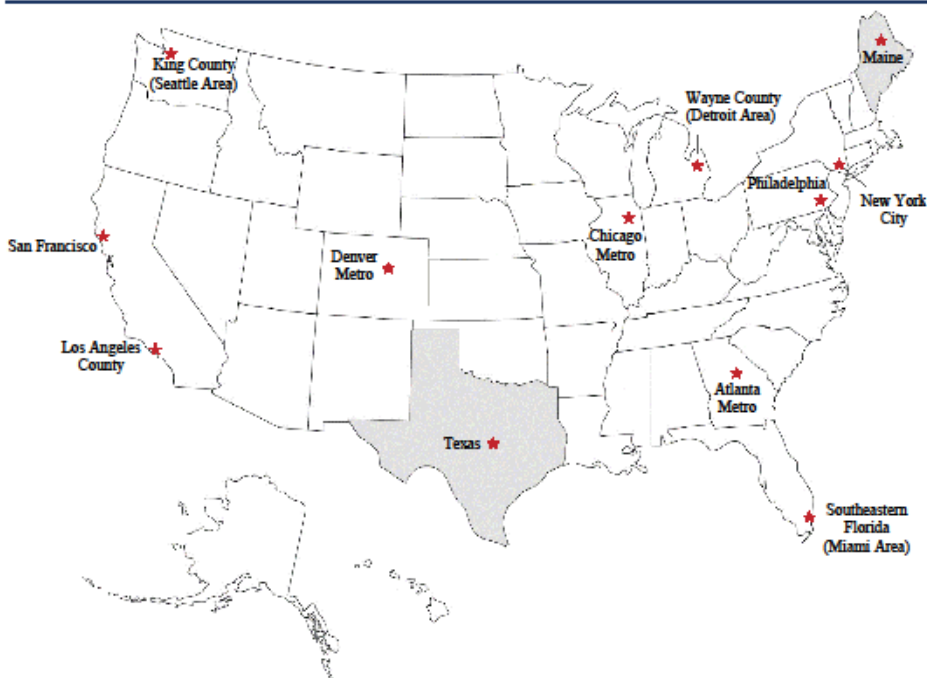Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: Los Angeles County

August 2015

NDEWS Coordinating Center

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Wayne County (Detroit Area)
Maine
Philadelphia
New York City
San Francisco
Chicago Metro
Denver Metro
Los Angeles County
Atlanta Metro
Texas
Southeastern Florida (Miami Area)

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National Drug Early Warning System (NDEWS) Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

◊ The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
◊ The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
◊ The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at www.ndews.org.
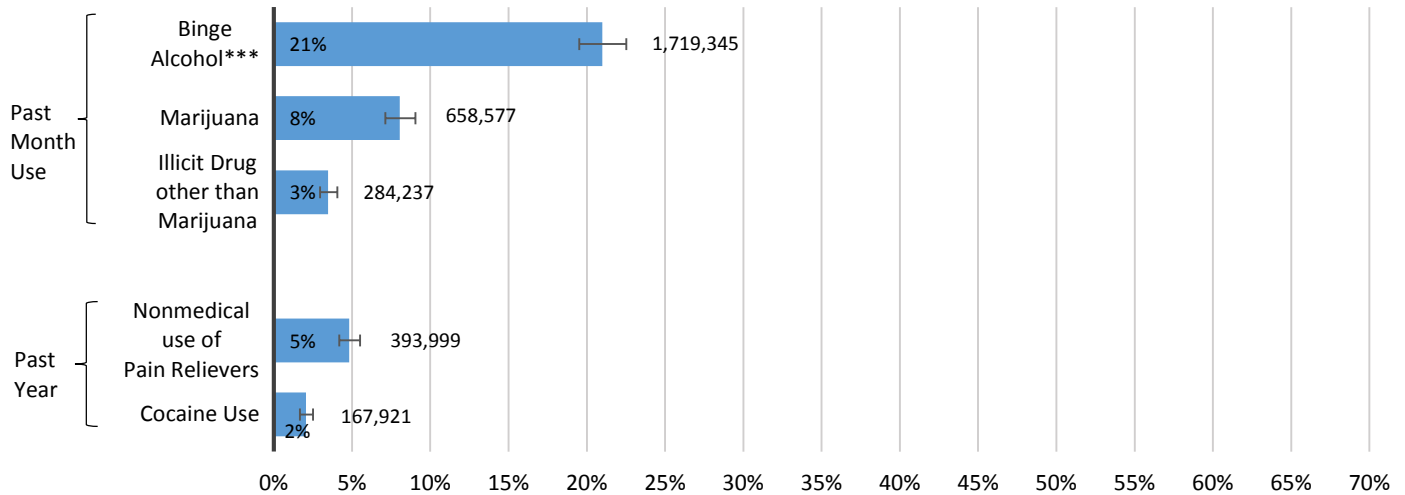
National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population*

Persons 12+ Years Reporting Selected Substance Use, Los Angeles County Region^, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons**

Past Month Use
- Binge Alcohol***: 21% — 1,719,345
- Marijuana: 8% — 658,577
- Illicit Drug other than Marijuana: 3% — 284,237

Past Year
- Nonmedical use of Pain Relievers: 5% — 393,999
- Cocaine Use: 2% — 167,921

*U.S. Population: U.S. civilian non-institutionalized population. ^Los Angeles County Region: NSDUH Region 11 (Los Angeles County). **Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (8,191,257) from Table C1 of the NSDUH Report.
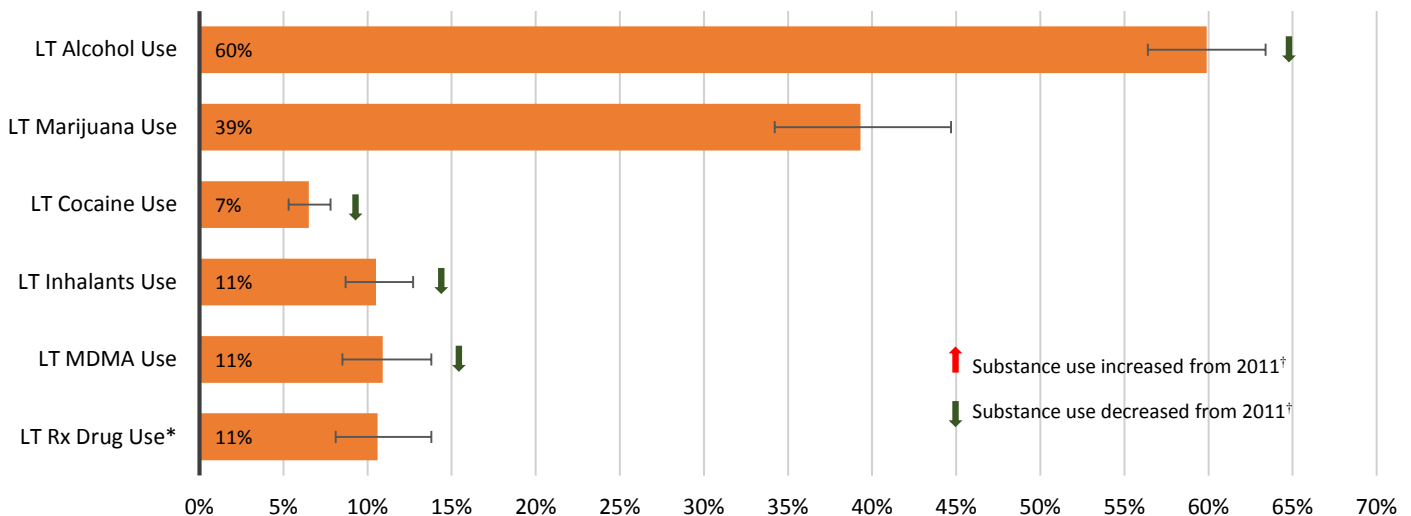***Binge Alcohol: Defined as drinking five or more drinks on the same occasion.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

Youth Risk Behavior Survey (YRBS): Survey of Student Population

Public High School Students Reporting Lifetime (LT) Use of Selected Substances, Los Angeles, 2013

Estimated Percent and 95% Confidence Interval

- LT Alcohol Use: 60% ↓
- LT Marijuana Use: 39%
- LT Cocaine Use: 7% ↓
- LT Inhalants Use: 11% ↓
- LT MDMA Use: 11% ↓
- LT Rx Drug Use*: 11%

↑ Substance use increased from 2011[†]
↓ Substance use decreased from 2011[†]

