



INDICATORS OF ALCOHOL AND OTHER DRUG ABUSE

FY 2010-11

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The present report is developed annually by Department of Alcohol and Drug Programs (ADP), Office of Applied Research and Analysis (OARA). The purpose of this report is to provide an overview of alcohol and drug use in California using selected indicators. More specifically, this report will provide a summary of the patterns of consumption and consequences related to alcohol and other drugs (AOD), in addition to providing information on persons receiving AOD treatment services through publicly monitored programs. This report meets the requirements set forth by California Health and Safety Code section 11755 (p).

The data discussed in this report generally covers a five year period for each of the indicators discussed. For example, at the time of this document's creation, the most recent data available from the National Survey on Drug Use and Health (NSDUH) was from 2008-2009, where as the most recent data available from ADP's data collection system, CalOMS Tx, is from state fiscal year 2009/10.

When applicable, population changes are reported in terms of per capita rates. California Department of Finance (<http://www.dof.ca.gov/research/demographic>) estimates were used to calculate rates. To report consistent rates over a five year period, population estimates were utilized for each report year, including 2010 data.

Additions

Two new data sources are included in the current report. California's Crash Medical Outcomes Data (CMOD) links data from police traffic crash records to medical data. Data from the Fatality Analysis Reporting System (FARS) was created by the U.S. Department of Transportation's National Highway Traffic

Safety Administration, and provides estimates of alcohol/drug related motor vehicle crashes. These data are presented in Chapters 3 and 4, respectively.

Other Changes

Counts of newly reported AIDS cases associated with exposure category injection drug use were not available during the time this report was developed. Drug seizure data are presented for the first time here, and include the street values of drugs seized for six major drug types. Finally, a list of the most prevalent drugs seized for each county in California has been added in Chapter 5.

Data Sources

The data presented here were taken from the following California and federal agencies.

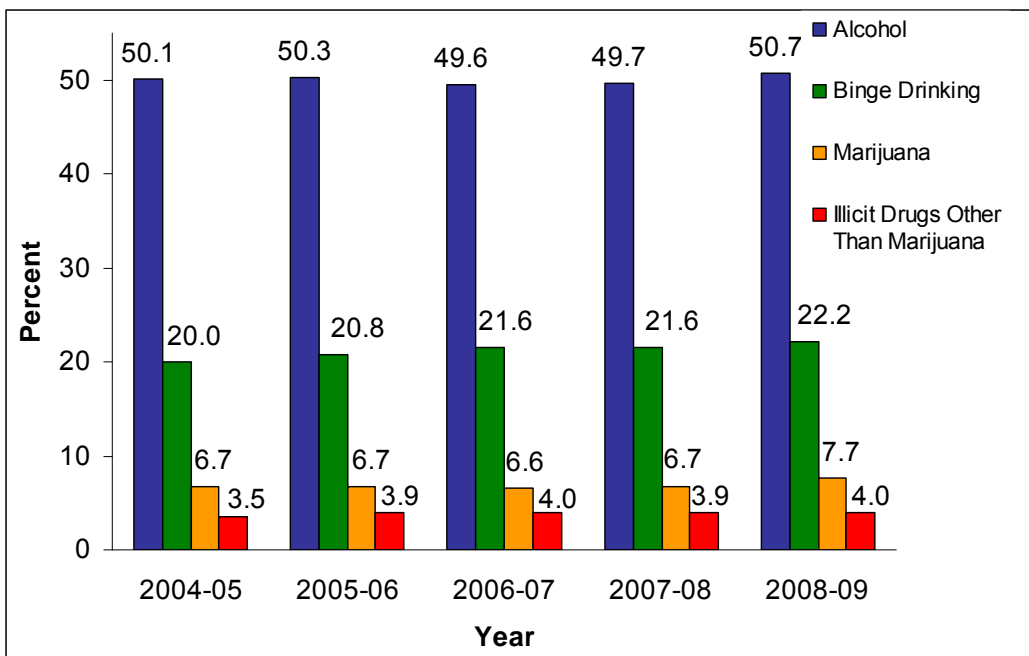
1. California agencies: California Department of Alcohol and Drug Programs; California Department of Corrections and Rehabilitation; California Department of Finance; California Highway Patrol; California Office of Attorney General, and the California Department of Public Health.
2. Federal agencies: National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology; Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality; U.S. Department of Transportation, National Highway Traffic Safety Administration; U.S. Drug Enforcement Administration.

State Estimates of Past Month Substance Use

Estimates of alcohol and illicit drug use in California come from data in the National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects information on alcohol use and the use of nine different categories of illicit drugs (marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives).

NSDUH combines data from the sample of Californians across two years to improve the accuracy of estimates for the state and 15 substate regions. State level data are presented below. Estimates are also available for California's 15 substate regions. The most recent data is from the combined 2008 - 2009 surveys. Trends are generated from data over the most recently available five-year period.

Figure 2.1. Percent of Alcohol and Other Drug Use in the Past 30 Days among Adults and Youth Ages 12 and Above, California, 2004 - 2009



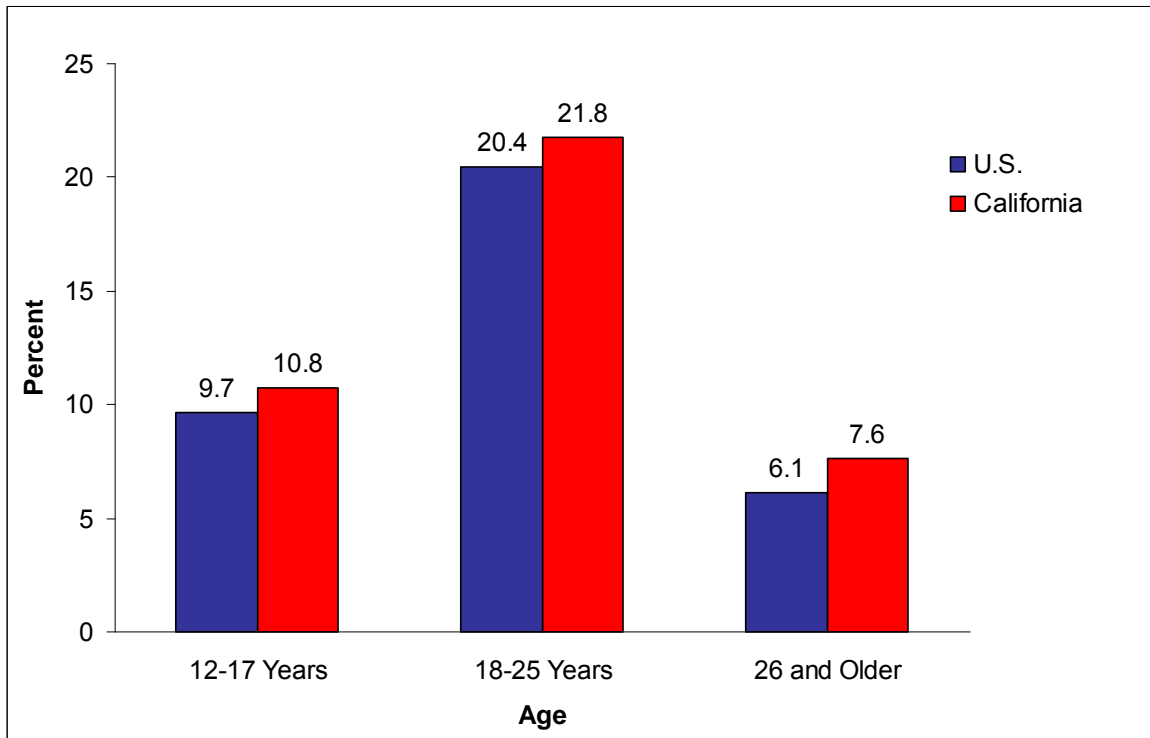
Note. Binge Alcohol Use is defined as drinking 5 or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health.

Highlights

- Between 2005 - 2009, alcohol has consistently ranked as the substance most often used by Californians 12 years of age and older.
- Fifty one percent of California's population used alcohol in the past month compared to 52% of the U.S. population.
- The trend for binge drinking during the past month has slightly increased between 2005 and 2009.
- Past 30-day marijuana use increased slightly between 2005 and 2009, from 6.7% to 7.7%.
- Illicit drug use other than marijuana has remained stable over the past five years.

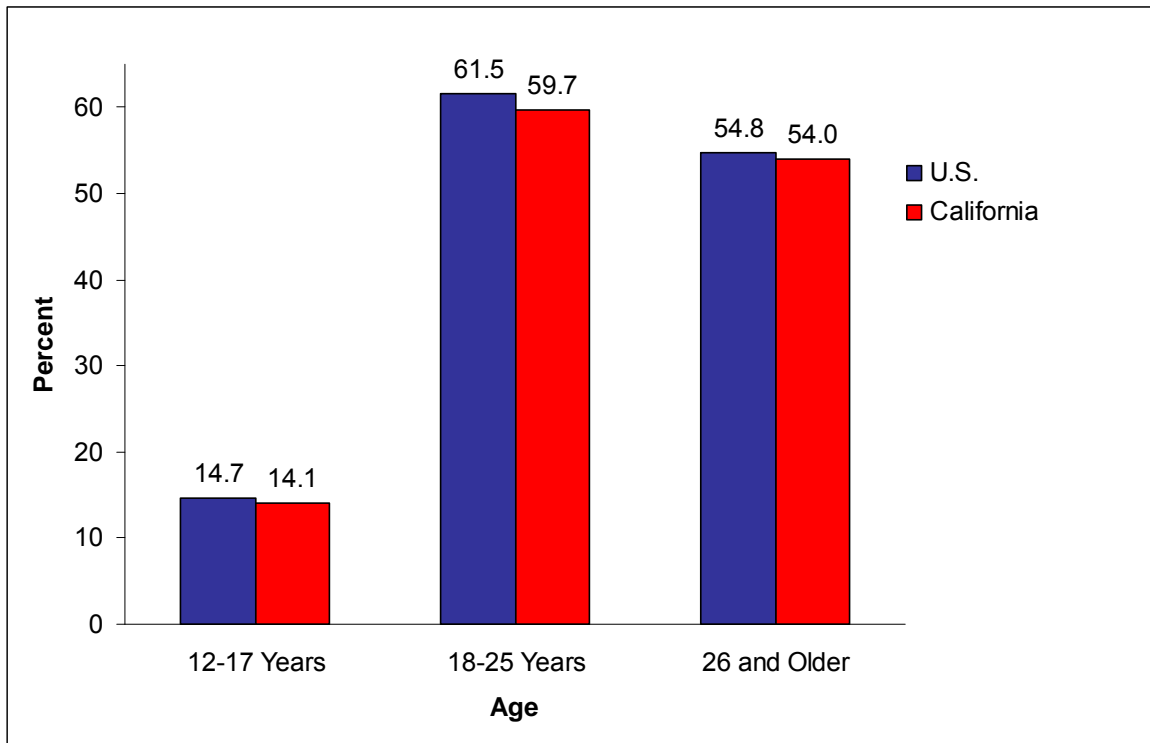
Figure 2.2. Percent of Illicit Drug Use in the Past 30 Days by Age Group, California Compared and the US, 2008 - 2009



Note. Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008-09.

Figure 2.3. Percent of Alcohol Use in the Past 30 Days by Age Group, California and the US, 2008 - 2009



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008-09.

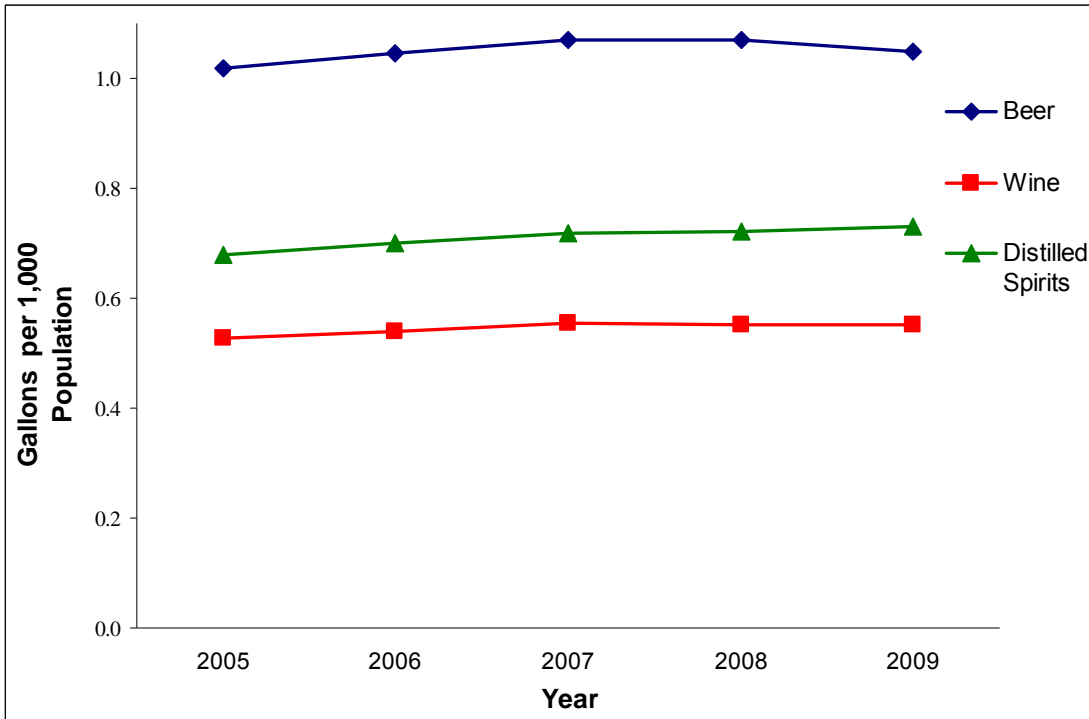
Highlights

- 18-25 year olds reported using alcohol and other drugs more often than other age groups.
- 18-25 year olds were twice as likely to use illicit drugs compared to the other age groups.
- Approximately 10% percent of 12 – 17 year old Californians used illicit drugs in the past month, a percentage slightly higher than the U.S. average
- Across all age groups, Californians report using alcohol more frequently than other drugs.

California Apparent Per Capita Alcohol Consumption

Apparent per capita consumption of ethanol (pure alcohol) is estimated using sales and tax receipt data on alcoholic beverages sold by manufacturers, importers, or wholesalers in California for distribution within the state. The term apparent consumption is used because this measure does not capture when the retail sale is made or when the consumption of the alcoholic beverage occurs. An ethanol conversion coefficient (i.e., percent of ethanol for each beverage type) is applied to the number of gallons of beer, wine, and distilled spirits sold to determine the proportion of pure alcohol for each type of beverage. State population estimates for persons ages 14 and older are used as the denominator to calculate the per capita consumption figures.

