

Atlanta Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018

November 2018

NDEWS Coordinating Center

NDEWS *National Drug Early Warning System*

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



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National Drug Early Warning System (NDEWS) Atlanta Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018

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Highlights

- For the first time, the percentage of individuals seeking public substance abuse treatment primarily for methamphetamine (10.7%) in metropolitan Atlanta exceeded the percentage seeking treatment for cocaine (10.0%).
- Individuals seeking public substance abuse treatment for methamphetamine were more likely to be female (53.5%) and White (91.6%). Injection use of methamphetamine was reported in nearly a quarter of all individuals seeking treatment.
- The number of statewide decedents who had methamphetamine “on board” rose 26.4% from 2016 to 2017, which was the second largest increase of any drug category. Reports from law enforcement suggest increased purity rates of over 90% and greater supply as primary reasons.
- Despite reports of expanding heroin use across metropolitan Atlanta and Georgia in 2017, heroin seizures, exposure calls, and deaths for heroin were down compared with the previous year.
- Multiple law enforcement reports have identified the increased presence of fentanyl and fentanyl-analogs in metro Atlanta and Georgia in 2017. An increase of counterfeit oxycodone and hydrocodone pills has been found to contain fentanyl in Atlanta and in Georgia.
- For the first time, U-47770 and carfentanil were found among Georgia decedents in 2017. The State Medical Examiner found 32 decedents who were positive for U-47770 and 9 decedents who were positive for carfentanil.
- Although multiple data sources indicate stable availability and use of cocaine in 2017, the statewide mortality data indicated an increase of 45% of deaths with cocaine on board compared with the previous year. This increase indicates the largest rise in deaths involving cocaine use in the last 15 years. A possible explanation for this increase, based on ethnographic reports and local HIDTA officials’ reporting, is the emergence of the cocaine supply being mixed with fentanyl.

- Numerous indicators suggest that alprazolam continues to be the primary benzodiazepine abused in metropolitan Atlanta and throughout Georgia. It is the benzodiazepine most frequently detected in Georgia Poison Control calls, Georgia Medical Examiner results, NFLIS data, and ethnographic reports with users.
- In 2017, alprazolam ranked as the top drug ($n = 576$) found in decedents in the Georgia Medical Examiner's reports, followed by methamphetamine ($n = 479$) and oxycodone ($n = 469$).
- In metropolitan Atlanta, oxycodone is the drug of choice among users of prescription opiates.
- Local ethnographic reports suggest a continued increased demand for higher quality marijuana and THC-based liquids, with the latter being increasingly smoked in vapor pens and e-cigarettes.

