

DRUG ABUSE TREND REPORT

FISCAL YEARS 1982/83-1986/87



STATE OF CALIFORNIA
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HEALTH AND WELFARE AGENCY
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DEPARTMENT OF
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**DRUG ABUSE TREND REPORT
FISCAL YEAR 1982/83 THROUGH FISCAL YEAR 1986/87**

**Department of Alcohol and Drug Programs
Division of Administration
Data Management Services Branch
Statistics and Analytical Studies Section**

FOREWORD

Drug abuse directly affected more than 2 million Californians in 1988. Several million family members suffered indirectly from drug abuse. Total socioeconomic costs (reduced productivity, lost jobs, crime, accidents, social welfare and treatment) are at least \$6 billion each year in California.

Citizen and parent groups, business leaders, law enforcement agencies, educators, youth organizations and health care providers are working cooperatively to battle drug abuse. This report is prepared so they can understand the problem and respond more effectively. It describes and highlights the drug problem and trends from 1982 through 1987.

The Department of Alcohol and Drug Programs, in cooperation with California counties and communities, is targeting resources to address these problems. In fiscal year 1987/88, the Department budgeted more than \$83 million in federal and state funds for drug abuse treatment and prevention .

The Department focuses on alcohol abuse in a separate publication. Those interested in alcohol and drug abuse will find both of these reports useful.

CHAUNCEY L. VEATCH III, Director
Department of Alcohol and Drug Programs

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INTRODUCTION

While addressing all drugs of abuse, this Report focuses on the most serious problems. Although there are few data sources available for measurement of drug abuse prevalence statewide, the California Department of Alcohol and Drug Programs (ADP) analyzes many sources to determine trends in drug abuse. Major trend sources include those developed by the Data Management Services Branch, ADP for client treatment data; Bureau of Criminal Statistics, State Department of Justice for drug-related arrests; Vital Statistics Branch and Center for Health Statistics, State Department of Health Services (DHS) for communicable diseases and drug-related deaths; Statewide Labor Market Analysis Section, State Employment Development Department for labor market data; Office of Statewide Health Planning and Development for discharge information on hospital drug rehabilitation; Demographic Research Group, State Department of Finance for population data; and the Drug Abuse Warning Network (DAWN), National Institute for Drug Abuse for drug-related emergency room data.

Beginning in July 1982, the Department of Alcohol and Drug Programs replaced its Client-Oriented Data Acquisition Program (CODAP) with the California Drug Abuse Data System (CAL-DADS). This change resulted in a significant increase in the capture of information about clients entering drug treatment programs. All programs which dispense methadone and all units which receive State or Federal monies for treatment are required to report to CAL-DADS. The number of reporting clinics is quite stable, whereas under CODAP there was a significant decline up through 1982 as methadone units became privately funded.

CAL-DADS client treatment admissions and discharges are employed in this report to focus attention on trends using this stable data collection system. Data for Fiscal Years 1982/83 through 1986/87 are shown in numerous graphs and appendix tables.

Data Sources

CAL-DADS data are obtained from about 300 treatment clinics. Demographic data provided by the clinics include sex, age, race or ethnicity, and client's county of residence. Other information includes primary drug abused, other drug used in combination with the primary drug, source of referral, age at first use, employment status, treatment status at discharge, and type of treatment.

Information from other sources includes hospital emergency room episodes, criminal drug activity including arrests and court-ordered diversions to treatment, deaths, and hospital rehabilitation discharges and costs.

The Alcohol, Drug Abuse, and Mental Health Administration of the U.S. Department of Health and Human Services provides information about the incidence of drug abuse in hospital emergency rooms. Their DAWN reports provide annual data on emergency room (ER) mentions of drug abuse. California data come from three Standard Metropolitan Statistical Areas representing San Diego County, Los Angeles County, and the San Francisco Bay counties. A large part of private sector hospital emergency room activity is thereby analyzed.

State Department of Justice data show that drug law violation arrests have increased since 1980. The increases are most pronounced among adults. Along with this increase, the courts of California have increased court diversions to drug treatment programs or prevention and intervention in lieu of jail sentences. These data are provided by 28 of the State's county probation departments. Sacramento County stopped reporting diversion data to the Department

of Alcohol and Drug Programs in 1987. Several other large counties including Alameda, Fresno, Kern, Los Angeles, San Francisco, San Mateo, and Santa Clara do not submit data. Currently there are a total of 31 non-reporting counties.

Drug death data are obtained from the California Department of Health Services. Counties send copies of death certificates reporting the cause of death as determined by the coroner or reporting doctor. The designation of cause is made using the International Classification of Diseases (ICD), Third Revision.

Hospital drug rehabilitation discharges and related data are obtained from reports of the Office of Statewide Health Planning and Development. A high percentage of these hospital patients have insurance and apparently prefer private medical-based treatment. They all receive inpatient services, most of which are several days in duration, rather than emergency room treatment only.

The reader will note that attention is given to nonprescription methadone abuse. This illegally used/acquired drug is not a major primary drug, and its illegal use is declining as reported in CAL-DAD System clinics. The Department of Alcohol and Drug Programs is responsible for licensing of all nonfederal agencies which employ methadone in the treatment process. As a result, while this report focuses on the top five primary drugs of abuse (heroin, cocaine, amphetamines, marijuana, and PCP), some attention is directed toward methadone abuse.

Primary Drugs Abused

The reader should be aware of the characteristics and effects of the most prevalent drugs found to be abused by those receiving treatment. For example, cocaine is sold to be inhaled, smoked, or injected. Its availability in the form of "crack" has broadened the problem. Each form of cocaine, as well as any drug, has its own destructive lure and social/economic cost.

Cocaine is the most powerful naturally occurring stimulant. Illicit cocaine is a white crystalline powder often diluted with sugars and anesthetics such as lidocaine. Frequently, it is injected along with heroin as a liquid. "Crack" is made by mixing soda or ammonia with water and powdered cocaine. It is dried and broken into chunks or "rocks" and often sold in plastic vials.

Amphetamines are also seriously abused stimulants. They stimulate the central nervous system in the form of either amphetamine sulfate or methamphetamine (speed, desoxyn, or methedrine HCL). Drug dependence may result after ingesting, either orally, by injection, or by inhalation. Overdosage can cause tremors, hallucinations, and panic. Fatal poisoning is usually preceded by convulsions and coma.

Narcotic analgesics are opium/opium derivatives or synthetic substitutes which affect the central nervous system and smooth muscles. Repeated use, usually by injection, results in increasing tolerance to the drug, requiring progressively larger doses to achieve the same effect. If the drug is not continually ingested by the person thus addicted, side effects such as tremors, cramps, nausea, and vomiting result. On the other hand, overdosage can cause convulsions, coma, and death.

Since heroin, amphetamines, and cocaine are very frequently injected into the body, their use is a special public health concern. The spread of the AIDS virus via "shared dirty needles" is an urgent concern.

Clarifying Techniques

Many methods of analysis and data manipulation are used herein. Index numbers, rates, and percentages are emphasized rather than the raw data. For those interested in more detail and further analysis, the raw data are found in tables in the Appendix. With indexing, extraneous influences such as population increases are filtered out. Other filtering techniques are used as well in order to analyze trends accurately.

Trends in abuse are shown as a percent of treatment admissions for each year relative to the base year. Fiscal Year 1982/83 was selected as the base year, because that was when the CAL-DAD System began. Percent changes from that year provide a consistent base of reference. Other indexing techniques make it possible to compare large and small counties by constructing rates of drug deaths or arrests per 100,000 people.

Acknowledgements

Acknowledgement for preparation of this report goes to the staff of the Statistics and Analytical Studies Section: Craig Chaffee, Marcus Clark (principal author), Laura Gugat, Susan Nisenbaum (Manager), Margaret Ornelas, and Ardyce Smith. Questions or suggested improvements regarding the report should be directed to Susan Nisenbaum (916) 323-2008.

HIGHLIGHTS

CAL-DADS Treatment

- o Admissions into CAL-DADS clinics for cocaine and amphetamine abuse continued to increase every year from Fiscal Years 1982/83 through 1986/87.

Sex Differences

- o Male admissions relative to admissions of females are declining.
- o The most notable change in the ratio of male to female admissions is for PCP. In Fiscal Year 1982/83, 67.5 percent of PCP admissions were male and 32.5 percent were female. By Fiscal Year 1986/87, 55.9 percent were male and 44.1 percent were female.
- o The male porportion of amphetamine, heroin, and cocaine treatment admissions also dropped, while the female porportion correspondingly increased.

Race/Ethnicity Differences

- o Among Blacks, admissions into CAL-DADS clinics for cocaine abuse increased 476 percent.
- o Asian client admissions for treatment of all drugs abused increased by 57 percent, whereas admissions of Blacks barely changed.
- o Admissions of Asians for treatment of heroin addiction rose 78 percent between Fiscal Years 1982/83 and 1986/87.
- o For most groups, PCP admissions declined.
- o There are very few amphetamine admissions of Blacks but large and growing percentages of Whites, Asians, and Native Americans are being admitted.

Age Differences

- o Cocaine and amphetamines, as well as heroin and PCP admissions rose more rapidly among juveniles than among other age groups.
- o Admissions of youth 17 and under increased 584 percent for cocaine and 155 percent for amphetamine abuse.
- o Marijuana continues to be the most abused drug among juveniles in CAL-DADS programs. About one-half of all admissions for youth are for marijuana.

Employment

- o The employment rate for clients in CAL-DADS treatment facilities increased over the five years from 46.4 percent of those old enough to be working to 55.1 percent.
- o Employed clients typically are in outpatient treatment for inhaling a drug and are 31 to 44 years of age. Often, they are in treatment four to six months and the drug abused is cocaine.

Routes of Drug Administration

- o Amphetamines, cocaine, and heroin are frequently injected. The number of admissions for treatment of injecting these drugs has increased remarkably.
- o Admissions for smoking cocaine have risen even more. Smoking increased from 17.2 percent to 49.8 percent of all cocaine admissions between 1982/83 and 1986/87.

Polydrug Abuse

- o Most often, polydrug abusers combine heroin as the primary drug with cocaine.
- o Cocaine is the most prevalent secondary drug abused, followed by alcohol and marijuana.

Amphetamines, Cocaine, Heroin: The Three Major Drugs

- o Cocaine exhibits the most ominous trends of the three major drugs.
- o Cocaine-caused deaths continued upward in all years so that, by Fiscal Year 1986/87, they were 263 percent of Fiscal Year 1982/83 deaths.
- o Deaths caused by heroin and amphetamines declined in Fiscal Year 1986/87 after increasing for several years.
- o Admissions into treatment by first-time abusers of cocaine increased consistently each year.
- o Hospital emergency room mentions of cocaine increased steadily each year.

DAWN, U.S. Department of Health and Human Services

- o Cocaine abuse treatment in CAL-DADS clinics increased greatly; and it became the most frequently mentioned drug in hospital emergency rooms.
- o Heroin was the second most frequently mentioned drug in 1986.
- o Alcohol dropped in rank from first to third most frequently mentioned drug between 1981 and 1986, even though the number of alcohol mentions increased in most years.

Drug-Caused Deaths

- o All but 12 of California's 58 counties reported drug-caused deaths. There were 2,497 in Fiscal Year 1985/86.

- o San Francisco had 13.6 deaths per 100,000 population in 1986, followed by Madera County with 13.1.
- o Los Angeles and Orange Counties had lower rates of 9.2 and 7 per 100,000, respectively. The state average was 8 deaths per 100,000.
- o Heroin-caused deaths declined in Fiscal Year 1986/87, while cocaine-caused deaths continued to increase.

Arrest Rates and Types of Violations

- o The arrest rate for narcotic law violations is much greater for adults than for juveniles.
- o The adult rate increased from 114.9 arrests per 100,000 adults in 1982 to 377.5 in 1986.

Felony Arrests

- o Felony violations of drug laws by juveniles did not increase as fast as those by adults.
- o Between 1982 and 1986, adult felony drug arrests increased from 345.2 to 617.1 per 100,000 adults.

Court Diversions

- o California courts diverted 8,501 drug law offenders from jail to drug treatment in 1982. By 1986, there were 13,200 diversions.
- o Diversions for violations of narcotics laws increased from 5.5 percent of all diversions to 21.5 percent.
- o Diversions for violations of marijuana laws declined from 45.9 percent to 14 percent.

TREATMENT IN THE CALIFORNIA DRUG ABUSE DATA SYSTEM

Many drug addicts will ingest several drugs but have a drug of preference or primary drug. They may be admitted into a clinic which is part of CAL-DADS. Data obtained from such clients include primary drug with secondary drugs abused. This data includes the number of times clients are admitted for treatment of primary drug abuse in CAL-DADS.

The number of CAL-DADS admissions since Fiscal Year 1982/83 has been rising, except for the most recent year (see upper part of Graph 1). The drop in Fiscal Year 1986/87 was due almost entirely to a very substantial drop in admissions for people with a heroin drug problem.

Primary Drugs at Admission

The number of persons admitted for a primary problem of heroin dropped from 73,350 in Fiscal Year 1985/86 to 65,715. This represents a decline of 10.4 percent in one year.

The bottom half of Graph 1 focuses on drugs other than heroin abused in CAL-DAD System clinics. The trend is steadily upward, so that the 24,748 admissions in Fiscal Year 1982/83 increased to 27,009 in the most recent year.

The analysis of this upward trend reveals that two primary drugs are increasing their share of the total. Cocaine and amphetamines are rising, while marijuana, PCP, and all other drugs (barbiturates, sedatives, hypnotics, hallucinogens, inhalants, over-the-counter drugs, tranquilizers, and all others), as well as nonprescription methadone are declining. Thus, while admissions for all drugs other than heroin increased 2,713 between Fiscal Years 1985/86 and 1986/87, the 7,635 drop for admissions of heroin resulted in a 4,922 drop in the total.

Such a drop in admissions does not presume a similar drop in the number of heroin addicts in California. (Table 1) Factors in addition to number of addicts affect treatment admissions. For example, admission policies and availability of treatment can affect time in treatment. As length of treatment increases, fewer treatment openings are available and admissions decrease.

Primary Drugs at Admission by Sex

A further probe into the increases in some primary drug admissions shows that female heroin admissions increased from 20,980 to 25,014. Female admissions as a percent of the total increased from 35.9 percent during Fiscal Year 1982/83 to 38.7 percent in Fiscal Year 1986/87. (Graph 2 and Tables 2 and 3)

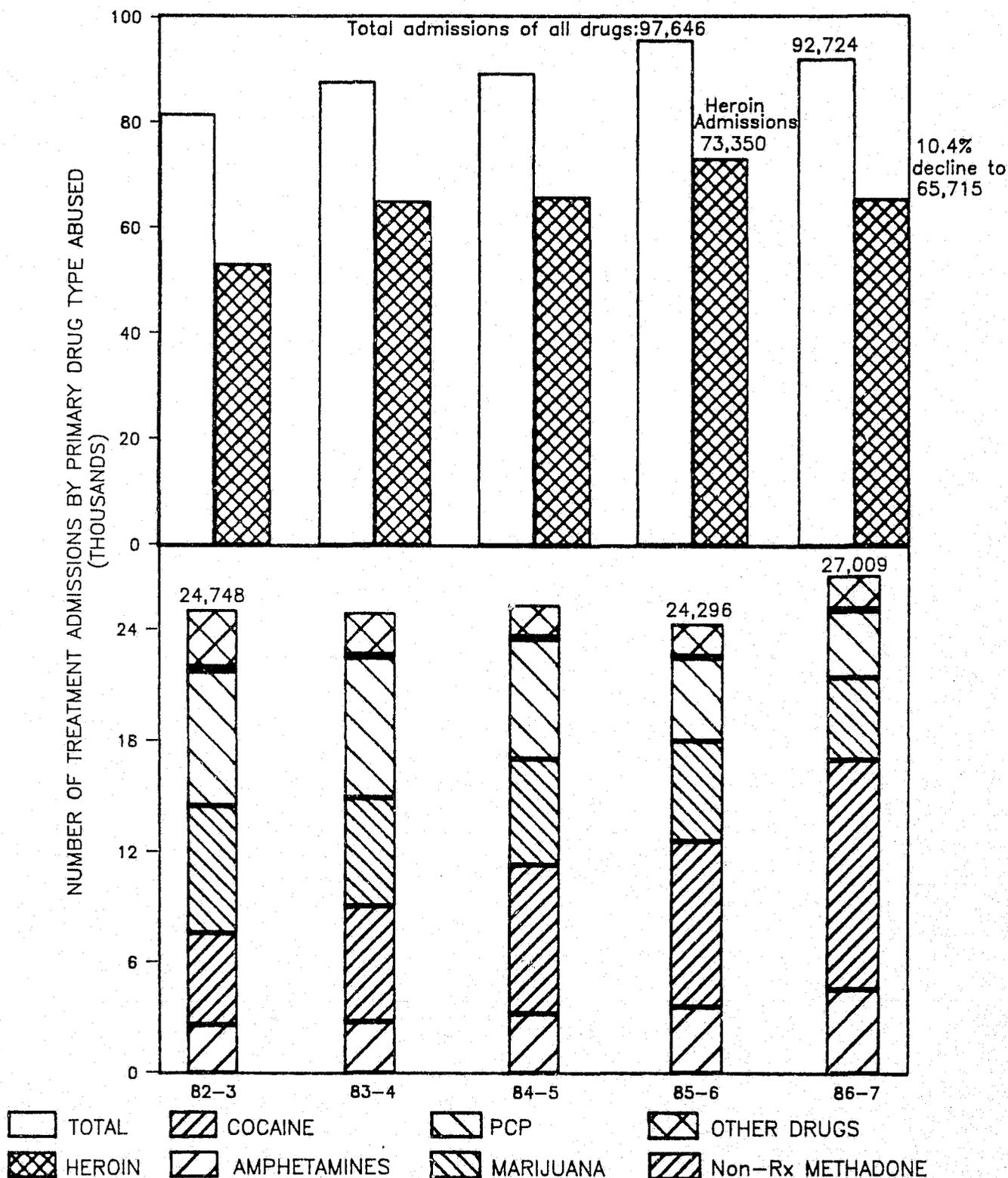
The increase is most noticeable with PCP as the primary drug. In Fiscal Year 1982/83, 32.5 percent of PCP admissions were females. By Fiscal Year 1986/87, their share increased to 44.1 percent of all PCP admissions. The Fiscal Year 1986/87 share for females increased for several other drugs too. It rose to 44.3 percent (from 41 percent in Fiscal Year 1982/83) among amphetamine abusers. Cocaine admissions of females rose dramatically. By Fiscal Year 1986/87, 38.5 percent of all cocaine admissions were females. Female admissions were up substantially from only 28 percent in Fiscal Year 1982/83. Marijuana usage, by males, declined only slightly. As a result, female usage increased to only 25.1 percent.