Figure 2.4. Per Capita Ethanol Consumption, California, 2005 - 2009



Source: Alcohol Epidemiologic Data System. LaVallee, R.A.; Williams, G.D.; and Yi, H. Surveillance Report #87: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1970–2007. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research (September 2009).

Highlights

- Overall alcohol consumption in California was estimated to be approximately 2.34 gallons per capita in 2008.
- Beer consumption remained fairly steady between 2005 and 2009 at approximately 1 gallon per capita.
- Consumption of distilled spirits and wine increased in this period.



Consequences of Alcohol and Other Drug Abuse

AOD abuse often leads to negative consequences such as disease, drug poisonings, injuries, motor vehicle accidents resulting from driving under the influence, violence associated with involvement in the drug trade, and sometimes death. Substance use impacts the community on several levels; there are substantial AOD-related costs involved with the criminal justice and health care system. The following data reflect selected consequence indicators for AOD use/abuse in California.

Health Indicators

Diagnosed Cases of AIDS and Serum Hepatitis (Type B)

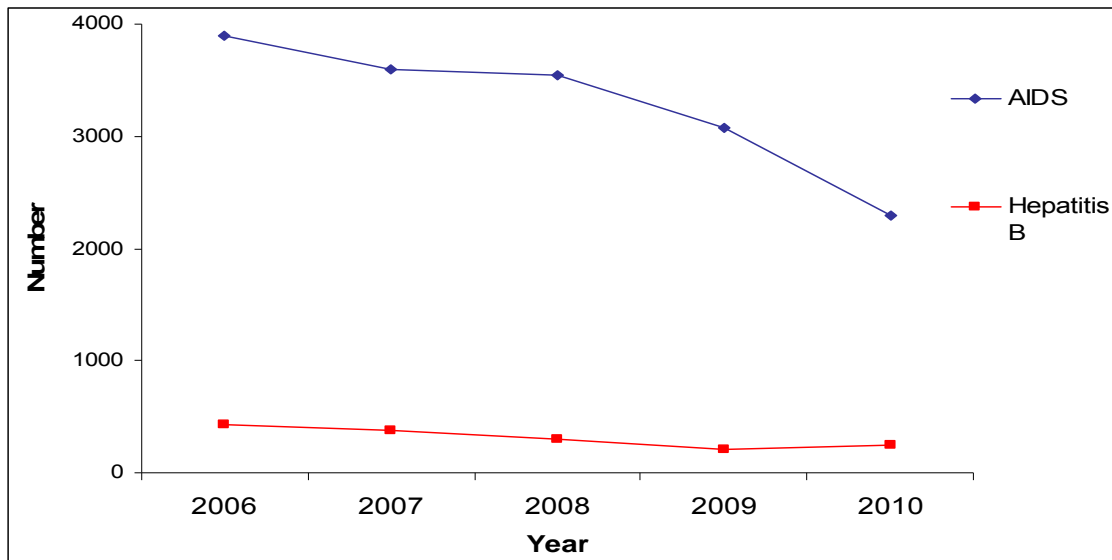
Acquired immune deficiency syndrome (AIDS) is a diagnosis associated with a set of symptoms and infections resulting from damage to the human immune system caused by a virus called the human immunodeficiency virus (HIV).

Serum Hepatitis (Type B) is an inflammation of the liver, usually accompanied by fever and other systemic manifestations. The reporting physician makes a diagnosis of either Type A or B. Both homosexual males and users of illicit injectable drugs are among the groups reporting the highest rate of Type B.

The link between Substance Use Disorders and roles of infection for HIV and other blood-borne diseases such as Hepatitis B has been documented for some time. Drug abuse can also lead to poor health outcomes by increasing risky or impulsive behavior among addicted persons, such as sharing of drug paraphernalia (e.g., needles) by injecting drug users, thereby lowering susceptibility to HIV and other immune-related diseases.

The Office of AIDS at the California Department of Public Health (DPH) maintains a confidential, central registry of demographic and clinical information on all reported California HIV infections and AIDS cases. The Immunization Branch at DPH collects and publishes information on vaccine-preventable diseases in California, including Hepatitis B. Reported newly diagnosed cases for both AIDS and Hepatitis B are presented in Figure 3.1.

Figure 3.1. Number of New AIDS and Hepatitis B Cases Reported Per Year, California, 2006 -2010



Note. In 2008, HIV/AIDS cases are higher than previous years because of the name-based system change: in April 2006, HIV case totals are based on HIV cases reported by name; prior to April 2006, HIV cases are non-name based.

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, January 2012; California Department of Public Health, Immunization Branch, December 2011.

Highlights

- Overall, the number of new AIDS cases in California has decreased by 41% from 2006 to 2010 (3,893 to 2,296 cases, respectively).
- Similarly, the number of acute Hepatitis B cases has decreased 41% from 2006 through 2010, (428 to 252 cases, respectively).

Alcohol and Other Drug-Related Hospitalizations

ADP uses information collected by the Office of Statewide Health Planning and Development (OSHPD) to determine the number of AOD-related inpatient hospitalizations among California residents.

OSHPD collects inpatient data from all licensed hospitals in California including general acute care, acute psychiatric care, chemical dependency recovery, and psychiatric health facilities, and then produces annual hospital inpatient discharge files. Each annual file includes a record for each hospital discharge, therefore the file may contain multiple records for the same individual if they were hospitalized more than once during the year.

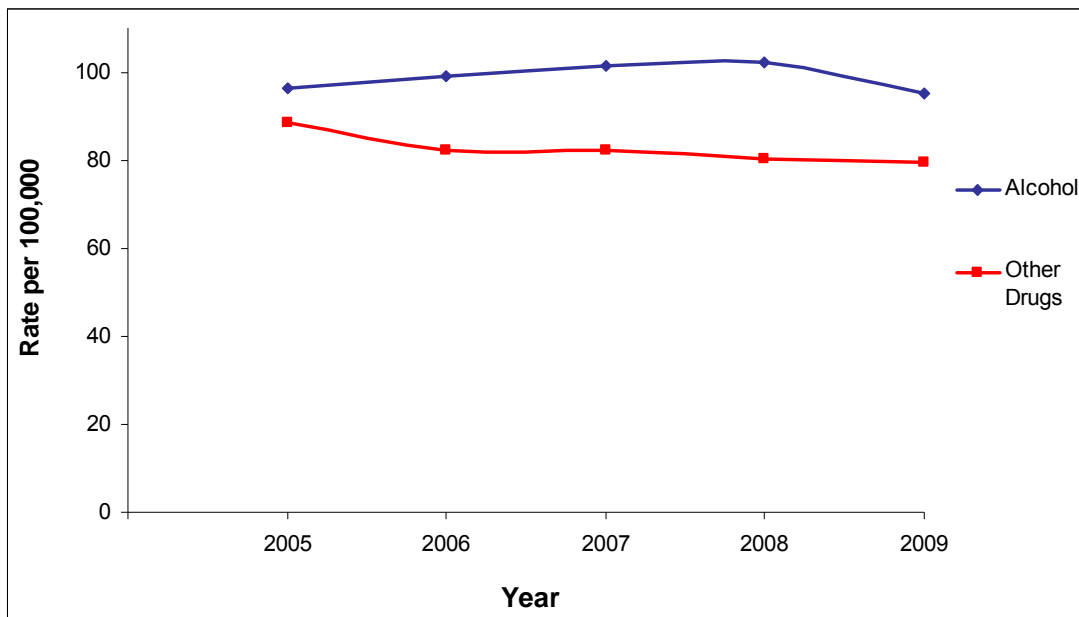
Each individual patient discharge record contains demographic, clinical, payer, and facility information. The clinical information is recorded in a principal diagnostic code and up to 24 other diagnostic codes using the International Classification of Diseases, 9th Edition, Clinical Manual (ICD-9-CM). The principal diagnosis is the condition established to be the chief cause of the patient's admission to the facility for care.

“Principal Codes Analysis” of Hospitalizations

AOD-related inpatient hospitalizations are included in this analysis if the patient record contains either a principal diagnostic code or principal E-code mention indicating the presence of alcohol or other drug abuse and dependence. Using only the principal codes provide a conservative estimate of the number of hospitalizations related to AOD use. The AOD related codes include mental/behavioral disorders, physical disorders, and poisonings. Psychotropic drugs used primarily for treating mental health problems (e.g., anti-depressants) are excluded.

Annual hospital inpatient discharge files may contain multiple records for the same individual if they were hospitalized more than once during the year. Often the drugs patients use are not specified in the hospital discharge record. Therefore, the data shown in this report do not fully describe the extent of the specific AOD problems that exist in the hospital population, but are included as a conservative estimate of the toll AOD use has on health. A small proportion of records have both a principal “Alcohol” and a principal “Other Drug” related ICD-9-CM code for the same hospital visit. These records are counted separately for each analysis. For example, if a patient is hospitalized for an opiate overdose (the principal diagnosis), the record is counted. However, if a patient is hospitalized with a principal diagnosis of a broken arm, but is also drug dependent (one of the other diagnoses), the record is not counted.

Figure 3.2. Rates of Hospital Discharges for Persons with a Principal Diagnosis Related to Alcohol or Other Drugs, California, 2005 - 2009



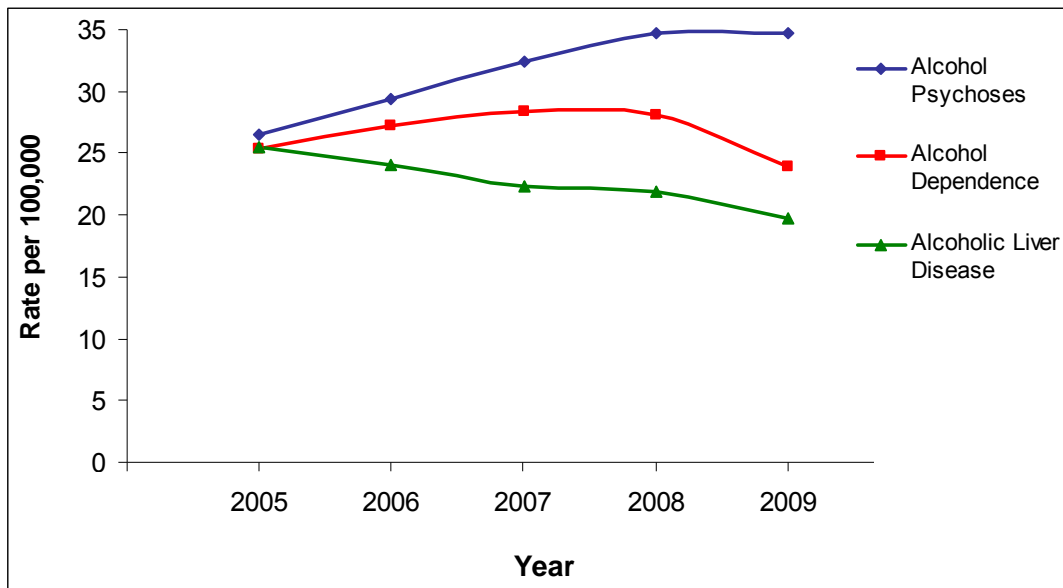
Source: Office of Statewide Health Planning and Development, Hospital Discharge Data.
Prepared by: Safe and Active Communities Branch, California Department of Public Health, August 2011.

Highlights

- From 2005 through 2009, the rates for alcohol-related hospitalizations per 100,00 are higher than for other drugs. In 2009, the rates were 95.2 versus 79.3, respectively.
- Alcohol rates slightly increased through 2008 then decreased in 2009.

- Rates for other drug hospitalizations remained relatively flat over the five year period.

Figure 3.3. Top Three Alcohol-related Hospital Discharge Diagnoses, California, 2005 - 2009

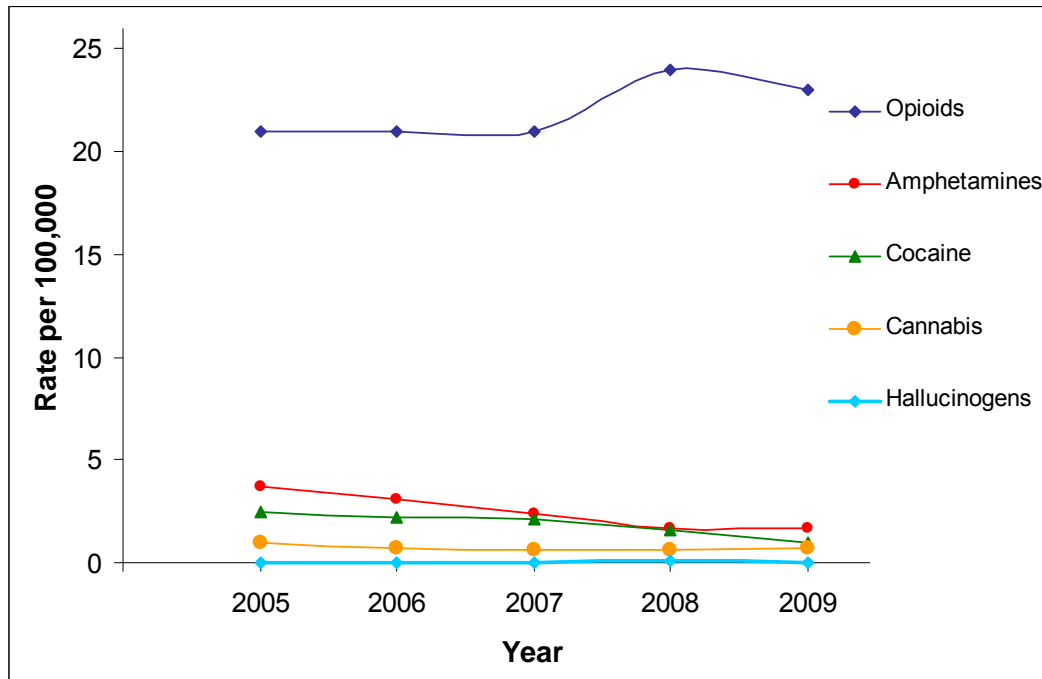


Source: Office of Statewide Health Planning and Development, Hospital Discharge Data.
Prepared by: Safe and Active Communities Branch, California Department of Public Health, August 2011.

