**SAPC Data Brief**

**March 2019**

**Prescription (Rx) Opioid Misuse/Abuse and Consequences**

### Prevalence

**Misuse/Abuse of Rx Opioids (pain medications) in the Past Year by Age, 2012-2014**

- 1 in 5 started illicit drug use with prescription drugs.
- 4 in 5 new heroin users had previously misused Rx opioids.

**Prescriptions**

Rate of opioid prescriptions filled at pharmacies per 1,000 population, 2008-2017

- At the rate opioid prescriptions were filled, a bottle of opioids could be supplied to over half of all adults in LAC.

**Deaths**

Drug Overdose Deaths in LAC, 2006-2017

- 52% of drug overdose deaths involved Rx drugs, of which 71% involved Rx opioids.

**Opioid Death Rates (/100K) by Opioid Type in the LAC and US, 2006-2017**

- Rates of death due to Rx opioids and heroin remained stable in LAC, and increased for synthetic opioids.

**Healthcare Utilization**

Opioid (excluding heroin) ED Visits and Hospitalizations in LAC, 2006-2017

- Healthcare utilization among Rx opioid misusers/abusers greatly increased over recent years.

Opioid (excluding heroin) ED Visit Rates (/100K) by Gender and Race/Ethnicity in LAC, 2006-2017

- Rx opioid-related ED visit rate increased, particularly among Whites and African Americans for both men and women.

Total Annual Charges for Opioid (excluding heroin) Hospitalizations in LAC, 2006 and 2017

- The economic burden (2018 US dollars) of Rx opioid misuse/abuse greatly increased over recent years.

### Rx Opioid Sources

Source of Rx Opioids Among Past Year Misusers/Abusers, 2017

- Most misuser/abusers obtained their Rx opioids from a friend or relative.

**Drug Overdose Deaths in LAC, 2006-2017**

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**Healthcare Utilization**

Opioid (excluding heroin) ED Visits and Hospitalizations in LAC, 2006-2017

- Healthcare utilization among Rx opioid misusers/abusers greatly increased over recent years.

Opioid (excluding heroin) ED Visit Rates (/100K) by Gender and Race/Ethnicity in LAC, 2006-2017

- Rx opioid-related ED visit rate increased, particularly among Whites and African Americans for both men and women.

Total Annual Charges for Opioid (excluding heroin) Hospitalizations in LAC, 2006 and 2017

- The economic burden (2018 US dollars) of Rx opioid misuse/abuse greatly increased over recent years.

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*Per 100,000 population. *Records with any opioid-related (excluding heroin) condition listed as a diagnosis or external cause of injury. *Native American, Asian, Pacific Islander, other, unknown. *Per 100,000 population aged 12+.
   • The prevalence rate of misusing/abusing prescription (Rx) opioids (nonmedical use of pain relievers) in the past year in Los Angeles County (LAC) was 4.7% in 2013-2014.
   • Misuse/abuse of Rx opioids was most common among individuals aged 18-25 years at 8.3% in 2012 to 2014 in LAC.
   • LAC had lower rates of Rx opioid misuse/abuse among youths (4.7%) and young adults (8.3%) compared to California (youth 5.2%, young adults 8.8%) and US (youth 4.9%, young adults 8.9%) averages.

   • About 1 in 5 (20.6%) individuals aged 12 or older who started using illicit drugs in the past year in the US reported that their first drug was Rx opioids.

   • Among new heroin users in the US, about 4 in 5 (79.5%) reported misusing/abusing Rx opioids before starting their heroin.

   • Compared to those who have never misused/abused Rx opioids, those who misused/abused Rx opioids had a greater risk of using other illicit drugs, including marijuana (2.1 times more likely), cocaine (4.5 times more likely), inhalants (5.6 times more likely), and heroin (9 times more likely) during their lifetimes.

5. CDC. New research reveals the trends and risk factors behind America’s growing heroin epidemic.

   • The strongest risk factor for a heroin use disorder is a Rx opioid use disorder. People who abuse or are dependent on Rx opioids are 4 times more likely to abuse or be dependent on heroin.

   • In 2017, among individuals aged 12 or older who misused/abused Rx opioids in the past year, most (53%) had obtained Rx opioids from their friends or relatives; 36% were prescribed Rx opioids from one (36%) or more than one doctor (1%); 6% bought from drug dealer or other stranger, 5% stole from a doctor’s office, clinic, hospital, or pharmacy, or by some other way.

   • In 2008-2017, over 400 opioid prescriptions were filled per 1,000 residents in LAC each year, which is enough to supply a bottle of opioids to over half of all adults in LAC, though the rate has been steadily declining since 2014.

   • In 2017, Rx drugs were involved in about 52% of drug overdose deaths. About 71% of Rx drug overdose deaths involved Rx opioids.
   • In the US, the opioid epidemic hit in 3 distinct waves: First with the increases in Rx opioids (natural/semi-synthetic, and methadone) deaths associated with increased prescribing; second with increases in heroin deaths associated with Rx opioid users who transitioned to heroin; and third with the increases in synthetic opioid deaths associated with increases in illicitly manufactured fentanyl found in heroin, counterfeit pills, and cocaine.
   • While rates of death due to natural/semi-synthetic opioids and heroin remained stable in LAC from 2006-2016, sharp increases in synthetic opioid deaths began in 2016 and continued to increase in 2017.

9. Emergency Department and Inpatient Discharge.

   • In LAC, the number of hospitalizations with any opioid-related (excluding heroin) diagnosis or external cause of injury (i.e., abuse, dependence, or poisoning) significantly (P<0.01) increased by 84% from 2006 to 2017.
   • The number of emergency department (ED) visits with any opioid-related (excluding heroin) diagnosis or external cause of injury (P<0.01) increased by 284% from 2006 to 2017.
   • The rate of opioid-related (excluding heroin) ED visits per 100,000 population increased for all gender-race/ethnicity groups, particularly Whites and African American males and females.
   • Hospital charges for all hospitalizations with any opioid-related (excluding heroin) diagnosis or external cause of injury from 2006-2017 totaled to $10.2 billion. All costs are adjusted for inflation to 2018 US dollars.
   • The average hospital charge per opioid-related (excluding heroin) hospitalization was more than doubled from $2,335 in 2006 to $4,319 in 2017.
   • Hospital charges for opioid-related (excluding heroin) hospitalizations significantly increased by 290% from $463 million in 2006 to $1.84 billion in 2017 (P<0.01).

   • The number of admissions for individuals aged 12 or older to publicly funded treatment programs reporting Rx opioids as their primary drug problem at admission increased by 120% 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, and the Sage (Substance Use Disorder Information System) on December 1, 2017.
   • White men and women had the highest rates (per 100,000 population aged 12 or older) from FY0506-FY1616. The rate among African American women increased over the last decade, and surpassed that of White women by FY1617.
   • In FY1718, 37% of admissions for a primary Rx opioid problem also reported having a secondary drug problem. Other Rx or over-the-counter drugs were the most common secondary drug problem, followed by marijuana, heroin, methamphetamine, alcohol, cocaine, and other drugs.