NDEWS Priority Substances

COCAINE/CRACK

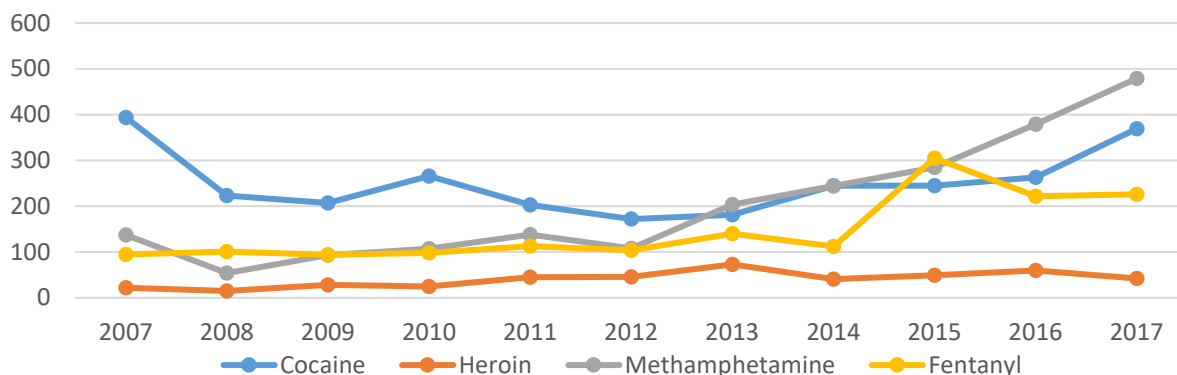
Key Findings

Although Atlanta has historically been known for its high use of both cocaine hydrochloride and crack cocaine, multiple data sources (e.g., public substance abuse treatment admissions, Georgia Medical Examiner's Office, and Georgia Poison Control Center) indicated a decrease in the drug's use from 2000 to 2013. Nevertheless, from 2013 to 2016, multiple sources indicated a stabilization at these lower levels. However, in 2017, several indicators, including local ethnographic reporting with drug users and information provided by local HIDTA officials, suggest an increase in cocaine-related demand and use in metropolitan Atlanta. Cocaine-related telephone calls to the Georgia Poison Control Center for metropolitan Atlanta decreased 6% from 2016 to 2017; however, statewide toxicology results for 2017 showed a 40% increase in decedents with cocaine on board at the time of death. Cocaine law enforcement seizures have been stable from 2012 through 2017. Local HIDTA officials acknowledge that in 2017, the demand for cocaine has increased while the retail, midlevel, and wholesale pricing of the drug has remained stable. The DEA confirmed that the upper range of local cocaine purity has remained stable from 2016 to 2017, while ethnographic results among local users also suggest consistent cocaine-related purity rates in 2017 compared with the previous year. The cocaine in Atlanta continues to be predominantly Columbian, although there have been increasing amounts of higher grade Mexican and Peruvian cocaine transported into Atlanta.

Local HIDTA officials report 2017 retail prices for crack cocaine to be between \$20 and \$35 for a rock and \$70 and \$100 for a gram of cocaine hydrochloride. Whole prices for cocaine in the first three months of 2017 averaged between \$31,000 and \$35,000 per kilogram. These prices reflect a stable market for cocaine prices over the past three years.

The number of deaths associated with cocaine use in Georgia has fluctuated significantly since 2007. It is important to note that the use of cocaine statewide was considerably higher between 7 and 10 years ago. However, public health officials have noted an increase in deaths over the past five years although cocaine use has dropped considerably in 2012 to 2017 compared with earlier periods. Multiple sources, including DEA officials, statewide Medical Examiner reports, and ethnographic reporting with drug users, indicate the presence of the synthetic opiate, fentanyl, mixed with cocaine hydrochloride as a potential cause of this increase in cocaine-related deaths.

Figure 1. Georgia's Number of Decedents with Select Drugs on Board at Time of Death (2007–2017)



Source: Georgia Medical Examiner's Office.

Using patterns and preferred routes of administration related to local cocaine use remained consistent in 2017. Crack cocaine comprised nearly two thirds of all cocaine users in metropolitan Atlanta, and its users continued to be predominantly African American and older than 35 years of age. Users of cocaine hydrochloride tended to be White, young, affluent, and residing in suburban counties.

METHAMPHETAMINE

Atlanta has traditionally had the highest rates of methamphetamine use among other major U.S. cities east of the Mississippi River. In addition to high rates of use, the purity levels of crystal methamphetamine in Atlanta during 2017 maintained an average of nearly 90%, and conversion of methamphetamine from a liquid to a crystallized form is increasingly being conducted in the city. In fact, two large methamphetamine-related raids took place in the city in 2017 with nearly \$16 million worth of the drug being seized. During these two busts, law enforcement officers confiscated 650 lbs. of liquid methamphetamine.

The 2017 annual report from Atlanta's DEA Field Division described local methamphetamine availability as high compared with stable in years 2011 through 2015. The frequency of Georgia deaths where methamphetamine was on board has continued to increase over the last three years. In 2017, there were 479 statewide decedents where methamphetamine was present at the time of death compared with 379 in 2016 and 285 in 2015. Additionally, the number of methamphetamine reports among drug items seized and analyzed by NFLIS in 2017 (n = 5,146) increased in comparison with the previous year (n = 4,680).

For the first time, the percentage of individuals seeking public substance abuse treatment primarily for methamphetamine (10.7%) in metropolitan Atlanta exceeded the percentage seeking treatment for cocaine (10.0%). More than 1 in 10 persons seeking substance abuse treatment in metropolitan Atlanta in 2017 did so primarily for methamphetamine use. Individuals seeking methamphetamine-related treatment in 2017 were most likely to be female (53.5%), White (91.6%), between the ages of 26 and 44 years (67%), and smoking the drug (50.8%). Injection use of methamphetamine was reported in nearly a quarter of all individuals seeking treatment. The two most popular secondary substances among methamphetamine users seeking treatment were alcohol (18.2%) and marijuana (16.1%). Because of changes in data reporting systems by the Georgia Department of Human Resources, no metropolitan Atlanta treatment data for 2015 and 2016 was available nor can trending of 2017 treatment data be compared with years prior to 2015.