Highlights

- The rate of hospitalizations related to alcohol psychoses increased while the rates of hospitalizations for alcoholic liver disease and alcohol dependence decreased from 2005 through 2009.

Figure 3.4. Rates per 100,000 of Hospital Discharges with Principal Diagnoses Related to Other Drugs by Substances, California, 2005 - 2009



Source: Office of Statewide Health Planning and Development, Hospital Discharge Data.
Prepared by: Safe and Active Communities Branch, California Department of Public Health, August 2011.

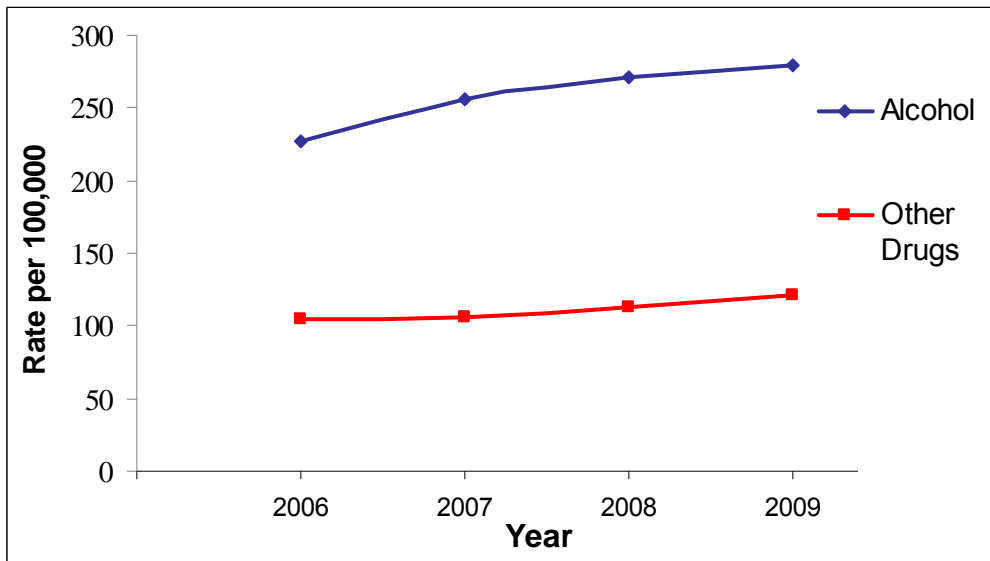
Highlights

- Opioids dominated hospitalizations due to drugs other than alcohol. The overall rate of hospitalizations due to opioids was fairly stable from 2005 through 2007, peaked during 2008, and decreased slightly during 2009.
- Rates for amphetamines trended downward from 2005 through 2009, and rates for other substances decreased slightly or remained flat.

Emergency Department (ED) Visits

OSHPD started collecting ED data in 2005, but only collected a partial year of data; therefore, data shown are for 2006 through 2009. The same methodology is used as in the analysis of hospitalizations previously described.

Figure 3.5. Rates of ED Visits for Persons with Principal Diagnoses Related to Alcohol or Other Drugs, California, 2006 - 2009

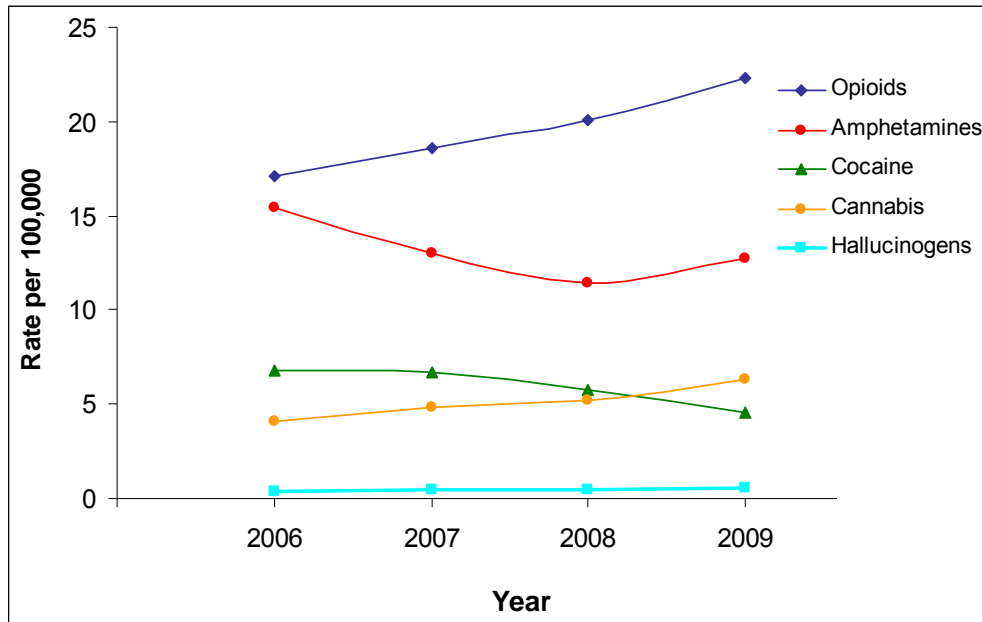


Source: Office of Statewide Health Planning and Development, Emergency Department Data.
Prepared by: Safe and Active Communities Branch, California Department of Public Health, August 2011.

Highlights

- Rates for alcohol-related ED visits were over twice as high as those for other drugs from 2006 through 2009. In 2009, there were 280 per 100,000 California population of alcohol related ED visits and 121 per 100,000 California population for other drugs ED visits.
- Rates for both groups increased from 2006 through 2009.

Figure 3.6. Rates of ED Visits by Principal Diagnoses for Other Drugs by Substance, California, 2006 - 2009



Source: Office of Statewide Health Planning and Development, Emergency Department Data.
Prepared by: Safe and Active Communities Branch, California Department of Public Health, August 2011.

Highlights

- As was true for hospitalizations, rates of ED visits for other drugs were dominated by opioids, which increased substantially from 17.1% in 2006 to 22.3% in 2009.
- Rates for amphetamines were intermediate in magnitude and decreased through 2008, but increased in 2009.
- Rates decreased for cocaine and increased for cannabis from 2006 through 2009.

Linked Crash Medical Outcomes Data

California's Crash Medical Outcomes Data (CMOD) project is modeled on the National Highway Traffic Safety Administration (NHTSA) Crash Outcome Data Evaluation System (CODES). The CMOD project links data from police traffic crash records (i.e., scene investigations) to medical data (emergency departments and hospitalizations). For the purpose of this report, only ED visits are provided since there are some 'duplicate' cases among hospitalization cases and ED cases (i.e., some hospitalization cases include individuals who had been treated in an emergency department).

The data presented below cannot be used to describe all crashes or all injuries because the linked data do not include all cases. For 2007, 56% of motor vehicle collision records linked to a medical record and 44% did not. There are valid reasons why some records do not link. Some crash victims are never treated in a hospital or emergency department. In other cases, records do not have enough information for a positive match. The value of a linked data set is that it can be used to show how a victim's medical outcome depends on the characteristics of the person (such as age) and the circumstances of the crash (such as alcohol-related collision). The medical data is from the California

Department of Public Health’s OSHPD database and police motor vehicle collision records are from California Highway Patrol (CHP) SWITRS Reports. Query reports can be found here: <http://epicenter.cdph.ca.gov>.

Figure 3.7. Number of Non-fatal Emergency Department Visits Involving Alcohol-related Crashes, California, 2007

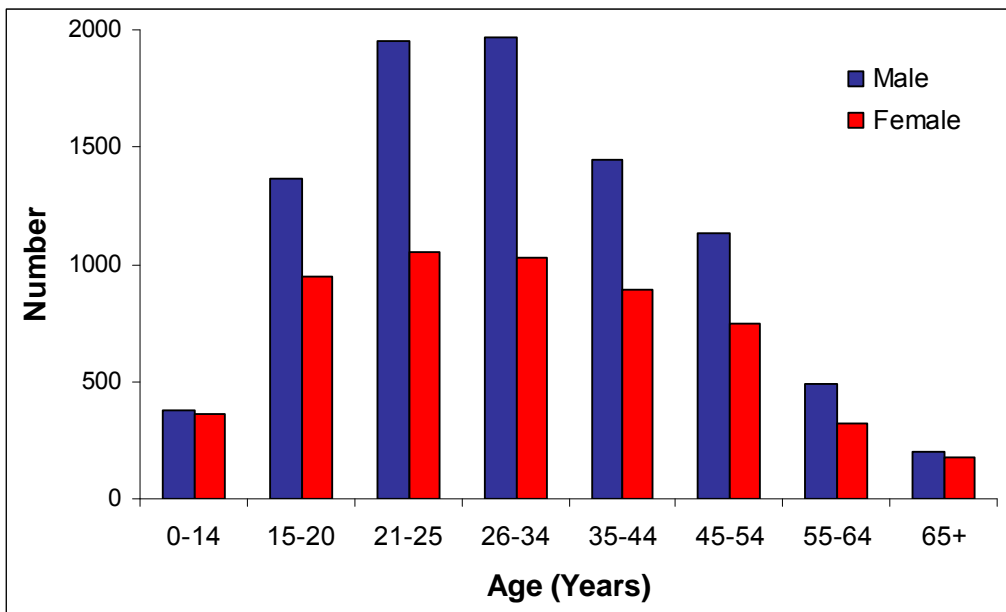
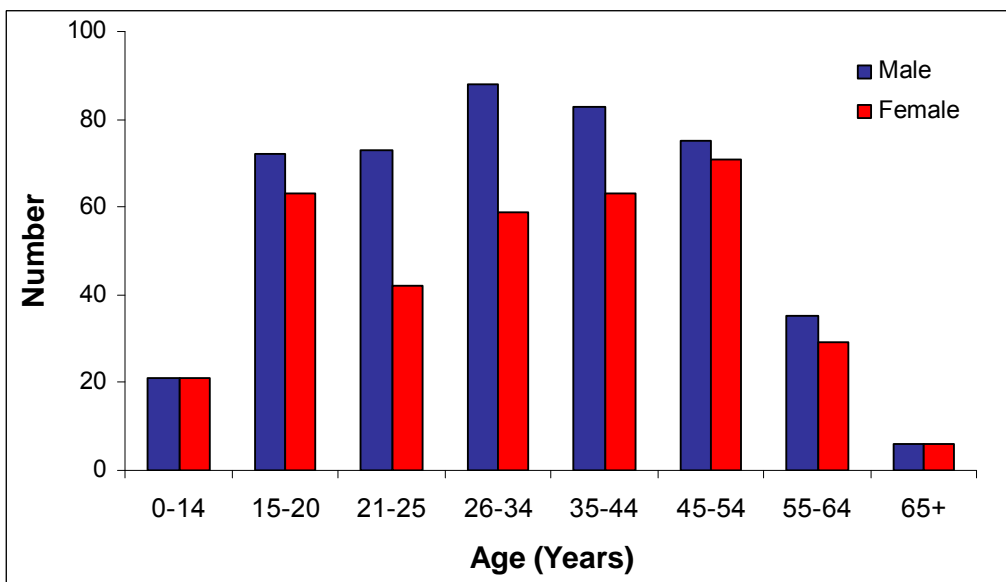


Figure 3.8. Number of Non-fatal Emergency Department Visits Involving Drug-related Crashes, California, 2007



Source: California Department of Public Health, Crash Medical Outcomes Data.
 Prepared by: Injury Surveillance and Epidemiology Section, Safe and Active Communities Branch, CDPH.
 Report generated from <http://epicenter.cdph.ca.gov> on: January 06, 2012.

Highlights

- Overall, when comparing ED visits resulting from alcohol- and other drug-involved collisions, the number of ED visits is much higher for alcohol involved crashes than drug involved collisions, 14,455 and 807, respectively. More specifically, the number of alcohol-involved collision ED visits is 17 times greater than other drug-involved collision ED visits.
- The number of ED visits for both alcohol and drug related collisions are greater for males than females.
- For alcohol related collisions, the number of ED visits were highest for 26-34 year old males followed by 21-25 year old males. In contrast, the number of female ED visits involving alcohol collisions was highest for 21-25 year olds followed by 26-34 year old females.
- A different trend emerges for ED visits involving drug-related crashes. Specifically, the number of ED visits was highest for 26-34 year old males followed by 35-44 year old males. For females, the number of ED visits involving drug-related collisions was highest for women 45-54 years old. Women between 15-20 and 35-44 years old tied in the second highest number of ED visits involving drug-related crashes.



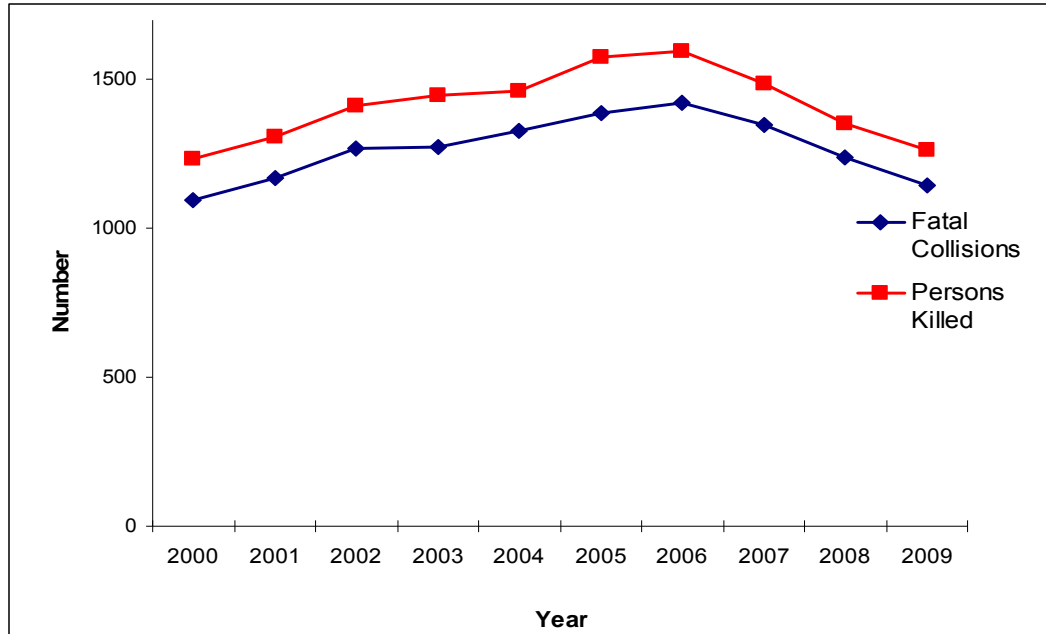
Alcohol-related Fatal and Injury Motor Vehicle Collisions

There are two sources of statewide data that document alcohol and other drug traffic-related consequences: California's Statewide Integrated Traffic Records System (SWITRS) and the federal Fatality Analysis Reporting System (FARS). SWITRS includes information on all motor-vehicle collisions, whereas FARS focuses on fatal collisions only and provides toxicology results of blood alcohol levels.