Graph 2 shows that the male admissions into treatment moved up and down with no overall apparent trend for nonprescription methadone (non-Rx methadone) and all of the other less

GRAPH 1

TREATMENT ADMISSIONS BY PRIMARY DRUG

Fiscal Years 1982-83 through 1986-87



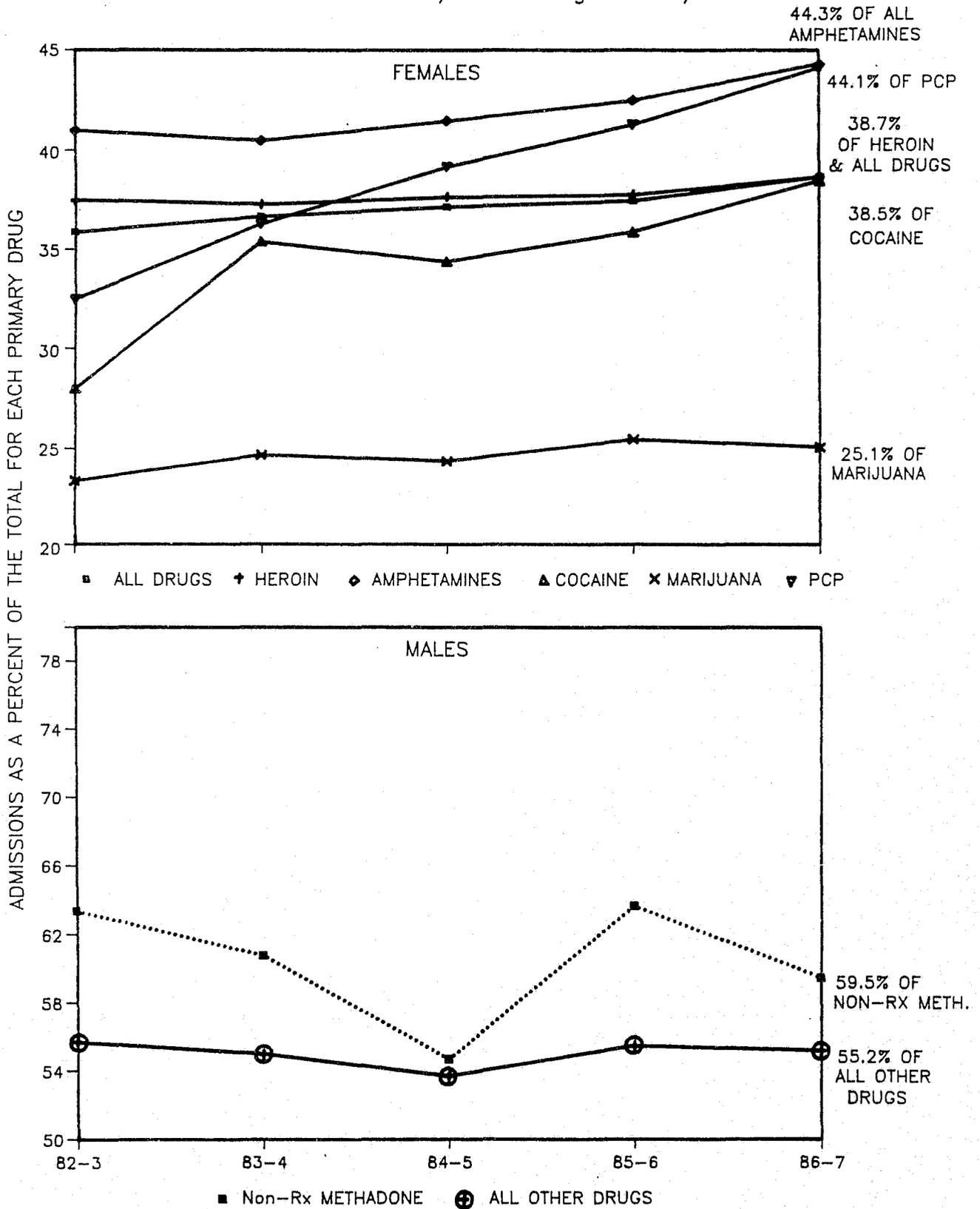
Source: CAL-DADS Admissions

In 1986-7 there were only 121 methadone admissions or .1% of all admissions.

GRAPH 2

PRIMARY DRUGS: MORE FEMALE ADMISSIONS

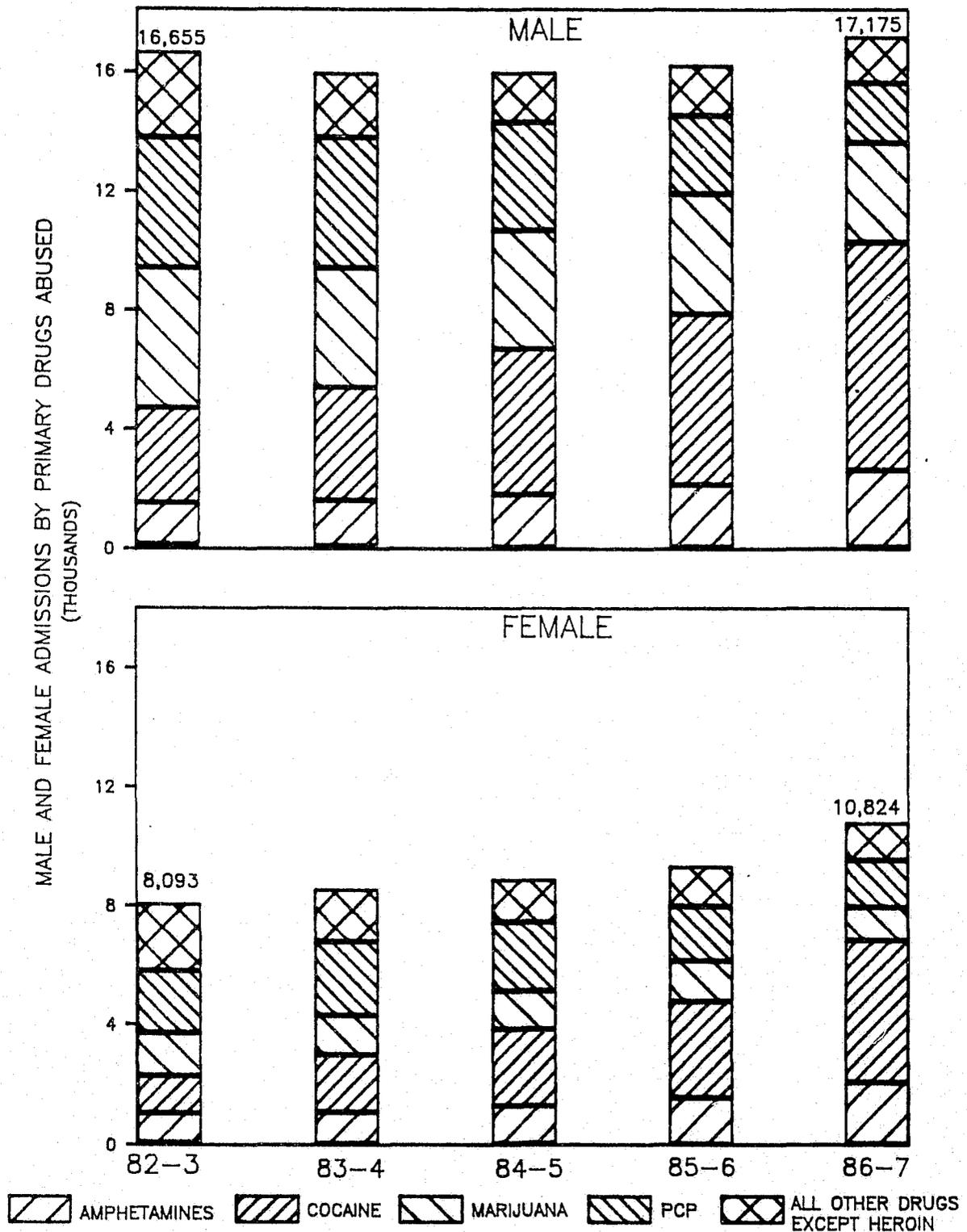
Fiscal Years 1982/83 through 1986/87



Source: CAL-DADS Admissions

GRAPH 3 PRIMARY DRUG TREATMENT BY SEX

Fiscal Years 1982-83 through 1986-87



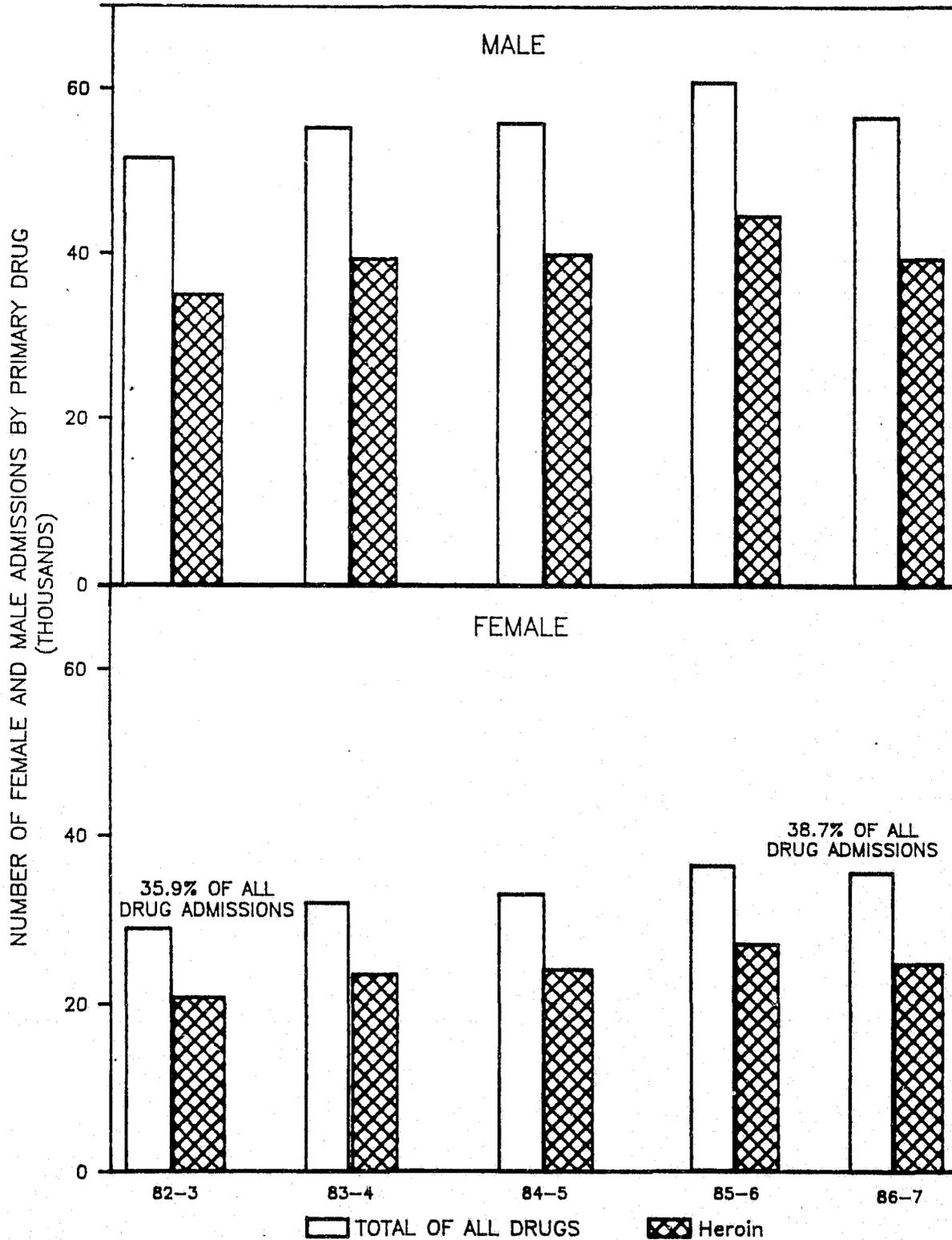
Nonprescription methadone is such a small percent that it does not appear.

Source: CAL-DADS Admissions of primary drugs other than heroin.

GRAPH 4

ADMISSIONS BY SEX: HEROIN AND ALL DRUGS

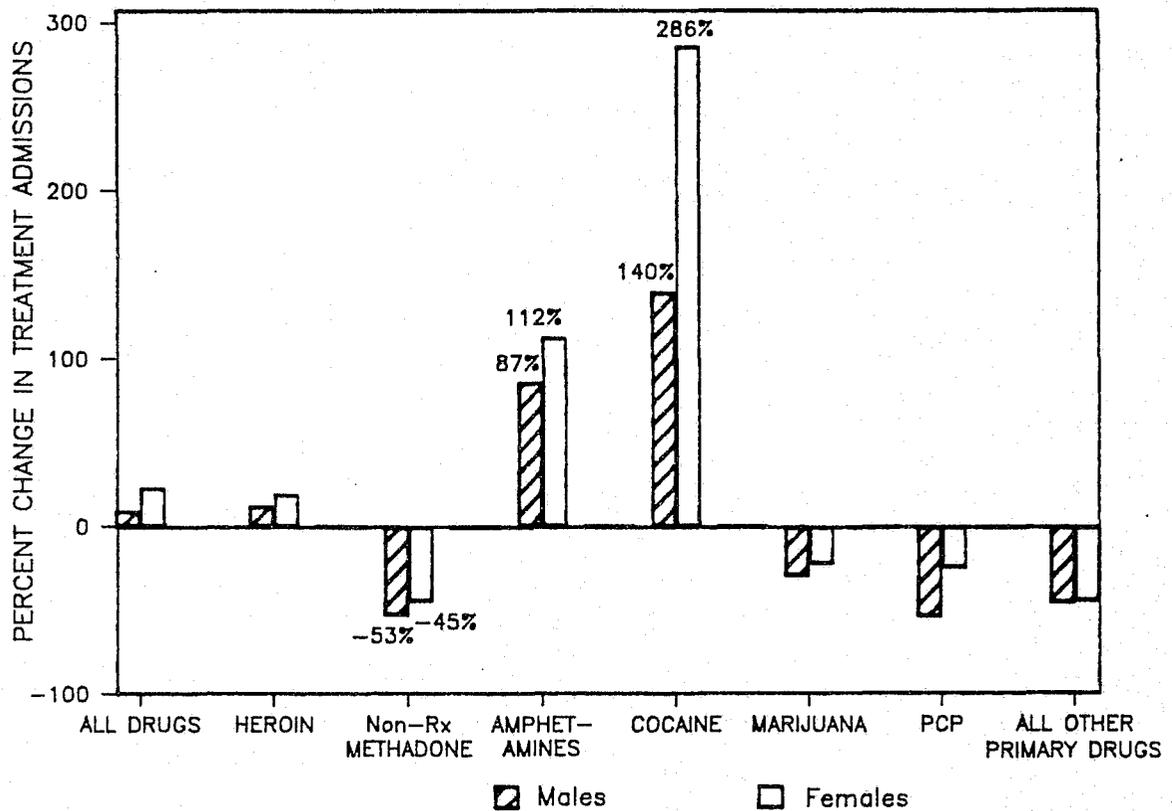
Fiscal Years 1982-83 through 1986-87



Source: CAL-DADS Admissions

GRAPH 5 CHANGE IN ADMISSIONS OF PRIMARY DRUGS

Fiscal Years 1982-83 to 1986-87



Source: CAL-DADS Admissions

frequently abused primary drugs. The males were 59.5 percent and 55.2 percent, respectively, by Fiscal Year 1986/87.

Graph 3 shows that the number of admissions for selected primary drugs increased every year for females; whereas, for males, such admissions declined between Fiscal Years 1982/83 and 1984/85.

In spite of the increase in female admissions, trends in the composition of primary drug abuse are similar for both sexes. Amphetamine and cocaine admissions increased for both. Cocaine increased to more than one-half of all admissions among the drugs other than heroin. PCP and marijuana abuse admissions generally declined for males and females.

Graph 4 and Table 3 show that female admission percentages for heroin increased from 37.3 to 38.7 percent. Over the 5-year period, the total admissions for females increased from 35.9 percent to 38.7 percent of total admissions.

Graph 5 shows all the primary drugs together. Each is presented as percent change in admissions of that drug over five years. For example, female admissions for cocaine abuse increased from 1,242 in Fiscal Year 1982/83 to 4,796 in Fiscal Year 1986/87, or a 286-percent increase. For males, the increase was from 3,195 to 7,671, or a 140-percent increase. Among drugs with declining admissions, the decline was less for women than for men. For example, nonprescription methadone admissions declined 53 percent for men versus 45 percent for women.