The number of statewide decedents who had methamphetamine "on board" rose 26.4% from 2016 to 2017, which was the second largest increase of any drug category. Reports from law enforcement suggest increased purity rates of over 90% and greater supply as primary reasons.

In 2017, pricing for methamphetamine in Atlanta appears to have stabilized following three years of decreasing prices. During 2017, local HIDTA officials report that a gram of crystal methamphetamine could be purchased for \$65 per gram and an ounce of the drug could be bought for between \$350 and \$1,500 with an average cost of \$550. Wholesale prices of methamphetamine fluctuated between \$10,000 and \$16,000.

Although ethnographic reports and local HIDTA officials report increasing use of the drug in Atlanta's African American community, local users of methamphetamine continue to be mostly White. Historically, separate drug distribution systems have existed between methamphetamine and cocaine at the retail level. Therefore, it was uncommon for street dealers to sell both types of stimulants. Conversations with law enforcement officials and results from local ethnographic reporting suggest that greater numbers of retail distributors are now selling both methamphetamine and cocaine.

HEROIN

Although Atlanta has been identified by local DEA officials as an emerging primary distribution center for heroin, multiple drug indicators for 2017 pointed toward a decrease in heroin use. Traditionally known for having low indicators for heroin, Atlanta has witnessed elevated use of the drug, starting in 2013. As indicated in Figure 2, heroin comprised 5.3% and narcotic analgesics represented an additional 8.2% of all drug seizures in metropolitan Atlanta during 2017.

Figure 2. NFLIS Drug Reports* by Selected Drug Categories of Interest, Number of Drug-Specific Reports Percentage of Analyzed Drug Category Reports, and Percentage of Total Analyzed Drug Reports, 2017**

Drug Identified, by Selected Drug Category**	Number	Percent of Drug Category	Percent of Total Reports
Total Drug Reports*	15,642	100.0%	100.0%
Opioids Category	2,111	100.0%	13.5%
Semi-synthetic Opioids	1807	85.6%	11.6%
HEROIN	822	38.9%	5.3%
OXYCODONE	585	27.7%	3.7%
HYDROCODONE	338	16.0%	2.2%
BUPRENORPHINE	38	1.8%	0.2%
HYDROMORPHONE	15	0.7%	0.1%
METHORPHAN	5	0.2%	< 0.1%
OXYMORPHONE	2	< 0.1%	< 0.1%
6-MONOACETYLMORPHINE	1	< 0.1%	< 0.1%
DIHYDROCODEINE	1	< 0.1%	< 0.1%
Synthetic Opioids	304	14.4%	1.9%
TRAMADOL	84	4.0%	0.5%
U-47700	80	3.8%	0.5%
FENTANYL	54	2.6%	0.3%
METHADONE	50	2.4%	0.3%
FLUOROISOBUTYRYLFENTANYL	12	0.6%	< 0.1%
CARFENTANIL	10	0.5%	< 0.1%
MITRAGYNINE	7	0.3%	< 0.1%
FLUOROFENTANYL	3	0.1%	< 0.1%
P-FLUOROBUTYRYL FENTANYL (P-FBF)	3	0.1%	< 0.1%
PROPOXPHENE	1	< 0.1%	< 0.1%

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Diversion Control Division, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on June 13, 2018.

However, heroin-related seizures from the National Forensic Laboratory Information System decreased from 892 in 2016 to 822 in 2017. Georgia Medical Examiner's Office results from heroin found among decedents decreased from 2016 to 2017 (60 vs. 42). In 2017, more than 24% of all decedents tested positive for heroin and nearly a third of this total reported positive results for fentanyl. Calls from the Georgia Poison Control for metropolitan Atlanta doubled from 54 in 2012 to 91 in 2015. However, a reversal two-year trend continued in 2017 as the number of calls decreased for metropolitan Atlanta from 91 in 2015 to 81 in 2016 to 76 in 2017. Around 5% of all public primary substance abuse treatment admissions in metropolitan Atlanta was for heroin, ranking behind alcohol, cocaine, marijuana, methamphetamine, and prescription opioids.

