



San Diego County

Prescription Drug Abuse Task Force

2016 Rx Report Card

October 2016

*Key Measures of Prescription Drug and Heroin Problems in San Diego County.
Visit www.SanDiegoRxAbuseTaskForce.org for more information*

What is the Rx Report Card?

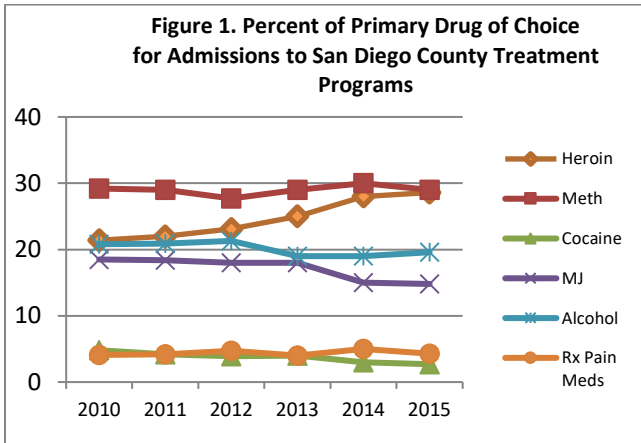
The Rx Report Card provides concrete data on the scale of the prescription drug abuse problem by looking at multiple factors and data points over the last five years in San Diego County. Readers are cautioned not to consider a single data point alone, but rather are encouraged to look at all of the information, as well as the direction of the trends over time.

For example, at first glance, prosecution numbers appear to be in decline. However, the whole story must be put into context. 2015 was the first full implementation year of Proposition 47, and our region has experienced an uptick in meth and heroin problems, which results in focus towards those substances; prescription drugs become a lesser priority for law enforcement. Misuse and abuse of these drugs have serious consequences for health and safety of San Diego County residents, as well as our public health and safety community systems. (Data sources are listed on Page 6.)

2016 Prescription Drug (Rx) Abuse Report Card						
	Indicator	2011	2012	2013	2014	2015
1	Unintentional Rx-Related Deaths <ul style="list-style-type: none"> Number (Rate per 100,000 residents) 	267 (9.8)	268 (9.8)	259 (8.2)	244 (7.6)	248 (7.7)
2	Emergency Room Opiate Activity <ul style="list-style-type: none"> Number of Discharges (Rate per 100,000 residents) 	3,278 (105.2)	3,791 (121.2)	5,723 (181.7)	6,866 (214.9)	Not Available until 2017
3	11th Graders Self Report of Lifetime Rx Misuse	17%		13%		14%
4	Total Adult Drug Treatment Admissions <ul style="list-style-type: none"> Percentage of Prescription Pain Medication Percentage of Heroin 	13,696 4.2% 22.0%	14,383 4.7% 23.1%	16,629 4.5% 24.8%	16,104 4.5% 27.7%	15,177 4.3% 28.6%
5	Arrestees Self Report of Rx Misuse <ul style="list-style-type: none"> Adult Juvenile 	41% 37%	38% 40%	43% 37%	39% 37%	42% 43%
6	Rx Prosecutions <ul style="list-style-type: none"> Rx-specific Fraud Charge Other Charges with Rx-involved 	505 1,288	387 1,311	311 1,193	214 1,034	111 869
7	Pharmacy Robberies/Burglaries	26	8	5	8	6
8	Pounds of Safely Disposed Medications <ul style="list-style-type: none"> Take Back Events Sheriff's Department Collection Boxes 	13,008 5,128	16,707 9,902	18,732 13,872	17,676 13,079	14,595 14,725
9	Annual Number of Dispensed Pills Per County Resident <ul style="list-style-type: none"> Pain Medication Anti-anxiety Stimulants 	35.9 13.3 4.5	37.9 13.8 4.8	36.3 13.7 4.9	39.7 13.3 4.7	39.1 ¹ 13.1 5

¹ Tramadol has been used for pain for many years, but was only added as a Schedule IV medication in August 2014, thus added to CURES. Without Tramadol, the rate would have been 32.76; there were 19 Tramadol deaths in both 2012 and 2013, 20 in 2014 and 17 in 2015.

