20.6%	5,253	16.0%	5,103	17.0%	4,474	16.9%	5,462	19.8%
Cocaine/Crack	2,654	6.7%	1,909	5.8%	1,332	4.4%	1,086	4.1%	1,038	3.8%
Heroin	8,900	22.4%	9,866	30.1%	9,392	31.2%	7,626	28.8%	7,634	27.7%
Prescription Opioids**	1,307	3.3%	1,331	4.1%	1,189	4.0%	1,056	4.0%	1,043	3.8%
Methamphetamine	8,012	20.1%	8,070	24.6%	7,626	25.3%	7,659	29.0%	8,502	30.9%
Marijuana	9,851	24.8%	5,752	17.5%	4,835	16.1%	3,943	14.9%	3,306	12.0%
Benzodiazepines	199	0.5%	139	0.4%	148	0.5%	188	0.7%	171	0.6%
MDMA	57	0.1%	27	0.1%	27	0.1%	31	0.1%	35	0.1%
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	594	1.5%	479	1.5%	431	1.4%	383	1.4%	366	1.3%

**NOTES:**

**\*Admissions:** Includes all admissions to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). An admission is counted only after all screening, intake, and assessment processes have been completed, and all of the following have occurred: 1) the provider has determined that the client meets the program admission criteria; 2) if applicable, the client has given consent for treatment/recovery services; 3) an individual recovery or treatment plan has been started; 4) a client file has been opened; 5) the client has received his/her first direct recovery service in the facility and is expected to continue participating in program activities; 6) in methadone programs, the client has received his/her first dose. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

**\*\*Prescription Opioids:** Includes drug categories labeled "oxycodone/OxyContin" and "other opiates or synthetics."

**unavail:** Data not available.

**SOURCE:** Data provided to the Los Angeles NDEWS SCE by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, CalOMS.

**Table 2: Demographic and Drug Use Characteristics of Treatment Admissions\* for Select Primary Substances, Los Angeles County Residents, 2017**  
 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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>Number of Admissions (#)</b>	5,462	100%	1,038	100%	7,634	100%	1,043	100%	8,502	100%	3,306	100%	171	100%	unavail	unavail	unavail	unavail
<b>Sex (%)</b>																		
Male	3,403	62.3%	636	61.3%	5,468	71.6%	582	55.8%	4,353	51.2%	2,083	63.0%	105	61.4%	unvail	unvail	unvail	unvail
Female	2,055	37.6%	399	38.4%	2,159	28.3%	461	44.2%	4,140	48.7%	1,218	36.8%	66	38.6%	unvail	unvail	unvail	unvail
<b>Race/Ethnicity (%)</b>																		
White, Non-Hisp.	1,867	34.2%	105	10.1%	3,947	51.7%	544	52.2%	1,841	21.7%	315	9.5%	unavail	unavail	unvail	unvail	unvail	unvail
African-Am/Black, Non-Hisp	906	16.6%	653	62.9%	497	6.5%	143	13.7%	813	9.6%	748	22.6%	unavail	unavail	unvail	unvail	unvail	unvail
Hispanic/Latino	2,388	43.7%	225	21.7%	2,782	36.4%	292	28.0%	5,406	63.6%	2,063	62.4%	unavail	unavail	unvail	unvail	unvail	unvail
Asian	81	1.5%	26	2.5%	99	1.3%	13	1.2%	188	2.2%	50	1.5%	unavail	unavail	unvail	unvail	unvail	unvail
Other	220	4.0%	29	2.8%	309	4.0%	51	4.9%	254	3.0%	130	3.9%	unavail	unavail	unvail	unvail	unvail	unvail
<b>Age Group (%)</b>																		
Under 18	110	2.0%	20	1.9%	11	0.1%	10	1.0%	199	2.3%	1,295	39.2%	16	9.4%	unvail	unvail	unvail	unvail
18-25	482	8.8%	103	9.9%	1,090	14.3%	95	9.1%	1,751	20.6%	830	25.1%	52	30.4%	unvail	unvail	unvail	unvail
26-45	2,899	53.1%	381	36.7%	4,062	53.2%	556	53.3%	5,574	65.6%	1,043	31.5%	59	34.5%	unvail	unvail	unvail	unvail
46+	1,971	36.1%	534	51.4%	2,471	32.4%	382	36.6%	978	11.5%	138	4.2%	44	25.7%	unvail	unvail	unvail	unvail
<b>Route of Administration (%)</b>																		
Smoked	0	0.0%	759	73.1%	1,896	24.8%	29	2.8%	6,464	76.0%	3,231	97.7%	0	0.0%	unvail	unvail	unvail	unvail
Inhaled	0	0.0%	234	22.5%	217	2.8%	13	1.2%	919	10.8%	7	0.2%	0	0.0%	unvail	unvail	unvail	unvail
Injected	0	0.0%	8	0.8%	5,396	70.7%	18	1.7%	822	9.7%	1	0.0%	1	0.6%	unvail	unvail	unvail	unvail
Oral/Other/Unknown	5,462	100.0%	37	3.6%	125	1.6%	983	94.2%	297	3.5%	67	2.0%	170	99.4%	unvail	unvail	unvail	unvail
<b>Secondary Substance (%)</b>																		
None	2,914	53.4%	335	32.3%	3,411	44.7%	542	52.0%	3,548	41.7%	1,499	45.3%	52	30.4%	unvail	unvail	unvail	unvail
Alcohol		0.0%	284	27.4%	463	6.1%	90	8.6%	1,646	19.4%	860	26.0%	19	11.1%	unvail	unvail	unvail	unvail
Cocaine/Crack	313	5.7%		0.0%	408	5.3%	33	3.2%	253	3.0%	123	3.7%	12	7.0%	unvail	unvail	unvail	unvail
Heroin	81	1.5%	15	1.4%		0.0%	54	5.2%	307	3.6%	13	0.4%	6	3.5%	unvail	unvail	unvail	unvail
Prescription Opioids**	117	2.1%	11	1.1%	309	4.0%		0.0%	60	0.7%	31	0.9%	19	11.1%	unvail	unvail	unvail	unvail
Methamphetamine	887	16.2%	94	9.1%	2,228	29.2%	63	6.0%		0.0%	604	18.3%	16	9.4%	unvail	unvail	unvail	unvail
Marijuana	934	17.1%	264	25.4%	406	5.3%	60	5.8%	2,459	28.9%		0.0%	33	19.3%	unvail	unvail	unvail	unvail
Benzodiazepines	126	2.3%	7	0.7%	222	2.9%	108	10.4%	69	0.8%	60	0.0%		0.0%	unvail	unvail	unvail	unvail
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unvail	unvail	unvail	unvail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unvail	unvail	unvail	unvail