The supply of heroin has continued to increase because of large shipments from South America and Mexico coming directly into Atlanta from 2013 to 2017. Additionally, new and continued use of heroin among young adults (18–28 years old) in mostly White, suburban areas have largely fueled the increased demand for the drug. For years prior to 2014, the sale of heroin was conducted in open air markets in a part of the inner city named “The Bluff.” When substance abuse treatment admissions for heroin were less than 3.5% annually (years prior to 2014), the exchange of the drug, even among those persons who lived in the suburbs and other parts of the city, largely took place in this neighborhood. Users would enter The Bluff by car or public transportation, purchase their heroin, and return home. In 2014, retail distribution of heroin, as a result of increased law enforcement presence in The Bluff and of increased demand among more affluent young adults, was conducted more extensively throughout the city, especially in less urban, White suburbs in Northwest and Northeast Atlanta.

PRESCRIPTION OPIOIDS

Among individuals seeking public substance abuse treatment in metropolitan Atlanta, nearly 7% identified prescription opioids as their primary concern. Although 2.3% reported hydrocodone-related products, 4.7% identified oxycodone as the primary reason for seeking treatment. When considering both primary and secondary reasons for seeking substance abuse treatment, over 11% identified prescription opioids upon admission. Persons seeking treatment primarily for prescription opioids were evenly likely to be male or female, and they were more likely to be White and between the ages of 26 and 44 years.

Among seizures analyzed by NFLIS, oxycodone was the leading prescription opioid reported (3.7%), followed by hydrocodone (2.2%). Compared with 2016, the number of oxycodone seized items decreased in 2017 (664 vs. 585) and the number of hydrocodone seized items also decreased in 2017 (424 vs. 338). The combined number of seized items tested by NFLIS found for oxycodone and hydrocodone outnumbered seized items for heroin.

Ethnographic reports have found increasing numbers of counterfeit prescription opioid tablets in metropolitan Atlanta. Fentanyl and other prescription opioids have been found in oxycodone and hydrocodone pills distributed at “street level.”

FENTANYL AND OTHER NONPRESCRIPTION SYNTHETIC OPIOIDS

The decrease in heroin prevalence across indicators does suggest a reversal in trend compared with the previous four years. This reversal aligns with ethnographic reports with local heroin users, which indicate a greater prevalence of fentanyl in the retail heroin market. This increased presence of fentanyl appeared in multiple data indicators, including multiple law enforcement reports that have identified the increased presence of fentanyl and fentanyl-analogs in metro Atlanta and Georgia in 2017. Fentanyl has also been identified as a drug that is frequently used in combination with other opiates (e.g., heroin) and stimulants (e.g., cocaine). An increase of counterfeit oxycodone and hydrocodone pills has been found to contain fentanyl in Atlanta and in Georgia. Among decedents reported by the Georgia Medical Examiner’s Office, following a tripling of cases that tested positive for fentanyl from 2014 to 2015, there has been a stabilization of fentanyl-related deaths in 2016 and 2017 (222 vs. 226). Local HIDTA officials have corroborated local ethnographic reports that Atlanta’s heroin supply is being cut with fentanyl. Nevertheless, the lack of increases in heroin and fentanyl-related deaths could also be caused by recent legal changes aimed at increasing access to naloxone.

A notable finding was that for the first time, U-47700 and carfentanil were found among Georgia decedents in 2017. The State Medical Examiner found 32 decedents who were positive for U-47700 and