Figure 1: Drug Treatment (Tx)



Data on the actual number of public treatment admissions in San Diego County reflect the availability of treatment, which varies according to funding and other factors, and does not necessarily reflect the need for treatment among drug users.

Table 1: Rx-related DUI Prosecutions from County of San Diego District Attorney

Year	Number of Prosecutions
2012	215
2013	161
2014	197
2015	257

Considerations on Hospital Activity

The doubling of Rx-related ED Discharges from 2011 to 2014 must be considered in the context of overall ED trends. San Diego County ED Visits have increased by 12.8 percent from 2011 to 2014 and San Diego County ED Discharges have increased by 16.7 percent over the same time.

Demographics of 2015 Overdose Deaths in San Diego County

Table 2: Overdose Deaths by Race/Ethnicity, 2015

	Number	Rate per 100,000
Asian Pacific Islander	6	1.6%
Black	18	13%
Hispanic	33	3.1%
Native American	3	*
Other	3	*
White	185	12.2%
Total	248	100%

*Not calculated for <5 incidents

Table 3: Overdose Deaths by Age and Gender, 2015

Age	Female	Male	Grand Total	Rate per 100,000*		
				Female	Male	Total
15-24	4	15	19	*	5.5	3.7
25-34	10	22	32	4.3	5.6	4.3
35-44	17	15	32	8.3	3.3	3.6
45-54	27	31	58	12.9	7.5	7.0
55-64	38	48	86	19.5	12.3	10.8
65+	12	9	21	5.1	3.1	3.4
Total	108	140	248	6.7	8.7	7.7

*Not calculated for <5 incidents

Table 4: SANDAG Self-Report Method of Obtaining Rx Drugs

	2014		2015	
	Adult	Juvenile	Adult	Juvenile
Given	91%	76%	94%	78%
Bought	52%	45%	67%	61%
Stole	21%	33%	33%	30%

SANDAG also reports that in 2015, 57 percent of teen arrestees report that prescription drugs are easy, or very easy to get.

In 2015 52% of Rx overdoses involved other substances.

Table 5: Overdoses Due to Rx Drugs Alone or in Combination with Other Substances, 2015

Prescription Only	130
Prescription and Alcohol	35
Prescription and Illicit	61
Prescription, Illicit and Alcohol	13
Prescription and OTC	5
Prescription and Other	2
Prescription, Illicit and OTC	2
Total	248

2016 Heroin Addendum

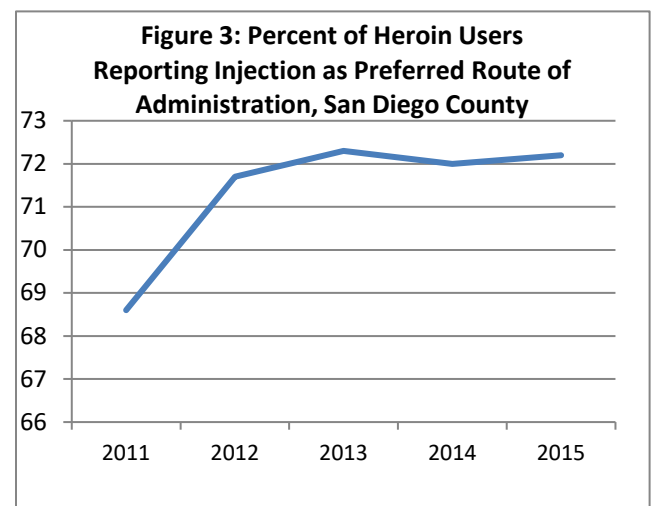
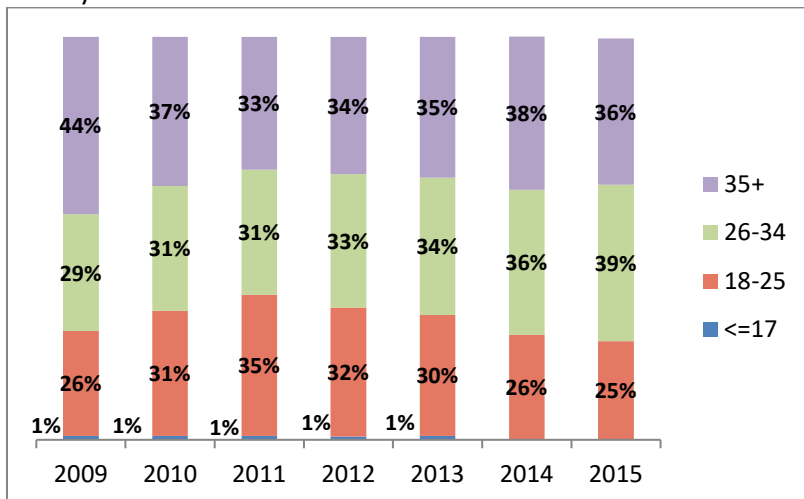
Heroin abuse is now a recognized national problem. The San Diego County region's experience is similar, with increased heroin use as measured by overdose incidents and more. Heroin seizures and treatment admissions have increased consistently in the last five years. National studies confirm that younger users switch to heroin after painkillers become harder to find or pay for. In 2012, according to the SANDAG's Substance Abuse Monitoring program, of arrestees who reported heroin use, 27 percent said they had used prescription opioids before trying heroin. Of this group, 63 percent said heroin was a substitute because it was easy to get and was less expensive. These findings echo a 2010 study of young 18-40-year-old intravenous drug users in San Diego County, where 40 percent reported misuse of opioids prior to initiating heroin injection (Pollini 2011). Other indicators of the growing heroin problem are listed below. Sources are listed on page 4.