*LT Rx Drug Use: Defined as ever took prescription drugs without a doctor's prescription.
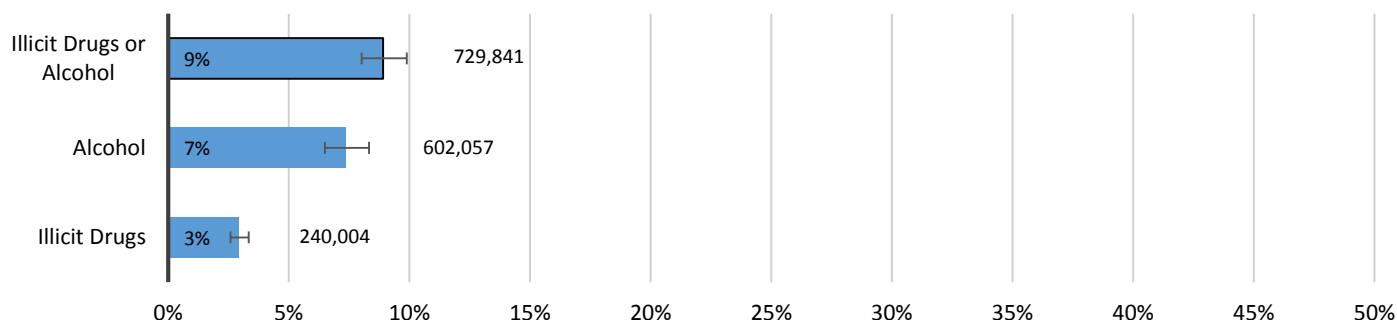[†]Statistically significant change: p<0.05 by t-test.
Source: Adapted by the NDEWS Coordinating Center from data provided by CDC, 2001-2013 high school YRBS data.

Substance Use Disorders and Treatment

National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population*

Dependence or Abuse** in Past Year Among Persons 12+ Years, Los Angeles County Region^, 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons***

Illicit Drugs or Alcohol: 9% — 729,841
Alcohol: 7% — 602,057
Illicit Drugs: 3% — 240,004
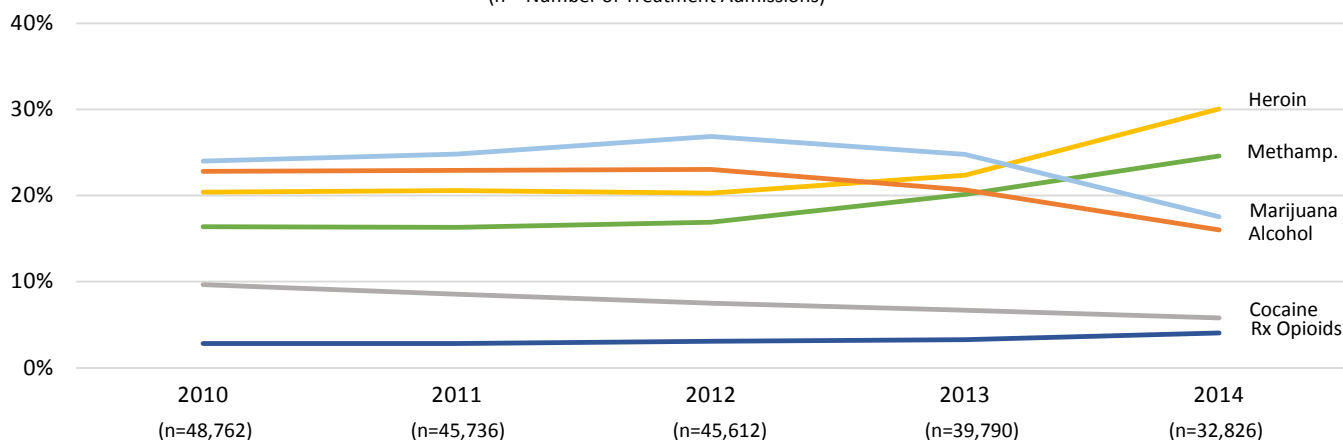
(Horizontal axis: 0% to 50% in 5% increments)

*U.S. Population: U.S. civilian non-institutionalized population. **Dependence or Abuse: Based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).* ^Los Angeles County Region: NSDUH Region 11 (Los Angeles County). ***Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (8,191,257) from Table C1 of the NSDUH Report.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.
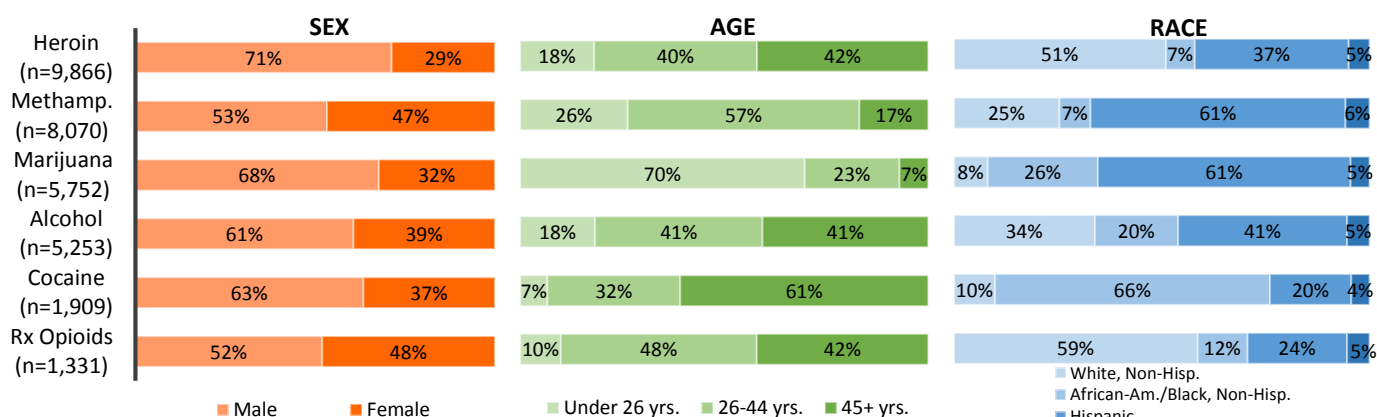
Treatment Admissions Data from Local Sources

Trends in Treatment Admissions*, by Primary Substance of Abuse, Los Angeles County, 2010-2014
(n = Number of Treatment Admissions)

Year	2010	2011	2012	2013	2014
n	(n=48,762)	(n=45,736)	(n=45,612)	(n=39,790)	(n=32,826)

Lines: Heroin, Methamp., Marijuana, Alcohol, Cocaine, Rx Opioids

Demographic Characteristics of Treatment Admissions*, Los Angeles County, 2014

	SEX (Male / Female)	AGE (Under 26 / 26-44 / 45+)	RACE (White / African-Am.Black / Hispanic / Other)
Heroin (n=9,866)	71% / 29%	18% / 40% / 42%	51% / 7% / 37% / 5%
Methamp. (n=8,070)	53% / 47%	26% / 57% / 17%	25% / 7% / 61% / 6%
Marijuana (n=5,752)	68% / 32%	70% / 23% / 7%	8% / 26% / 61% / 5%
Alcohol (n=5,253)	61% / 39%	18% / 41% / 41%	34% / 20% / 41% / 5%
Cocaine (n=1,909)	63% / 37%	7% / 32% / 61%	10% / 66% / 20% / 4%
Rx Opioids (n=1,331)	52% / 48%	10% / 48% / 42%	59% / 12% / 24% / 5%

Legend — SEX: ■ Male ■ Female; AGE: ■ Under 26 yrs. ■ 26-44 yrs. ■ 45+ yrs.; RACE: ■ White, Non-Hisp. ■ African-Am./Black, Non-Hisp. ■ Hispanic ■ Other

*Treatment Admissions: Includes all admissions by Los Angeles County residents to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). Percentages may not sum to 100 due to rounding.
Source: Data provided by the Los Angeles NDEWS SCE; 2013 and 2014 data provided by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, CalOMS, and 2010-2012 data provided by California Department of Drug and Alcohol Programs.

Law Enforcement Drug Seizures

National Forensic Laboratory Information System (NFLIS)

Drug Reports* for Items Seized by Law Enforcement in Los Angeles County in 2014
National Forensic Laboratory Information System (NFLIS)

Top 10 Drug Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	**34,743**	**100%**
Top 10 Drug Reports***		
Methamphetamine	13,369	38.5%
Cannabis	9,786	28.2%
Cocaine	5,337	15.4%
Heroin	2,275	6.5%
3,4-methylenedioxymethamphetamine (MDMA)	370	1.1%
Alprazolam	331	1.0%
Phencyclidine	255	0.7%
Hydrocodone	231	0.7%
Oxycodone	176	0.5%
3,4-methylenedioxyethylcathinone (Ethylone)	118	0.3%
Top 10 Total	**32,248**	**92.8%**
Selected Drugs/Drug Categories		
Synthetic Cathinones	201	0.6%
Synthetic Cannabinoids	86	0.2%
Piperazines	20	0.1%
Fentanyl & Fentanyl Analogs	10	<0.1%
Tryptamines	6	<0.1%
2C Phenethylamines	2	<0.1%

Top 5 Drugs, by Selected Drug Category
(% of Category)**

Synthetic Cathinones
(n=201)

Ethylone (59%)
Methylone (31%)
Alpha-PVP (8%)
Dibutylone (1%)
Dimethylone (0.5%)
MDPV (0.5%)

Synthetic Cannabinoids
(n=86)

AB-PINACA (34%)
AB-FUBINACA (16%)
XLR-11 (16%)
Synthetic Cannabinoid (11%)
AB-CHMINACA (8%)
Other (15%)

Piperazines
(n=20)

TFMPP (90%)
BZP (10%)

*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database. The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

**Percentages may not sum to 100 due to rounding.

***Note that 2 non-drug-specific categories had prevalence as follows: 'negative results'=1.1%, 373 reports; 'no controlled drug identified'=0.5%, n=189 reports.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

National Drug Early Warning System (NDEWS)
Los Angeles County Sentinel Community Site
Drug Use Patterns and Trends, 2015

Mary-Lynn Brecht, Ph.D.