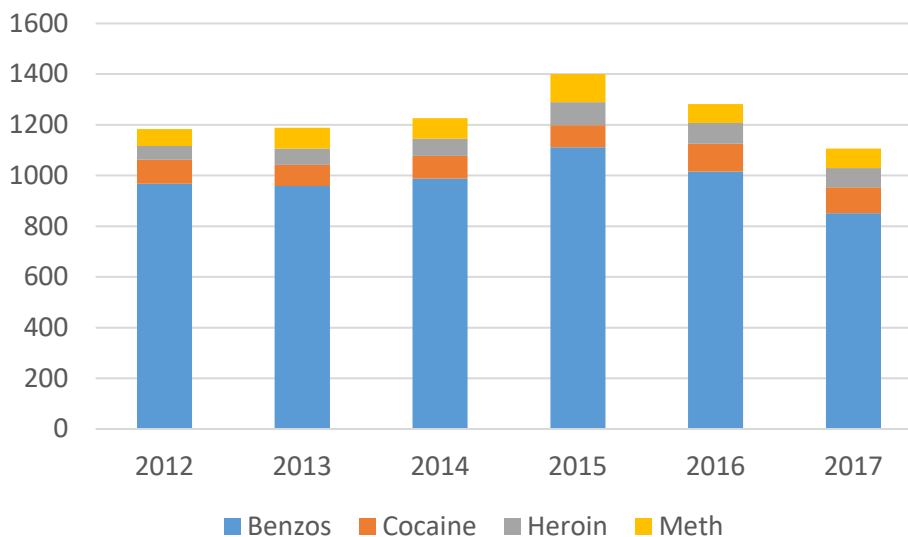
9 decedents who were positive for carfentanil. In previous years, the State Medical Examiner’s Office had found no reports of U-47700 or carfentanil. NFLIS-related drug seizure data also found increases in 2017 for both U-47700 and carfentanil compared with the previous year. The number of drug seizures for U-47700 totaled 80 in 2017 compared with 14 in 2016, and the total for carfentanil in 2017 was 10 compared with 1 in the previous year. It is important to note that the total number of U-47700 seizures reported by NFLIS in 2017 outnumbered the total number of fentanyl seizures during the same year.

Other Priority Substances in Atlanta

BENZODIAZEPINES

Although data indicators related to the supply of, use of, and demand for benzodiazepines were mixed in metropolitan Atlanta in 2017, numerous indicators suggest that alprazolam continued to be the primary benzodiazepine abused in metropolitan Atlanta and throughout Georgia. Alprazolam continued to be the preferred benzodiazepine, followed by diazepam, and lorazepam among statewide decedents across the state of Georgia. In 2017, Alprazolam ranked as the top drug ($n = 576$) found in decedents in the State’s Georgia Medical Examiner’s reports. Mortality data reviewed in 2017 has shown an uptick of 16% in deaths with benzodiazepines on board. However, seizures analyzed by NFLIS for 2017 indicate a significant decrease in the number of alprazolam-related seizures compared with 2016 (1,017 vs. 1,345). As indicated in Figure 3, the number of benzodiazepine-related drug poisoning calls in Atlanta during 2017 decreased over 16.2% from the previous year.

Figure 3. Drug Poisoning Calls in Metropolitan Atlanta by Select Drug (2012–2017)



Source: Georgia Poison Control Call Volume Database.

Results from ethnographic reporting indicated a continued supply of, and preference for, liquid alprazolam, which could be purchased for between \$2 and \$3 per milliliter in metropolitan Atlanta. Retail pricing for 1-milligram “blue footballs” (nickname commonly used to describe a 1-mL dose of

alprazolam in pill form) in Atlanta has stabilized between \$2 and \$3 in 2017. For the 2-mg alprazolam bars, the cost continued to range between \$5 and \$10.

MARIJUANA

In 2017, marijuana remained the most widely available and commonly used illicit drug in both metropolitan Atlanta and Georgia. Availability remained high, whereas demand for marijuana containing elevated THC increased. In addition, recent results from ethnographic reporting and discussions with local Drug Enforcement Administration (DEA) officials indicated a sharp increase in demand for liquid THC that could be consumed via e-cigarette and/or vapor technologies. Georgia has passed several drug-related laws that expand the medical use of THC-based oils, both in the quantity of the substance one can carry and the number of permissible medical conditions allowing for its use. Liquid forms of THC can be purchased in local smoking-oriented stores (e.g., head shops), via the Internet, and mail-ordered from states like Colorado and Washington. Prices for liquid THC in 2017 ranged from \$15 to \$40 per cartridge, and users reported that supply was increasing in metropolitan Atlanta.

Atlanta continued to serve as a primary distribution center for marijuana. The majority of marijuana available in Atlanta continued to come from Mexico, with smaller amounts originating in Canada and the Caribbean. Local HIDTA officials, along with results from local ethnographic reporting, noted increases in THC levels found in Mexican-produced marijuana in Atlanta. Law enforcement officials suggested that this increase in purity was an effort on behalf of Mexican growers and distributors to compete with higher quality domestic marijuana grown in Colorado, Washington, and California.