Primary Drugs at Admission by Race/Ethnicity

Admissions of Asian clients increased by 57 percent, from 930 to 1,465 in the 5 years since Fiscal Year 1982/83. Asian admissions for heroin abuse increased even more. They rose 78 percent, from the 576 admissions in Fiscal Year 1982/83 to 1,025 in Fiscal Year 1986/87. (Graph 6)

In contrast, Black admissions increased only slightly, from 14,163 to 14,406. (Table 4) Decreases occurred in admissions for primary drugs PCP, marijuana, amphetamines, and nonprescription methadone. (Table 5) Cocaine increases among Blacks more than made up the decreases in all other primary drugs. (Graph 7)

Hispanic admissions, for heroin and all primary drugs together, generally increased until they declined to 23,330 and 29,763 in Fiscal Year 1986/87. Amphetamine and cocaine increases were not enough to overcome declines, particularly in heroin admissions.

White client admissions for heroin and all primary drugs increased until Fiscal Year 1986/87, when they fell to 31,974 and 46,368, respectively. Admissions of Whites for abuse of cocaine and amphetamines increased each of the five years, as they did for Hispanics.

Native American admissions generally increased, but there were small declines in Fiscal Year 1984/85 and again in Fiscal Year 1986/87. Nevertheless, total and heroin admissions increased over the five-year period. Admissions for marijuana abuse generally declined during the period. (Graph 6)

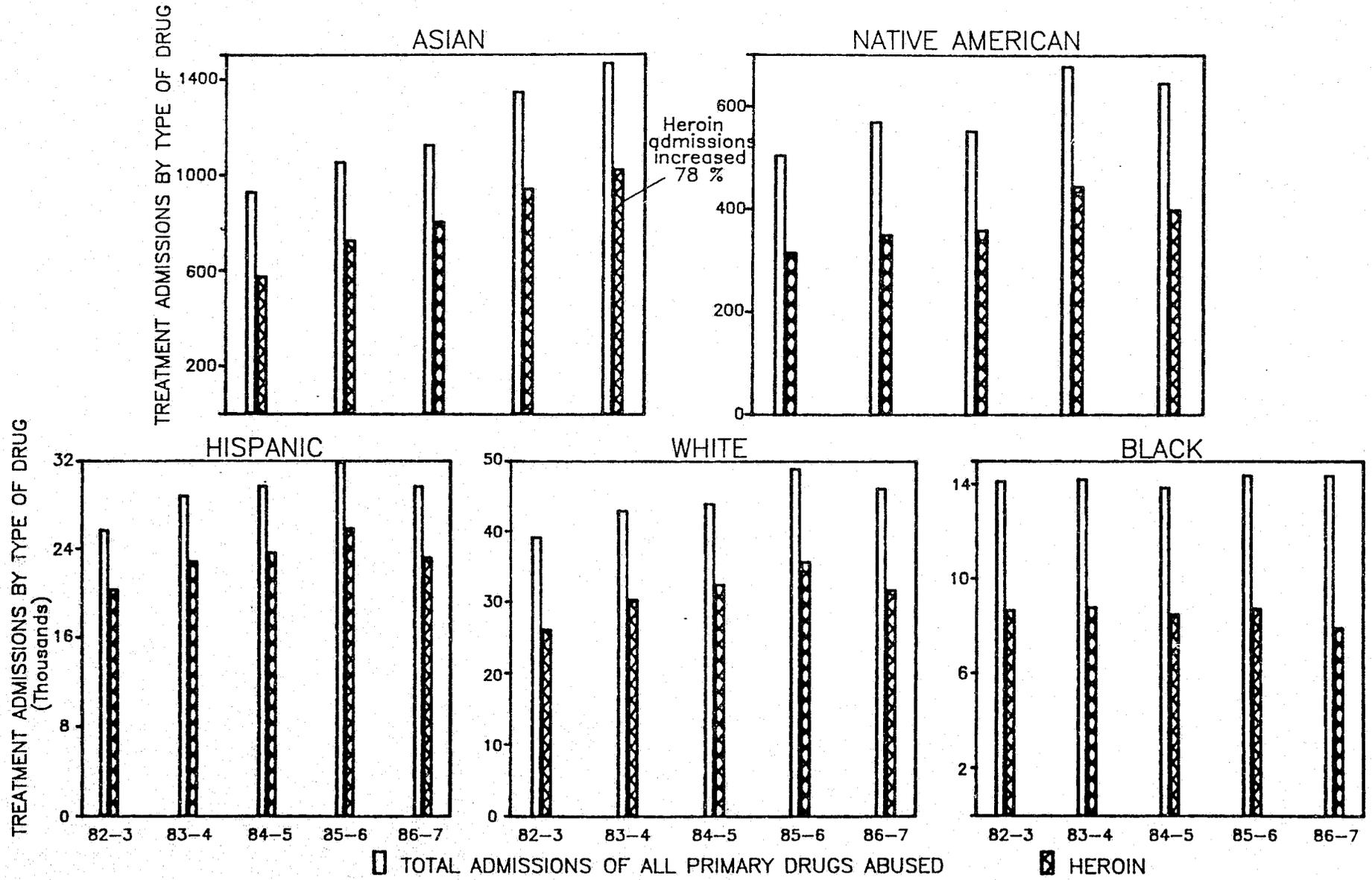
For most race/ethnic groups, while PCP admissions declined, cocaine admissions more than made up for those decreases. (Graph 7) This is most dramatically shown for Black clients. PCP admissions dropped from 2,715 to 383, while cocaine admissions increased from 1,095 to 5,215, for a 476-percent increase. This apparent switch in drug of preference from PCP to cocaine also shows up for Asian clients and Whites. Among Hispanics and Native Americans, the shift toward cocaine is also noticeable but with relatively little trend away from PCP. It is likely that cocaine is a more important drug because it became readily available at lower prices in the form of "crack".

Nonprescription methadone (ranging from .4 percent of White admissions to 0 for Native Americans) generally declined for all racial/ethnic groups. The small and declining number of admissions for this illegally obtained drug is a hopeful sign that little methadone is being abused. (Table 4)

Admissions for marijuana abuse are a substantial and generally declining percentage of the total. Among Whites, the percent dropped from 9.6 percent to 6.2 percent of total White admissions. Black client admissions for marijuana were 6.4 percent in Fiscal Year 1982/83 and only 3.7 percent in Fiscal Year 1986/87. The percentage declines for Asians and Native Americans were even more substantial. They declined from 8.6 and 12 percent in Fiscal Year 1982/83 to 4.8 and 5.4 percent, respectively. Marijuana admissions declined from 4.8 to 3.1 percent of all Hispanic treatment admissions. (Table 5)

GRAPH 6 ADMISSIONS BY RACE/ETHNICITY GROUP AND PRIMARY DRUG

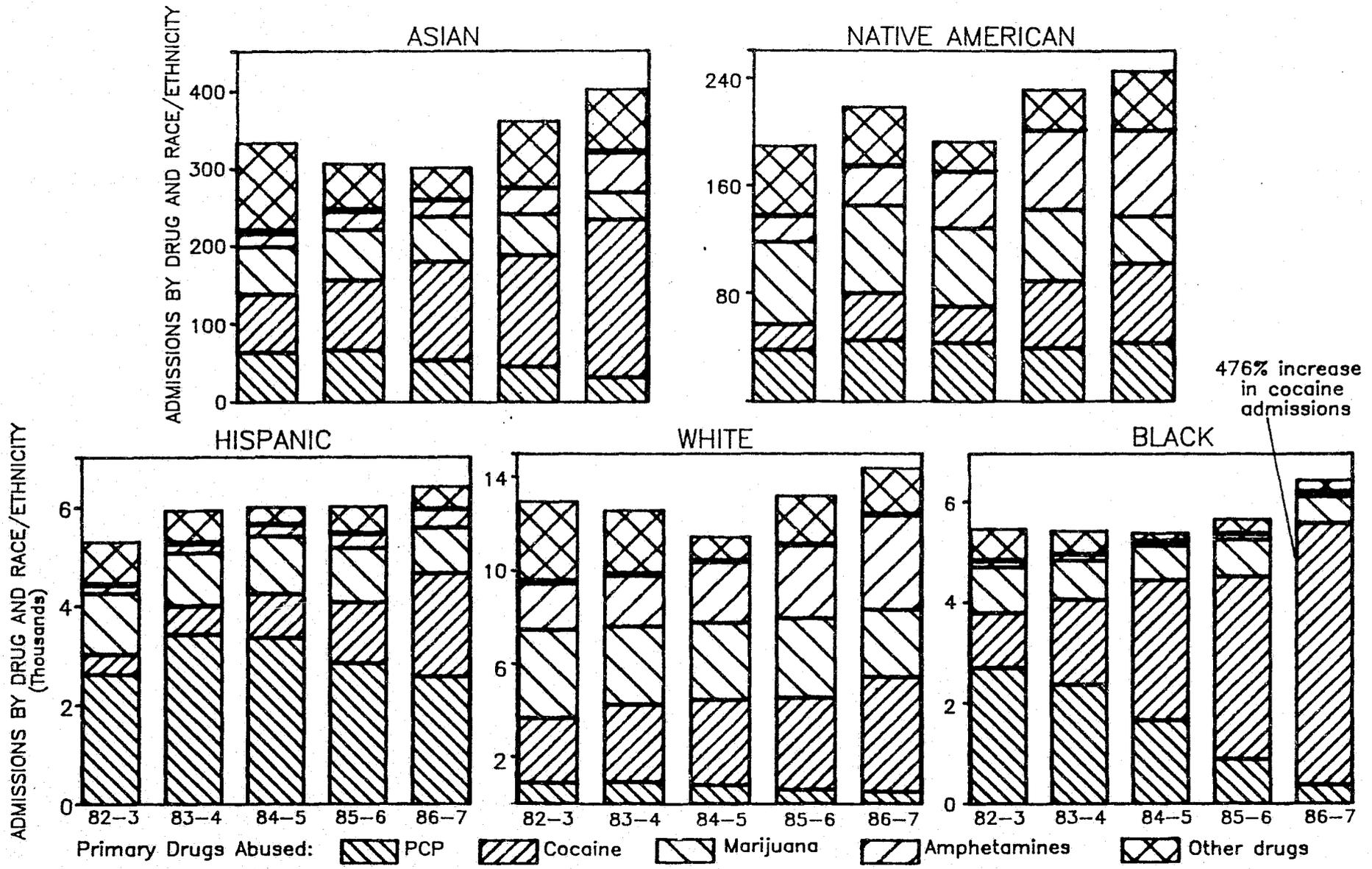
14



Source: CAL-DADS Admissions, FY 1982-83 through FY 1986-87

GRAPH 7 RACE/ETHNICITY: PCP, COCAINE, MARIJUANA AMPHETAMINES AND OTHER PRIMARY DRUGS

15



476% increase in cocaine admissions

Source: CAL-DADS Admissions of primary drugs other than heroin. Note: Non-Rx Methadone admissions are too small to be shown

There are few amphetamine admissions among Blacks but large and growing percentages for the other groups. While Asian and Native American admissions for amphetamines are very low, they are rapidly increasing. (Graph 7)

Primary Drug of Abuse by Age

Admissions for abuse of cocaine and amphetamines are rising for all ages and at an alarming rate for juveniles. Cocaine admissions of youth 17 and under increased 584 percent between Fiscal Year 1982/83 and Fiscal Year 1986/87. Amphetamines admissions increased 155 percent.

The 18 to 20 year-old group showed the next highest percentage increase for amphetamines and cocaine at 196 percent and 110 percent, respectively. (Graph 8 and Table 6)

Nonprescription methadone admissions for older age groups have declined substantially. For example, there was a 62-percent decrease for 21-25 year olds and a 73-percent drop for 26-30 year olds. During the same 5-year period, methadone abuse admissions increased from 0 to 3 and 0 to 2 in the juvenile and 18-20 age groups. Increases based on such small numbers as these do not constitute a trend.

Rates of increase for heroin and PCP are more substantial among juveniles than any other age group. As shown in Graph 8, they increased 103 percent and 72 percent, respectively, among juveniles. Indeed, PCP abuse is concentrated among juveniles, while all the other age groups experienced a decline. For example, it dropped 58 percent over the 5 years for 21-25 year olds.

Probing age group differences further reveals that, while juveniles are increasing their use of heroin, it is still a small percent of total admissions of all drugs for them. This is distinctly different from older addicts, especially those 26 or more years of age. For them, over 70 percent of all admissions are for heroin treatment. (Graph 9) In contrast, only five percent of juveniles were admitted in Fiscal Year 1986/87 with heroin as the primary drug.

Graph 10 shows how primary drugs other than heroin differ by age group. The trend in PCP, cocaine, and amphetamines is generally upward for juveniles. Except for cocaine and amphetamines, there was a decrease for middle age groups from Fiscal Year 1982/83 to Fiscal Year 1985/86. Those 45 or more years of age are admitted less for abuse of PCP, marijuana, and the total of all other primary drugs; while they are admitted more for heroin and cocaine.

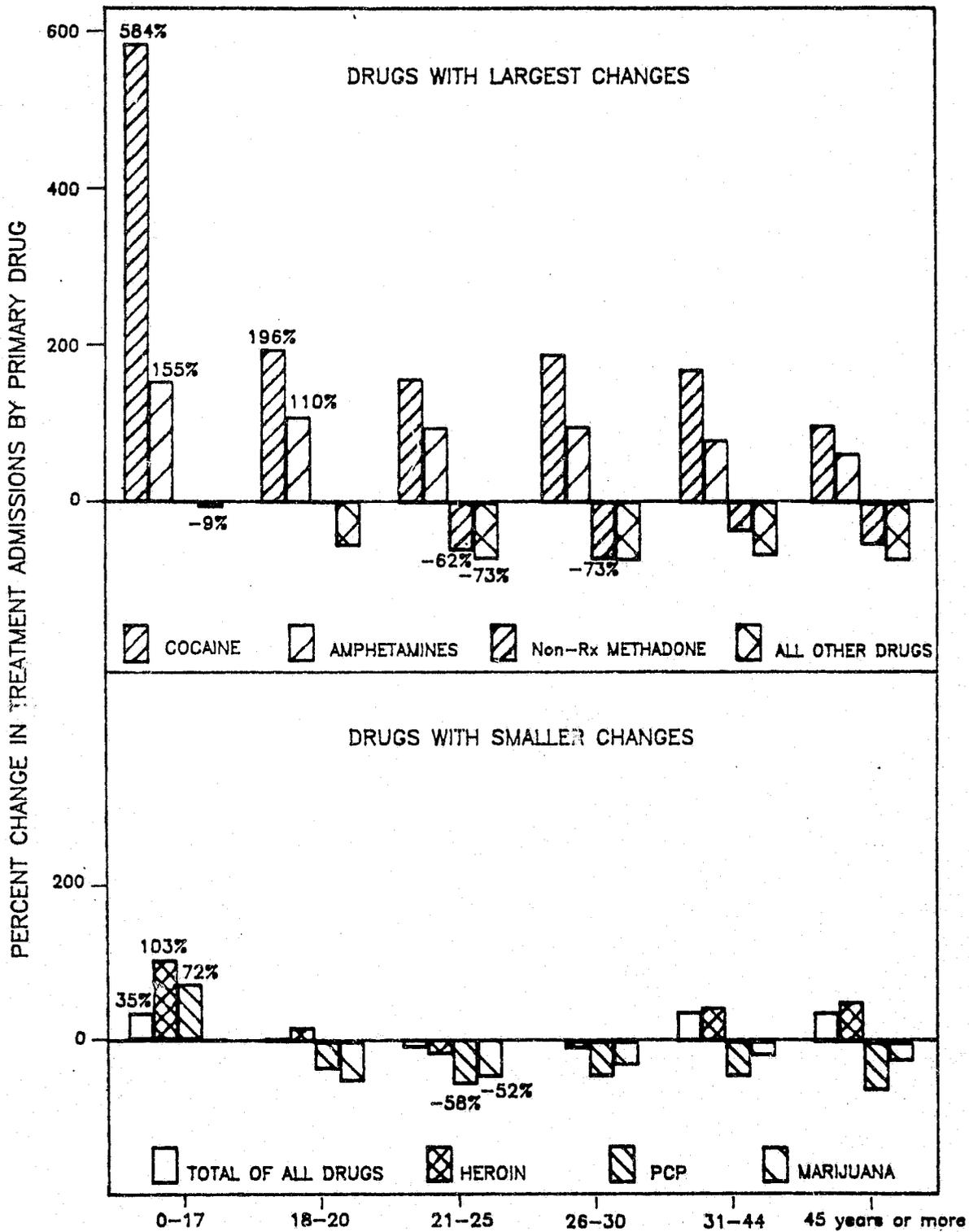
Marijuana is generally one-half or more of all the primary drugs abused by juveniles in treatment. For older age groups, marijuana is at best the fourth or fifth most frequently abused drug.

Cocaine admissions are growing steadily for all age groups. Among juveniles, cocaine is a distant second to marijuana, which was 47 percent of Fiscal Year 1986/87 total treatment admissions.