SCS Highlights

- The most frequently reported illicit substances across multiple indicator systems continue to be methamphetamine, marijuana, and heroin.

- Availability of methamphetamine remains high as evidenced by its accounting for the largest percentage of drugs identified from law enforcement seizures and its declining wholesale price. Methamphetamine-related problems ranked second in terms of primary drug at admission to treatment; at lower levels but highest among illicit drug reports from the Poison Control System and among illicit drugs as principal diagnosis for non-fatal emergency department cases; and tied with narcotic analgesics as highest in drugs detected in toxicology cases. The trend for methamphetamine was up across all five of the indicators mentioned.

- Marijuana was the second most frequently reported primary drug at treatment admission, continuing a sharply declining trend. A similar pattern was exhibited among law enforcement seizures. Marijuana ranked second among illicit drugs reported in the Poison Control System.

- Heroin admissions to treatment showed a sharp increase from the preceding year, ranking it first as primary drug at admission. Heroin ranked fourth, with increases over the previous year, among drugs identified among law enforcement seizures. Heroin trends among other indicators were relatively stable, with rankings of third or fourth among illicit drugs.

- Use of other opioids (including misuse of prescription opioids) showed mixed trends across indicators. Opioids ranked highest along with methamphetamine in terms of drugs detected in toxicology cases, increasing slightly from the previous year. Opioids ranked second (following benzodiazepines) with a slight decrease among types of drugs reported in the Poison Control System. Prescription opioids accounted for small but increasing levels of treatment admissions and were identified in small percentages of NFLIS drug reports.

- Indicators of emerging synthetic drugs remain at very low levels (<0.6% in any of the five general synthetic drug categories) in Los Angeles County compared to other substances in the two indicator systems where data are available. The highest prevalence rate was for synthetic cathinones (0.6%) among NFLIS drug reports, primarily for ethylone or methylone; synthetic cannabinoids were detected at lower levels among NFLIS reports. These substances were also reported as "bath salts" and "spice," respectively, in the Poison Control system at low levels. NFLIS reports also included very small numbers of identified piperazines, tryptamines, and 2C-phenethylamines (n=20, 6, 2, respectively). While prevalence remains low across indicators summarized, there were increases in the number of reports of these emerging synthetic substances in 2014 over 2013.

Area Description

Los Angeles County is the most populous county in the Nation (with 2009-2013 5-year estimated population at 9,893,481; see Appendix Table 1). Note that the 2014 US Census Bureau estimate was 10,116,705 for Los Angeles County population, nearly double the size of the second most populous county in the U.S.; this is a 3.0% increase from 2010. Based on 5-year estimates, approximately 26% of California's residents live in Los Angeles County. From 5-year estimates, one-half of all Los Angeles County residents were female (50.7%); 24.0% were younger than 18 and 11.2% were 65 or older. The racial and ethnic composition of Los Angeles County residents is diverse, with 47.9% of residents were Hispanic; 27.5% non-Hispanic White; 13.7% Asian; 8.1% Black/African American; and 2.7% were other race/ethnicity or multiracial. Thirty-five percent were foreign-born.

In terms of education, 23.4% of Los Angeles County residents did not have a high school or equivalent education. Unemployment was at 7.4% (5-year estimate); more specific figures show a drop in the seasonally adjusted unemployment rate from 8.6% in March 2014 to 7.6% in March 2015 (April 2015 State of California, Employment Development Department, Labor Market Information Division). A 2015 census of the homeless estimated the number of homeless at 44,359, a 12% increase over 2013 (Los Angeles Homeless Services Authority, 2015).

Los Angeles County reports that the county encompasses 4,084 square miles, including land and island areas. It is bordered by the Pacific Ocean (with over 70 miles of mainland coastline), and Ventura, Kern, San Bernardino, and Orange Counties. Los Angeles County is a mix of heavily urbanized areas, suburban, and rural inland areas in the northern and eastern areas of the county and includes portions of the Mojave Desert and San Gabriel Mountains (highest peak 10,068 feet). There are 88 cities in Los Angeles County and 140 unincorporated areas. The Los Angeles County government worked with a budget of over $26 billion in fiscal 2013-14.

Drug Use Patterns and Trends

OVERVIEW

Admissions for substance abuse treatment in 2014 totaled 32,826, a substantial decline from 39,790 in 2013 and continuing a decline from 48,762 in 2010. This decline is a result of several factors including decreases in state funding and changes in service delivery. Four substances accounted for 88% of admissions: heroin 30.1%, methamphetamine 24.6%, marijuana 17.5%, and alcohol 16.0%. Cocaine/crack accounted for 5.8% and prescription opioids 4.1%.

Drug reports from the DEA's *National Forensic Laboratory Information System (NFLIS)* totaled 34,743 items seized and analyzed by participating laboratories within Los Angeles County. Of these, methamphetamine

accounted for 38.5% of drug reports, cannabis 28.2%, cocaine 15.4%, heroin 6.5%, hydrocodone and oxycodone (the most prevalent prescription opioids in Los Angeles) 1.4%, and MDMA 1.1%.

The number of drugs reported to the *Poison Control System* in 2014 totaled 4,585. Reports were predominantly for non-illicit substances (88%) including benzodiazepines (23.9%) and prescription narcotics (16.7%). Approximately two-thirds of prescription narcotics reports were for hydrocodone/hydromorphone. Illicit substances accounted for 12.1% of substance reports. Among illicit substances, methamphetamine accounted for the largest share (31.9% of the illicit substance reports, 3.9% of total reports), followed by marijuana (26.8% of illicit substance reports, 3.3% of total reports), cocaine/crack (9.9% of illicit, 1.2% of total), and heroin (9.0% of illicit, 1.1% of total).

Based on 3,038 *toxicology cases* compiled by the Medical Examiner's office in 2014, alcohol was detected most frequently (in 44.1% of cases), followed by prescription narcotics (24.4%), methamphetamine (24.3%), THC (19.8%), heroin/morphine metabolites (16.5%), and cocaine (12.5%).

Emergency department (ED) visits for nonfatal cases with alcohol or drugs (AOD) as the primary diagnosis showed the following rates per 100,000 population in 2013: amphetamines 26.0, opioids (including heroin and prescription opioids) 18.1, sedatives 14.3, cannabis 10.2, and cocaine 6.8.

BENZODIAZEPINES, BARBITUATES, AND SEDATIVE/HYPNOTICS

In 2014, treatment admissions associated with primary barbiturate, benzodiazepine, or other sedative/hypnotics/tranquilizers abuse continued to account for a very small percentage (less than 0.5%) of all admissions in Los Angeles County.

The most frequently identified benzodiazepine in drug reports from items analyzed in NFLIS laboratories in Los Angeles County in 2014 was alprazolam (n=331, or 1.0%), compared to 0.7% in 2013. In 2014, benzodiazepines and/or barbiturates were detected in 10.3% of Los Angeles County Medical Examiner toxicology cases, a very slight decrease from 11.2% in 2013. The general sedatives category accounted for a rate of 14.3 per 100,000 population among ED visits in 2013, showing a sharp drop from a rate of 22.4 in 2012 and attenuating an increasing trend from a 15.9 rate in 2006. Benzodiazepines were reported in 23.9% of 2014 Los Angeles County Poison Control calls, an increase from 22.1% in 2013; the percentage of calls for benzodiazepines was higher than for prescription opioids (16.7%) or illicit drugs (12.1%) in 2014, as has been consistently the case for several years.

COCAINE

The estimated prevalence of cocaine use in the past year among persons 12 and older in Los Angeles County for 2010-2012 was 2.1% (Appendix Table 2a), similar to that for the period 2008-2010 (data not shown). Prevalence was highest among those ages 18-25 (5.0%), as compared with those 12-17 (1.2%) and those older than 25 (1.5%). The high school Youth Risk Behavior Survey (YRBS) estimated the lifetime use rate for cocaine among Los Angeles high school students in 2013 at 6.5%, a decrease from 2011 levels (9.2%) (Appendix Table 3).