Results from the Georgia Poison Control center indicated a recent uptick in marijuana-related calls, especially at the state level. Marijuana-related calls for metropolitan Atlanta increased from 51 in 2012, 58 in 2013, 61 in 2014, 85 in 2015, and 99 in 2016, whereas statewide calls increased from 87 to 186 during this same time period. Results from seizure data from NFLIS have found downward trends in marijuana, while reporting increases in THC products. NFLIS seizure data has shown a 65% increase in THC seizures from 2016 to 2017 and a 65% decrease in Cannabis seizures during this two-year period.

Infectious Diseases Related to Substance Abuse

According to the Georgia Department of Public Health, the number of new HIV diagnoses in metropolitan Atlanta fell 15.5% in 2016, reversing a three-year trend of increasing numbers of new HIV infections. There were 1,577 new HIV diagnoses in metropolitan Atlanta in 2016 compared with 1,867 new HIV infections in 2015, 1,764 in 2014, and 1,665 in 2013. Males continued to account for the majority of new infections in 2016 (81%) although this rate decreased from the previous year when 83% of newly diagnosed individuals were male.

Male-to-male sexual contact (MSM) remained the most prevalent transmission category accounting for 72% of total transmissions (1,133). These results for MSM sexual contact reflect a nearly identical percentage when compared with results from 2015. Injection drug use (IDU) accounted for 2% of new transmissions (35) in 2015, which was identical to the rate reported in the previous year, and MSM/IDU accounted for additional 2% (25), indicating no change in prevalence compared with 2015.

Among persons diagnosed in 2016, African American/Black accounted for 73% (1,157), Whites accounted for 13% (201), and Hispanic/Latino made up 8% (119) of new infections. Nearly half (48%) of new infections in 2016 were among persons younger than the age of 30 years.

New Substance-Related Legislative and Policy Updates

In March 2017, GAHB64, a bill focusing on the regulation of THC oil, was introduced to the Georgia House of Representatives. This law, if passed, would have introduced circumstances for lawful possession and control of certain amounts of low-THC oil. The bill also introduced licensing for cultivation of cannabis for the purpose of producing, processing, and dispensing THC oil in Georgia. An expansion of the state's existing medical marijuana program, this bill would have legalized the harvesting and distribution of THC oil and was an effort to address lack of access of the product in areas of Georgia due to state laws banning growing, buying, or transporting of the drug. GAHB64 did not pass the most recent Georgia General Assembly session, but it is expected to be reintroduced during the next legislative session.

In April 2017, the "Jeffrey Dallas Gay Jr. Act, a bill that allows for the opioid antagonist naloxone to be sold over the counter without a prescription, went into effect. Under this law, Georgia health officers are allowed to issue standing orders to prescribe opioid antagonists (naloxone) on a statewide basis. This passage of this bill allows pharmacists to dispense an opioid antagonist to any person at risk of experiencing an opioid-related overdose or to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. Additionally, this bill provides immunity from any civil or criminal liability, for the pharmacist dispensing the opioid antagonists and person administering the opioid antagonist.

On May 4, 2017, HB 249 was signed by Governor Nathan Deal and was enacted January 1, 2018. This bill addressed issues of opioid abuse by moving the Prescription Drug Monitoring Program (PDMP) from the Georgia Drugs and Narcotics Agency to the Department of Public Health. This bill requires doctors to check the state PDMP before prescribing all opioids and all benzodiazepines. This law was a significant legislative step in curbing opioid abuse by helping doctors avoid writing overlapping prescriptions or prescribing drugs with potentially harmful interactions.

In July 2017, Georgia Senate Bill 16 took effect throughout the state. This bill allows for an individual with a registration card issued by the Department of Public Health to possess up to 20 fluid ounces of low levels of THC oil and permits reciprocity of medical cannabis registration cards between Georgia and other states so long as the medical cannabis in a person's possession meets Georgia's legal requirements. The implementation of this bill also increased the list of medical conditions that are eligible for treatment with medical cannabis. The medical conditions included in this policy were Tourette's syndrome, autism spectrum disorder, epidermolysis bullosa, Alzheimer's disease, AIDS, and peripheral neuropathy. Lastly, this law changes the reporting requirements for doctors, reducing the reporting schedule from quarterly to semi-annually and including the THC levels used in treatment.