GRAPH 8

ADMISSIONS BY AGE GROUP AND DRUG

Percent Change between Fiscal Year 1982/3 and 1986/7



'86/7 Admissions: 3,984 4,738 14,705 22,672 40,771 5,854

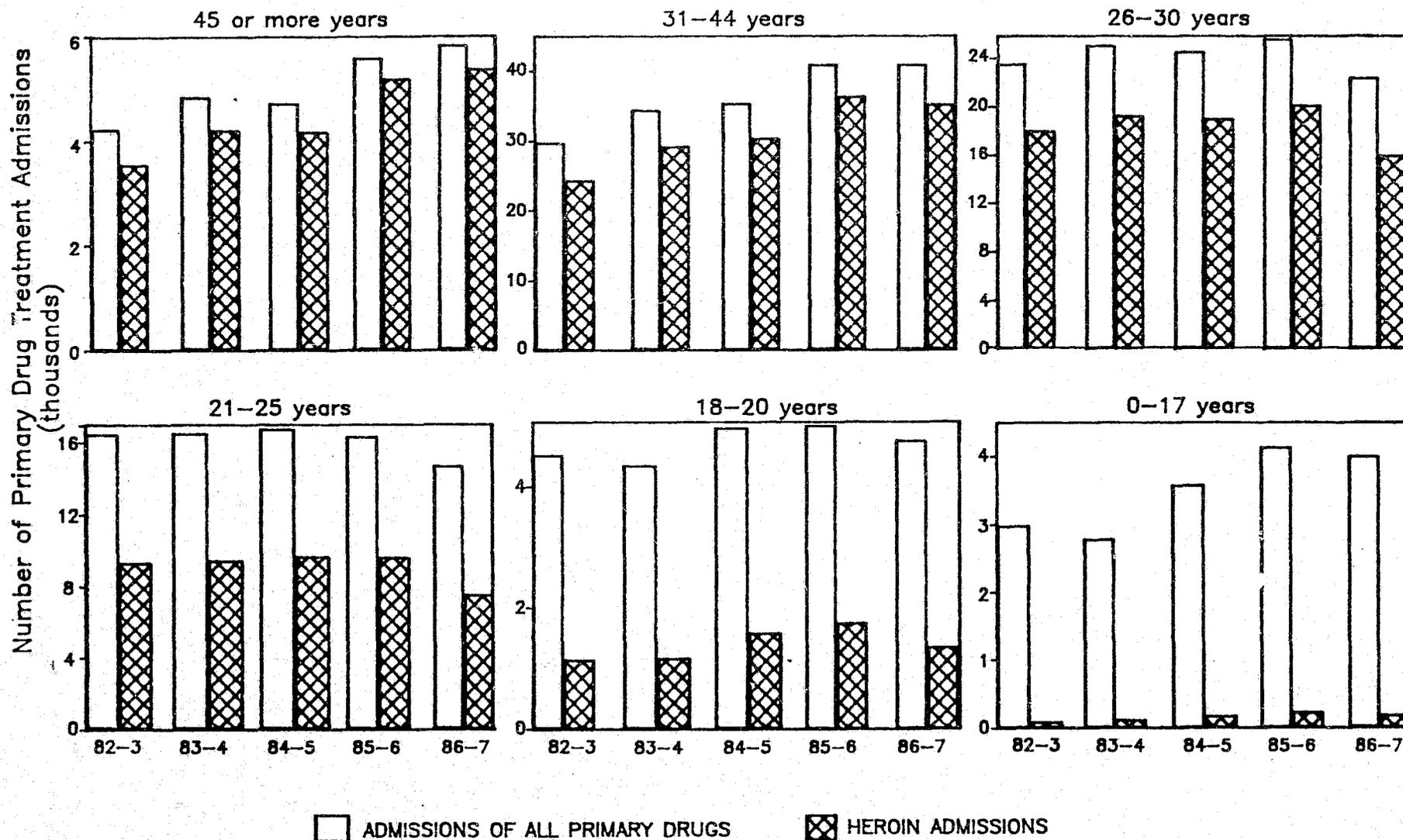
Source: CAL-DADS Admissions

GRAPH 9

HEROIN AND TOTAL OF ALL PRIMARY DRUGS ABUSED BY AGE

Fiscal Years 1982/83 through 1986/87

81



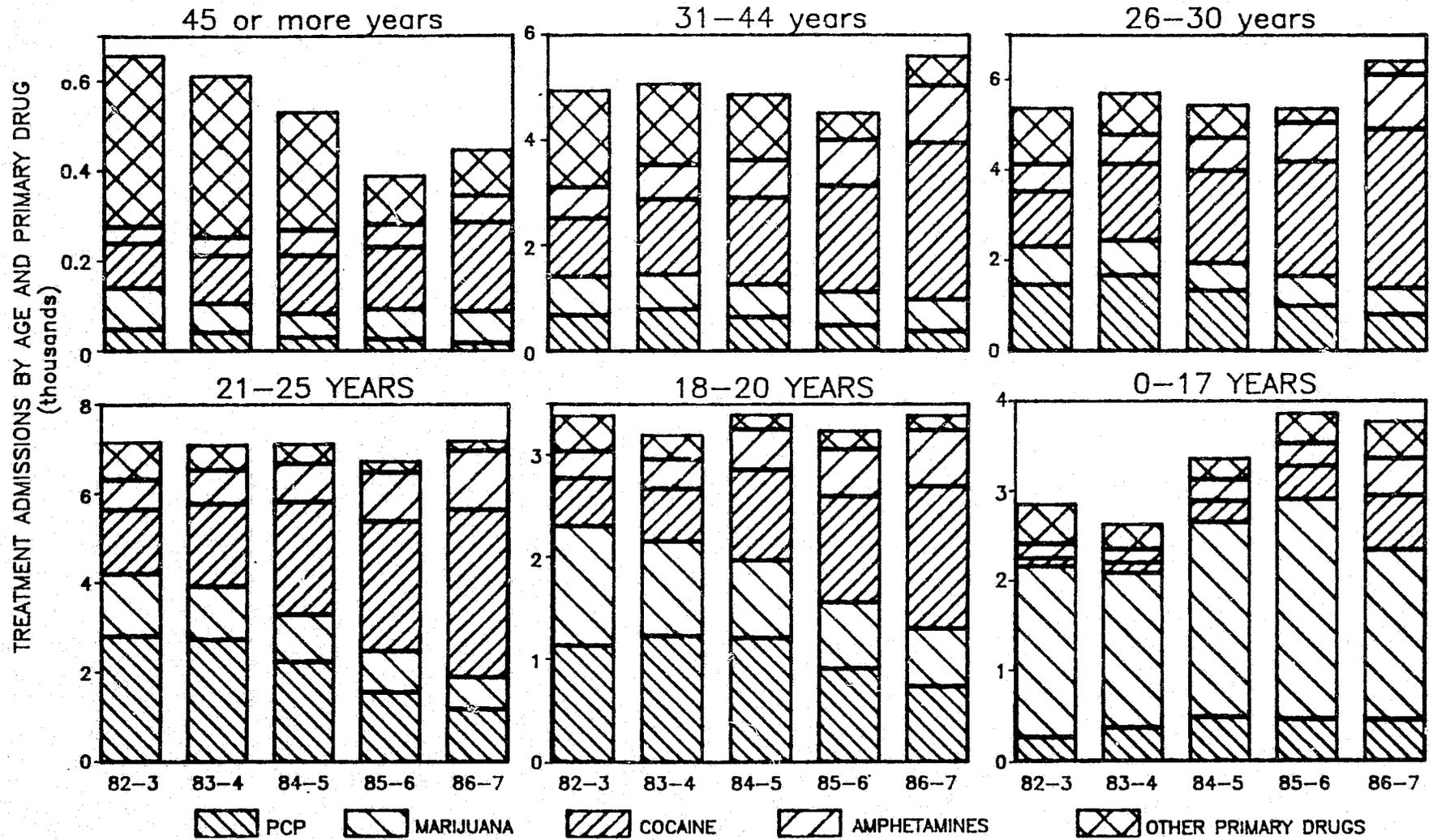
Source: CAL-DADS Admissions.

GRAPH 10

FIVE PRIMARY DRUGS ABUSED BY AGE UPON ADMISSION

Fiscal Years 1982-83 through 1986-87

61

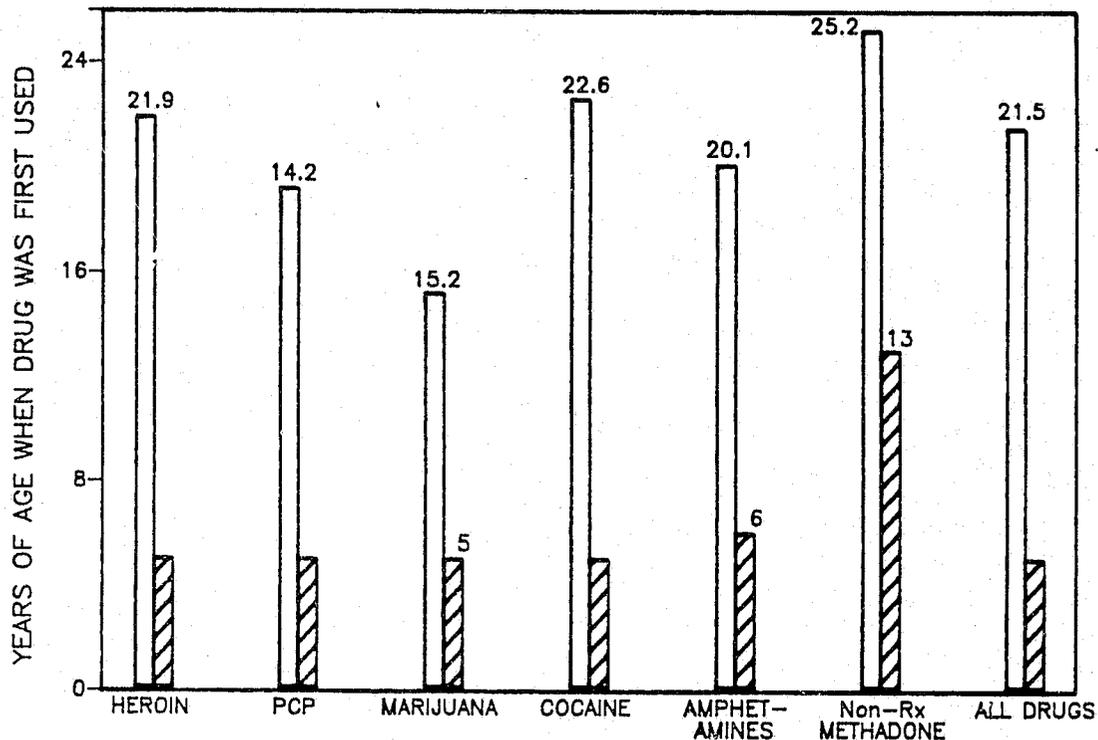


Source: CAL-DADS Admissions of primary drugs other than heroin.

GRAPH 11

DRUG FIRST USED: AVERAGE/MINIMUM AGE

Fiscal Year 1986/87



AVERAGE AGE WHEN DRUG USE BEGAN
 MINIMUM AGE WHEN DRUG USE BEGAN

Source: CAL-DADS unique client count.

Age at First Use

Just as there are differences in age groups' preferences for drugs, there are also differences in age when any drug is first used. As might be expected, the average age for first use is lowest for marijuana abusers. (Graph 11) As shown in Table 7, the average age has dropped from 16.1 years in Fiscal Year 1982/83 to 15.2 in the most recent year.

There are no substantial differences in age of first use among the primary drugs abused. In Fiscal Year 1986/87 cocaine, heroin, and amphetamine addicts reported average ages of first use to be 22.6, 21.9, and 20.1 years. The average age of first use for nonprescription methadone (25.2 years) is the highest for all of the drugs reported to CAL-DADS. The minimum age of first use for persons whose primary drug is nonprescription methadone was 13 years. The minimum age of first use for most drug abusers was five.

Population and Primary Drug Abuse

Trends of primary drug abuse differ by population of the county. For example, there was a 55.9 percent increase in heroin drug admissions between Fiscal Year 1982/83 and Fiscal Year 1986/87 in counties of 200,000 to 500,000 population. The increase in the most populous counties (500,000 or more) over the same period was only 14.9 percent. (Graph 12)

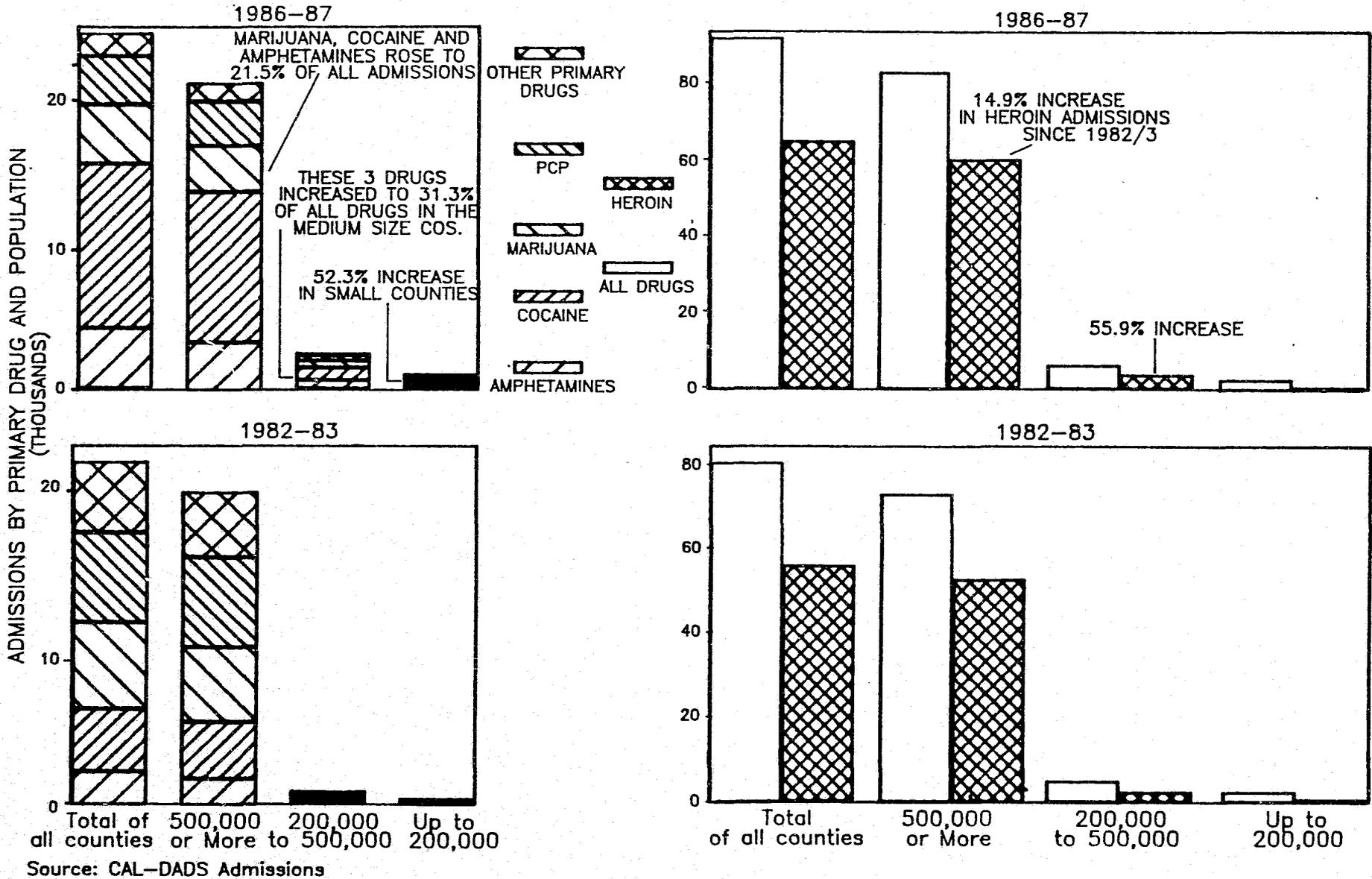
Three other primary drugs continue to be more frequently seen in treatment in the small counties. Cocaine, amphetamines, and marijuana were 51.4 percent of small county admissions in Fiscal Year 1982/83 and 52.3 percent 4 years later.

GRAPH 12

PRIMARY DRUG ADMISSIONS BY POPULATION OF COUNTY

Fiscal Years 1982-83 and 1986-87

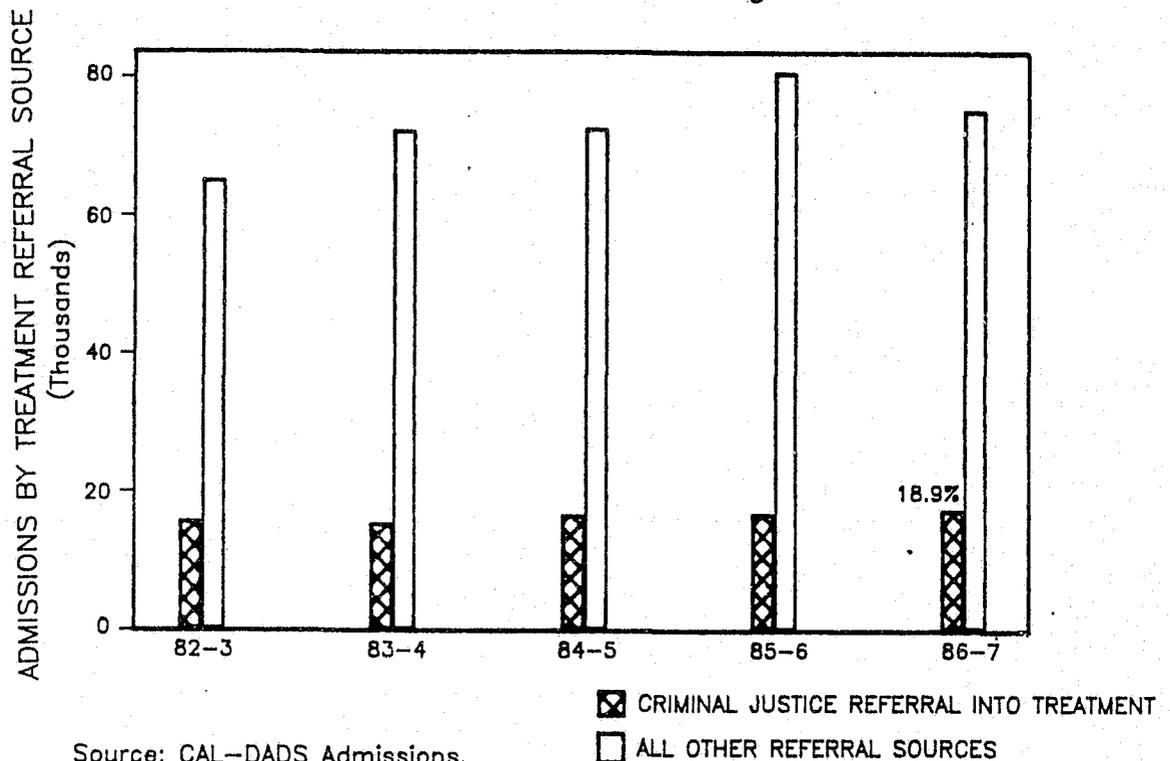
21



GRAPH 13

CRIMINAL JUSTICE AND OTHER REFERRALS

Fiscal Years 1982 through 1986



Source: CAL-DADS Admissions.