Statewide Integrated Traffic Records System (SWITRS)

The data provided on alcohol-involved motor vehicle collisions comes from the SWITRS operated by the California Highway Patrol in partnership with the California Department of Motor Vehicles. The database includes all property-damage and injury crashes investigated by police in all California jurisdictions.

Figure 4.1. Fatal Collisions and Persons Killed in Alcohol-involved Motor Vehicle Collisions, California, 2000 - 2009



Source: 2009 Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions; California Department of Highway Patrol. Retrieved from <http://www.chp.ca.gov/switrs/xls/2009-sec5.xls> July 2011.

Highlights

- In 2009, 1,263 people were estimated to have died in alcohol-related motor vehicle collisions.
- Since 2006, the numbers of alcohol-involved fatal collisions and persons killed in these accidents have steadily decreased.

Fatality Analysis Reporting System (FARS)

In 1975, the U.S. Department of Transportation, National Highway Traffic Safety Administration created FARS, which provides annual estimates of alcohol/drug involvement (of the driver) for all motor vehicle crashes on public roads that result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash. The data system allows comparisons over time and among local jurisdictions. Data are gathered from several sources (e.g., police reports, coroners' reports, EMS, hospitals, and others) and are combined to ensure corroborated and complete information coded with strong quality control.

Table 4.1. Number of Persons Killed in Alcohol-related Crashes by Driver's Blood Alcohol Concentration and Age, California, 2009

Age (Years)	Blood Alcohol Concentration ^a (BAC)	
	0.01 – 0.07	0.08+
< 16	0	3
16 – 20	43	120
21 – 24	41	174
25 – 44	64	446
45 – 64	34	219
65+	13	24
Unknown	0	3
Total	195	989

Note. Excludes individuals for whom BAC level was 0.0 % and those for whom BAC level was not ascertained.

^aGrams per deciliter.

Source: Fatality Analysis Reporting System (FARS), National Highway Traffic Safety Administration; Retrieved August 2011 from <http://www-fars.nhtsa.dot.gov/Main/index.aspx>.

Highlights

- According to FARS data, approximately 1,184 persons were killed in 2009 in alcohol-related traffic collisions.
- Overall, over five times as many deaths occurred in collisions where the driver's BAC was 0.08 and above than in collisions where the driver's BAC was between 0.01 to 0.07 gm/dl.
 - This consequence was most apparent for adults between 21-44 years old—almost 6 times as many deaths occurred when drivers' BAC was greater than .08 than in collisions where drivers had less to drink.

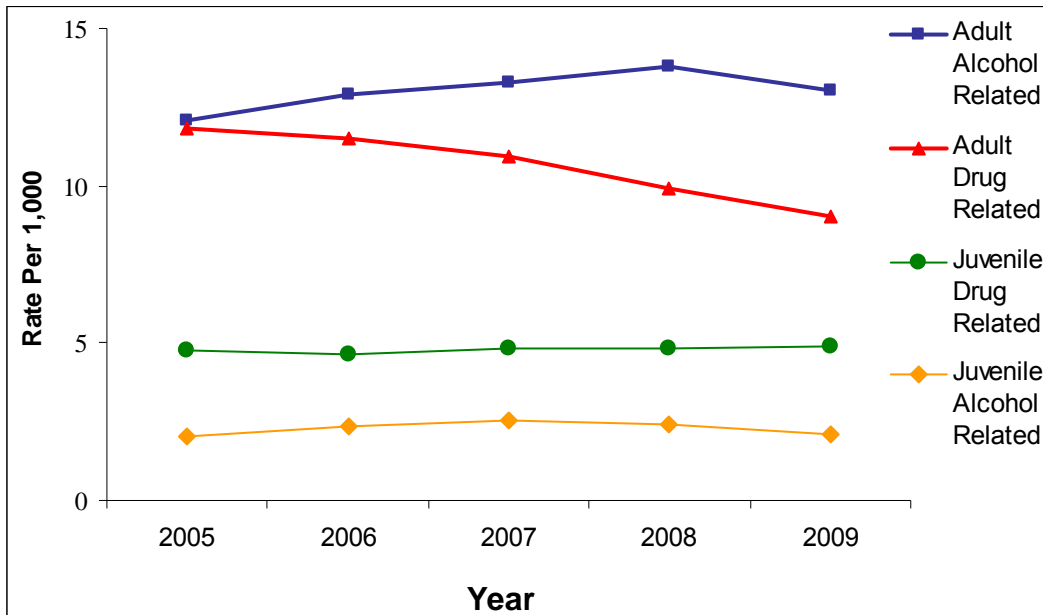


Alcohol and Other Drug-related Arrests

AOD-related arrests occur when persons are taken into custody because they are believed to have violated alcohol or other drug laws. Alcohol law violations include driving-under-the-influence, public drunkenness, and liquor law infractions. Drug law violations include arrests for narcotics (heroin, opium, etc.), marijuana, dangerous drugs (barbiturates, phencyclidine, etc.), and other drugs. Arrest data are only one indicator of the magnitude and nature of the AOD problem. Arrests may reflect the level of resources (e.g. funding, staff) and attention (e.g. governmental priority) devoted to addressing a problem more than the underlying problem itself. However, arrest data provide a useful indication of the actual impact of AOD on the criminal justice system.

Monthly Arrest and Citation Register (MACR) contains information on juvenile (i.e., those between 10-17 years old) and adult (those 18 years and older) arrests throughout the state. The following tables and figures display juvenile and adult felony and misdemeanor arrests for AOD offenses.

Figure 5.1. Adult and Juvenile Alcohol¹ and Drug-Related² Arrests, California, 2005 - 2009



Note. Juvenile arrest rate per 1,000 California residents aged 10-17 years old. Adult arrest rate per 1,000 California residents aged 18-69 years old.

¹Alcohol arrests include DUI, public intoxication, and liquor law violations.

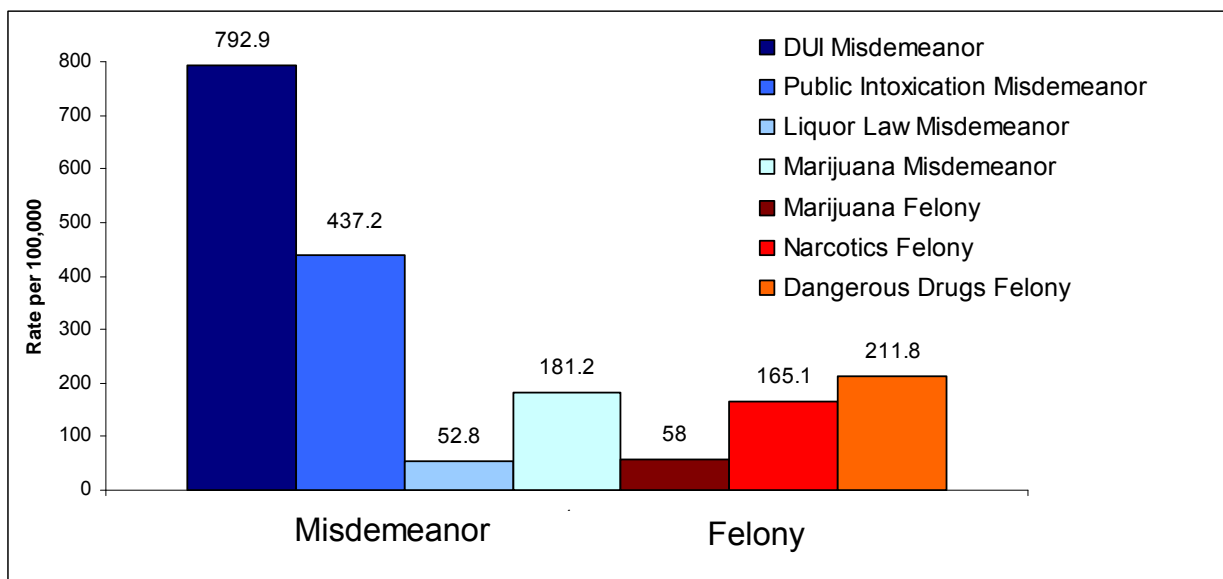
²Drug-related arrests include felony drug offenses, marijuana and other drug misdemeanors, and glue sniffing.

Source: Adult and Juvenile Arrests Reported, 2009; Criminal Justice Statistics Center, California Office of the Attorney General.

Highlights

- Overall, alcohol arrest rates were greater than drug arrest rates for adults. In 2009, the rate for alcohol arrests was 13 per 1,000 and the rate for other drugs was 9 per 1,000.
- Overall, for 10-17 year old juveniles, drug arrest rates (~ 5 per 1,000 juveniles) were approximately two times greater than alcohol arrest rates (2 to 2.6 per 1,000).
- In contrast, alcohol arrest rates increased through 2008 and dropped slightly in 2009 whereas drug arrest rates declined steadily.

Figure 5.2. Rate (per 100,000) of Adult¹ Misdemeanor and Felony Drug Offense Arrests, California, 2009



Note. DUI: Driving under the influence of alcohol, drugs, or the combination of alcohol and drugs (the vast majority of arrests are for alcohol). Marijuana Felony: Possession, possession for sale etc. Narcotics: Plant derivatives such as heroin, cocaine, etc. Dangerous Drugs Felony: Manufactured drugs such as barbiturates, phencyclidine, methamphetamines, etc.

¹Adult arrest rate per 100,000 California residents aged 18-69 years old.

Source: Adult and Juvenile Arrests Reported, 2009; Criminal Justice Statistics Center, California Office of the Attorney General.

Highlights

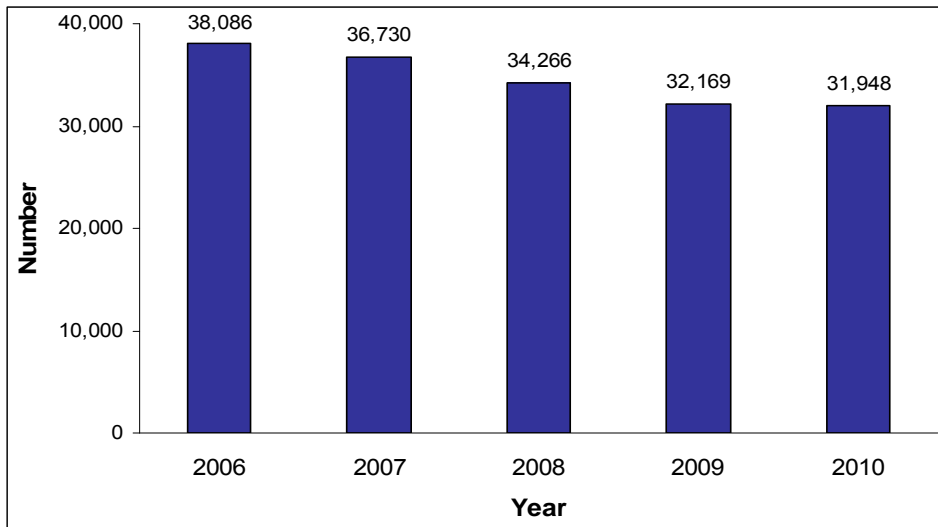
- The primary adult drug offense arrests were attributable to alcohol; specifically the majority of arrests were for driving under the influence ($n = 203,879$) and public intoxication ($n = 112,406$).
- There were 113,000 felony adult arrests (~440/100,000) in 2009; that year, dangerous drugs account for 48% of all felony drug offense arrests and narcotics accounted for an additional 38%.

Drug Commitments from Department of Corrections and Rehabilitation

Drug commitments from CDCR reflect a count of persons committed to adult correctional facilities for a felony drug conviction. Data in this category represent first commitments for youth sent to the Division of Juvenile Justice facilities for drug offenses. A youth falls into this category when they commit a felony drug offense as shown in Figure 5.4.

These commitments are significantly lower than the counts of arrests for alcohol and drug-related offenses, due in part to the lower percentage of felony offenses committed and the number of cases that actually reach the sentencing stage.

Figure 5.3 Number of Persons in CDCR System Due to Drug-related Felonies, California 2006 - 2010

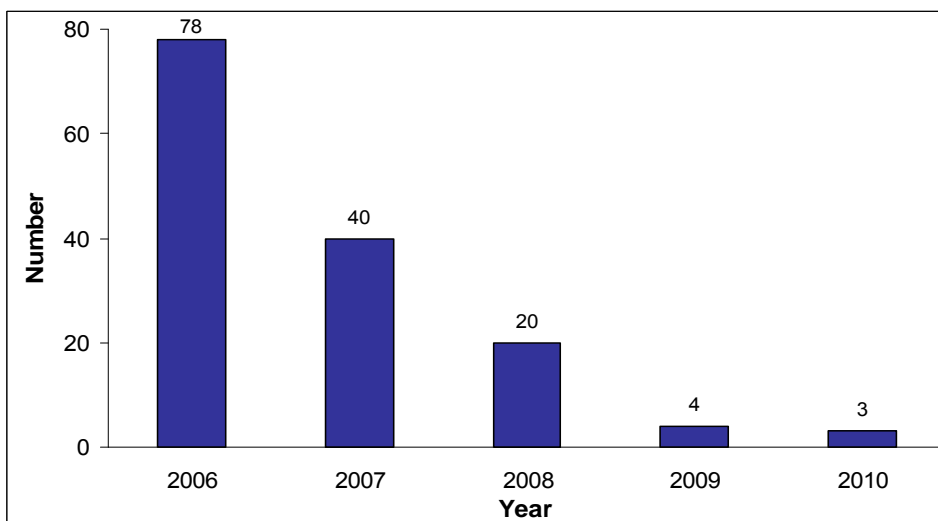


Source: Department of Corrections and Rehabilitation, Offender Information Services Branch, Estimates and Statistical Analysis Section, Data Analysis Unit: California Prisoners and Parolees Annual Report, 2009-10.

Highlight

- The number of persons serving time in the CDCR decreased 16% between 2006 and 2010.