**NOTES:**  
**\*Admissions:** Includes all admissions to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). An admission is counted only after all screening, intake, and assessment processes have been completed, and all of the following have occurred: 1) the provider has determined that the client meets the program admission criteria; 2) if applicable, the client has given consent for treatment/recovery services; 3) an individual recovery or treatment plan has been started; 4) a client file has been opened; 5) the client has received his/her first direct recovery service in the facility and is expected to continue participating in program activities; 6) in methadone programs, the client has received his/her first dose. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.  
**\*\*Prescription Opioids:** Includes drug categories labeled "oxycodone/OxyContin" and "other opiates or synthetics." Admissions with one opioid subcategory as primary drug could have had the other subcategory as secondary.  
**NAI:** 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 Los Angeles NDEWS SCE by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, CalOMS.

---

## Sources

---

### DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

**Data for admissions to substance abuse treatment** are reported from the California Outcomes Monitoring System (CalOMS) for Los Angeles County for 2017 and earlier years for comparison (compiled by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, 2/14/17). Data include all admissions to programs in Los Angeles County receiving any public funding and all admissions to programs providing narcotic replacement therapy (whether or not the program receives public funding). Admissions in calendar year (CY) 2017 totaled 27,557, which was a slight increase from 26,446 in 2016, attenuating a previously decreasing trend in number of admissions to substance abuse treatment thought to have been a result of factors such as reductions in certain state funding and changes in the overall service delivery system. In 2017, four substances accounted for 90.4% of admissions: methamphetamine 30.9%, heroin 27.7%, alcohol 19.8%, and marijuana 12.0%. Cocaine/crack accounted for 3.8% and prescription opioids for 3.8%.

**Drug reports from seized items** analyzed by the U.S. Drug Enforcement Administration's (DEA's) National Forensic Laboratory Information System (NFLIS) totaled 27,875 for Los Angeles County in 2017. The statistics correspond to reports of drugs identified (primary, secondary, or tertiary) from drug items seized by law enforcement and analyzed by NFLIS laboratories in 2017 for Los Angeles County. Note that non-drug-specific categories of "non-controlled substance" and "no drug found" were excluded from reported rankings. Methamphetamine was identified in 46.8% of the drug reports (rank 1) and cannabis in 15.1% (rank 2). Other drugs with more than 1% of reports included cocaine (14.9%, rank 3), heroin (8.2% rank 4), alprazolam (a benzodiazepine, 2.6%, rank 5), and MDMA (1.1%, rank 6).