In the more populous counties, cocaine, amphetamines, and marijuana are becoming more serious. In medium and large counties, these 3 drugs together were 29.8 percent and 13.8 percent, respectively, of the total CAL-DADS admissions in Fiscal Year 1982/83. Four years later, they rose to 31.3 percent and 21.5 percent, respectively. (Table 8)

CAL-DADS treatment populations in the small counties typically report addiction to cocaine, amphetamines, and marijuana, as well as heroin. In the large and medium counties, clients admitted into CAL-DADS programs more frequently abuse heroin alone. There never have been many PCP abusers in the small county clinics, but there are significant percentages of persons who abuse "all other" primary drugs (barbiturates, other sedatives and hypnotics, hallucinogens, inhalants, tranquilizers, other opiates and synthetics, and over-the-counter drugs).

Source of Referral to Treatment

Many clients are encouraged by their families, friends, or employers to accept drug treatment. Others are self-referred. There have been increases in the number of CAL-DADS treatment admissions referred from criminal justice sources in every year but one. But the percent has not changed much from the 18.9 percent referred in Fiscal Year 1986/87. (Graph 13 and Table 9)

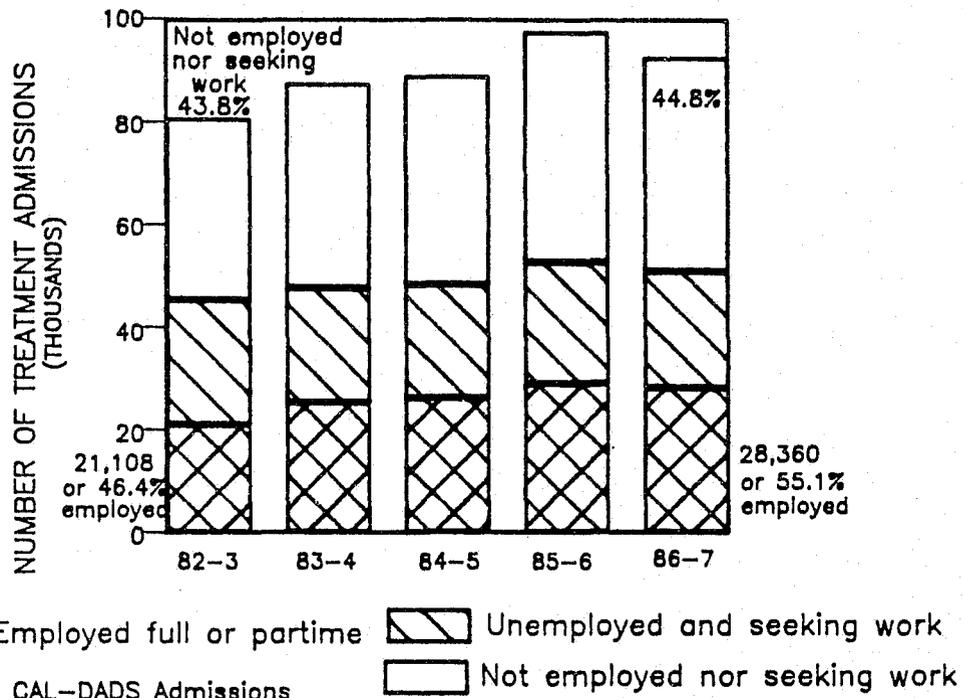
It is significant to note that relatively few criminal justice referrals are heroin addicts (5.7 percent in Fiscal Year 1986/87). On the other hand, 77 percent of the PCP abusers are criminal justice referrals. (Table 10)

There are some notable trends in primary drug type by source of referral. For marijuana admissions, referrals by criminal justice have declined regularly, from 64.4 percent in Fiscal Year 1982/83 to 54.4 percent 4 years later. During the same time period, criminal justice referrals increased from 65.2 percent to 77.0 percent for PCP admissions.

GRAPH 14

EMPLOYMENT STATUS AT ADMISSION

Fiscal Years 1982-83 through 1986-87



There seems to be a trend of fewer criminal justice referrals for 18-20 year olds. In Fiscal Year 1982/83, 53.6 percent of these young adults were referred to treatment from a criminal justice agency; by Fiscal Year 1986/87, the rate had declined to 48.8 percent. (Table 11)

The misleading effect of treatment population changes on referrals may be filtered out by using the annual percentage for each age group. Thus, in Table 11, while total admissions of youth 17 years or less declined from 4,112 to 3,996, the percent of criminal justice referrals increased from 58.2 to 58.6 percent of total admissions for that age group. An even more substantial difference is noted for the 21-25 age group between Fiscal Year 1985/86 and Fiscal Year 1986/87. While admissions dropped from 16,338 to 14,732, criminal justice referrals increased from 27.6 to 30.6 percent.

Regardless of year, less than one-fifth of all CAL-DADS clients were referred by criminal justice. For each age group, the criminal justice referral percent is significantly less than the next younger age group. Juveniles had a 58.6-percent criminal justice referral rate versus only 7.3 percent for people 45 or more in Fiscal Year 1986/87.

Employment Status

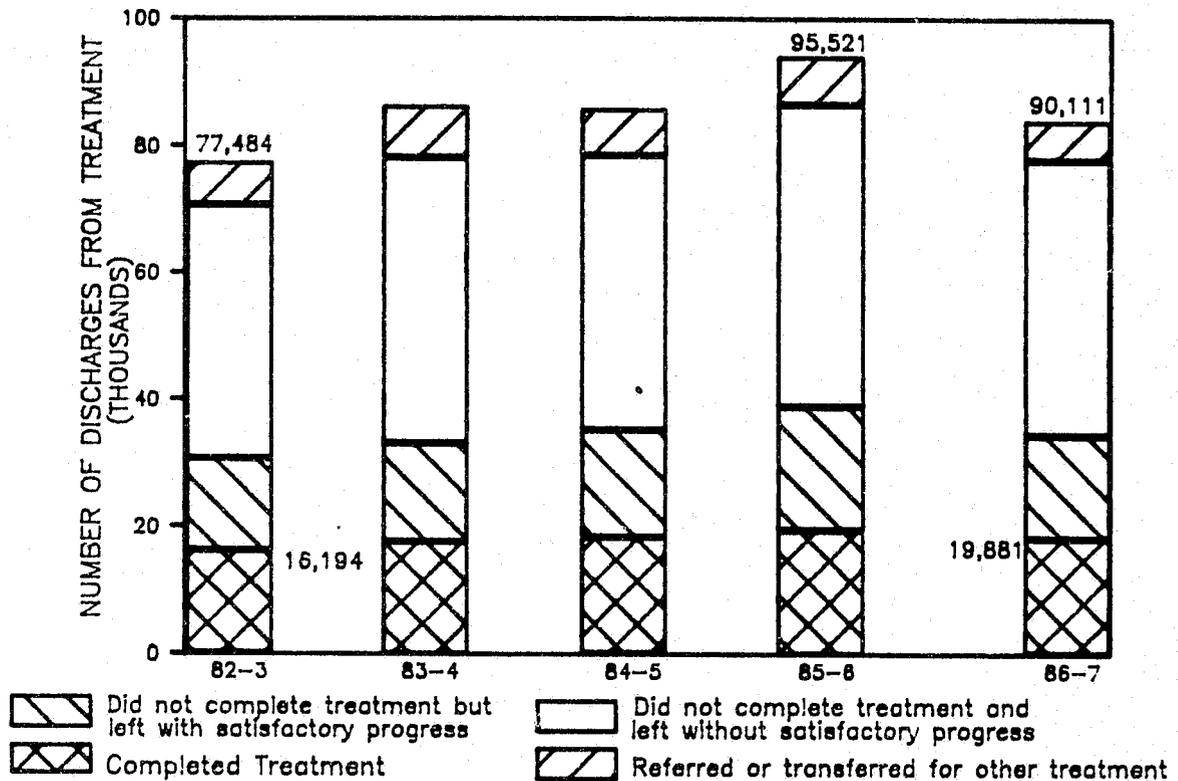
The employment rate for clients entering treatment has improved since Fiscal Year 1982/83. In that year, 46.4 percent of all clients employed or seeking employment had jobs at the time they were admitted to treatment. The employment rate rose to 55.1 percent in Fiscal Year 1986/87. The number of admissions of employed clients increased from 21,108 in Fiscal Year 1982/83 to 28,462 four years later. (Table 12 and Graph 14)

There was a very small increase in admissions of clients not employed and not seeking work. That rate rose from 43.8 percent in Fiscal Year 1982/83 to 44.8 percent 4 years later. This may represent an increase in drug abuse treatment of youth, disabled, and elderly, who are not generally counted as part of the work force.

GRAPH 15

TREATMENT STATUS WHEN DISCHARGED

Fiscal Years 1982-83 through 1986-87



Source: CAL-DADS Discharges

Examination of other traits of those in treatment shows some expected relationships. As shown in Table 13, 47.2 percent of all who inhale (but do not smoke) as the route of administration are employed. Only 29.4 percent of those who smoke their primary drug are employed. Many of the clients who smoke are probably juvenile marijuana abusers, which would account for the higher rate of unemployment among drug smokers. Even fewer (28.6 percent) of those who inject are employed.

A much higher percentage of those in outpatient methadone maintenance are employed (39.2 percent) than those in the two main types of residential programs (8.5 percent in residential drug free and 4.9 percent in residential detoxification). Persons in outpatient drug free service units are also frequently employed (39.1 percent). This may be expected, since many residential clients are not allowed to work or be outside the facility other than for treatment activities.

Drug type seems to have less influence on employment than the other three traits. Only 6.2 percentage points separate those in the first rank (35.6 percent employment with cocaine abuse) from the fifth ranked (29.4 percent for PCP). It is not known if these four traits have a statistically significant relationship to employment.

In summary, employed people in drug treatment typically are in an outpatient program for inhaling a drug and are 31 to 44 years of age. Often, they are in treatment four to six months for cocaine addiction.

Treatment Status at Discharge

In Fiscal Year 1982/83, CAL-DADS clinics reported client status at discharge for 77,484 discharges. In that year, 16,194 (20.9 percent) were discharged after having completed their treatment plans. (Graph 15) By Fiscal Year 1986/87, the number increased to 19,881, or 22.1 percent of 90,111 discharges.

Some achieve satisfactory progress but leave before their treatment plan is completed. This number increased over 5 years, from 14,490 to 17,404, or an increase from 18.7 to 19.3 percent of all discharges. (Table 14)

Clients who left treatment without making satisfactory progress increased from 40,059 to 45,596. However, this represents a decrease from 51.7 to 50.6 percent of all discharges over the 5 years.

The smallest group consists of those who were referred or transferred to another program for drug abuse treatment. Between Fiscal Years 1982/83 and 1986/87, changes were minimal, with a small decline in share of total admissions for those referred or transferred.

Treatment Service Type

CAL-DAD System treatment environments include outpatient, residential, prison, and day care. Treatment modalities include detoxification, maintenance (using methadone to treat heroin addiction), drug free, and other.

Four treatment service types (known as environment/modalities in CAL-DADS) admitted all but 5.6 percent of the Fiscal Year 1986/87 CAL-DADS clients. (Table 15) They are outpatient detoxification (ODX is 50.7 percent of total admissions), outpatient drug free (26.1 percent are ODF), outpatient methadone maintenance (11.5 percent are OMM), and residential drug free (6.1 percent are RDF).

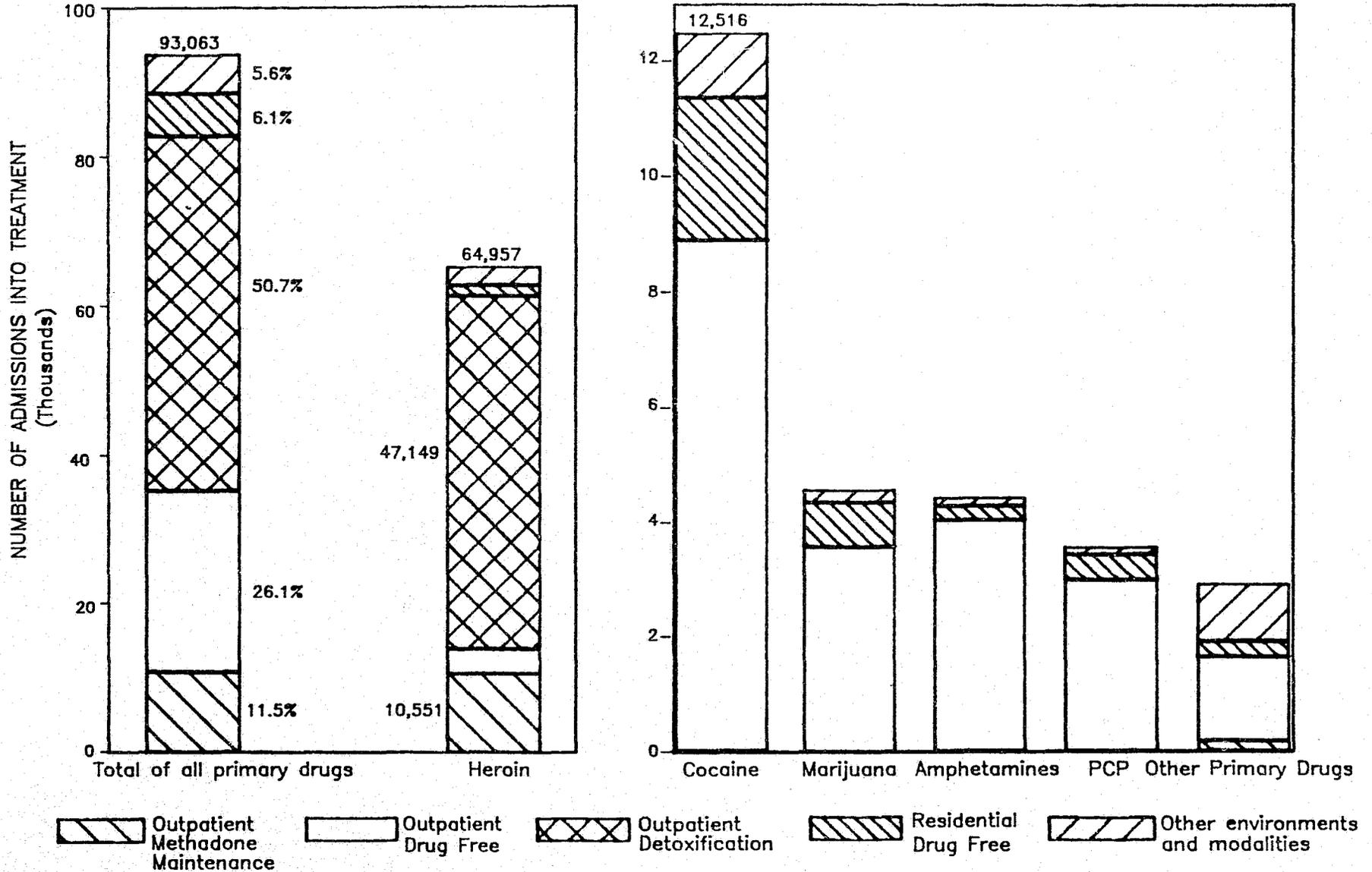
Analysis of these four plus the rest of the other service types shows how treatment type is affected by the primary drug abused. Since heroin is most frequently abused, it is shown (on the left of Graph 16) along with the total of all drugs using a different scale.

Outpatient detoxification (ODX) programs admitted 47,149 heroin cases out of a total of 64,957 heroin admissions. (Graph 16) Whereas other drugs are found in all of the treatment service types, heroin is almost exclusively the primary drug abused by clients in detoxification clinics. This service type generally limits detoxification treatment (with methadone) to about three weeks. Note that some clients are admitted for detoxification two or more times in one year.

Most cocaine admissions are in RDF and ODF programs. The same two program service types also admit most of the amphetamine, marijuana, PCP, and other primary drug abusers.

GRAPH 16 PRIMARY DRUG BY TREATMENT SERVICE TYPE
Admissions in Fiscal Year 1986-87

26



Source: CAL-DADS Admissions

Primary Drug by Drug Administration Routes

The route of administration of abused drugs into the body is quite important. Administration of drugs by intravenous injection is now a more important public health concern because of the AIDS epidemic. Intravenous drug users are considered to be critical in the spread of this disease in California. A glance at Graph 17 shows that three primary drugs most often injected are amphetamines, cocaine, and heroin. Furthermore, nearly all the heroin is injected.

The upward trend in admissions for cocaine and amphetamines over the past five years underlies the fact that injections are increasing. Amphetamine abuse by injection rose from 1,034 admissions in Fiscal Year 1982/83 to 1,537 in Fiscal Year 1986/87. Cocaine injection admissions increased from 779 to 1,134 during the 5 years. (Graph 17 and Table 16)

Admissions of clients (when expressed as a percent of all admissions for each individual drug) who inject cocaine and amphetamines has declined. Amphetamine injections dropped from 44.4 percent to 33.4 percent of all admissions for amphetamines abuse, and cocaine injection admissions declined even more (17.6 percent to 9.1 percent in Table 17).