	2011	2012	2013	2014	2015
1. Heroin Seizures (Kgs.) At San Diego County Ports of Entry	319	470	689	756	941
2. Heroin Price per Gram	\$80-100	\$50-90	\$50-100	\$50-70	\$40-80
3. Adult Arrestees Testing Positive for Heroin	9%	11%	12%	13%	12%
4. Treatment Admissions with Heroin Listed as Primary Drug of Choice	22%	23%	25%	28%	28.6%
5. Number of Heroin Overdose Deaths	80	74	86	105	90
A. Percentage of deaths with heroin detected as part of all illicit drug overdoses	38%	34%	32%	36%	31.5%
B. Percentage of all overdose deaths	17%	15%	16%	17%	17.8%

Naloxone is an antidote to a heroin overdose that is delivered as a nasal spray or injection. In 2015, the Sheriff's Department expanded Naloxone distribution to all patrol cars in the nine contract cities and unincorporated areas.

	2011	2012	2013	2014	2015
By Emergency Medical Services	929	997	1,141	1,210	1,305
By Sheriff Department (*6 mos. only)				14 uses* 1 death	13 uses 2 deaths

Figure 2: Primary Heroin Treatment Admissions by Age, San Diego County



Fentanyl Alert in 2016

A dangerous new trend is surfacing in San Diego: synthetic Fentanyl. Largely produced by Mexican Drug Trafficking Organizations, Fentanyl is used as a cut agent in heroin packaging. Because Fentanyl is more than 40 times stronger than heroin, unsuspecting heroin users using this product overdose, and some die. In San Diego County, there were seven deaths in 2015 related to synthetic Fentanyl -compared to a single death in 2014 and unrecorded before then. Efforts to increase penalties for clan-lab produced Fentanyl failed in the last California legislative session.

What Action Is Needed?

- ✓ **Secure your medications and safely dispose of unwanted medications.** Don't let your medicine cabinets be a point of access for young people and others looking for prescriptions to get high. See http://sandiegorexabusetaforce.org/safe_disposalx.html for information on year-round Rx Collection box locations.
- ✓ **Support your doctor in using Safe Prescribing guidelines.** Use One Doctor, One Pharmacy. The Controlled Substance Utilization Review and Evaluation System (CURES) is California's prescription drug monitoring program, and is a valuable prevention tool. Governor Brown recently signed SB482, which requires doctors to check CURES when prescribing controlled substances. Doctors should also use a medication agreement for patients who need controlled substances for three or more months. Doctors should avoid the dangerous combination of opioids and benzodiazepines.
- ✓ **Save lives with Naloxone.** Naloxone can resuscitate someone in an opiate overdose. With brief training, naloxone is available to opioid users and their family members. Sheriff's Deputies now carry naloxone kits in patrol cars. Community groups such as A New Path (<https://anewpathsite.org/>) hold trainings for family members. Let's get naloxone to people who may need it.
- ✓ **Get help if you need it.** Addiction treatment is effective and available. Drug treatment is an important first step towards recovery. San Diego County has an array of private and publicly funded treatment. Contact the County's Access and Crisis Line for referrals at 1-888-724-7240 or http://www.sandiegocounty.gov/hhsa/programs/bhs/mental_health_services_adult_older_adult/adult_emergency_and_crisis.html.