In May 2018, Govern Nathan Deal signed House Bill 65 into law. This Bill expanded Georgia Senate Bill 16, adding PTSD and intractable pain to the list of conditions eligible for treatment by low THC oil. The bill took effect on July 1, 2018.

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Atlanta MSA^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	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	18,915	100%
Primary Substance of Abuse (%)										
Alcohol	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	8,029	42.4%
Cocaine/Crack	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	1,890	10.0%
Heroin	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	1,001	5.3%
Prescription Opioids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	1,277	6.8%
Methamphetamine	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	2,017	10.7%
Marijuana**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	3,837	20.3%
Benzodiazepines	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	264	1.4%
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	20	0.1%
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	346	1.8%
Synthetic Cannabinoids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs/Unknown	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	234	1.2%

NOTES:

^**Atlanta MSA:** Includes the following 29 counties—Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton.

***Admissions:** Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

****Marijuana/Synthetic Cannabinoids:** The data do not differentiate between marijuana and synthetic cannabinoids.

unavail: Data not available.

SOURCE: Data provided to the Atlanta Metro NDEWS SCE by the Georgia Department of Human Resources.

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, Atlanta MSA^ Residents, 2017
Number and Percentage of Admissions, by Primary Substance with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids		Methamphetamine		Marijuana**		Benzo-diazepines		Synthetic Stimulants		Synthetic Cannabinoids**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)	8,029	100%	1,890	100%	1,001	100%	1,277	100%	2,017	100%	3,837	100%	264	100%	346	100%	unavail	unavail
Sex (%)																		
Male	5,033	62.7%	1,063	56.2%	594	59.3%	634	49.6%	937	46.5%	2,453	63.9%	135	51.1%	196	56.6%	unavail	unavail
Female	2,955	36.8%	827	43.8%	407	40.7%	643	50.4%	1,080	53.5%	1,383	36.0%	129	48.9%	150	43.4%	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	3,294	41.0%	351	18.6%	650	64.9%	1,030	80.7%	1,848	91.6%	1,190	31.0%	214	81.1%	286	82.7%	unavail	unavail
African-Am/Black, Non-Hisp	4,147	51.7%	1,435	75.9%	282	28.2%	205	16.1%	109	5.4%	2,312	60.3%	34	12.9%	38	11.0%	unavail	unavail
Hispanic/Latino	312	3.9%	43	2.3%	37	3.7%	32	2.5%	53	2.6%	194	5.1%	14	5.3%	16	4.6%	unavail	unavail
Asian/Pacific Islander	187	2.3%	48	2.5%	22	2.2%	3	0.2%	7	0.3%	82	2.1%	2	0.8%	2	0.6%	unavail	unavail
Other	89	1.1%	13	0.7%	10	1.0%	7	0.5%	0	0.0%	59	1.5%	0	0.0%	4	1.2%	unavail	unavail
Age Group (%)																		
Under 18	40	0.5%	1	0.1%	0	0.0%	1	0.1%	5	0.2%	169	4.4%	2	0.8%	2	0.6%	unavail	unavail
18-25	566	7.0%	84	4.4%	147	14.7%	171	13.4%	299	14.8%	1,197	31.2%	35	13.3%	64	18.5%	unavail	unavail
26-44	3,493	43.5%	664	35.1%	549	54.8%	757	59.3%	1,351	67.0%	1,905	49.6%	120	45.5%	218	63.0%	unavail	unavail
45+	3,930	48.9%	1,141	60.4%	305	30.5%	90	7.0%	520	25.8%	566	14.8%	59	22.3%	62	17.9%	unavail	unavail
Route of Administration (%)																		
Smoked	26	0.3%	1,270	67.2%	48	4.8%	13	1.0%	1,025	50.8%	3,665	95.5%	1	0.4%	121	35.0%	unavail	unavail
Inhaled	0	0.0%	445	23.5%	196	19.6%	30	2.3%	268	13.3%	17	0.4%	4	1.5%	52	15.0%	unavail	unavail
Injected	3	0.0%	41	2.2%	694	69.3%	32	2.5%	478	23.7%	1	0.0%	1	0.4%	60	17.3%	unavail	unavail
Oral/Other/Unknown	8,000	99.6%	134	7.1%	63	6.3%	1,202	94.1%	246	12.2%	184	4.8%	258	97.7%	131	37.9%	unavail	unavail
Secondary Substance (%)																		
None	3,445	42.9%	446	23.6%	241	22.1%	526	41.2%	875	43.4%	2,138	55.7%	169	64.0%	171	49.4%	unavail	unavail
Alcohol	0	0.0%	645	34.1%	99	9.9%	176	13.8%	368	18.2%	346	9.0%	23	8.7%	36	10.4%	unavail	unavail
Cocaine/Crack	1,722	21.4%	0	0.0%	240	24.0%	131	10.3%	189	9.4%	468	12.2%	19	7.2%	42	12.1%	unavail	unavail
Heroin	74	0.9%	46	2.4%	0	0.0%	130	10.2%	69	3.4%	224	5.8%	5	1.9%	29	8.4%	unavail	unavail
Prescription Opioids	167	2.1%	16	0.8%	186	12.0%	0	0.0%	48	2.4%	84	2.2%	17	6.4%	11	3.2%	unavail	unavail
Methamphetamine	271	3.4%	42	2.2%	106	10.6%	42	3.3%	0	0.0%	265	6.9%	4	1.5%	9	2.6%	unavail	unavail
Marijuana**	2,074	25.8%	384	20.3%	122	12.2%	151	11.8%	325	16.1%	0	0.0%	9	3.4%	35	10.1%	unavail	unavail
Benzodiazepines	115	1.4%	5	0.3%	22	2.2%	46	3.6%	92	4.6%	32	0.8%	0	0.0%	3	0.9%	unavail	unavail
Synthetic Stimulants	75	0.9%	3	0.2%	111	7.0%	24	1.9%	48	2.4%	28	0.7%	11	4.2%	0	0.0%	unavail	unavail
Synthetic Cannabinoids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