Unfortunately the number of admissions for injecting these two drugs increased during the 5 years (there were 1,537 amphetamine and 1,134 cocaine admissions in 1986/87). Overall admissions increased even more. As a result, admissions for injecting relative to total admissions changed very little. Thus, 70.6 percent of Fiscal Year 1982/83 admissions were for injected drugs of all kinds. The rate changed very little in Fiscal Year 1986/87 (70.2 percent).

Amphetamine abusers increasingly inhale, while inhaling of cocaine has dropped from 62.5 to 38.4 percent. On the other hand, oral ingestion is a significantly declining route for amphetamine abusers.

Cocaine abusers are increasing their use of smoking. As shown in Table 17, smoking rose from 17.2 percent of all routes to 49.8 percent by Fiscal Year 1986/87, presumably due to the emergence of "crack". PCP and marijuana abusers admitted into CAL-DADS clinics almost exclusively use smoking as the route of drug administration.

Time in Treatment

ODX and RDX service types stand out from the others in treatment time. Detoxification programs using methadone limit treatment to 21 days. All programs using methadone in detoxification or treating heroin addiction are required by law to restrict time in treatment.

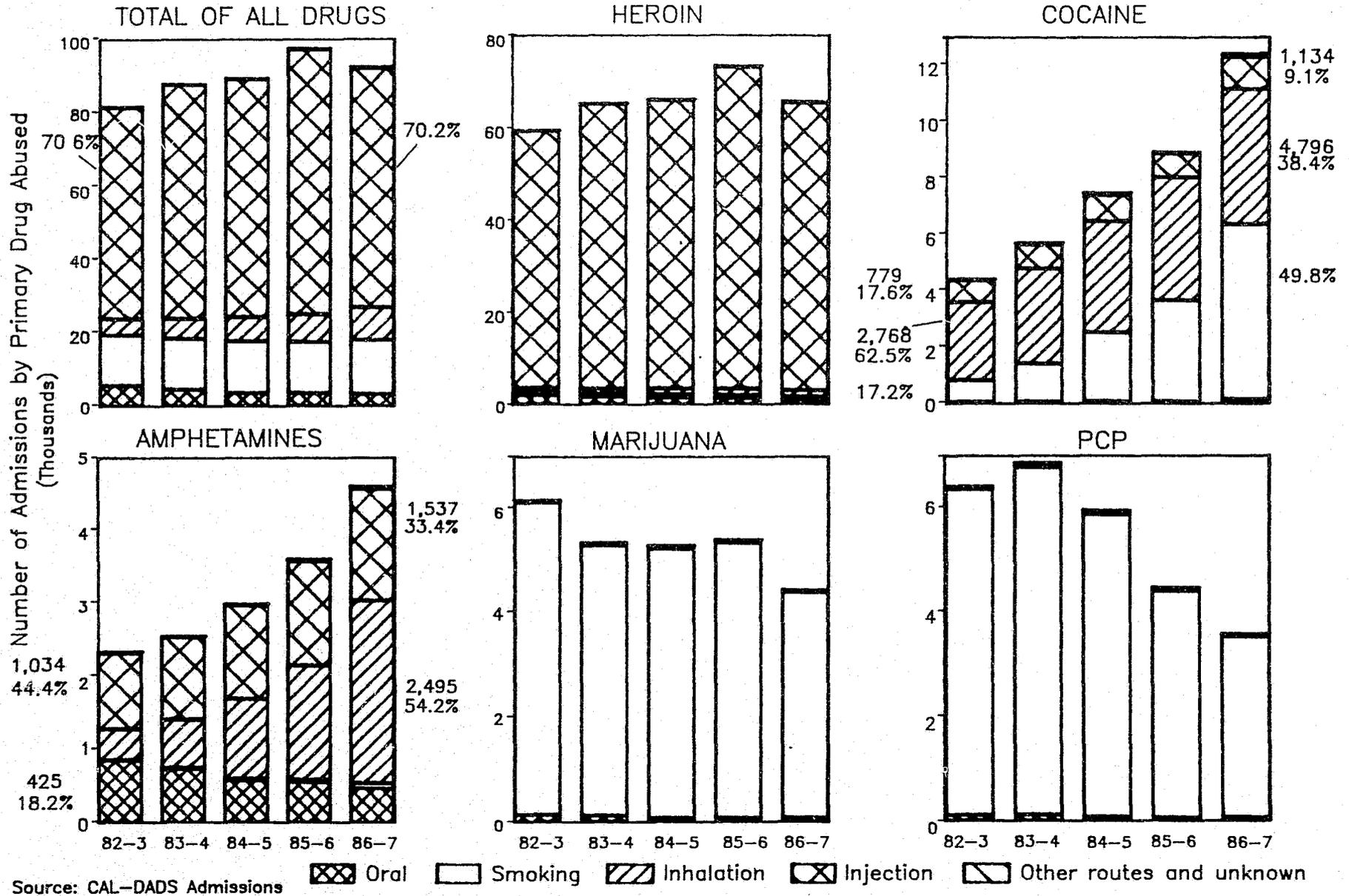
The percent of total discharges in treatment three months or less decreased. For example, treatment for 3 months or less in OMM programs decreased from 50.3 percent of the discharges to 33.2 percent over the 5-year period. In ODF programs, the decrease was from 68.2 to 60.5 percent. Among those in RDF programs, it declined from 81.8 to 60 percent. (Graph 18 and Table 18)

In all programs together, discharges for shorter treatment have decreased. For example, in Fiscal Year 1982/83, 87.6 percent were in treatment 3 months or less. It decreased to 79.7 percent 4 years later. Conversely, there was an increase for those in treatment more than three months. In Fiscal Year 1982/83, 12.4 percent were in treatment 4 or more months. By Fiscal Year 1986/87, the percent had increased to 20.3 percent.

GRAPH 17 PRIMARY DRUG BY ROUTE OF ADMINISTRATION

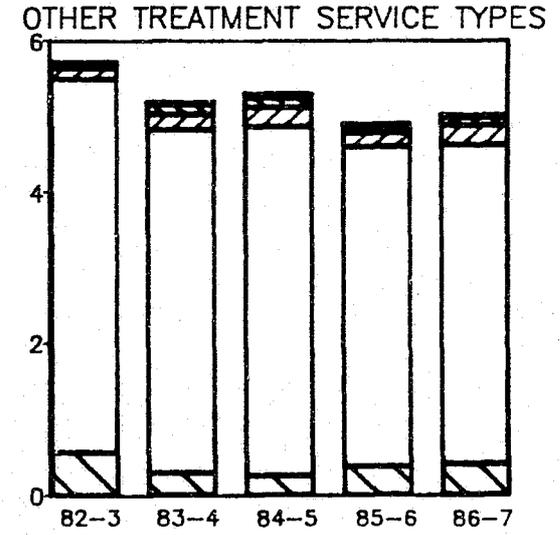
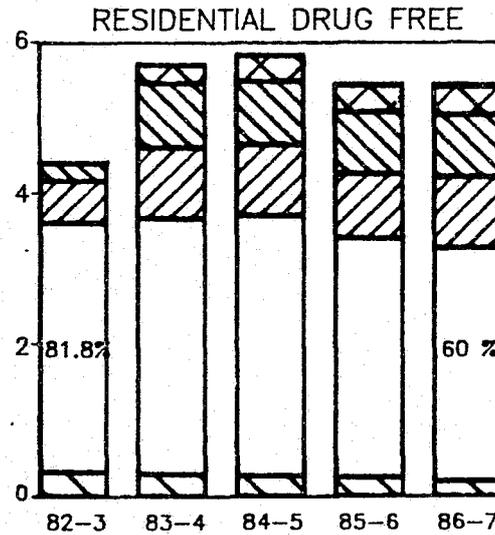
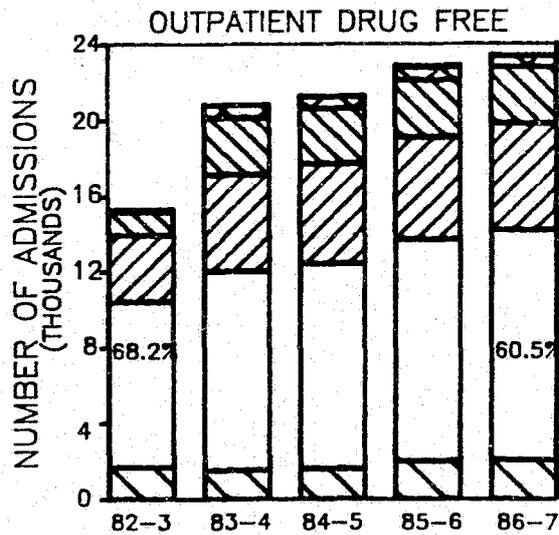
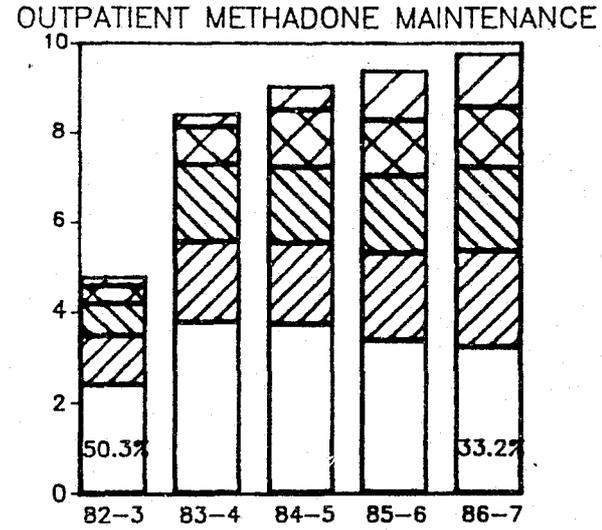
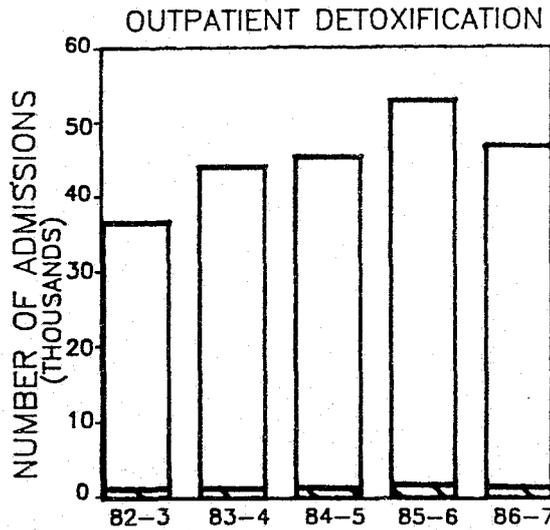
Fiscal Years 1982-83 through 1986-87

28



GRAPH 18 TIME IN TREATMENT BY TYPE OF SERVICE

Fiscal Years 1982-83 through 1986-87



UP TO 1 MONTH
 2-3 MONTHS
 4-6 MONTHS
 7-12 MONTHS
 1-2 YEARS
 2 OR MORE YEARS

Source: CAL-DADS Discharges

Primary and Secondary Drugs: Polydrug Abuse

In Fiscal Year 1986/87, about 40 percent of all primary drug admissions also reported a secondary drug. These 36,326 polydrug abusers have distinctly different preferences for secondary drugs. For example, heroin primary drug abusers have a large and growing preference for cocaine as a second drug. (Graph 19) Note the substantial increase (4,015 to 9,441) between Fiscal Years 1982/83 and 1986/87. (Table 19)

The rising trend of cocaine as a secondary drug is not as evident among marijuana, amphetamine, PCP, or "all other" primary drug abusers. Yet, cocaine is the most preferred secondary drug for most admissions reporting abuse of a secondary drug. In Fiscal Year 1986/87, CAL-DADS clinics reported 11,380 admissions where cocaine was the secondary drug. Most were associated with heroin (9,441) as the primary drug. (Table 19)

Alcohol stands out as the next most prevalent secondary drug. Please note that alcohol is not listed as a primary drug, unless it is reported with another drug as a secondary substance.

In the most recent year, there were 8,922 admissions with alcohol as the secondary drug. Five years earlier, alcohol was easily the most prevalent secondary drug. In that year, 7,632 reported it as their preference. Among PCP, marijuana, and other primary drug abusers, the reported use of alcohol as a secondary drug problem has declined.

Treatment Services for Polydrug Abuse

In the previous section, the large and growing preference of heroin primary drug abusers for cocaine as the secondary drug was established. In still earlier sections, it was shown that nearly all of the primary drug abuse in OMM and ODX treatment service units was heroin. The preference for cocaine (as a secondary drug by heroin abusers) is repeated in the OMM and ODX parts of Graph 20.

The remaining treatment environments and modalities do not exhibit such high proportions of cocaine. The mix of secondary drugs among ODF, RDF, and "Other" treatment types is quite similar. In contrast to the preponderance of heroin among primary drugs, no secondary drug is overwhelming.

Trends in abuse of secondary drugs are quite distinct. Overall, secondary drug abuse is consistently rising in ODF but generally declining in RDF and "Other" treatment types. Marijuana, cocaine, amphetamines, and alcohol are the secondary drugs pushing the upward trend in ODF treatment. On the other hand, heroin use remained rather constant while other secondary drugs declined. (Graph 20 and Table 20)

Trend Indicators: Amphetamines, Cocaine, and Heroin

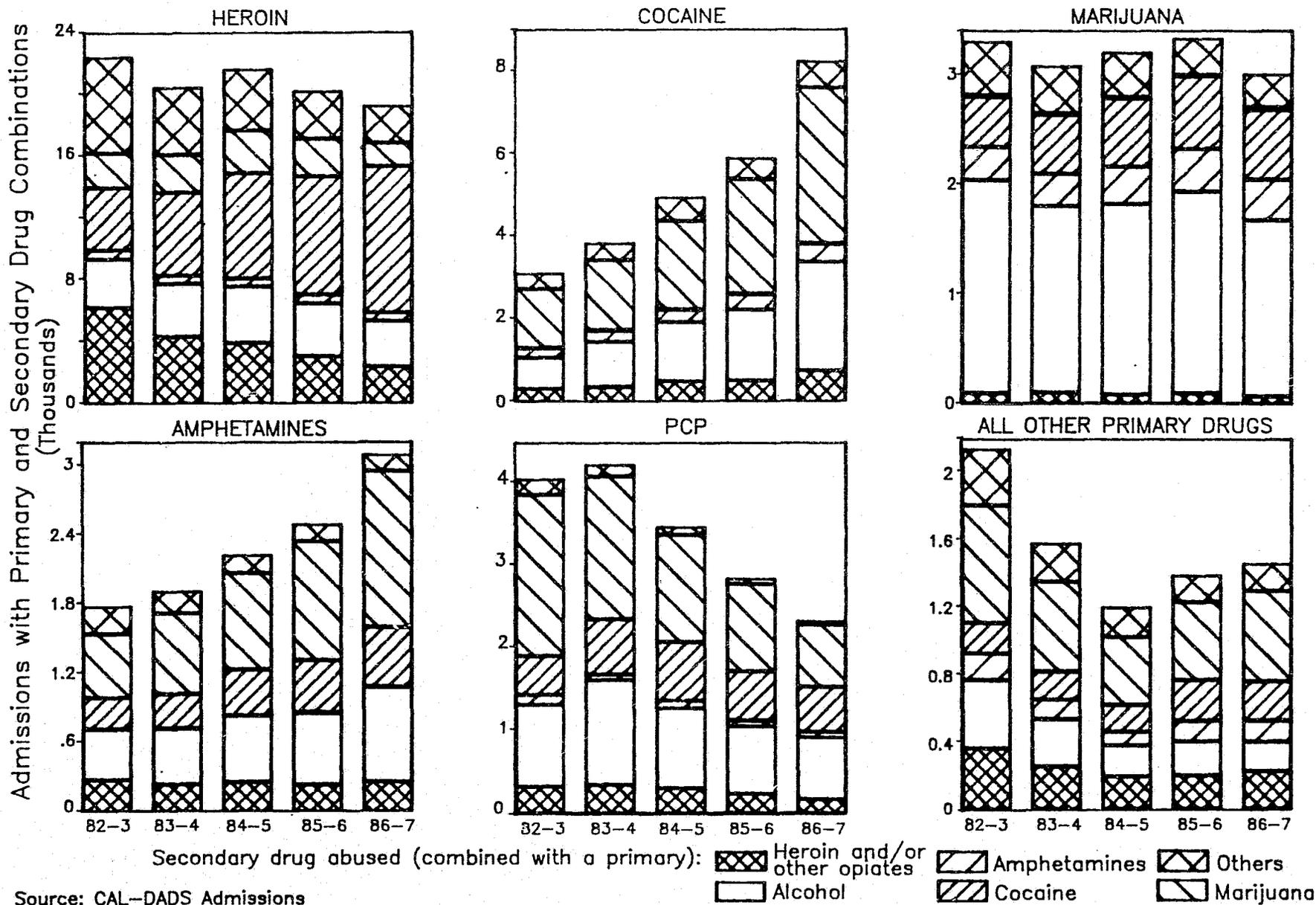
Amphetamines, cocaine, and heroin are the most frequently abused drugs by people in first-time treatment as reported to CAL-DADS. These three drugs are also frequently injected, cause many deaths, and are often mentioned in hospital emergency rooms.

Four indices are developed to evaluate the nature of the drug problem posed by each of these three major drugs. Emergency room mentions reported to DAWN by hospitals in three of California's Standard Metropolitan Statistical Areas (SMSA's) are weighted by the total number of drug mentions. By this means, variations in the number of hospitals reporting to DAWN will less likely affect drug mentions for a particular drug. The first index embodies this concept.