**Drugs detected in Los Angeles County Medical Examiner toxicology cases** were extracted from data provided by the Los Angeles County Medical Examiner's office for calendar year 2017 (data received 2/7/18) with reference to earlier years from the same source. Because complete results were not available in the data set for heroin/morphine, percentages are not presented for specific drug share of total cases. Frequencies reflect cases for which toxicology tests were conducted with a drug detected (i.e., not just drug-related deaths). Each case may have more than one drug detected. Emerging synthetic drugs typically were not included in the toxicology testing and thus are not reported. For reporting purposes, we have combined narcotic analgesics and narcotic-like analgesics (other than heroin/morphine) into one category; these include codeine, hydrocodone, hydromorphone, oxycodone, oxymorphone, methadone, fentanyl, other narcotics, and tramadol. In addition, results are presented for fentanyl separately. Positive drug test results from 2,789 toxicology cases compiled by the Medical Examiner's office for 2017 were summarized for this report (excluding results for heroin and morphine, since records for these substances were incomplete). Alcohol was detected most frequently (in 1193 cases), followed by methamphetamine (in 837 cases), narcotics other than heroin/morphine (in 449 cases), THC (tetrahydrocannabinol, an active ingredient in marijuana; in 410 cases), and cocaine (in 385 cases).

**Poison Control calls** were summarized from data from the California Poison Control Center for calendar year 2017 (data received 3/18/18). References to prior years are from the same source. Drug mentions

are included for cases (calls) that reported illicit drugs or cases for which the reason for the call was labeled as “intentional/suspected suicide, misuse, abuse, unknown,” “contamination/tampering,” or “malicious.” The number of reports of drugs to the California Poison Control Center in 2017 for Los Angeles County totaled 4,142. Reports were predominantly for nonillicit substances (89.3%); for example, benzodiazepines accounted for 26.4% of substances reported and prescription narcotics for 12.9%. Illicit substances accounted for 14.5% of substance reports. Among illicit substances, methamphetamine accounted for the largest share (29.3% of the illicit substance reports, 4.3% of total reports), followed by marijuana (29.1% of illicit substance reports, 4.2% of total reports), cocaine/crack (11.3% of illicit, 1.6% of total), and heroin (14.0% of illicit, 2.0% of total).

**National Survey on Drug Use and Health (NSDUH)** provided small area estimates of past year or past month use for Los Angeles County individuals age 12 and older for selected substances based on 2014–2016 data. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016.

Youth substance use was reported from the **CDC Youth Risk Behavior Surveillance System (YRBSS)**, using most recent data available for 2017 and earlier years for comparison (accessed using the online system 7/27/18).

**Drug prices and trafficking** data were derived from U.S. Department of Justice sources. Prices were reported from reports by the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR) for fourth quarter 2017 and for 2016 for comparison. The prices included in these reports reflect the best estimates of the analysts in the Research and Analysis Unit at LA CLEAR and reported in National Drug Intelligence Center (NDIC) publications. Price estimates are based primarily on field reports, interviews with law enforcement agencies throughout the Los Angeles High Intensity Drug Trafficking Area (HIDTA), and postseizure analysis.

**Human immunodeficiency virus (HIV) diagnosis** data for 2016 were obtained from the Centers for Disease Control and Prevention, 2018. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2016. HIV Surveillance Supplemental Report 2018; 23(No. 2). <http://www.cdc.gov/hiv/library/reports/hivsurveillance.html>.

**Hepatitis** data for 2016 were from the Los Angeles County Department of Health Services, Acute Communicable Disease Control Program, *Annual Morbidity Report 2016*. Data on **sexually transmitted diseases** were from the CA Department of Health *Local Health Jurisdiction STD Data Summaries, California, 2016*.

The author wishes to thank individuals and agencies that have provided data, statistics, and information, including (but not limited to) the California Department of Health Care Services, Mental Health Services, Division, Office of Applied Research & Analysis; Los Angeles Criminal Information Clearinghouse (LA CLEAR); O. Brown (Los Angeles County Medical Examiner’s office); and T. Carlson (California Poison Control Center).

*For additional information about the substances and substance use patterns discussed in this report, please contact Mary-Lynn Brecht, Ph.D., Integrated Substance Abuse Programs, University of California at Los Angeles, School of Nursing, Los Angeles, CA 90095, Phone: 310–983-1196, E-mail: lbrecht@ucla.edu.*