Figure 5.4. Number of Juveniles in CDCR's Division of Juvenile Justice Due to Drug-related Felonies, California, 2006 - 2010



Source: Department of Corrections and Rehabilitation, Offender Information Services Branch, Estimates and Statistical Analysis Section, Data Analysis Unit: California Prisoners and Parolees Annual Report, 2009-10.

Highlight

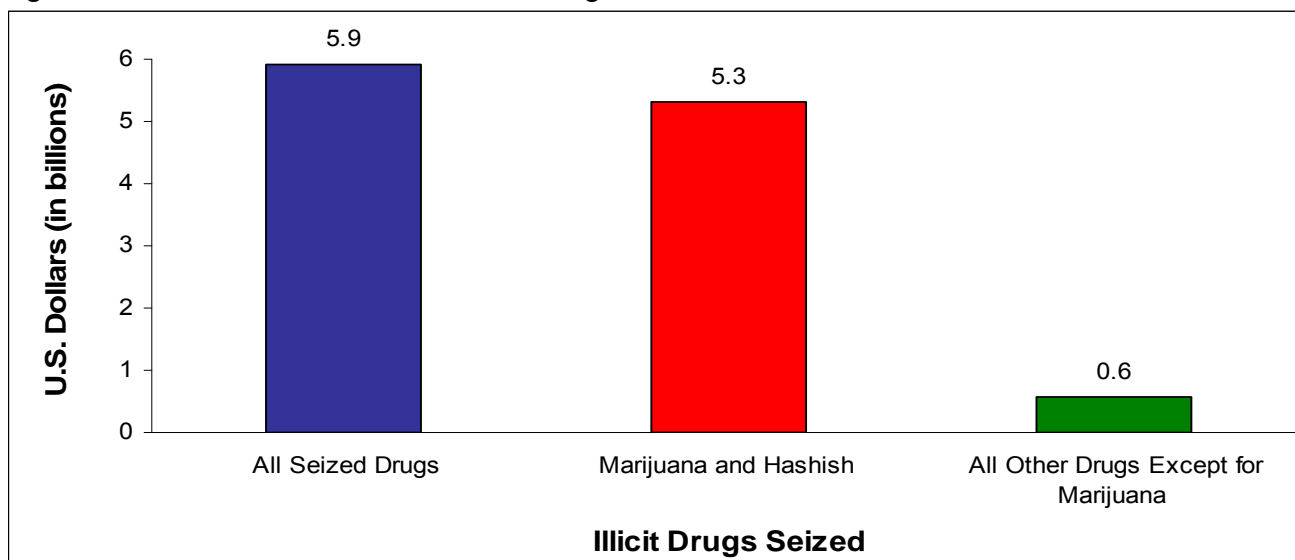
- The number of juveniles serving time in the CDCR has dropped substantially between 2006 and 2010, an overall decrease of 96%.
 - Note: According to CDCR, the extraordinary drop in the counts of youth commitments for AOD-related crimes may be a result of several factors: an overall drop in commitments to state prisons and changes in sentencing policies—juvenile felons' dispositions depend on both their drug-related crimes and the severity or violence of their other charges.

Drug Seizures in California

Information about drug seizures in California by the U.S. Drug Enforcement Administration (DEA) is presented below. Drug seizure data is important for a number of reasons. For example, it provides an indication of the types, availability, and distribution of various illicit substances in California. It may also provide additional information to state and local governments with respects to their plans on resource allocation for AOD prevention, treatment, and recovery needs.

California has a diverse culture and a unique geography; therefore, there are many issues affecting the drug use environment in the state. Drugs such as cocaine and heroin are smuggled into the state via Mexico, however, methamphetamine and marijuana are mostly produced or cultivated in large quantities within the state. The figures below show the street value of drugs seized by the DEA for six major drug types: marijuana, methamphetamine, crack/cocaine, ecstasy/MDMA, heroin, and opioid pills. The data presented here was reported by federal law enforcement agencies.

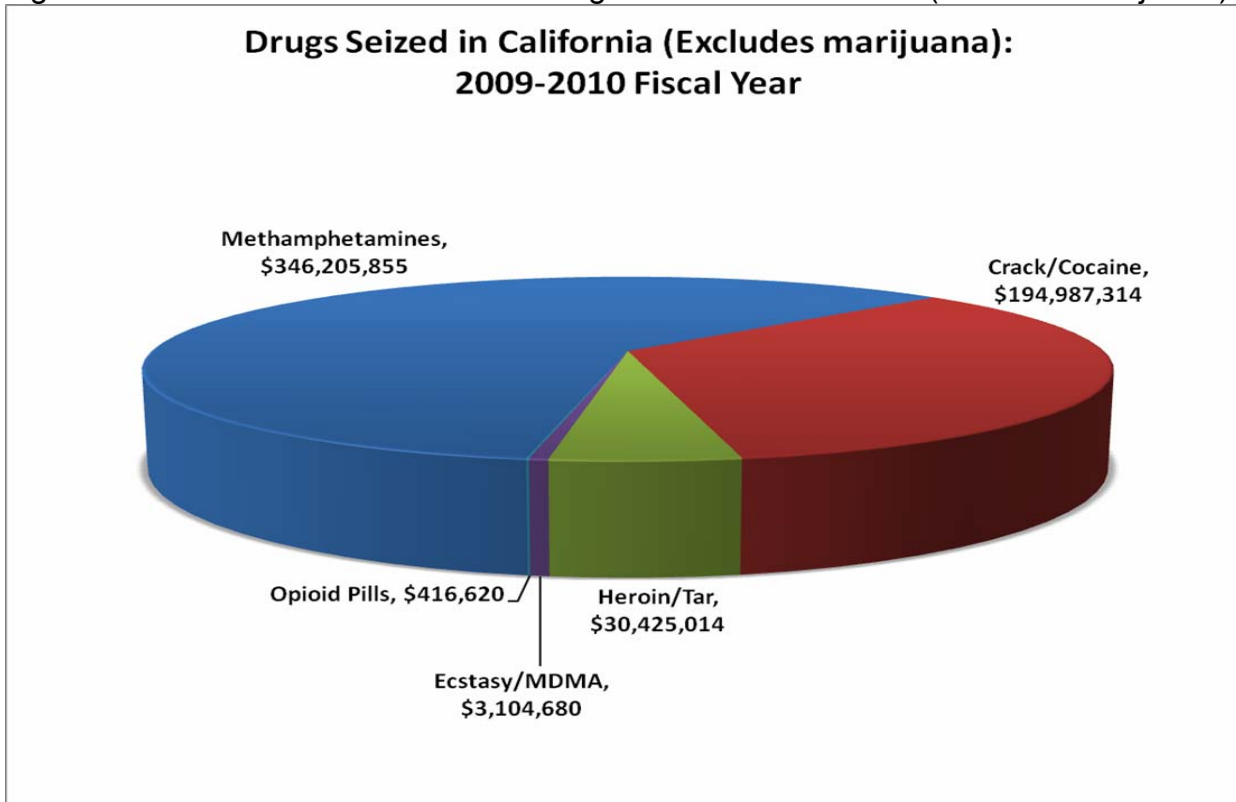
Figure 5.5. Total Street Value of Illicit Drugs Seized¹ in California, 2009/10



¹Seized drugs include crack/cocaine, heroin/tar, marijuana and hashish, opioids, ecstasy, and methamphetamine.

Source: Anti-Drug Abuse (ADA) Enforcement Teams, Drug Enforcement Agency (DEA).

Prepared by: Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; and OARA, California Department of Alcohol and Drug Programs, November 2011.

Figure 5.6. Total Street Value of Illicit Drugs Seized¹ in California (Excludes Marijuana): 2009/10

Source: Anti-Drug Abuse (ADA) Enforcement Teams, Drug Enforcement Agency (DEA).

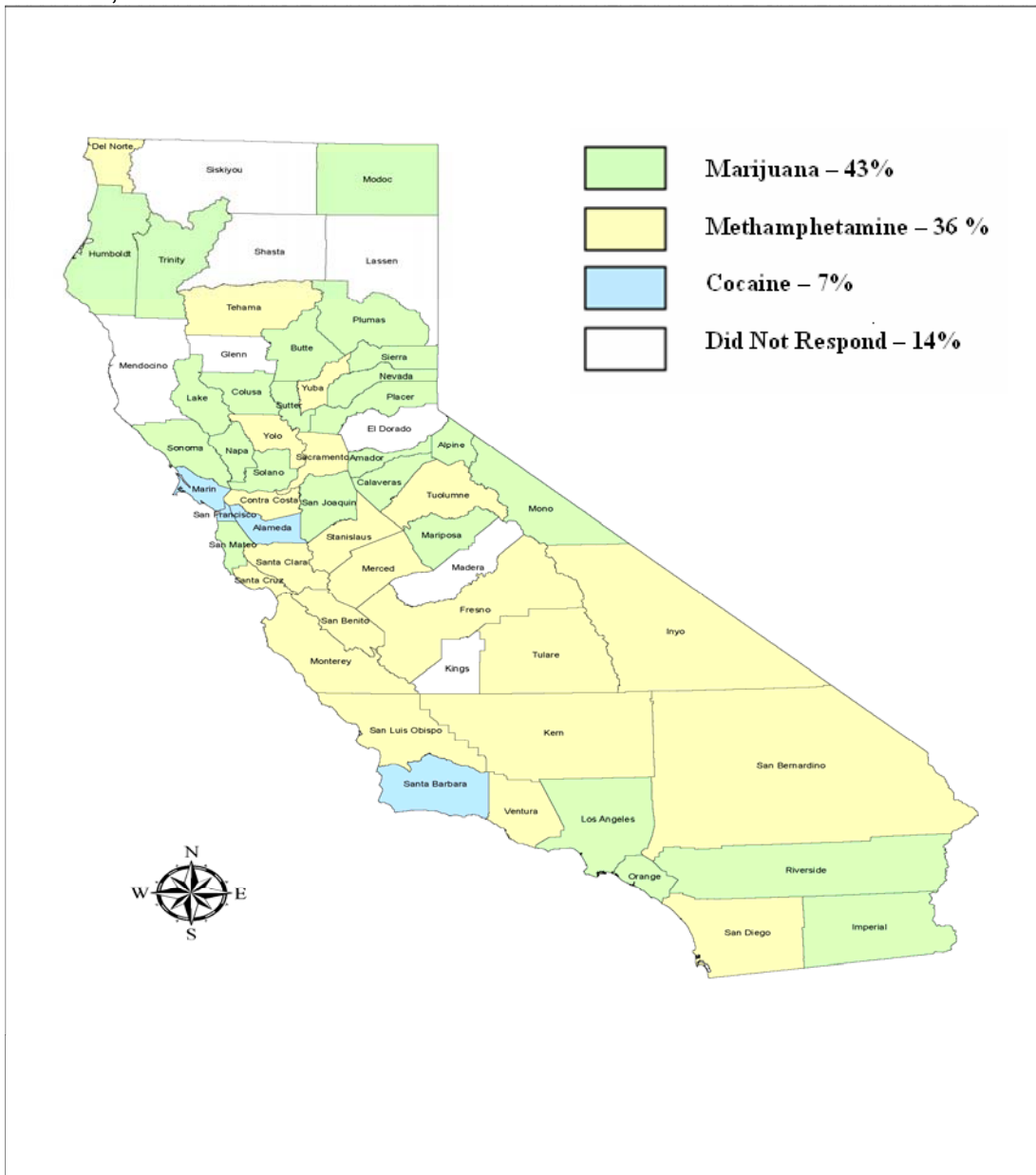
Prepared by: Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, July 2011.

Highlights

- In California, an estimated six billion dollars worth of illicit drugs were seized by the DEA during SFY 2009/10.
- The vast majority of the drugs seized was marijuana or hashish (plants or concentrated), worth over 5.3 billion dollars.
- In terms of monetary value, the second most prevalent drugs seized were methamphetamines, estimated to be worth over 346 million dollars; \$195 million of crack/cocaine, \$30.4 million of heroin or tar, over three million dollars of Ecstasy, and almost half a million dollars of opioid pills were seized in California during the SFY 2009/10.

Based on DEA surveys of the Anti-Drug Abuse (ADA) Enforcement Teams, approximately half of California counties reported marijuana and methamphetamines as their most prevalent drugs seized in the past decade. The following map shows the single most prevalent drug seized by county in California during SFY 2008/09.

Figure 5.7 Most Prevalent Drugs Seized by County as Reported by 50 Anti-Drug Abuse Recipients, California, 2008/09



Overall, the largest quantities of drugs were seized in Solano and Sierra counties, followed by Glenn, Napa, Mariposa, and San Mateo. The largest quantities of marijuana were seized in Solano, Sierra, and Glenn, while Sierra and Colusa were identified as the largest sources of seized methamphetamines. Solano, Sierra and Colusa had the largest quantities of seized crack/cocaine, while the largest quantities of heroin/tar were seized in Sierra, Santa Barbara, and Colusa. The largest quantities of ecstasy/MDMA were seized in Sierra and Contra Costa. Riverside was by far the biggest source of seized opioid pills. The largest quantities of cash were seized in Los Angeles, Imperial, and Sonoma counties. (See Appendix A for Drug Seizures by Drug Category and Street Value, by County, California, 2009-2010)



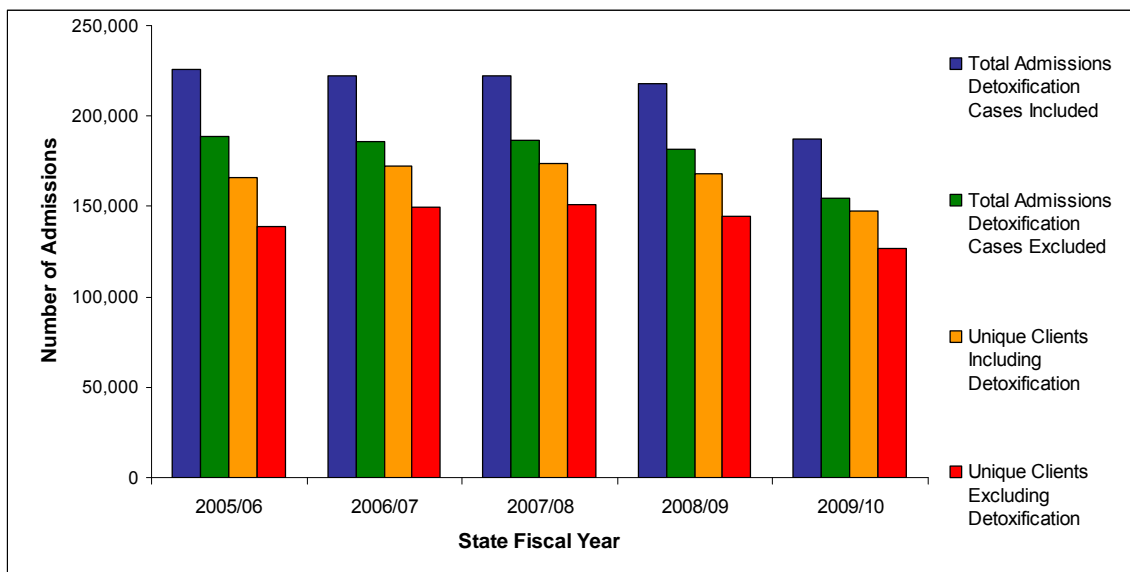
Alcohol and Other Drug Treatment

The information reported here on persons receiving AOD treatment services through publicly funded programs and/or programs licensed by ADP were drawn from two ADP databases: California Alcohol and Drug Data System (CADDSS) and the subsequent California Outcomes Measurement System Treatment (CalOMS Tx). CalOMS Tx replaced CADDSS as the statewide system for collecting all treatment client data in SFY 2006/07. This change in data collection systems may create a discontinuity in treatment admission and discharge trends. In addition, changes across years may be due to the occurrence of treatment program policy changes as opposed to actual changes in AOD abuse and/or treatment need. Admissions and discharge statistics are provided here.