GRAPH 19 PRIMARY AND SECONDARY DRUG COMBINATIONS

Fiscal Years 1982-83 through 1986-87

31

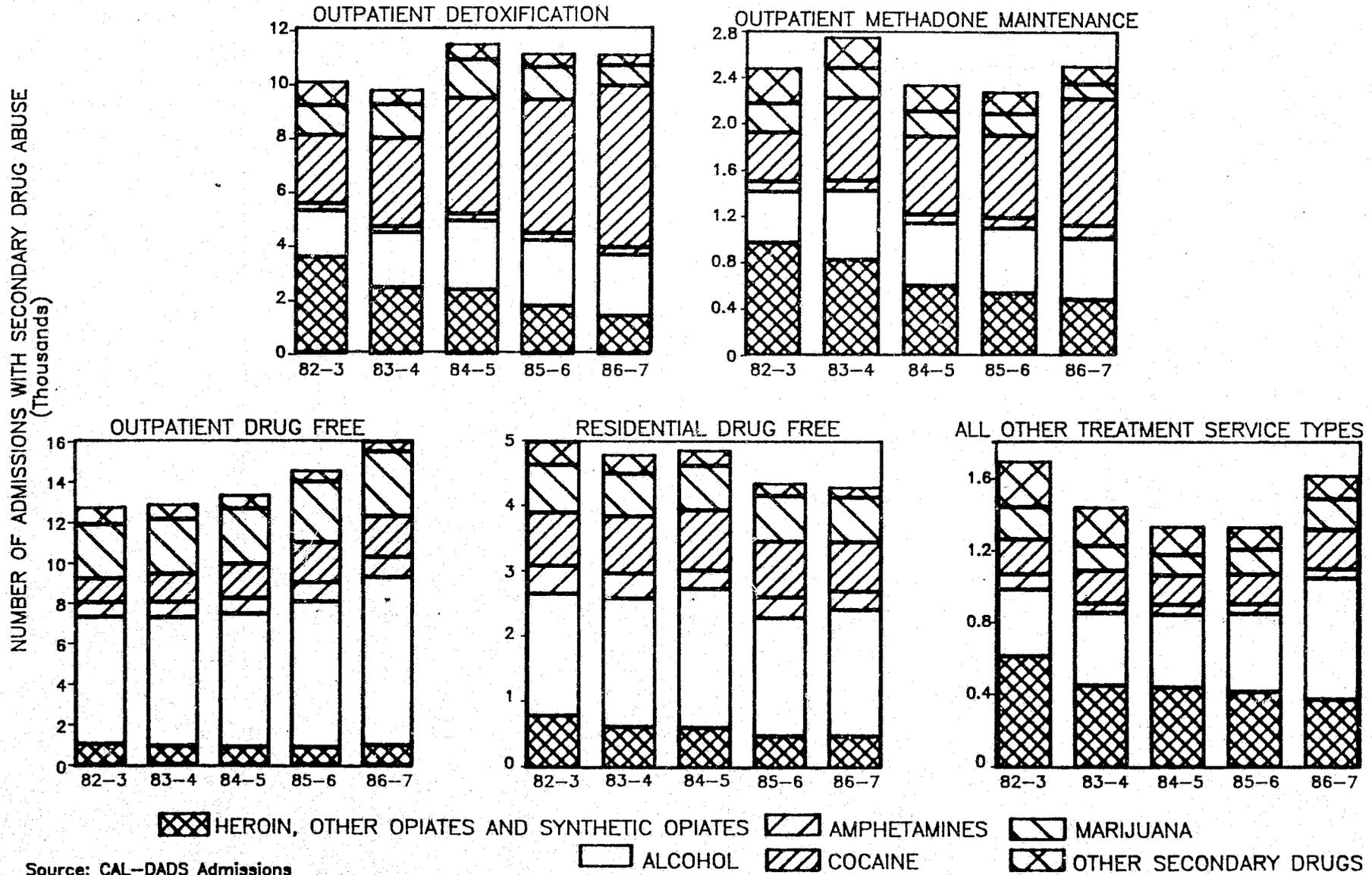


GRAPH 20

SECONDARY DRUG ABUSED BY TREATMENT SERVICE TYPE

Fiscal Years 1982/83 through 1986/87

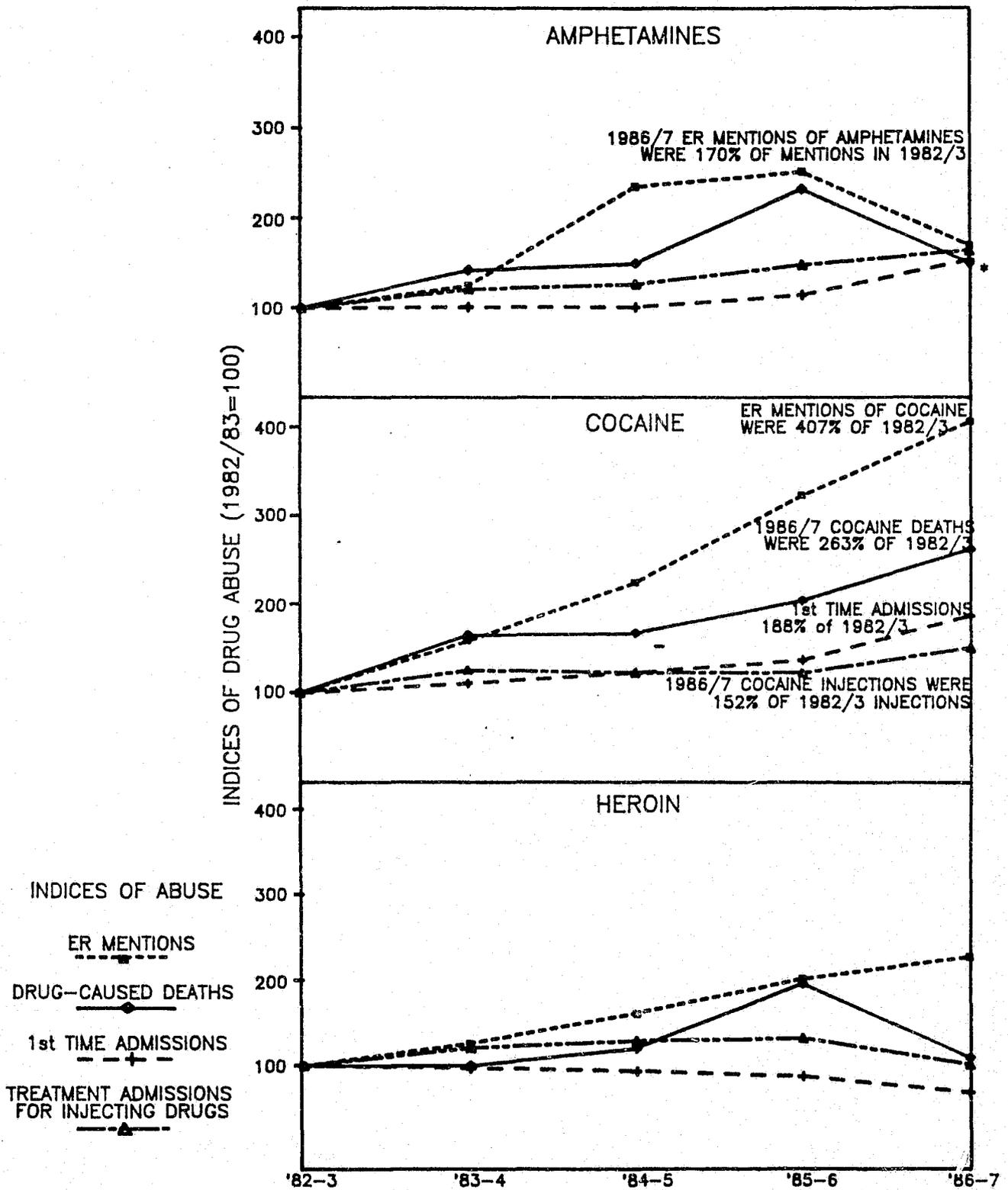
32



GRAPH 21

TREATMENT AND DEATH TREND COMPARISONS

Fiscal Years 1982/83 through 1986/87



* Amphetamine-caused deaths are too few for a reliable trend.

Sources: CAL-DADS Admissions, DAWN, and Department of Health Vital Statistics

The number of emergency room (ER) mentions divided by all ER mentions is made equal to 100 for Fiscal Year 1982/83, the base year. For example, amphetamines (607 divided by 25,419) is indexed to equal 100. Values for subsequent years are expressed as a percent of the base year. In Fiscal Year 1986/87, ER mentions increased to 146 percent of what they were in Fiscal Year 1982/83. (Table 21)

In similar manner, first-time amphetamine admissions into CAL-DADS clinics are expressed as a percent of first-time admissions of all heroin, cocaine, and amphetamines. New amphetamine abusers in Fiscal Year 1986/87 increased to 154 percent of what they were in Fiscal Year 1982/83.

Fiscal Year 1986/87 deaths due to amphetamine abuse were 150 percent of what they were in Fiscal Year 1982/83. The most recent year declined from Fiscal Year 1985/86, when 28 deaths were 233 percent of the 12 deaths in the base year. There were 18 in the most recent period. The reader is cautioned that the numbers in this data on amphetamine-caused deaths are small and have limited reliability.

Treatments for injecting amphetamines increased to 904, which was 165 percent of Fiscal Year 1982/83. This is shown by the dash-dot-dot index line in Graph 21.

Based on these four indices for each drug, cocaine exhibits the most ominous trends. Deaths continued upward in all years and reached 263 percent of Fiscal Year 1982/83. (Table 22) Hospital emergency rooms had a steady increase in cocaine mentions in all five years. Fiscal Year 1986/87 was 407 percent of emergency room mentions in Fiscal Year 1982/83. Hospital heroin mentions also increased each year but only rose to 228 percent of such mentions 4 years earlier. (Table 23)

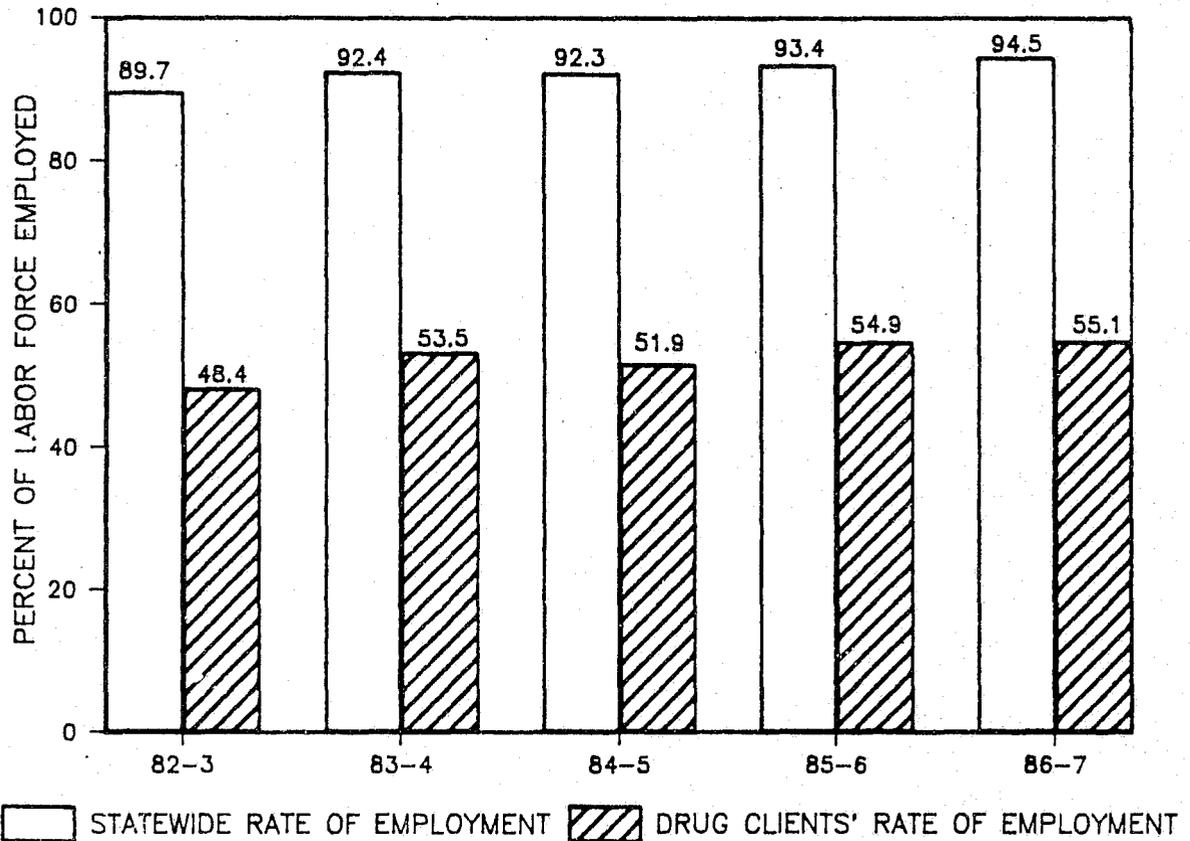
New cocaine abusers, as represented by first-time treatment admissions, have increased consistently each year. New abusers of cocaine are 188 percent of the number 5 years earlier. Amphetamines increased 154 percent. However, heroin dropped to 68 percent of first-time treatment in Fiscal Year 1982/83.

Most heroin abusers inject the drug as do many cocaine and amphetamine abusers. In Fiscal Year 1986/87, 904 amphetamine clients were admitted into treatment for injecting this drug. There were 571 admissions for cocaine injection and 10,078 for heroin injection. This way of taking drugs has increased especially among amphetamine abusers whose first use by injection in Fiscal Year 1986/87 was 165 percent of what it was in Fiscal Year 1982/83. Cocaine abuse by injection increased so that Fiscal Year 1986/87 was 152 percent of what it was 5 years earlier. Heroin injection varies greatly but continued to increase slightly.

GRAPH 22

EMPLOYMENT: STATE & CAL-DADS CLIENTS

Fiscal Years 1982/83 through 1986/87



Sources: CAL-DADS Unique Clients and Employment Development Department
Monthly Report to the Governor

Employment Comparisons

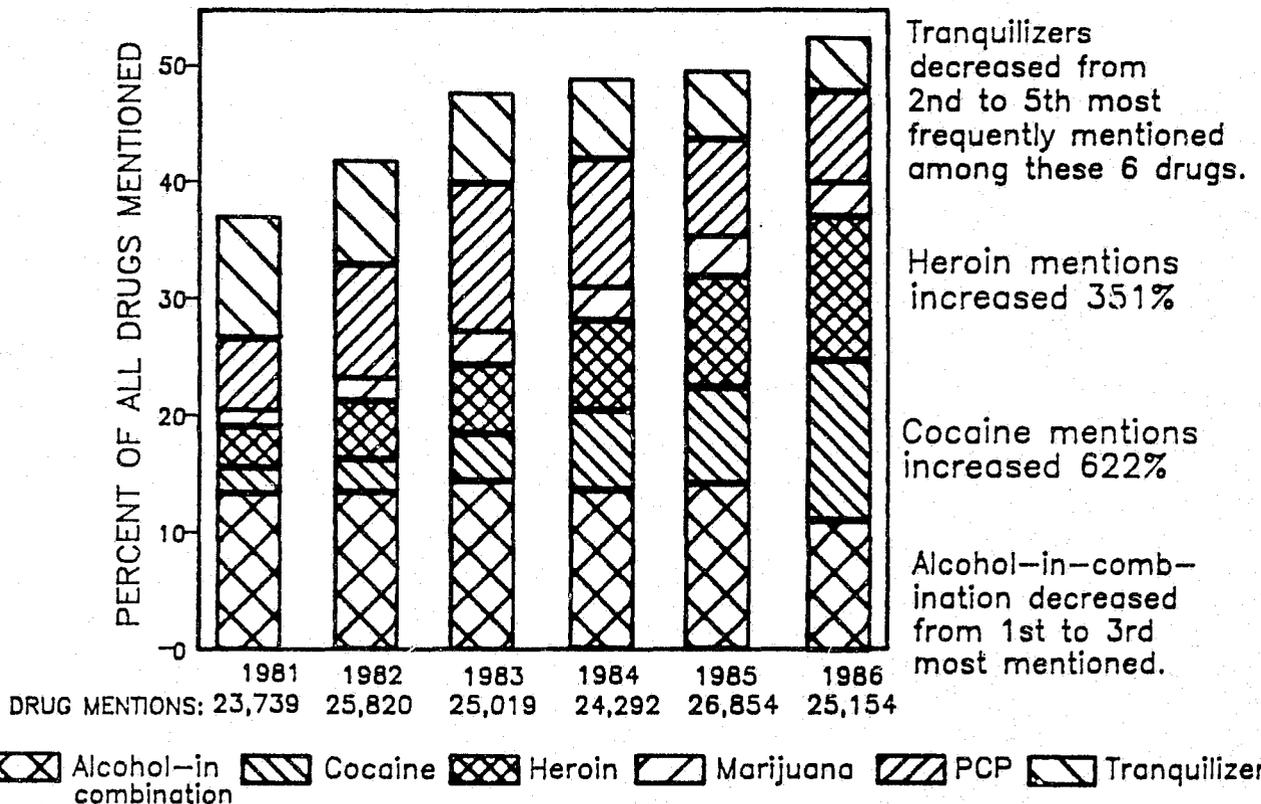
The ability to obtain work and remain employed is important to successful drug free living. Comparison of trends between all California residents and clients in CAL-DADS clinics shows the employment rate of drug addicts to be considerably lower. (Graph 22) On the other hand, the rate of employment is increasing faster for drug clients. By Fiscal Year 1986/87, it was 113.6 percent of what it was in Fiscal Year 1982/83.