Of Los Angeles County treatment admissions in calendar year 2014, 5.8% (n=1,909) reported crack or powder cocaine as the primary drug of abuse; this represents a continuing decrease from previous years (such admissions constituted 6.7% of total admissions in 2013, 9.7% in 2010) (Appendix Table 4a). A majority

(63.4%) of primary cocaine/crack admissions in 2014 reported male gender (Appendix Table 4b). Non-Hispanic African American/Blacks continued to represent a majority of cocaine admissions (at 66.2% of the total in 2014); among substances accounting more than 1% each of 2014 admissions, cocaine/crack displayed the highest percentage of African American/Blacks; this group was substantially overrepresented in cocaine/crack admissions compared to their general representation across all treatment admissions (16.4%). Cocaine admissions were predominantly age 45 and older, with this age group constituting 60.8% of cocaine admissions.

Drug reports from the DEA's NFLIS totaled 34,743 from items seized and analyzed by participating laboratories within Los Angeles County. Of these reports, 15.4% (n=5,337) were for cocaine. Cocaine retained a number 3 ranking among drugs reported, but the percentage decreased from 17.8% in 2013.

Cocaine was detected in 12.5% of Los Angeles County coroner toxicology cases in 2014, a slight increase over 2013 (11.0%), attenuating a several-year downward trend. This was a lower percentage of cases than for narcotic analgesics, methamphetamine, THC, and heroin/morphine, and similar to percentages of antidepressants and benzodiazepines.

The ED visit rate in 2013 (the most recent year available) for cocaine as a primary diagnosis among nonfatal ED visits in Los Angeles County was 6.8% per 100,000 population, a slight decrease from 7.2% in 2012. Cocaine was reported in 1.2% of 2014 Los Angeles County Poison Control calls, continuing a slow decline over several years (e.g., 2.1% in 2008); note that all illicit drugs together accounted for 12.1% of all substances reported in relevant Poison Control calls.

HEROIN

The YRBS estimated the lifetime use rate for heroin among Los Angeles high school students in 2013 at 3.0%, a decrease from 2011 levels (4.4%) (Appendix Table 3).

In 2014, 9,866 Los Angeles County treatment admissions reported heroin as the primary drug. These heroin admissions represented 30.1% of Los Angeles County admissions (Appendix Table 4a), a substantial increase over 2013 (22.4%), changing a relatively stable trend from 2005-2013 (running around 20-22%). In 2014, heroin admissions were predominantly male (71.2%) and were most likely to be for non-Hispanic Whites (51.0%) or Hispanics (37.1%). Heroin clients remained predominantly age 45 and older (42.0%) or age 26-44 (39.9%). While an increasing proportion of admissions was observed for the 18–25 age group from 2008 (13.2%) to 2012 (20.1%), the percentage for that age group declined to 17.7% in 2014 (data not shown in tables). The percentage for the under 18 group was very low and declined to 0.4% in 2014 from 0.5%, 0.5%, and 0.6% in 2013, 2012, 2011, respectively.

Of 34,743 NFLIS drug reports for Los Angeles County in 2014, 6.5% (n=2,275) were found to contain heroin, a slight increase over the percentage in 2013 (6.2%). Heroin ranked 4th for both Los Angeles County and the Nation as a whole among drug reports for drug items seized and analyzed by NFLIS laboratories in 2014.

Heroin/morphine or metabolites were detected in 16.6% of Los Angeles County Medical Examiner toxicology cases in 2014, a very slight increase over 2013 (15.9%).

The ED visit rate in 2013 for the category of opioids as a principal diagnosis (not distinguished in the data source by subcategory, e.g., heroin or other opioids) among nonfatal ED visits was 18.1 per 100,000 population, stable from 2012 but up from 14.7 in 2010. The opioid category had 2014 rates lower than for amphetamines (26.0) and higher than for sedatives (14.3), cannabis (10.2), and cocaine (6.8). Among the 12-17 age category opioid rates were low (3.9) and showing decline from 2012 (6.0), with rates lower than for cannabis (48.5), amphetamines (19.3), or sedatives (12.2). Heroin was reported in 1.1% of 2014 Los Angeles County Poison Control calls, with little change from 2013 levels (1.3%).

Los Angeles High Intensity Drug Trafficking Area (LA HIDTA) reported that Mexican white heroin continues to be smuggled through Los Angeles to the East Coast by Mexican drug trafficking organizations, but with few sales in the Los Angeles area. A portion of Mexican white heroin seized by the LA HIDTA has been tested and found to be mixed with fentanyl. According to the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR), street prices for Mexican black tar heroin held steady in 2014 at $40-100/gram after dropping considerably in early 2012, reportedly to garner market share from prescription opioids.

MARIJUANA

From 2010-2012 NSDUH data, an estimated 5.9% of persons 12 and older reported using marijuana in the past month. This shows a decline from 7.2% estimated for the period 2008-2010 (data not shown in tables). By age group, the highest rate was 19.2% for those 18-25, with rates of 8.2% for those 12-17 and 5.9% for those over 25 years (Appendix Table 2b). The YRBS estimated the lifetime use rate for marijuana among Los Angeles high school students in 2013 at 39.3%, a decrease from 2011 levels (42.2%) (Appendix Table 3).

Marijuana's percentage share of Los Angeles County treatment admissions was 17.5%, a substantial decline from levels in 2010-2013 (which fluctuated from 24.0% to 26.9% in that period). Approximately two-thirds of the primary marijuana admissions were male (67.7%) (Appendix Table 4b). Marijuana admissions had the largest proportion of clients younger than 18 years (48.4%, compared with this age group share of methamphetamine admissions [3.9%] or alcohol admissions [7.8%]). A majority of marijuana admissions were Hispanics (at 60.8%), followed by non-Hispanic Blacks (at 26.5%). Of the major illicit substances, the smallest percentage of non-Hispanic Whites (8.1%) was reported for marijuana.

According to NFLIS data from 34,743 drug reports for Los Angeles County in 2014, 28.2% (n=9,786) were found to contain marijuana/cannabis, ranking it second. There was a decrease in percentage from 2013 (30.5%), continuing a declining trend in percentage since a peak in 2010.

THC was detected in 19.8% of Los Angeles County Medical Examiner toxicology cases in 2014, similar to 2013 (19.6%). In 2013, marijuana/cannabis was reported as a primary diagnosis in nonfatal ED visits with a rate of 10.2 per 100,000 population, lower than rates in 2011 and 2012 (12.1 and 11.5, respectively). ED cases in 2013 specifically for the 12-17 year age group showed a high rate of cannabis as primary diagnosis (48.5), but also lower than for 2011 and 2012 (66.1 and 56.5, respectively). Marijuana was reported in 3.3% of 2014 Los Angeles County Poison Control calls, an increase from 2013 (2.6%) but similar to 2011 levels (3.2%).

METHAMPHETAMINE

The YRBS estimated the lifetime use rate for methamphetamine among Los Angeles high school students in 2013 at 5.1%, a decrease from 2011 levels (6.9%).

Methamphetamine accounted for 24.6% (n=8,070) of admissions to Los Angeles County substance abuse treatment programs in 2014 (Appendix Table 4a). The increase from 20.1% in 2013 continues an increasing trend since 2011. Other amphetamines were reported as the primary substance in 0.05% of the total treatment admissions. Compared with admissions for other major illicit drugs, primary methamphetamine admissions had the largest proportion of females (at 46.7%) (Appendix Table 4b). Methamphetamine admissions were most likely to be Hispanic (61.4%), followed by non-Hispanic Whites (25.4%). Among methamphetamine admissions, 3.9% were under age 18; age 18–25 constituted 22.5%; age 26–44 constituted 56.8%; and clients 45 or older represented 16.9%. Smoking continued as the most frequently mentioned route of administration by primary methamphetamine admissions (75.6%). Proportions of injectors (9.9%) and inhalers (11.6%) have generally declined from the 1990's (from 15.2% and 29.9%, respectively, in 1999); however, 2014 represented an increase over the 8.4% of injectors noted in 2013 and 2012.

According to NFLIS data, 38.5% (n=13,369) of the 34,743 Los Angeles County drug reports in 2014, were found to contain methamphetamine, accounting for the largest proportion of reports for the county. This was a substantial increase in percentage over 2013 levels (34.9%), continuing an upward trend from 2009.

Methamphetamine was detected in 24.3% of Los Angeles County Medical Examiner toxicology cases in 2014, an increase from 22.4% in 2013 and continuing an increasing trend since 2010. Among nonfatal ED visits in 2013, the category of amphetamines (including, but not distinguishing, methamphetamine) was a primary diagnosis, with a rate of 26.0 per 100,000 population, continuing an increasing trend (from 10.3 in 2009). Among 12-17 year olds, the ED rate for amphetamines was 19.3. Methamphetamine was reported in 3.9% of 2014 Los Angeles County Poison Control calls, the largest percentage among illicit drugs and continuing an increasing trend from 1.2% in 2008.