Alcohol and Other Drug Treatment Admissions

The types of treatment services include detoxification, outpatient, and residential. Figure 6.1 provides an overview of the number of clients who are admitted to publicly funded or monitored treatment programs in California between SFY 2005/06 and 2010/11. Figure 6.1 includes total treatment admissions such that clients who are admitted to treatment multiple times in a given fiscal year are counted for each treatment service received. In contrast, unique clients refer to a client being counted once regardless of how many services received during a given year.

Figure 6.1. Total Treatment Admissions and Unique Clients Age 12 and Above, California, 2005 – 2010



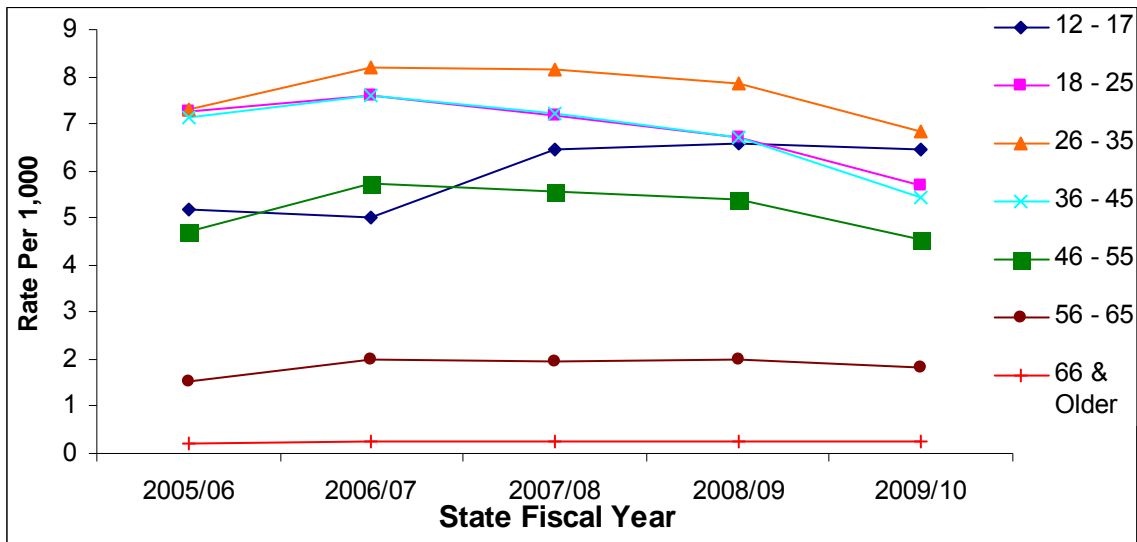
Highlights

- Out of every 1,000 California residents 12 years of age and older, 4.5 individuals received public funded/monitored treatment for substance use during SFY 2009/10 (N = 147,264).
- Overall statewide treatment admissions decreased in SFY 2009/10 compared to the previous four years.

AOD Treatment Client Characteristics

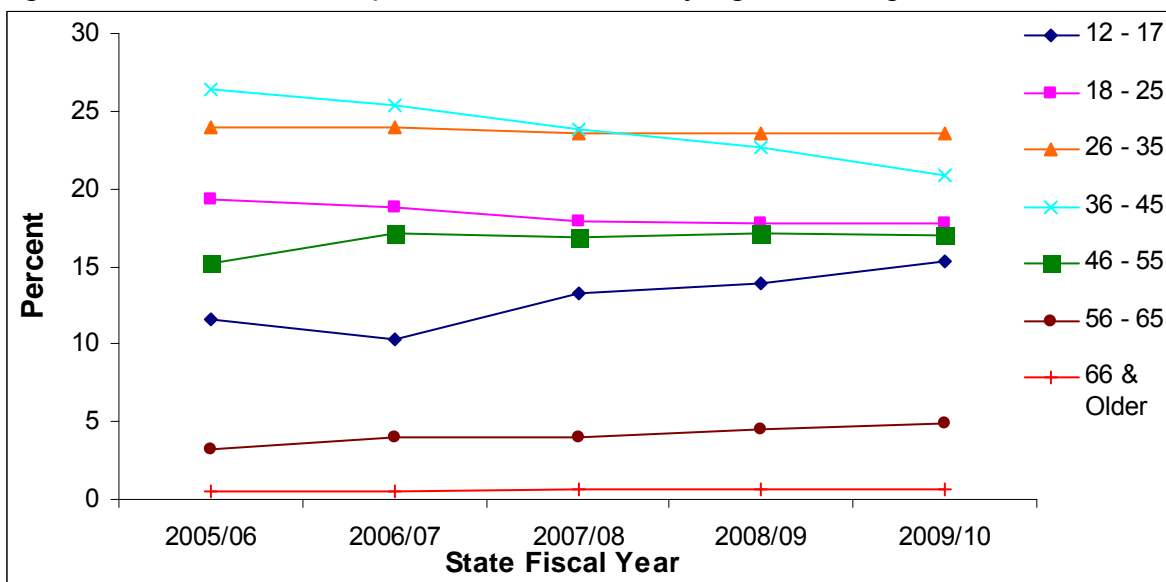
Unique client counts are used in the following data graphs. A client is counted only once regardless of how many services received during a given year

Figure 6.2. Unique Clients Admitted by Age as Rate Per 1,000 California Population Including Detox, California, 2005 – 2010



Note. Unique treatment admission rates per 1,000 California residents 12-100 years old.
 Source for California Population Estimates: <http://www.dof.ca.gov/research/demographic/>

Figure 6.3. Percent of Unique Clients Admitted by Age Including Detox, California, 2005 – 2010

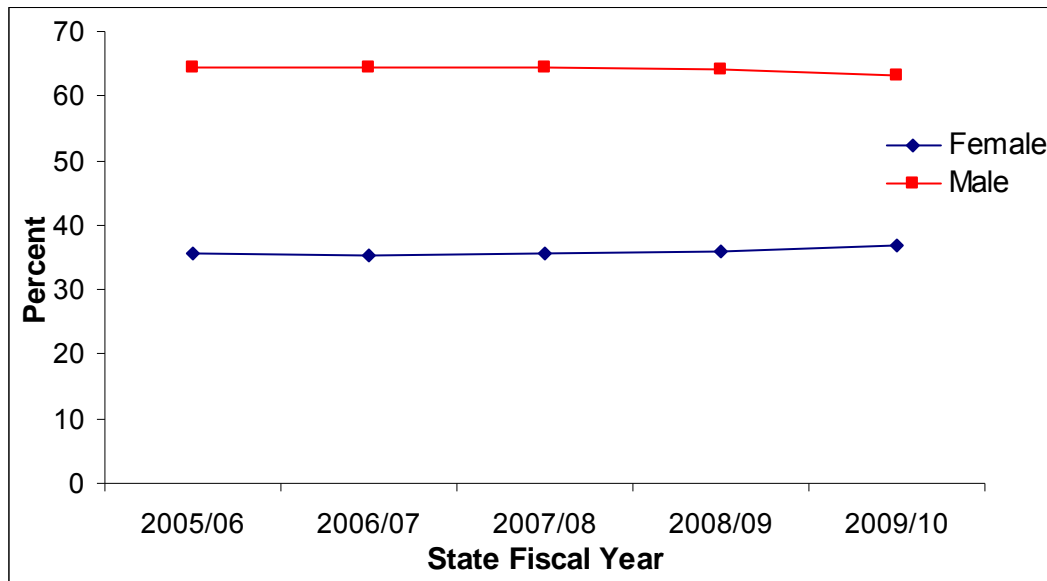


Highlights

- 26-35 year olds had the highest per capita admission rates from SFY 2006/07 to 2009/10, except for in 2005/06 when the per capita admission rates were equivalent to 18-25 year olds (7.3 per 1,000 California residents).

- There was a 23% increase in the rate of treatment admissions for 12-17 year olds from 2005/06 to 2009/10 (5.2 to 6.4 per 1,000 California residents).
- In contrast, 36-45 year olds had the largest rate decrease over the last five years, specifically there was a 24% decrease in the rate of treatment admissions from 2005/06 to 2009/10 (7.1 to 5.4 per 1,000 California residents).
- In SFY 2005/06, the highest percent of unique clients admitted were 36-45 years old (26%) among the total public treatment population, and there was a steady decline in the past five years.

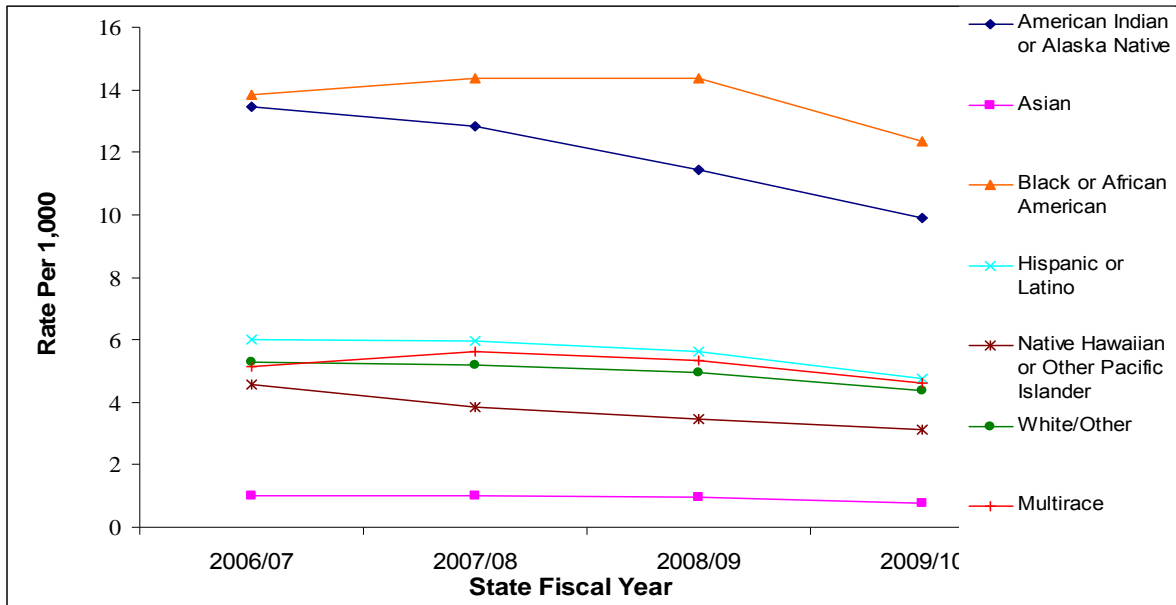
Figure 6.4. Percent of Unique Clients Admitted by Gender Including Detox, California, 2005 – 2010



Highlights

- Among the total treatment population, the proportion of males admitted to treatment is greater than the proportion of females admitted to treatment, approximately 64% and 36% respectively in SFY 2009/10. The same trend is observed when comparing the number of female and male clients admitted to treatment to the total number of California residents.

Figure 6.5. Unique Clients Admitted by Race/Ethnicity as Rate Per 1,000 California Population Including Detox, California, 2006 – 2010¹

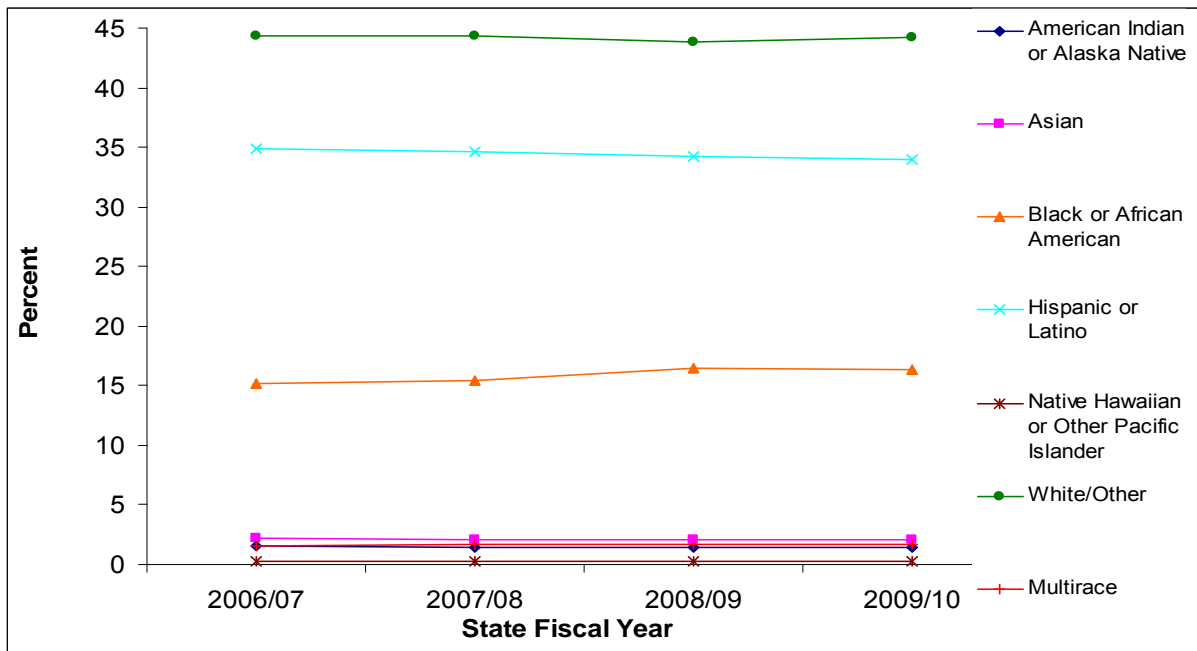


Note. Ethnicity/Race categories based on seven exclusively mutual race/ethnic groups from the California Department of Finance, Demographic Research Unit. Population rates include residents in California ages 12-100 years old.