NOTES:

^**Atlanta MSA:** Includes the following 29 counties—Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton.

***Admissions:** Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

****Marijuana/Synthetic Cannabinoids:** The data do not differentiate between marijuana and synthetic cannabinoids.

unavail: Data not available; **Percentages** may not sum to 100 due to missing data, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data and/or not all possible categories are presented in the table.

SOURCE: Data provided to the Atlanta Metro NDEWS SCE by the Georgia Department of Human Resources.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Forensic drug analysis data came from the National Forensic Laboratory Information System (NFLIS) and represent evidence seized in suspected drug cases throughout metropolitan Atlanta that were tested by the GBI Forensic Laboratory from 2011 to 2017. NFLIS methodology allows for the accounting of up to three drugs for each item submitted for analysis. The data presented are a combined count, including primary, secondary, and tertiary reports for each drug. Data for 2017 are preliminary and subject to change.

Newly diagnosed HIV cases for Metro Atlanta in 2016 were provided by the Georgia Department of Human Resources' Public Health Department. Results from 2013, 2014, and 2015 were compared in this report.

Law enforcement reports of local drug use trends, prices, and availability were obtained from officials at the Atlanta High Intensity Drug Trafficking Area (HIDTA). Annual meetings with HIDTA staff are supplemented with multiple telephone consultations throughout the year. Drug use trends, prices, and supply have been reported from 2010 to 2016.

Public substance abuse treatment admissions for 2017 have been provided by the Georgia Department of Human Resources. Due to a recent changeover in reporting systems, no data were included in this report for 2015 and 2016 nor can this data be compared with previous years due to varying reporting systems.

State drug-related mortality data were obtained from the Georgia Medical Examiner's Office. Data represent the number of postmortem specimens that tested positive for a particular drug and were collected from fiscal years (FYs) 2007 through 2017.

Poison exposure call data were extracted using general terms from the Georgia Poison Control Center and represent the count of drug exposure calls by drug from 2006 to 2017.

Qualitative information and purity data are a result of street-level ethnographic reporting with drug users and law enforcement officials in the metropolitan Atlanta area. Due to the SCE's research efforts over the past 15 years, relationships with persons involved with local illicit drug distribution have been maintained that allow for the corroboration of information with other data sources.

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