The wholesale price of methamphetamine decreased somewhat during 2014 (from $3,500-8,000 per pound to $3,400-4,000); however, the slowing of price decreases during 2014 suggests that Mexican Drug Trafficking Organizations have addressed their production/trafficking issues that had led to a flooded market. However, methamphetamine remains readily available, with low wholesale prices (less than half of 2008 prices of $17,500-19,500 per pound) and street prices (e.g., $100-150 per 1/8 ounce in 2014 compared to $250 in 2008).

PRESCRIPTION OPIOIDS

An estimated 4.8% of persons 12 and older in Los Angeles County reported the nonmedical use of pain relievers in the past year for the period 2010-2012 (Appendix Table 2a). This was slightly higher than the 4.5% estimated for the period 2008-2010, but roughly similar to that estimated for the period 2006-2008 (4.9%). Among age groups, prevalence was highest for persons 18-25 (9.0%) compared with 4.8% for those 12-17 and 4.0% for those over 25 years.

Prescription opioids continued to constitute a small percentage (n=1,331 or 4.1%) of Los Angeles County treatment admissions in 2014. Although representing a relatively small share of admissions when compared with other major substances of abuse, prescription opioids have shown a gradual but continuing

upward trend since 2010 (Appendix Table 4a). Admissions for prescription opioids remained predominantly non-Hispanic White (58.6%) and older than 25 years (47.9% were 26-44 and 42.1% were 45 or older) (Appendix Table 4b). A slight decrease in percentage of admissions for prescription opioids was observed for younger users (10.0% for the 25 or younger age group in 2014 compared to 13.6% in 2013).

In 2014, hydrocodone was identified as the second most prevalent drug (after alprazolam) among pharmaceuticals, prescription drugs, or non-controlled medications (in contrast to illicit substances) to be identified in NFLIS drug reports for Los Angeles County. It constituted 0.7% (n=231) of NFLIS reports, ranking as the 8th drug specific category among all NFLIS drug reports for Los Angeles County; this represented a decrease from 2013 when it ranked 6th (n=289, 0.8%). Oxycodone was identified in 0.5% (n=176, ranked 9th among drug specific categories) of the total Los Angeles County NFLIS drug reports in 2014. The ratio of the more prevalent hydrocodone to oxycodone in Los Angeles County NFLIS drug reports has declined from more than 4 to 1 in 2009 to 1.4 to 1 in 2014. Small percentages of items (0.1% or less each) were identified as containing methadone, hydromorphone, buprenorphine, oxymorphone, fentanyl, and/or morphine.

One or more narcotic analgesics (not including heroin/morphine) were detected in 24.4% of Los Angeles County Medical Examiner toxicology cases in 2014, a slight increase from 22.8% in 2013. Narcotics were identified at a level similar to that of methamphetamine and higher than were other specific categories of drugs, including cocaine, heroin/morphine, antidepressants, THC (tetrahydrocannabinol, an active ingredient in marijuana), or benzodiazepines. Narcotic analgesics were reported in 16.7% of 2014 Los Angeles County Poison Control calls, a very slight decrease from 17.0% in 2013; of these narcotic analgesic reports, approximately two-thirds (65.2%) were for hydrocodone products and 14.5% were for oxycodone products.

OTHER DRUGS

MDMA

The YRBS estimated the lifetime use rate for MDMA (3,4-methylenedioxymethamphetamine) among Los Angeles high school students in 2013 at 10.9%, a decrease from 2011 levels (16.4%). Very few admissions to treatment for substance abuse in Los Angeles County in 2014 reported ecstasy (MDMA) as the primary drug of abuse (0.1%). According to NFLIS, 1.1% (n=370) of drug reports from Los Angeles County drug items analyzed in 2014 were identified as containing MDMA, at a higher level than in 2013 (n=253, 0.7%). MDMA was more likely to be found in Los Angeles County NFLIS reports (ranking 5th among drug specific categories) than in the Nation as a whole (where it ranked 24th). MDMA was identified in 0.3% (n=8) of Los Angeles County Medical Examiner toxicology cases in 2014. MDMA was reported in 0.9% of 2014 Los Angeles County Poison Control calls, stable from 2013.

PCP and Hallucinogens

PCP (phencyclidine) and other hallucinogens accounted for 0.5% of the reported primary drugs among Los Angeles treatment admissions in 2014, similar to 2013 levels. According to NFLIS data, 0.7% (n=255) of the 2014 drug reports for Los Angeles County contained PCP, ranking it 7th among drug specific categories, lower than in 2013 when it ranked 5th (n=310, 0.8%). PCP was identified in 1.3% of Los Angeles County Medical Examiner toxicology cases in 2014. PCP was reported in 0.2% of 2014 Los Angeles County Poison Control

calls.

Other Pharmaceuticals (including Stimulants, Antidepressants)

Other stimulants (including prescription stimulants, such as methylphenidate) accounted for less than 0.1% of 2014 treatment admissions. Antidepressants were detected in 10.6% of Los Angeles County Medical Examiner toxicology cases in 2014, a decrease from 11.9% in 2013. Antidepressants were reported in 1.9% of Poison Control calls.

Other Substances including Club Drugs

Small percentages (less than or equal to 0.2% for each drug type) of Los Angeles County 2014 NFLIS reports contained other club drugs, including GHB (gamma hydroxyl butyrate or its precursor gamma hydroxyl butyl lactone, n=55), ketamine (n=46), gabapentin (n=14), and 3,4-methylenedioxyamphetamine (MDA, n=57). Gabapentin, GHB, and/or ketamine were identified in 0.9% of Los Angeles County Medical Examiner toxicology cases in 2014 (n=27). Gabapentin or GHB was reported in 0.4% and ketamine in 0.2% of 2014 Los Angeles County Poison Control calls.

NEW AND NOTABLE

The prevalence of emerging synthetic drugs remains very low across all indicator systems for Los Angeles County; however, general increases were observed in 2014 over 2013. These substances are not yet recorded for statewide treatment admission data, not available for Emergency Department primary diagnosis summary statistics, and are not routinely examined in Medical Examiner toxicology cases. Reports of synthetic cathinones (0.6%, n=201) have increased among NFLIS drug reports for Los Angeles County, including ethylone (n=118), methylone (n=63), and alpha-PVP (n=16), but numbers remain small. Cathinones (mostly reported as bath salts by callers) were reported in 0.3% (n=13) of 2014 Los Angeles County Poison Control calls. NFLIS data indicated 86 reports of synthetic cannabinoids (cannabimimetics) among drug items seized and analyzed in 2014 (0.2% of total reports), an increase over 2013. Synthetic cannabinoids (mostly reported as "spice" by callers) were reported in 0.5% (n=23) of 2014 Los Angeles Poison Control calls. NFLIS reports also included very small numbers of identified piperazines (<0.1%, n=20, including BZP [1-benzylpiperazine] and TFMPP [1-3-(trifluoromethylphenyl)-piperazine]), tryptamines (n=6), and 2C-phenethylamines (n=2). One report of tryptamines was identified among Los Angeles Poison Control calls.

EMERGING PATTERNS

The most frequently reported illicit substances across multiple indicator systems in Los Angeles County in 2014 continue to be methamphetamine, marijuana, and heroin. Prescription opioids, however, are more prevalent among substances reported to the Poison Control system and equivalent to methamphetamine in substances identified in Los Angeles County Medical Examiner toxicology cases. Methamphetamine trends have notably been increasing since 2009-2011 across the five major indicators summarized for this report. While injection as the primary route of use reported for methamphetamine treatment admissions remains low (9.9%), the 2014 level represented an increase over 2012-2013 levels. Law enforcement reported wide availability and low prices for methamphetamine.

Heroin trends appeared stable or increasing in 2014 across most indicators and for the first time since the early 2000s, heroin has the highest prevalence as primary drug at admission to substance use treatment with a steep increase in 2014 over 2013. There has been concern about possible increasing heroin use among younger age groups; however, the percentage of heroin treatment admissions for the under 18 and 18-25 age groups have declined from a peak in 2011-2012. In addition, data from the YRBS showed a decrease in lifetime heroin use for high school students from 2011 to 2013. There have been price fluctuations by the Mexican drug trafficking cartels to encourage the market to shift away from prescription opioids.

Prescription Opioids showed mixed prevalence levels and trends across indicators in 2014. Among indicators where the category of opioids was among the higher-prevalence substances, 2014 levels increased among Medical Examiner toxicology cases and decreased among Poison Control calls. Among non-fatal ED cases, the rate for opioids (including heroin) remained level. Among indicators in which opioids showed lower prevalence levels, increases were seen among treatment admissions and slight decreases among NFLIS reports. Percentages of treatment admissions with opioids (other than heroin) as the primary drug were lower for the under 18 and 18-25 age groups in 2014 than in 2013 and 2012.