Above: PDATF News Event on the Medication Disposal Survey in March 2016; Left is the joint MSF/PDATF Planning retreat held in June 2016



Definitions and Sources for Report Card Indicators

1. Unintentional deaths with prescription drug or involvement. San Diego Association of Governments (SANDAG) population figures based on actual 2010 Census data. *Source: County of San Diego Medical Examiner's Office.*
2. Emergency department discharges per 100,000 with a diagnosis of opiate dependence or abuse. Prior to 2010, hospitals in Fallbrook and Coronado were not included. The 2010 figure represents data from all non-federal hospitals with emergency departments in San Diego County. *Source: County of San Diego Emergency Medical Services.*
3. Percent of a sample of San Diego County 11th graders who report using Rx drugs for non-medical reasons in their lifetime. Collected biannually in the California Healthy Kids Survey.
4. Total admissions to publicly-funded drug treatment in San Diego County that identify Rx Opiates or Heroin as primary drugs of choice. *Source: California Outcomes Measurement System (CalOMS).*
5. Percent that report lifetime Rx misuse/abuse from a sample of interviews among adult and juvenile arrestees at time of booking. The 2009 question used the term painkiller; in 2010, the question wording referred to the category of all Rx drugs. *Source: Substance Abuse Monitoring (SAM), a program operated by the San Diego Association of Governments (SANDAG).*
6. Number of defendants prosecuted by the San Diego County District Attorney's Office for either Rx-related fraud, or other criminal charges where Rx was present. *Source: San Diego County District Attorney's Office.*
7. Number of pharmacy robberies & burglaries reported to the Drug Enforcement Administration (DEA). Does not include attempted robberies and burglaries. *Source: DEA*
8. Pounds of medication safely disposed at Rx Take Back events. *Source: DEA.* Pounds collected at Sheriff's Department collection boxes. *Source: San Diego County Sheriff's Department.*
9. Prescription pills per San Diego County resident. The numbers of prescribed pills are derived from prescriber (dispenser) reporting to the state, and do not include prescriptions filled at the VA, any military hospitals and clinics, or in-hospital patient medications. Three principle groups of medicine are included: a) Pain medication or morphine-related pain medications such as OxyContin or hydrocodone; b) Anti-anxiety medications or benzodiazepines such as Valium or Ativan; c) Stimulants or ADHD medication such as Ritalin, Adderall. Pain medication includes only pills; solution-based prescriptions are 2.5% of all pain medication and are not included. In 2012, more than 163 million doses of pain medicine were prescribed. Population figures used to calculate per person rates are based on US Census and SANDAG population projection data across all ages. *Source: Controlled Substance Utilization Review and Evaluation System (CURES), California Department of Justice.*

Note: Heroin indicators are also drawn from the Medical Examiner's Office, SANDAG's Substance Abuse Monitoring (SAM) program and the CalOMS treatment database. Seizure and price information was obtained from the San Diego Law Enforcement Coordination Center.

What is the PDATF?

The Prescription Drug Abuse Task Force (PDATF), originally the Oxy Task Force, was convened in 2008; in 2010 the Task Force renamed itself as the PDATF, recognizing that while prescription drugs can be lifesavers for many who need them, many kinds of prescription drugs were part of local overdose, addiction, and crime problems. Visit the PDATF website for more information at www.SanDiegoRxAbuseTaskForce.org. Since its inception, all partners have agreed that law enforcement, prevention, treatment, education, health, and community advocates must work together to address this complex problem in a comprehensive way.

Today, the PDATF is a collaboration at federal, state and local levels, with contributions from more than 60 participating agencies. Facilitation services are provided through the County Health and Human Services Agency, Behavioral Health Services, in a contract with the Center for Community Research. Web site maintenance and other support is provided by the San Diego/Imperial County High Intensity Drug Tracking Area. A complete list of partners can be seen at the PDATF web site at www.sandiegorxabusetaaskforce.org.