¹Ethnicity/Race data is not available for 2005/06 given race subgroups are not comparable (e.g., multirace subgroup does not exist prior to 2006/07).

Source for California Population Estimates: <http://www.dof.ca.gov/research/demographic/>

Figure 6.6. Percent of Unique Clients Admitted by Race/Ethnicity Including Detox, California, 2006 – 2010¹



Note. Ethnicity/Race categories based on seven exclusively mutual race/ethnic groups from the California Department of Finance, Demographic Research Unit. Population rates include residents in California ages 12-100 years old.

¹Ethnicity/Race data is not available for 2005/06 given race subgroups are not comparable (e.g., multirace subgroup does not exist prior to 2006/07).

Source for California Population Estimates: <http://www.dof.ca.gov/research/demographic/>

Highlights

- African Americans had the highest per capita admission rates compared to all other race/ethnic groups, and there was a 10% decrease in the rate of treatment admissions for African Americans (13.8 to 12.4) from SFY 2006/07 to 2009/10.
- American Indian or Alaska Native had the second highest per capita admission rates, and there was a 27% decrease in the rate of treatment admissions (13.5 to 9.9) from 2006/07 to 2009/10.
- Among the total treatment population, White/Other subgroup had the highest percent of admission rates followed by Hispanic/Latinos, whom had the second highest percent of admission rates.

Figure 6.7. Percent of Unique Clients' Report of Primary Drug Use at Admission Excluding Detox, California, 2005 – 2010

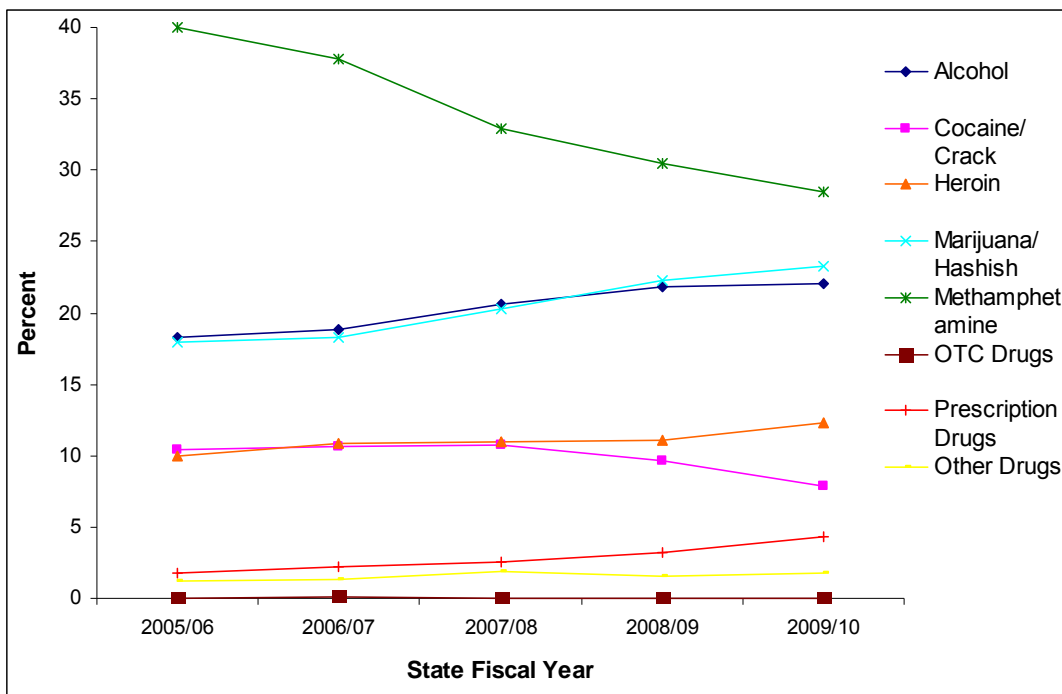
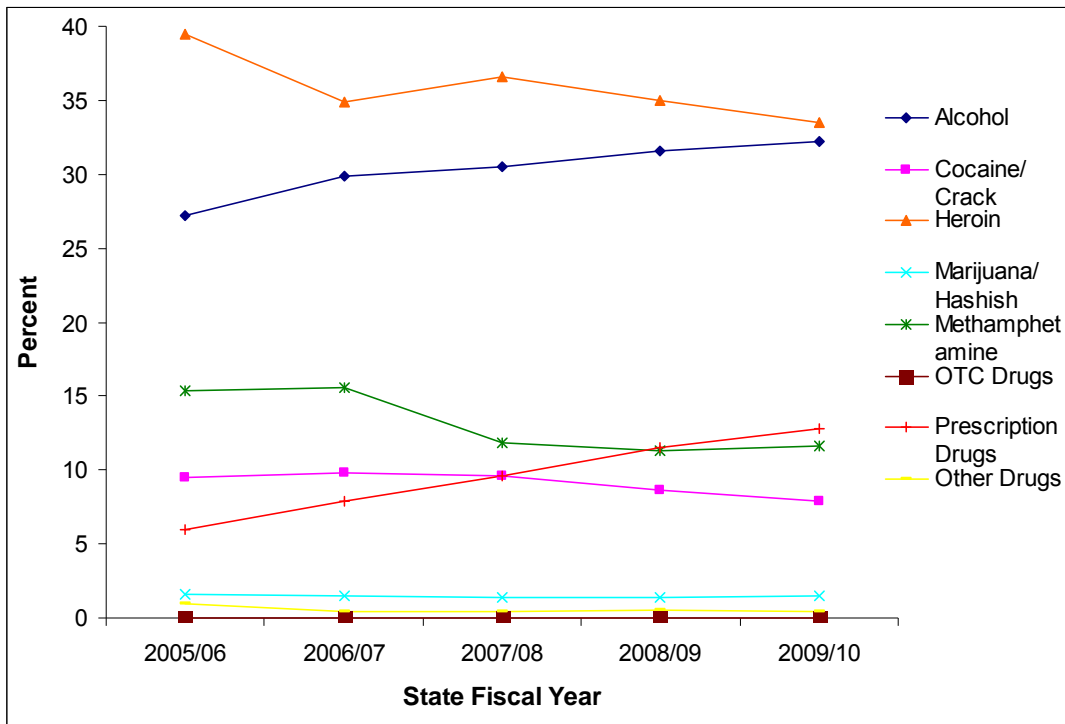


Figure 6.8. Percent of Unique Clients' Report of Primary Drug Use at Admission Detox Only, California, 2005 – 2010

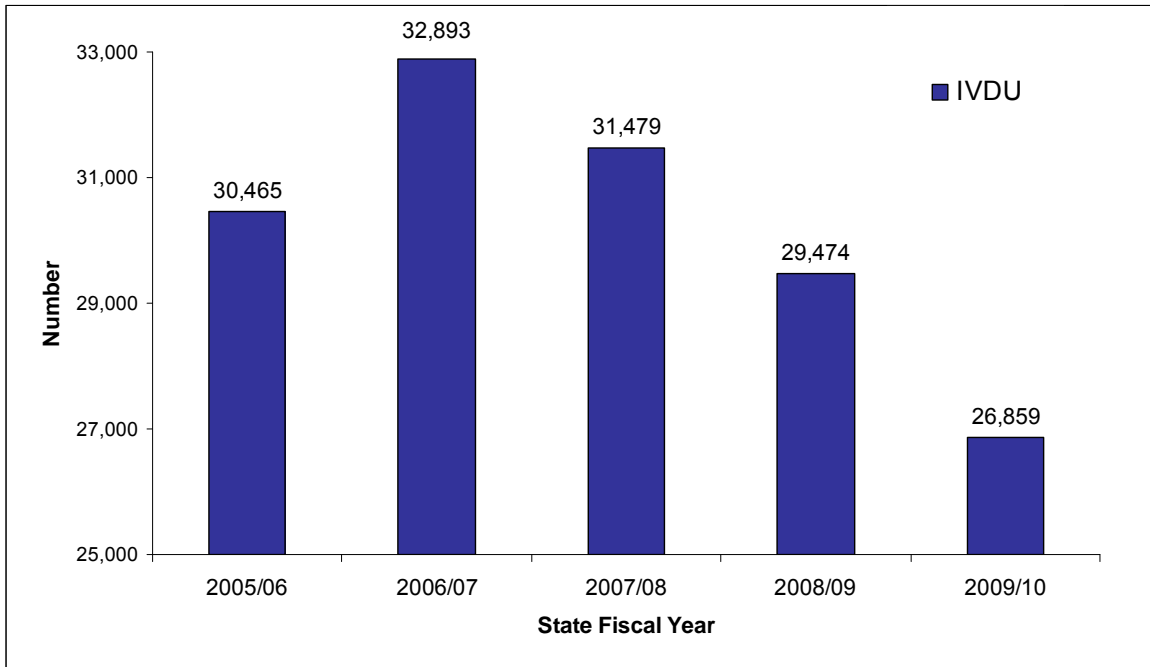


Note. Primary drug refers to the substance which has been determined to cause the greatest dysfunction to the person being admitted to treatment. Over the counter (OTC) includes non-prescription drugs that are used in a manner other than as directed; for example dextromethorphan (DXM) is found in cold medications such as cough syrups. Prescription drugs includes: Barbiturates, other sedatives or hypnotics (Chloral Hydrate, Placidyl, Doriden, etc), Tranquilizers (Benzodiazepine: Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam, and Halazepam), Other Tranquilizers, Non-Prescription Methadone, OxyCodone/OxyContin, Other Opiates and Synthetics (Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects). Other drugs include other amphetamines, other stimulants, phencyclidine (PCP), other hallucinogens, inhalants, ecstasy, other club drugs, and unknowns.

Highlights

- Methamphetamine was the most frequently reported primary drug used at treatment admission (excluding detoxification cases). The percent of methamphetamine treatment admissions decreased in the past five years (40% in 2005/06 to 28% in 2009/10).
- Alcohol was the second most frequently reported primary drug used at treatment admission (excluding detoxification cases) from SFY 2005/06 thru 2007/08, however marijuana surpassed alcohol in SFY 2008/09, 22% and 22%, respectively.
- Heroin was the most frequently reported primary drug used among clients in detoxification followed by alcohol use.

Figure 6.9. Number of Unique Clients' Intravenous Drug Use in the Past Year Including Detox, California, 2005 – 2010



Highlights

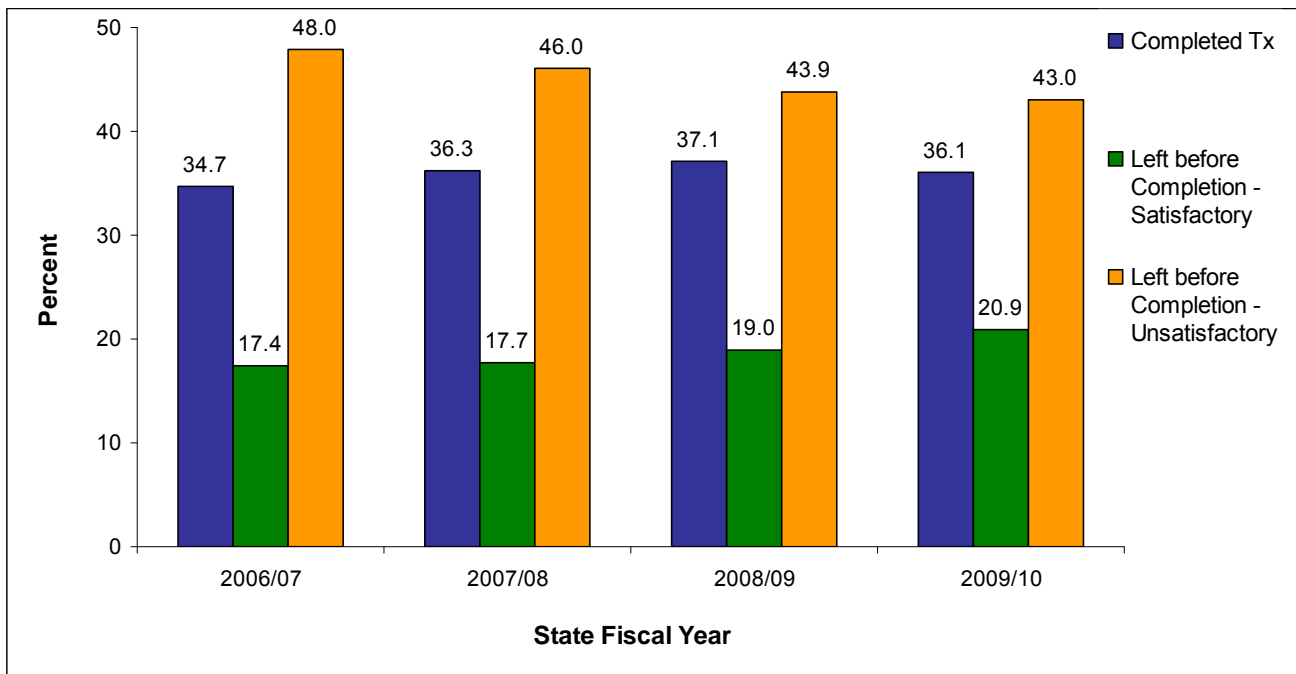
- The percentage of clients reporting intravenous drug use (IVDU) prior to treatment admission decreased 11.8% from 2005/06 to 2009/10.

Alcohol and Other Drug Treatment Discharges

The following statistics are based on individual service discharges, not unique client counts. A client may be discharged from more than one service type (e.g., outpatient or residential modality) during a given year. CalOMS replaced CADDs as the statewide system for collecting all treatment client data in SFY 2006/07. Given that CalOMS has more discharge categories than CADDs, making direct comparisons of proportions completing treatment difficult, CADDs data for SFY 2005/06 was not provided below.

“Completed Tx” means the client completed the treatment goals for that service stay. “Left before completion with satisfactory progress” means the client did not complete the treatment goals for that service stay, but made satisfactory progress towards those goals prior to leaving. “Left before completion with unsatisfactory progress” means the client did not complete the treatment goals for that service stay, and did not make satisfactory progress towards those goals prior to leaving.