Marijuana trends continued downward or were stable across most indicators, with the exception of Poison Control calls for which marijuana reports increased. Use and sale of marijuana for medical purposes has been legal in California for several years; however, regulations on sales differ by locality even within Los Angeles County.

Increases have been noted in 2014 across indicators for the various classes of synthetic drugs, but prevalence figures remain very low in Los Angeles County.

Additional Information on Drug Use Trends

DRUG POISONING DEATHS AND POPULATION PREVALENCE

The rate of drug poisoning deaths for Los Angeles County, as reported by the CDC for the period 2010-2012, was 6.7 per 100,000 (Appendix Table 5). This was a decline from the period 2009-2011 (7.1). Rates were higher for men than for women (9.1 vs. 4.4, respectively) and highest in the 45-64 year age group (14.0 vs. 0.3-7.7 in other age groups). Rates were higher among non-Hispanic Whites than for other race/ethnicity groups (12.8 vs. 1.5-9.5 for other groups).

For the period 2010-2012, 7.4% of persons age 12 and older in Lost Angeles County met the criteria for alcohol dependence or abuse in past year and 2.9% met the criteria for illicit drug dependence or abuse (Appendix Table 2a). Past month use of alcohol was estimated at 46.6% and for illicit drugs other than marijuana at 3.5%. More specifically for adolescents, the NSDUH estimated a prevalence for past month binge alcohol use for 12-17 year olds at 7.1% for 2010-2012 (Appendix Table 2b). The high school Youth Risk Behavior Survey (YRBS) estimated a rate of 13.3% in 2013 for past month binge alcohol use for high school students, a decline from 17.9% in 2011. Across all substances reported in Appendix Table 3, the

YRBS showed a decline from 2011 to 2013 in past month use of alcohol or marijuana, past month binge alcohol use, and lifetime use of alcohol, marijuana, cocaine, inhalants, MDMA, heroin, methamphetamines, and non-medical use of prescription drugs. Rates for females were higher than for males for past month use of alcohol, binge alcohol, and marijuana, as well as for lifetime use of alcohol, marijuana, inhalants, and MDMA. Male rates were higher for lifetime use of cocaine, heroin, methamphetamine, prescription drug misuse, and injection use.

INFECTIOUS DISEASES RELATED TO SUBSTANCE USE

According to Los Angeles Department of Public Health reports, the number of HIV diagnoses in Los Angeles County has gradually declined from 2,740 in 2007 to 1,911 in 2012. Note that because of reporting delays, figures for 2012 may still be considered a slight underestimate. Males accounted for a large proportion of diagnoses (91% in 2012); among males, male-to-male sexual (MSM) contact remained the predominant vector of transmission (94% in 2012), with injection drug use (IDU) at 2% and MSM/IDU at 3%. Among females, heterosexual contact was the primary vector of transmission (84%), with IDU transmission at 15%. For both genders, 2012 continued a slight decreasing trend in IDU transmission. Seven new (acute) cases of hepatitis B were reported in 2012 (rate of 0.4 per 100,000), as well as 7 new (acute) cases of hepatitis C (rate of 0.1).

Data Sources

Data for this report were drawn from the Appendix and the following sources:

Data for admissions to substance abuse treatment are reported from the California Outcomes Monitoring System (CalOMS) for Los Angeles County for 2014 and earlier years for comparison (compiled by California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, 2/18/15). 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). The total number of admissions for Los Angeles County has experienced a continuing a decline from 48,762 in 2010 to 32,826 in 2014. Decreases in annual admissions have occurred statewide and are a result of factors such as reductions in certain state funding and changes in the overall delivery system.

Drug prices and trafficking data were derived from U.S. Dept. of Justice sources. Prices were reported by the Los Angeles County Regional Criminal Information Clearinghouse (LA CLEAR) in reports for second, third, and fourth quarter 2014. 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 post-seizure analysis. We report on trends in prices only when there was a noticeable change in price levels from 2013/2012. Other data were from the January-June 2014 report from Los Angeles HIDTA.

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 2014 (data provided 2/2015) with reference to earlier years from the same source. Percentages reflect fractions of the total number of cases for which toxicology tests were conducted (i.e., not just drug-related deaths). Each case may have more than one drug detected; therefore, percentages should not be summed across drug categories. Note that heroin and morphine and their metabolites were not distinguished into separate categories. Emerging synthetic drugs typically were not included in the toxicology testing. 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.

Emergency department (ED) visits for nonfatal cases with alcohol or drugs (AOD) as primary diagnosis were accessed from the California Department of Public Health, EpiCenter CA Injury Data Online for 2013 (these were the most recent data available, accessed 5/1/2015) and references to earlier years are from the same source. Incidents reported here include only those listed as poisoning ("overdose"), mental disorder, and physical disease, where AOD was reported as principal diagnosis, but do not include indirect consequences, such as injuries due to drug or alcohol impairment. Rates are number of relevant incidents per 100,000 population. Note that opioids as a principal diagnosis included, but did not distinguish, heroin.

Poison Control calls were summarized from data from the California Poison Control Center for calendar year

2014 (data extracted as of 2/22/14). References to prior years are from 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."

Human immunodeficiency virus (HIV) diagnosis data (through December 2012) were obtained from the Los Angeles County Department of Health Services, Division of HIV and STD Programs, "2013 Annual HIV Surveillance Report," April 2014.

The unemployment figures come from the State of California, Employment Development Department, Labor Market Information Division, April 2015.

The 2015 homeless estimate was from the Los Angeles Homeless Services Authority (available at http://www.lahsa.org/homelesscount_results, accessed 6/18/15).

National Drug Early Warning System (NDEWS) Los Angeles County Sentinel Community Site Appendix Data Tables, 2015

NDEWS Coordinating Center

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- Table 2a: Self-Reported Substance Abuse Behaviors Among Persons 12+ Years, 2010-2012, NSDUH

- Table 2b: Self-Reported Substance Abuse Behaviors, By Age Group, 2010-2012, NSDUH

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- Table 7a: Drug Reports for Items Seized by Law Enforcement, 2014, NFLIS

- Table 7b: Drug Reports for Selected Categories of New Psychoactive Substances, 2014, NFLIS

Table 1: Demographic and Socio-Economic Characteristics
Los Angeles County, California
2009-2013 ACS Five-Year Estimates

	Estimate	Margin of Error
Total Population (#)	**9,893,481**	**
Age (%)		
18 years and over	76.0%	**
21 years and over	71.4%	+/-0.1
65 years and over	11.2%	**
Median Age	35.1	
Race (%)		
White, Not Hisp.	27.5%	+/-0.1
Black/African American, Not Hisp.	8.1%	+/-0.1
Hispanic/Latino	47.9%	**
American Indian/Alaska Native	0.2%	+/-0.1
Asian	13.7%	+/-0.1
Native Hawaiian/Pacific Islander	0.2%	+/-0.1
Some Other Race	0.2%	+/-0.1
Two or More Races	2.1%	+/-0.1
Sex (%)		
Male	49.3%	**
Female	50.7%	**
Educational Attainment (*Among Population Aged 25+ Years*) (%)		
High School Graduate or Higher	76.6%	+/-0.1
Bachelor's Degree or Higher	29.7%	+/-0.1
Unemployment (*Among Civilian Labor Force Pop Aged 16+ Years*) (%)		
Percent Unemployed	7.4%	+/-0.1
Income		
Median Household Income (in 2013 inflation-adjusted dollars)	$55,909	+/-256
Poverty (%)		
People Whose Income in Past Year is Below Poverty Level	17.8%	+/-0.2

NOTES:
Margin of Error: can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.
**The estimate is controlled; a statistical test for sampling variability is not appropriate.

SOURCES: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

Table 2a: Self-Reported Substance Use Behaviors
Among Persons 12+ Years in *Los Angeles* ^, 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: Los Angeles^	
	Estimated % (95% CI)	Estimated #*
Used in Past Month		
Alcohol	46.60 (44.45 - 48.77)	3,817,126
Binge Alcohol**	20.99 (19.52 - 22.53)	1,719,345
Marijuana	8.04 (7.13 - 9.05)	658,577
Use of Illicit Drug Other Than Marijuana	3.47 (2.96 - 4.06)	284,237
Used in Past Year		
Cocaine	2.05 (1.67 - 2.51)	167,921
Nonmedical Use of Pain Relievers	4.81 (4.19 - 5.52)	393,999
Dependence or Abuse in Past Year*		
Illicit Drugs or Alcohol	**8.91 (8.02 - 9.89)**	**729,841**
Alcohol	7.35 (6.49 - 8.32)	602,057
Illicit Drugs	2.93 (2.58 - 3.34)	240,004

NOTES:

 95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.
^Los Angeles: NSDUH Substate Region 11 which comprises Los Angeles County.
*Estimated #: the estimated number of persons aged 12 or older who used the specified drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older
**Binge Alcohol: defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.
***Dependence or Abuse in Past Year: based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* .

