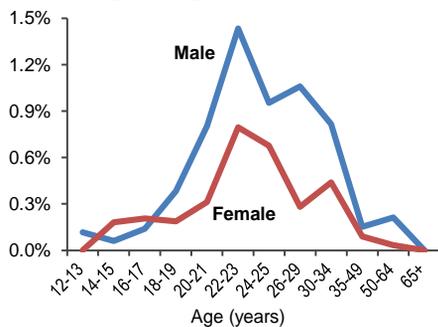


Heroin Misuse/Abuse and Consequences

March 2019

Prevalence

Heroin use in the past year, by age and gender, US, 2013¹



Heroin use was highest among males and individuals aged 22-23 years

Injection Drug Use (IDU)

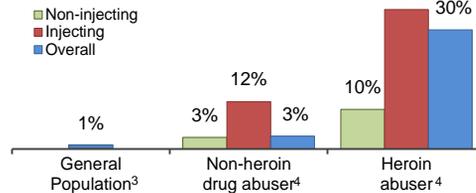


80% of injection drug users inject heroin²



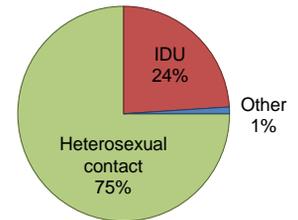
Hepatitis C virus (HCV) infection rate, Los Angeles County (LAC), 2017

IDU is the most common risk factor for HCV infection⁵



HCV infection rates are high among heroin abusers, especially those who inject heroin

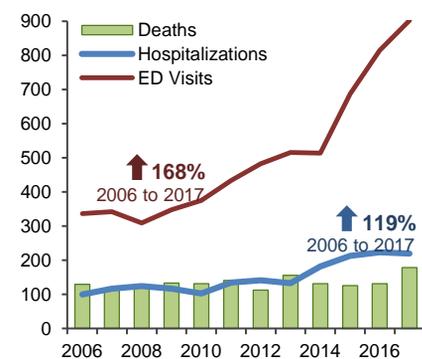
Category of HIV transmission among women, LAC, 2017⁶



Nearly 1 in 4 women with HIV were infected by IDU

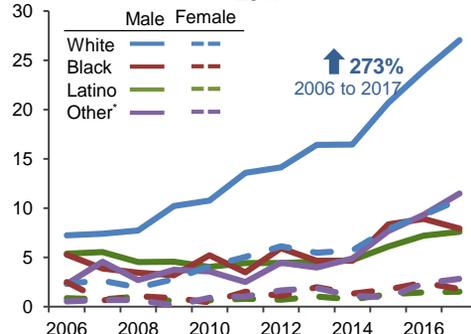
Health Outcomes and Healthcare Utilization

Heroin-related** hospitalizations⁷, ED visits⁷, and deaths⁸, LAC, 2006-2017



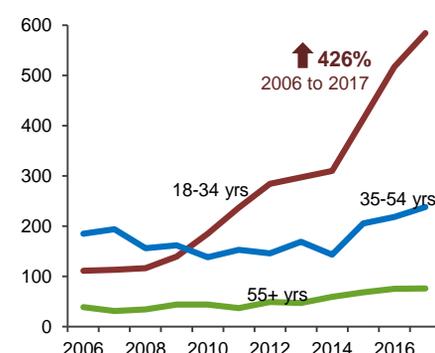
Heroin-related ED visits and hospitalizations increased by 168% and 119%, respectively

Rate (/100K) of heroin-related** ED visits by gender and race/ethnicity, LAC, 2006-2017⁷



Heroin-related ED visits increased 273% among white men and 357% among white women

Heroin-related** ED visits by age group, LAC, 2006-2017⁷

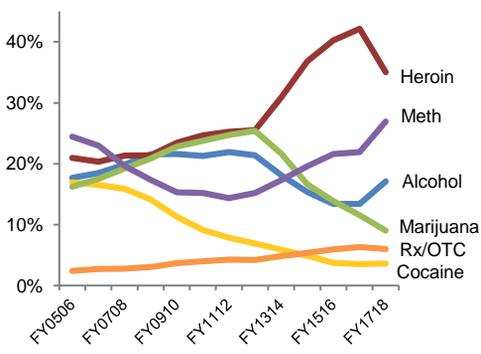


Heroin-related ED visits increased 426% among individuals aged 18-34

*Other Includes Asians, Native Americans, Alaskan Natives, Native Hawaiians, Pacific Islanders, and other or unknown races;
**Heroin-related includes any records listing heroin abuse, dependence, or poisoning as a diagnosis or an external cause of injury.

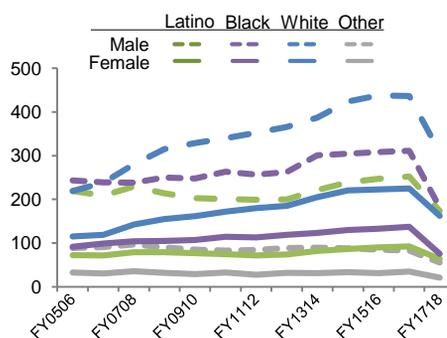
Treatment

Primary drug problem at treatment admission, LAC, FY0506-FY1718⁴



Heroin has become the most commonly reported drug problem in FY1213 among individuals using publicly funded SUD treatment services

Primary heroin admission rate by gender and race/ethnicity, LAC, FY0506-FY1718⁴



Rates of primary heroin admissions per 1000 population age 12+ were highest for White males, followed by Black males, Latino males.