Figure 6.10. Percent of Clients' Discharged Status Excluding Detox, California, 2006 – 2010



Highlights

- Overall, there is a positive trend among client treatment discharges, specifically the percent of clients who left before completing treatment with satisfactory progress increased from 2006/07 thru 2009/10, 17.4% to 20.9%, respectively. Conversely, the percent of clients who left before completing treatment with unsatisfactory progress decreased from 2006/07 thru 2009/10, 48% to 43%, respectively.
- The percent of clients who completed treatment slightly increased from 2006/07 thru 2009/10, 34.7% and 36.1%, respectively.

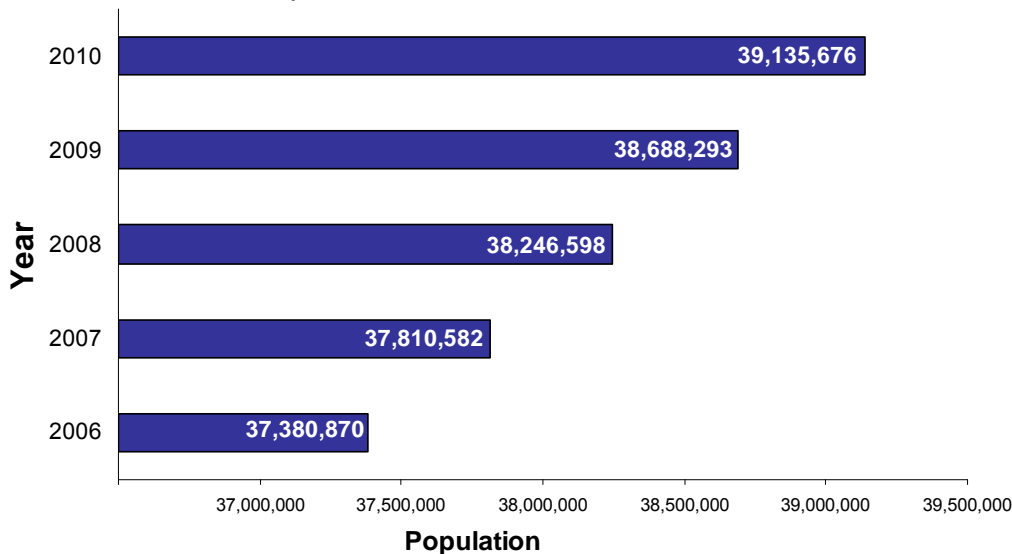


Data about California's population and public treatment funding are important in providing context to the problems associated with substance use in the state.

California Population Estimates

The California annual population estimates provided by the Department of Finance allow users to calculate rates to examine rate-based trends. The figure below reflects estimates made for the years 2006 to 2010.

Figure 7.1. California Population Estimates, 2006 - 2010



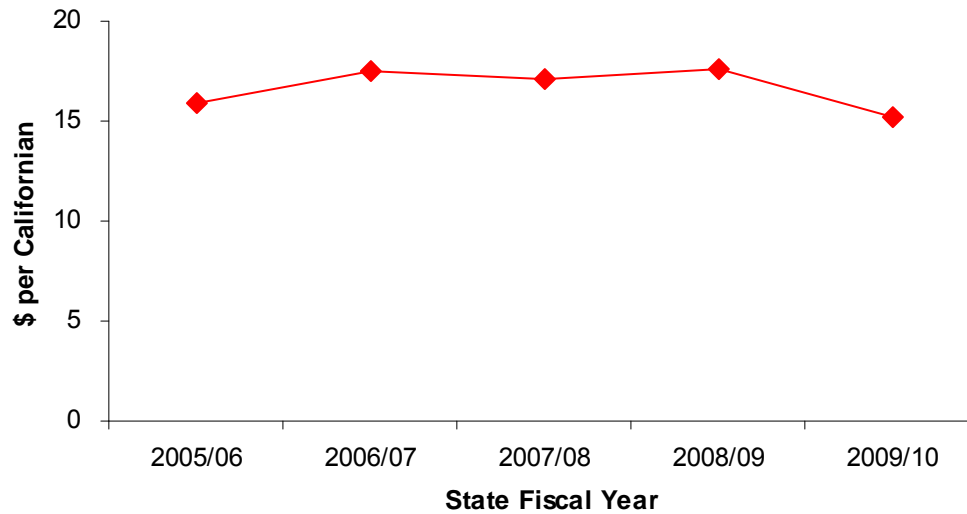
Source: California Department of Finance, Demographics Unit: *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, November 2011.

Highlight

- California's estimated population increased approximately 1.8 million between 2006 and 2010.

Public Funding for Substance Abuse Treatment Services

Figure 7.2. Public Funds Spent on AOD Treatment in California, 2005 - 2010



Source: California Department of Alcohol and Drug Programs, Budgets Unit.

Highlight

- From SFY 2005/06 to 2009/10 the amount of public funds spent on AOD treatment has remained fairly stable (between \$15 - \$18 per capita), except for a recent decline in the last fiscal year. Nevertheless, while expenditures have decreased, California's population has increased by nearly 2 million persons.

Appendix

Appendix A

Street Value of Drugs Seized in California by Drug Category and County, 2009-2010

COUNTY	All Crack/Cocaine Street Value	All Heroin/Tar Street Value	All MJ including Hashish and concentrated	Opioids	Ecstasy Street Value	All Meth Street Value	Street Value of Listed Drugs	Number of firearms seized	Number of OTHER weapons seized	Amount of cash seized
Alameda	\$1,373,490	\$16,470	\$4,709,194	\$2,030	\$180	\$35,930	\$6,137,294	7	18	\$164,073
Alpine	\$6,490	\$22,540	\$8,299,620	\$0	\$0	\$26,262	\$8,354,912	30	95	\$16
Amador	\$108,410	\$734	\$351,581	\$0	\$3,020	\$1,548,650	\$2,012,395	29	32	\$57,997
Butte	\$86,290	\$60	\$6,932,134	\$8,830	\$32	\$181,133	\$7,208,478	36	0	\$176,569
Calaveras	\$0	\$0	\$194,250	\$135	\$0	\$160	\$194,545	36	3	\$5,000
Colusa	\$34,466,989	\$1,957,118	\$45,231,358	\$0	\$6,900	\$61,409,703	\$143,072,068	35	125	\$101
Contra Costa	\$0	\$0	\$4,152,640	\$1,225	\$800,643	\$3,344,120	\$8,298,628	20	0	\$91,714
Del Norte	\$80	\$1,347	\$18,672,648	\$0	\$96	\$13,239	\$18,687,410	86	212	\$35,177
Dept of Justice	\$25,720,638	\$894,266	\$23,388,330	\$40,255	\$760,498	\$131,288,429	\$182,092,416	142	43	\$3,765,249
El Dorado	\$36,816	\$0	\$107,429,694	\$325	\$0	\$326,520	\$107,793,355	13	27	\$13,100
Fresno	\$8,398	\$60	\$100	\$708	\$460	\$778,246	\$787,972	9	7	\$232,130
Glenn	\$45,936	\$0	\$278,069,966	\$115	\$16	\$13,071	\$278,129,104	33	33	\$9,468
Humboldt	\$98,310	\$13,840	\$14,299,360	\$0	\$10	\$311,350	\$14,722,870	77	190	\$774,045
Imperial	\$35,416	\$43,821	\$15,369,164	\$0	\$7	\$6,830,214	\$22,278,622	55	29	\$1,547,595
Inyo	\$0	\$0	\$57,842,400	\$100	\$24	\$150	\$57,842,674	6	11	\$16,513
Kern	\$0	\$400	\$244,830	\$27	\$8,220	\$4,800	\$258,277	4	29	\$0
Kings	\$1,150	\$80	\$1,108,412	\$29,630	\$0	\$4,610	\$1,143,882	9	5	\$11,193
Los Angeles	\$9,104,018	\$704,924	\$84,492,417	\$3,309	\$125,845	\$2,310,300	\$96,740,813	205	136	\$9,396,877

COUNTY	All Crack/Cocaine Street Value	All Heroin/Tar Street Value	All MJ including Hashish and concentrated	Opioids	Ecstasy Street Value	All Meth Street Value	Street Value of Listed Drugs	Number of firearms seized	Number of OTHER weapons seized	Amount of cash seized
Lake	\$250	\$42	\$1,595,250	\$5	\$139	\$32,475	\$1,628,161	55	32	\$32
Lassen	\$1,659,222	\$347,196	\$111,492,078	\$545	\$33,732	\$1,150,713	\$114,683,486	109	269	\$1,620
Madera	\$94,540	\$376,625	\$21,904,727	\$40	\$1	\$2,178,880	\$24,554,813	16	10	\$84,472
Marin	\$11,975	\$3,500	\$506,080	\$0	\$251	\$34,702	\$556,508	11	36	\$26
Mariposa	\$1,580,687	\$76,238	\$177,465,204	\$398	\$156,177	\$1,514,148	\$180,792,852	47	24	\$15
Mendocino	\$78,894	\$51,129	\$97,991,789	\$168	\$4,625	\$197,555	\$98,324,159	62	58	\$1,054,170
Merced	\$1,926	\$0	\$5,289,460	\$0	\$0	\$25,724	\$5,317,110	15	270	\$237,329
Modoc	\$6,080	\$31,456	\$3,192,980	\$0	\$1	\$1,740,200	\$4,970,717	3	2	\$1
Mono	\$6,375	\$240	\$24,260,440	\$1,190	\$5,353	\$96,960	\$24,370,558	26	26	\$1,643
Monterey	\$370,720	\$116,000	\$16,690,210	\$0	\$41,500	\$309,880	\$17,528,310	45	132	\$929
Napa	\$659,896	\$2,300	\$201,257,004	\$0	\$2,890	\$542,937	\$202,465,027	59	13	\$155,303
Nevada	\$586,380	\$74,377	\$54,796,225	\$2	\$1,159	\$926,199	\$56,384,342	153	71	\$147,019
Orange	\$16,700	\$11,500	\$151,554	\$0	\$1	\$368,181	\$547,936	5	0	\$30,031
Placer	\$3,350	\$4,780	\$5,184,744	\$5	\$549	\$1,051,299	\$6,244,727	54	84	\$347,352
Plumas	\$5,660	\$0	\$43,732,676	\$0	\$4,140	\$8,899	\$43,751,375	39	12	\$107,086
Riverside	\$486,049	\$1,046,954	\$31,893,540	\$257,343	\$10,624	\$1,147,369	\$34,841,879	114	46	\$143,190
Sacramento	\$382,260	\$91,600	\$7,136,250	\$15	\$1,586	\$494,298	\$8,106,009	31	11	\$135,129
San Benito	\$8,564	\$26,445	\$9,427,620	\$0	\$1	\$166,345	\$9,628,975	38	51	\$51,244
San Bernardino	\$4,412,921	\$64,398	\$28,419,067	\$52,784	\$204,300	\$1,507,732	\$34,661,202	48	13	\$1,140,672
San Diego	\$5,780	\$14,854	\$95,460	\$0	\$6,650	\$33,994	\$156,738	31	63	\$54,650
San Francisco	\$4,920	\$1,516,072	\$1,331,027	\$4,120	\$5	\$23,680	\$2,879,824	25	37	\$1,031
San Joaquin	\$10	\$656	\$27,133,750	\$0	\$2	\$882,792	\$28,017,210	32	11	\$121,464

COUNTY	All Crack/Cocaine Street Value	All Heroin/Tar Street Value	All MJ including Hashish and concentrated	Opioids	Ecstasy Street Value	All Meth Street Value	Street Value of Listed Drugs	Number of firearms seized	Number of OTHER weapons seized	Amount of cash seized
San Luis Obispo	\$500	\$190	\$127,822,520	\$0	\$8	\$310,131	\$128,133,349	17	15	\$6
San Mateo	\$327,567	\$249,680	\$177,937,694	\$0	\$7,122	\$149,682	\$178,671,745	28	6	\$819,593
Santa Barbara	\$413,888	\$6,547,720	\$2,892,486	\$0	\$42	\$740,104	\$10,594,240	9	31	\$12,077
Santa Clara	\$345,108	\$77,176	\$19,606,793	\$0	\$8,280	\$1,195,802	\$21,233,159	19	40	\$798,365
Santa Cruz	\$396,164	\$120,872	\$1,164,174	\$0	\$0	\$1,499,658	\$3,180,868	33	25	\$6,570
Shasta	\$1,950	\$7,040	\$729,778	\$12,073	\$900	\$67,400	\$819,141	24	6	\$43,018
Sierra	\$55,783,499	\$13,970,227	\$1,169,619,095	\$0	\$885,081	\$115,870,708	\$1,356,128,609	1,376	3,164	\$101,342
Siskiyou	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	5,225	\$3,491
Solano	\$55,791,899	\$0	\$2,141,525,322	\$1,145	\$22,549	\$267,280	\$2,197,608,194	35	0	\$15,417
Sonoma	\$304	\$7,104	\$25,960,340	\$0	\$0	\$96,476	\$26,064,224	13	0	\$1,145,601
Stanislaus	\$1,360	\$0	\$5,172,403	\$0	\$0	\$210,080	\$5,383,843	14	0	\$18,799
Sutter	\$2,134	\$1,644	\$1,389,000	\$0	\$0	\$30,396	\$1,423,174	6	0	\$24,107
Tehama	\$850	\$0	\$2,860,950	\$0	\$100	\$874,300	\$3,736,200	22	1	\$38,390
Trinity	\$510	\$0	\$108,483,345	\$99	\$202	\$240	\$108,484,396	35	3	\$135,701
Tulare	\$0	\$60	\$16,000	\$0	\$0	\$2,430	\$18,490	1	0	\$31,877
Tuolumne	\$152	\$0	\$98,264	\$0	\$520	\$149	\$99,085	5	1	\$6,479
Ventura	\$441,040	\$1,929,280	\$0	\$0	\$0	\$2,007,080	\$4,377,400	4	0	\$664,378
Yolo	\$4,800	\$2,000	\$820,230	\$0	\$240	\$10,300	\$837,570	6	1	\$16,402
Yuba	\$0	\$0	\$6,000	\$0	\$0	\$11,790	\$17,790	1	0	\$0
Total	\$194,987,314	\$30,425,014	\$5,327,839,625	\$416,620	\$3,104,680	\$346,205,855	\$5,902,979,108	3,498	10,784	\$23,992,839