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at:
http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 2b: Self-Reported Substance Use Behaviors Among Persons in *Los Angeles*,^ by Age Group, 2010-2012

Estimated Percent and 95% Confidence Interval (CI),
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: Los Angeles^		
	12-17	18-25	26+
	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)
Used in Past Month			
Binge Alcohol*	7.1 (6.2 - 8.2)	34.4 (32.0 - 36.9)	20.3 (18.5 - 22.2)
Marijuana	8.2 (7.1 - 9.5)	19.2 (17.1 - 21.4)	5.9 (4.9 - 7.0)
Use of Illicit Drug Other Than Marijuana	4.6 (3.9 - 5.5)	6.1 (5.1 - 7.2)	2.8 (2.2 - 3.5)
Used in Past Year			
Marijuana	14.8 (13.2 - 16.7)	29.9 (27.5 - 32.5)	9.7 (8.4 - 11.1)
Cocaine	1.2 (0.8 - 1.6)	5.0 (4.1 - 6.2)	1.6 (1.2 - 2.1)
Nonmedical Use of Pain Relievers	4.8 (4.0 - 5.8)	9.0 (7.8 - 10.3)	4.0 (3.3 - 4.9)
Dependence or Abuse in Past Year**			
Illicit Drugs or Alcohol	8.1 (6.9 - 9.4)	20.2 (18.3 - 22.3)	6.9 (5.9 - 8.0)
Alcohol	4.7 (3.9 - 5.7)	14.8 (13.2 - 16.6)	6.3 (5.3 - 7.4)
Illicit Drugs	5.2 (4.3 - 6.3)	8.8 (7.5 - 10.3)	1.5 (1.2 - 1.9)

NOTES:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^Los Angeles: NSDUH Substate Region 11 which comprises Los Angeles County.

*Binge Alcohol: defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

**Dependence or Abuse in Past Year: based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 3: Self-Reported Substance Use Behaviors Among *Los Angeles* ^ Public High School Students, 2013
Estimated Percent and 95% Confidence Interval (CI)
2011 and 2013 YRBS*

Substance Use Behaviors	2013 vs 2011			2013 by Sex			2013 by Race			
	2013	2011		Male	Female		White	Black	Hispanic	Asian
	Percent		p-value	Percent		p-value	Percent			
	Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)
Used in Past Month										
Alcohol	27.6 (24.4 - 31.1)	32.9 (29.5 - 36.5)	0.03	24.0 (20.2 - 28.2)	31.5 (27.0 - 36.4)	0.01	N/A	N/A	29.4 (25.5 -33.7)	16.7 (10.5 - 25.7)
Binge Alcohol**	13.3 (11.2 - 15.7)	17.9 (15.5 - 20.5)	0.01	12.4 (9.8 - 15.6)	14.1 (11.2 - 17.6)	0.39	N/A	N/A	14.7 (12.0 -17.9)	8.0 (4.5 - 13.7)
Marijuana	20.3 (16.1 - 25.3)	22.4 (18.3 - 27.2)	0.49	20.0 (15.8 - 25.0)	20.7 (15.2 - 27.6)	0.80	N/A	N/A	21.0 (16.4 -26.6)	6.6 (2.6 - 15.7)
Ever Used in Lifetime										
Alcohol	59.9 (56.4 - 63.4)	65.1 (62.2 - 67.9)	0.02	56.8 (50.9 - 62.5)	63.3 (60.0 - 66.6)	0.05	N/A	N/A	63.4 (59.6 -67.1)	47.0 (38.9 - 55.3)
Marijuana	39.3 (34.2 - 44.7)	42.4 (37.0 - 47.9)	0.41	38.4 (32.8 - 44.3)	40.4 (34.0 - 47.1)	0.51	N/A	N/A	42.2 (35.7 -49.1)	20.9 (12.6 - 32.6)
Cocaine	6.5 (5.3 - 7.8)	9.2 (7.4 - 11.4)	0.02	7.5 (6.0 - 9.3)	5.4 (4.0 - 7.2)	0.05	N/A	N/A	7.1 (5.4 - 9.2)	1.5 (0.4 - 6.3)
Hallucinogenic Drugs	—	—	~	—	—	~	—	—	—	—
Inhalants	10.5 (8.7 - 12.7)	14.9 (12.7 - 17.3)	0.00	8.4 (5.9 - 11.9)	12.7 (10.2 - 15.8)	0.04	N/A	N/A	11.1 (8.9 - 13.8)	2.8 (1.1 - 7.2)
Ecstasy also called "MDMA"	10.9 (8.5 - 13.8)	16.4 (13.8 - 19.3)	0.00	10.2 (7.6 - 13.7)	11.5 (8.5 - 15.4)	0.47	N/A	N/A	11.7 (8.8 - 15.4)	3.4 (1.7 - 6.4)
Heroin	3.0 (2.1 - 4.3)	4.4 (2.8 - 7.1)	0.21	4.0 (2.4 - 6.6)	1.8 (0.9 - 3.4)	0.07	N/A	N/A	2.9 (1.8 - 4.6)	0.0 (0.0 - 0.0)
Methamphetamine	5.1 (3.6 - 7.3)	6.9 (5.4 - 8.7)	0.15	6.4 (4.1 - 9.8)	3.8 (2.7 - 5.1)	0.04	N/A	N/A	5.4 (3.5 - 8.4)	0.9 (0.1 - 6.8)
Rx Drugs without a Doctors Prescription	10.6 (8.1 - 13.8)	12.1 (10.0 - 14.5)	0.40	11.7 (9.0 - 15.2)	9.4 (6.8 - 13.0)	0.07	N/A	N/A	10.5 (7.8 - 14.0)	3.5 (1.3 - 8.8)
Injected Any Illegal Drug	2.1 (1.4 - 3.2)	3.4 (1.9 - 6.0)	0.20	3.0 (1.9 - 4.9)	0.8 (0.5 - 1.4)	0.00	N/A	N/A	2.2 (1.3 - 3.6)	0.0 (0.0 - 0.0)

NOTES:
'**—**' = Data not available; **~** = P-value not available; **N/A** = < 100 respondents for the subgroup.
^Los Angeles: weighted data were available for Los Angeles in 2011 and 2013; weighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction.
*Sample Frame for the 2011 and 2013 YRBS: sampling frame consisted of public schools with students in at least one of grades 9-12. The sample size for 2011 was 1,767 with an overall response rate of 86%; the 2013 sample size was 1,619 with a 84% overall response rate.
**Binge Alcohol: defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

Source: Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [3/12/2015].

Table 4a: Trends in Admissions* to Substance Abuse Treatment Programs, *Los Angeles County* Residents, 2010-2014

Number of Admissions and Percent of Admissions with Selected Substances
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**48,762**	n/a	**45,736**	n/a	**45,612**	n/a	**39,790**	n/a	**32,826**	n/a
Primary Substance of Abuse (%)										
Alcohol	11,129	22.8%	10,482	22.9%	10,496	23.0%	8,216	20.6%	5,253	16.0%
Cocaine/Crack	4,717	9.7%	3,906	8.5%	3,416	7.5%	2,654	6.7%	1,909	5.8%
Heroin	9,940	20.4%	9,417	20.6%	9,256	20.3%	8,900	22.4%	9,866	30.1%
Prescription Opioids**	1,373	2.8%	1,285	2.8%	1,402	3.1%	1,307	3.3%	1,331	4.1%
Methamphetamine	7,994	16.4%	7,451	16.3%	7,710	16.9%	8,012	20.1%	8,070	24.6%
Marijuana	11,696	24.0%	11,356	24.8%	12,256	26.9%	9,851	24.8%	5,752	17.5%
Benzodiazepines	157	<1%	170	<1%	195	<1%	195	<1%	135	<1%
MDMA	314	<1%	211	<1%	83	<1%	57	<1%	27	<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	1,285	2.6%	1,289	2.8%	696	1.5%	514	1.3%	413	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, since some individuals are admitted to treatment more than once in a given period.
**Prescription Opioids: includes oxycodone/OxyContin and other opiates or synthetics.

SOURCE: Data provided by the Los Angeles NDEWS SCE; 2013 and 2014 data provided by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, CalOMS, and 2010-2012 data provided by California Department of Drug and Alcohol Programs.