Distribution of naloxone for opioid overdose reversal, US

85% of overdoses are witnessed⁹

26,463 overdose reversals using naloxone were reported from 1996-2014¹⁰

1 death could be prevented for every 227 naloxone kits distributed⁹

6% of heroin overdose deaths could be prevented with naloxone distribution⁹

Heroin Misuse/Abuse and Consequences

March 2019

Prevalence

- According to the National Survey on Drug Use and Health¹, which is an ongoing annual population-based survey administered in households, heroin use in the past year in the US was generally higher for males than for females.
- Heroin use in the past year peaked at ages 22-23 for both men and women.

- According to the Treatment Episode Data Set², heroin is the most common injected drug, with nearly 80% of injection drug users who were treated in publicly funded substance use disorder (SUD) treatment programs in the US injecting heroin, followed by methamphetamine (13%) in 2016.

- Among heroin users who were treated in in publicly funded SUD treatment programs in the US, 68% preferred to use heroin by injection, followed by inhalation (24%) and smoking (6%)².

- Injection drug use increases the risk of transmitting blood-borne pathogens, including hepatitis C virus (HCV) and HIV, through sharing contaminated syringes and other injection equipment.

Injection Drug Use (IDU)

- According to the Los Angeles County Participant Reporting System (LACPRS)⁴, overall chronic HCV infection rates were higher among those who reported heroin (30%) than those who reported other drugs (3%) as their primary drug of choice at admission to publicly funded substance use disorder (SUD) treatment programs in 2017.

- Chronic HCV infection rates were higher for those who reported heroin than those who reported other drugs as their primary drug of choice at admission for both injection drug users (35% vs. 12%) and non-injection drug users (10% vs. 3%).

- Chronic HCV infection is rare in the general US population (1%)³.

- According to the 2017 LAC Annual HIV Surveillance Report⁶, HIV was transmitted via injection drug use for 24% of newly HIV diagnose women in 2016, while heterosexual contact accounted for 75%.

Health Outcomes and Healthcare Utilization

- According to the Office of Statewide Health Planning and Development (OSHPD) data⁷, the number of emergency department (ED) visits with any heroin-related diagnosis or external cause of injury in LAC significantly ($p_{trend} < 0.01$) increased by 168% from 336 in 2006 to 902 in 2017.

- According to the Centers for Disease Control and Prevention, about 130 heroin-related deaths occurred every year in LAC from 2006-2017⁸.

- The rate of heroin-related ED visits also increased by 273% among white men and increased by 357% among white women from 2006-2017 in LAC. Among men and women in races other than white, black and Latino, it increased by 399% and 413%. Black women was the only group to decrease.

- In LAC from 2006 to 2017, the number of heroin-related ED visits among individuals aged 18-34, 35-54 and 55+ increased by 426%, 29% and 95%, respectively. The numbers among individuals aged 18-34 increased significantly ($p_{trend} < 0.01$) from 2006 to 2017.

Treatment

- According to California Outcome Measures System for Treatment, the number of admissions to publicly funded SUD treatment programs in LAC with heroin being reported as the primary drug problem increased 45% from FY0506 to FY1617. Decreases in the number of admissions in FY1718 may be due to the launch of the new Drug Medi-Cal Organized Delivery System on July 1, 2017.

- Surpassing marijuana and methamphetamine, heroin became the most common reported drug problem among admissions to publicly funded SUD treatment programs in FY1213.

- The rates (per 100,000 population aged 12 or older) of admissions to publicly funded substance use disorder treatment programs for a primary heroin problem were higher among males than females for all race/ethnic groups.

- From FY0708-FY1718, Whites had the highest rates of primary heroin admissions. From FY0809-FY1617, the rate of primary heroin admissions among Blacks followed behind that of Whites of both genders.

- About 85% of overdoses are witnessed. It is estimated that about 6% of overdose deaths were prevented. One death was prevented for every 227 naloxone kit distributed⁹.

- From 1996 to 2014, community-based opioid overdose prevention programs in the US distributed 152,283 naloxone kits to laypersons who might witness an overdose, and received reports of 26,463 overdose reversals¹⁰. This does not include naloxone use and overdose reversals among law enforcement organizations, emergency medical services, and other professional first responders.

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2. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2016. Admissions to and Discharges from Publicly Funded Substance Use Treatment. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. https://www.samhsa.gov/data/sites/default/files/2016_Treatment_Episode_Data_Set_Annual.pdf

3. Edlin BR, Eckhardt BJ, Shu MA, Holmberg SD, Swan T. Toward a more accurate estimate of the prevalence of hepatitis C in the United States.

Hepatology. 2015;62(5):1353-63.

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6. Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2017 Annual HIV Surveillance Report. <http://publichealth.lacounty.gov/dhsp/Reports.htm>.

7. Office of Statewide Health Planning and Development (OSHPD). Emergency Department and Inpatient Discharge Data Set 2006-2017. California Department of Public Health.

8. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database. <http://wonder.cdc.gov/mcd-icd10.html>

9. Coffin PO, Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. Ann Intern Med 2013; 158:1-9.

10. Wheeler E, Jones TS, Gilbert MK, Davidson PJ. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014. MMWR 2015; 64(23) 631-635.