Table 4b: Demographic and Drug Use Characteristics of Primary Treament Admissions* for Select Substances of Abuse, *Los Angeles County Residents,* 2014

Number of Admissions, by Primary Substance of Abuse and
Percent of Primary Treatment Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance of Abuse						
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth- amphetamine	Marijuana	Benzo- diazepines
Number of Admissions (#)	5,253	1,909	9,866	1,331	8,070	5,752	135
Sex (%)**							
Male	60.6%	63.4%	71.2%	51.8%	53.1%	67.7%	45.2%
Female	39.3%	36.6%	28.8%	48.1%	46.7%	32.3%	54.8%
Race/Ethnicity (%)							
White, Non-Hisp.	33.9%	9.9%	51.0%	58.6%	25.4%	8.1%	unavail
African-Am/Black, Non-Hisp	20.1%	66.2%	6.9%	12.0%	7.4%	26.5%	unavail
Hispanic/Latino	40.6%	19.5%	37.1%	24.0%	61.4%	60.8%	unavail
Asian	1.7%	1.1%	1.2%	2.0%	2.3%	1.2%	unavail
Other	3.7%	3.3%	3.8%	3.4%	3.5%	3.3%	unavail
Age Group (%)							
Under 18	7.8%	1.0%	<1%	<1%	3.9%	48.4%	<1%
18-25	10.5%	5.7%	17.7%	9.5%	22.5%	21.3%	24.4%
26-44	41.0%	32.5%	39.9%	47.9%	56.8%	23.2%	38.5%
45+	40.6%	60.8%	42.0%	42.1%	16.9%	7.1%	36.3%
Route of Administration (%)							
Smoked	0.0%	80.5%	17.4%	1.6%	75.6%	98.1%	0.0%
Inhaled	0.0%	15.6%	3.4%	1.1%	11.6%	<1%	0.0%
Injected	0.0%	<1%	77.3%	1.6%	9.9%	0.0%	<1%
Oral/Other/Unknown	100.0%	3.4%	1.9%	95.7%	2.9%	1.8%	99.3%
Secondary Substance (%)							
None	54.3%	38.0%	58.0%	56.8%	41.7%	48.9%	28.9%
Alcohol	0.0%	29.4%	5.9%	7.7%	20.6%	31.0%	12.6%
Cocaine/Crack	7.3%	0.0%	6.4%	2.7%	3.4%	3.7%	2.2%
Heroin	1.3%	2.0%	0.0%	5.3%	3.6%	<1%	9.6%
Prescription Opioids***	2.5%	0.6%	4.0%	4.0%	1.0%	<1%	19.3%
Methamphetamine	12.8%	7.3%	16.4%	4.5%	0.0%	12.6%	5.9%
Marijuana	17.9%	20.3%	4.9%	5.6%	27.3%	0.0%	13.3%

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, since some individuals are admitted to treatment more than once in a given period.
**Percentages, by sex do not sum to 100% because 20 subjects reported their sex as "other" and are not included.
***Prescription Opioids: includes oxycodone/OxyContin and other opiates or synthetics.
unavail: data not available; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

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

Table 5: Drug Poisoning Deaths*, by Demographic Characteristics,
***Los Angeles County,* 2009-2012**

Rate per 100,000 of deaths with underlying causes of drug related poisonings and 95% Confidence Interval (CI), 2009-2011 and 2010-2012

	2009-2011 Rate (95% CI)		2010-2012 Rate (95% CI)	
Total (Age-Adjusted**)	7.1	(6.8 - 7.4)	6.7	(6.4 - 7.0)
Sex (Age-Adjusted**)				
Male	9.4	(8.9 - 9.9)	9.1	(8.6 - 9.6)
Female	4.8	(4.5 - 5.2)	4.4	(4.1 - 4.7)
Race/Ethnicity (Age-Adjusted**)				
White, Non-Hisp.	13.1	(12.4 - 13.9)	12.8	(12.1 - 13.6)
African-American/Black, Non-Hisp.	10.1	(8.9 - 11.3)	9.5	(8.3 - 10.7)
Hispanic	4.2	(3.8 - 4.6)	3.9	(3.6 - 4.2)
Asian	1.6	(1.2 - 2.0)	1.5	(1.2 - 1.9)
American Indian/Alaska Native	DSU		DSU	
Age Group				
<18	0.3	(0.2 - 0.4)	0.3	(0.2 - 0.5)
18-44	7.9	(7.4 - 8.4)	7.7	(7.2 - 8.2)
45-64	15.0	(14.1 - 15.9)	14.0	(13.1 - 14.8)
65+	3.5	(2.8 - 4.1)	3.1	(2.5 - 3.7)

NOTES:

*Deaths due to drug poisoning, ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs. 8-9) for the ICD-10 definitions.

**Age Adjusted Rate: the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

unavail: data not available for geographic area; **DSU:** data statistically unreliable.

SOURCE: Adapted by the NDEWS Coordinating Center from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse.

Table 6: HIV/AIDS and Viral Hepatitis Cases,
Los Angeles County and *State of California*
Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	Los Angeles County		California	
	#	Rate per 100,000	#	Rate per 100,000
HIV				
Diagnosis of HIV Infection, 2012[a]	2,539	30.6	5,801	18.5
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011[a]	43,898	534.4	112,776	362.7
Hepatitis B, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	136	0.4
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail
Hepatitis C, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	63	0.2
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail

NOTES:

unavail: data not available.

Sources: Adapted by the NDEWS Coordinating Center from data provided by:

[a]Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: http://www.cdc.gov/nchhstp/atlas/.

[b]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, *Surveillance for Viral Hepatitis — United States, 2012.*

Table 7a: Drug Reports for Items Seized by Law Enforcement in *Los Angeles County* in 2014
National Forensic Laboratory Information System (NFLIS)
Top 10 Drug Reports* and Select Drugs/Drug Categories of Interest,
Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports*	**34,743**	**100%**
Top 10 Drug Reports		
Methamphetamine	13,369	38.5%
Cannabis	9,786	28.2%
Cocaine	5,337	15.4%
Heroin	2,275	6.5%
Negative Results - Tested for Specific Drugs	373	1.1%
3,4-methylenedioxymethamphetamine (MDMA)	370	1.1%
Alprazolam	331	1.0%
Phencyclidine	255	0.7%
Hydrocodone	231	0.7%
No Controlled Drug Identified	189	0.5%
Top 10 Total	**32,516**	**93.6%**
Selected Drugs/Drug Categories**		
Fentanyl & Fentanyl Analogs	10	<0.1%
Synthetic Cannabinoids	86	0.2%
Synthetic Cathinones	201	0.6%
2C Phenethylamines	2	<0.1%
Piperazines	20	0.1%
Tryptamines	6	<0.1%

NOTES:
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Selected Drugs/Drug Categories:** Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.

Table 7b: Drug Reports* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in *Los Angeles County in 2014*, National Forensic Laboratory Information System (NFLIS), Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
Top 5 *Synthetic Cannabinoid* Drug Reports**		
AB-PINACA	29	33.7%
AB-FUBINACA	14	16.3%
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	14	16.3%
SYNTHETIC CANNABINOID	9	10.5%
AB-CHMINACA (N-[(1S)-1-(AMINOCARBONYL)-2-METHYLPROPYL]-1-(CYCLOHEXYLMETHYL)-1H-INDAZOLE-3-CARBOXAMIDE)	7	8.1%
Other Synthetic Cannabinoids	13	15.1%
Total *Synthetic Cannabinoid* Reports	**86**	**100.0%**
Top 5 *Synthetic Cathinone* Drug Reports**		
3,4-METHYLENEDIOXYETHYLCATHINONE (ETHYLONE)	118	58.7%
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	63	31.3%
ALPHA-PYRROLIDINOPENTIOPHENONE (ALPHA-PVP)	16	8.0%
DIBUTYLONE (BETA-KETO-N,N-DIMETHYL-1,3-BENZODIOXOLYLBUTANAMINE; BK-DMBDB)	2	1.0%
DIMETHYLONE (3,4-METHYLENEDIOXYDIMETHYLCATHINONE; bk-MDDMA)	1	0.5%
METHYLENEDIOXYPYROVALERONE (MDPV)	1	0.5%
Total *Synthetic Cathinone* Reports	**201**	**100.0%**
Top 5 *2C Phenethylamine* Drug Reports**		
2-(4-IODO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-I-NBOME)	1	50.0%
2-(4-CHLORO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-C-NBOME)	1	50.0%
Total *2C Phenethylamine* Reports	**2**	**100.0%**
Top 5 *Piperazine* Drug Reports**		
1-(3-TRIFLUOROMETHYL)PHENYL-PIPERAZINE (TFMPP)	18	90.0%
N-BENZYLPIPERAZINE (BZP)	2	10.0%
Total *Piperazine* Reports	**20**	**100.0%**
Top 5 *Tryptamine* Drug Reports**		
DIMETHYLTRYPTAMINE (DMT)	6	100.0%
Total *Tryptamine* Reports	**6**	**100.0%**

NOTES:

*Drug Report: drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.

**Top 5 NPS Category Drug Reports: fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.