The percent of the CAL-DADS labor force employed has increased from 48.5 percent in Fiscal Year 1982/83 to 55.1 percent in Fiscal Year 1986/87. For the entire State, it has increased every year, so that the Fiscal Year 1986/87 rate of 94.5 percent is 105.4 percent of what it was in Fiscal Year 1982/83. (Table 24)

GRAPH 23

DRUGS MENTIONED IN EMERGENCY ROOMS

Los Angeles, San Diego and San Francisco SMSA's, 1981-1986



Source: DAWN Annual Reports, 1981-1986. Reporting hospitals in three Standard Metropolitan Statistical Areas. These SMSA's include the counties of Los Angeles, San Diego and those surrounding San Francisco Bay.

DRUG ABUSE WARNING NETWORK

The U.S. Department of Health and Human Services collects data from hospital emergency rooms. This Drug Abuse Warning Network data is published by SMSA. All persons admitted for substance abuse are asked which drugs they have used. The uses are counted as DAWN mentions and reported for each drug. Data used includes 37 participating emergency rooms in Los Angeles County, 15 in San Diego County, and 12 from five San Francisco Bay Area counties.

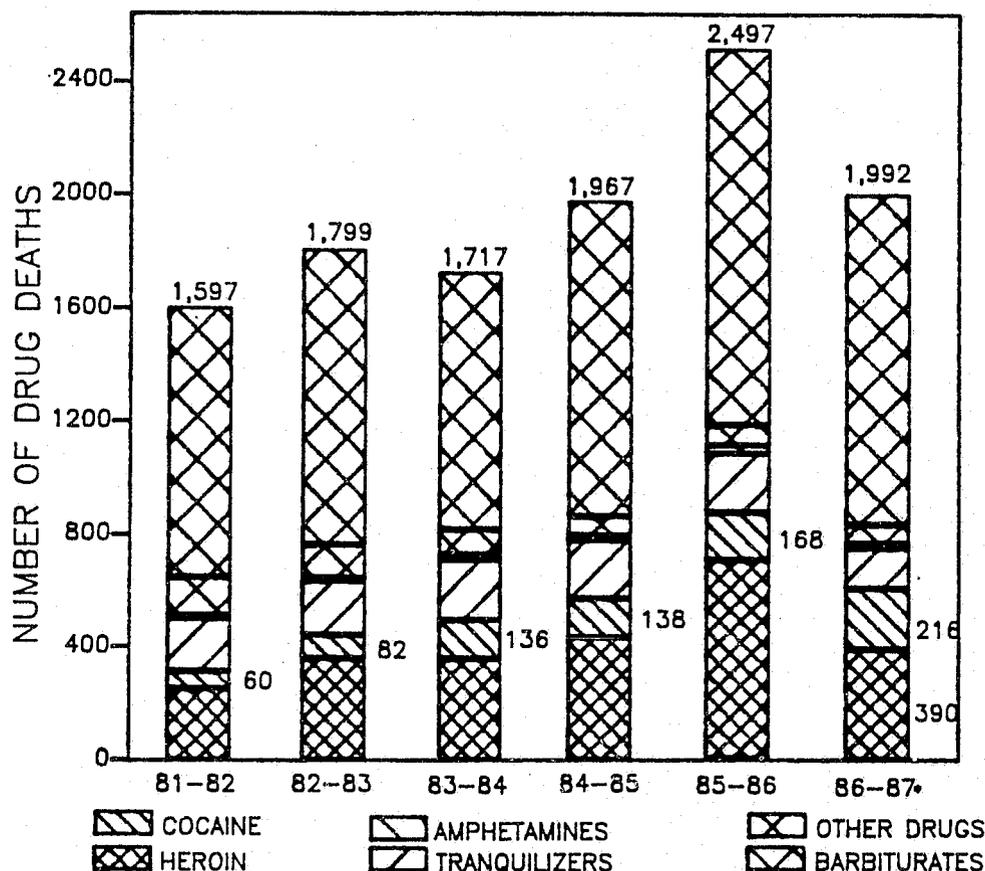
In 1981, alcohol-in-combination with other drugs was most frequently mentioned.(Graph 23) In the five years since then, alcohol-in-combination decreased to third most frequently mentioned, changing from 13.4 percent of all mentions to 11.2 percent. (Table 25) Over the same time, cocaine mentions increased 622 percent to number one and heroin increased 351 percent to number two. The trends in mentions for these three drugs are somewhat similar to CAL-DADS admission trends.

Marijuana mentions increased from 345 in 1981 to 756 in 1986. Tranquilizer mentions declined steadily from 2,498 to 1,173. (Table 25)

The six most frequently mentioned drugs (alcohol-in-combination, cocaine, heroin, PCP, tranquilizers, and marijuana) increased from 37.3 percent of all drugs in 1981 to 52.8 percent in 1986. Cocaine and heroin alone increased to 13.7 percent and 12.3 percent, respectively.

GRAPH 24 DRUG DEATHS BY DRUG TYPE

Fiscal Years 1981/82 through 1986/87



Source: Department of Health, Vital Statistics
 * FY 1986-87 is estimated by doubling the deaths in the last 6 months of 1986.

DAWN data is also collected from medical examiners. They report drug mentions where death was caused by or related to a drug. More than one drug (polydrug abuse) may be mentioned as related to a death. As a result, there are more mentions than there are drug-caused deaths.

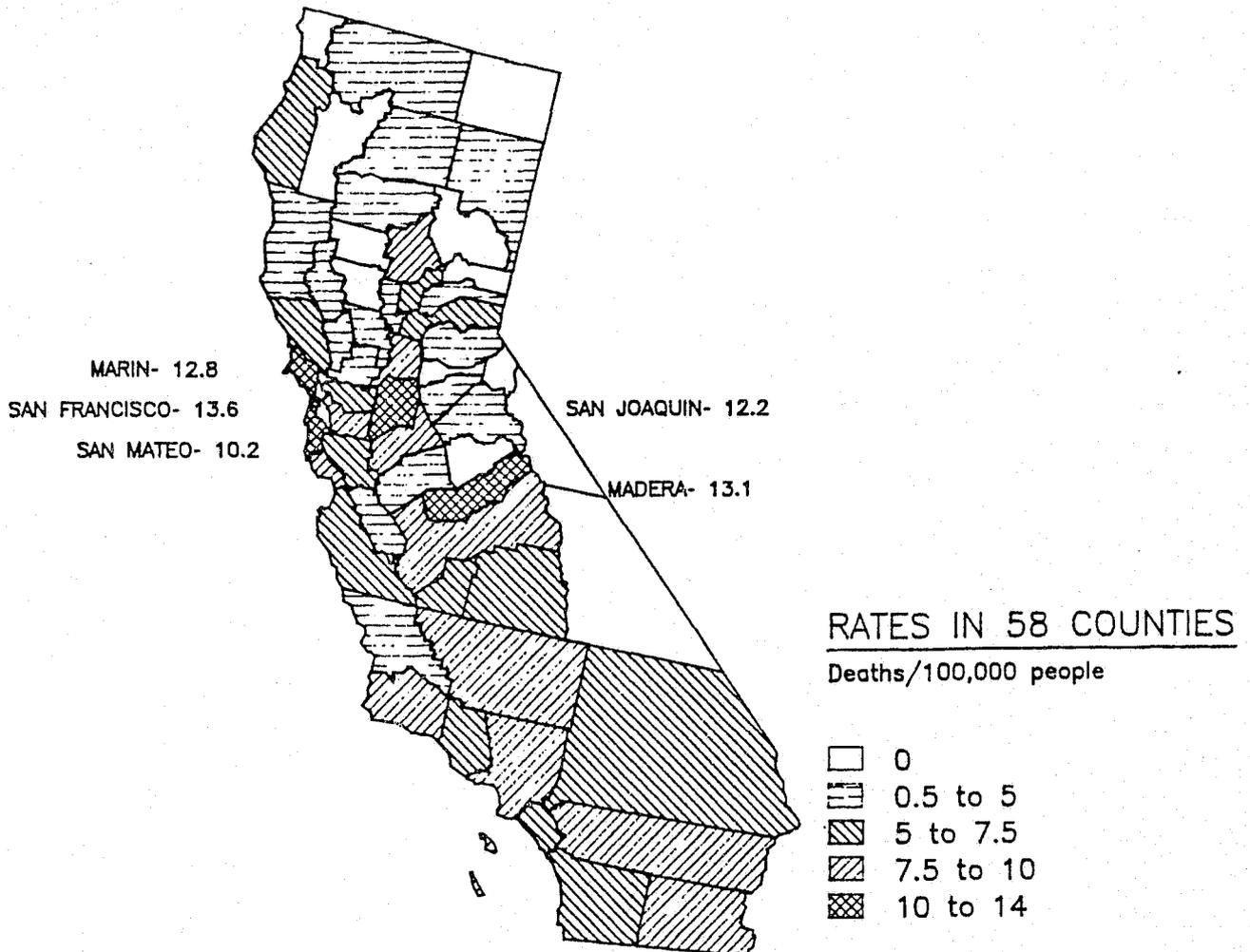
Since 1981, cocaine and 5 other drugs were most frequently mentioned. Cocaine increased from 2.9 percent (69 mentions) to 12.0 percent (437 mentions) in 1986. Alcohol rose from 15.0 percent (359 mentions) to 18.2 percent (664 mentions) and heroin from 10.8 percent (257 mentions) to 19.1 percent (694 mentions). During this five-year period, heroin mentions by medical examiners moved from second to first most prevalent and alcohol-in-combination dropped from first to second. (Table 26)

DRUG-CAUSED DEATHS

In Fiscal Year 1985/86, there were 2,497 drug-caused deaths reported to the California Department of Health. Deaths from overdoses of drugs of all kinds dropped to 1,992 in Fiscal Year 1986/87. (Table 27 and Graph 24) As noted in Graph 24, statewide heroin deaths increased (253 in Fiscal Year 1981/82 to 390 in Fiscal Year 1986/87). Cocaine-caused deaths increased even more (60 in Fiscal Year 1981/82 to 216 in Fiscal Year 1986/87).

In Calendar Year 1986, drug-caused deaths occurred in all but 12 of California's counties. Los Angeles had 744 deaths, followed in second place by Orange County, with 156. (Table 28)

GRAPH 25 1986 CALIFORNIA DRUG DEATHS



Source: Department of Health, Vital Statistics

San Francisco County had 100 deaths in 1986. Their death rate of 13.6 deaths per 100,000 people was the highest rate in the State that year. Madera, a more rural county, had the second highest rate with 10 deaths and 13.1 per 100,000. Other counties with high drug death rates were Marin, San Joaquin, and San Mateo. (Graph 25) Los Angeles and Orange had lower rates of 9.2 and 7.0, respectively. The state average was 8 drug-caused deaths per 100,000. (Table 28 and Graph 25)

ARRESTS FOR DRUG-RELATED OFFENSES

Arrests for violations of drug laws in California continued to increase each calendar year. In 1982, 134,202 arrests for drug law violations rose to 224,860 in 1986. (Table 29)

In Fiscal Year 1985/86, there were 246,002 drug arrests of adults and juveniles. This was an 82-percent increase over 7 years earlier. (Tables 30 and 31) Juvenile drug arrests by themselves, however, declined during the first 4 years and did not exceed the Fiscal Year 1979/80 number until Fiscal Year 1984/85.

Such changes in drug arrests are more thoroughly understood by constructing rates which reflect population changes rather than using raw data. In addition, separating juveniles from adults provides even greater understanding of the trends.

Such analyses indicate that drug arrests per 100,000 arrests of all types have declined for both adults and juveniles since Fiscal Year 1984/85. In Fiscal Year 1985/86, the rate dropped from 146 percent of Fiscal Year 1979/80 to 142.7 for adults and 128.1 percent to 118.8 for juveniles. These declines relative to all arrests are shown by the solid lines in Graph 26.

A decrease in population by itself tends to reduce the number of drug arrests, as shown by the dotted lines for youth. The youth population has decreased every year since Fiscal Year 1980/81. Consequently, drug arrests per 100,000 youth 10 to 17 years of age have increased more than the arrests themselves. Beginning with Fiscal Year 1979/80, when there were 7.94 drug arrests per 100,000, the rate dropped each year until Fiscal Year 1983/84. Since then, it increased to 8.72 per 100,000 youth. This is 109.8 percent of the arrest rate 7 years earlier. (Table 30 and Graph 26)

In contrast, the arrest rate for adults has increased much more uniformly. Both population and arrests have risen every year for adults. In Fiscal Year 1979/80, there were 6.58 drug arrests per 100,000. By Fiscal Year 1985/86 there were 11.52 arrests per 100,000. This is 175 percent of the 6.58 rate in Fiscal Year 1979/80. (Table 31)

Without accounting for trends in population or arrests of all types (the dashed lines in Graph 24), adult drug arrests are dramatically upward. By Fiscal Year 1985/86, drug arrests increased to 199.4 percent of those in Fiscal Year 1979/80.

For youth, there was a small increase over the same period (Fiscal Year 1985/86 was 104 percent of Fiscal Year 1979/80). After adjustments for population (the dotted lines) and arrests of all types (the solid lines), juvenile drug arrest rates still do not approach the upward trend noted for adults.

ARREST RATES AND TYPES OF VIOLATIONS

Another way to examine the drug problem is to analyze specific drug law violations which are felonies. Felony narcotics laws are more frequently violated by adults than by juveniles. In 1982, there were 133.3 adult narcotic felony arrests per 100,000 adults. By 1986, the arrest rate was 377.5. (Graph 27)

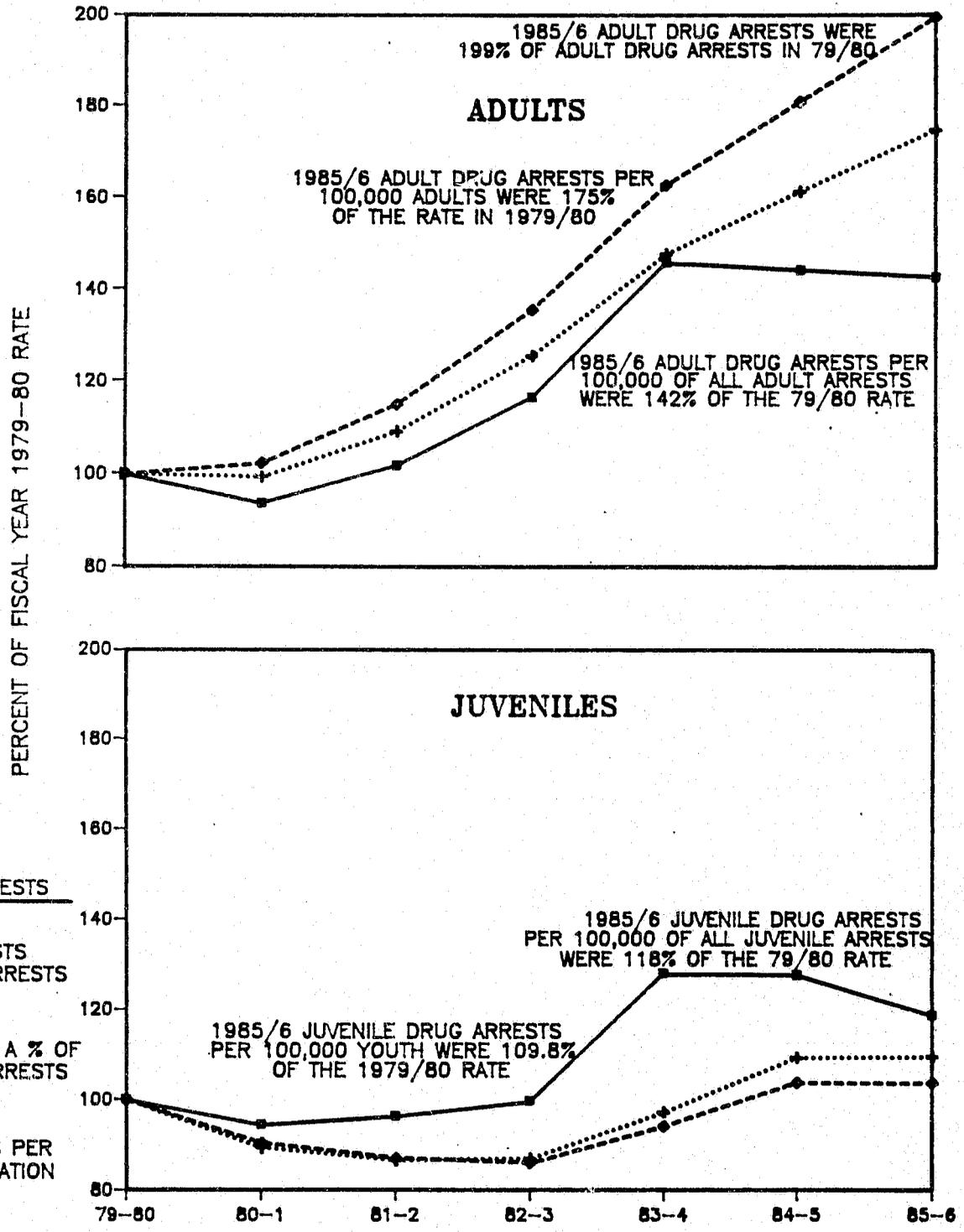
Among youth, marijuana felony law violations were the most frequent reason for arrests until 1985. In that year, narcotics reached 121.5 versus 119.1 marijuana felony law violations per 100,000 youth. (Table 32) Both age groups have somewhat declining rates for marijuana arrests. Adults dropped to 89 and youth to 89.9 marijuana law violation arrests per 100,000 in 1986.

Among both age groups, felony arrests for narcotics law violations became substantial by 1986. For adults, 61.2 percent of their 120,365 felony drug arrests were narcotics related. Similarly, 58.5 percent of the 11,307 juvenile drug arrests were for narcotics.

GRAPH 26

ADULT AND JUVENILE ARREST TRENDS

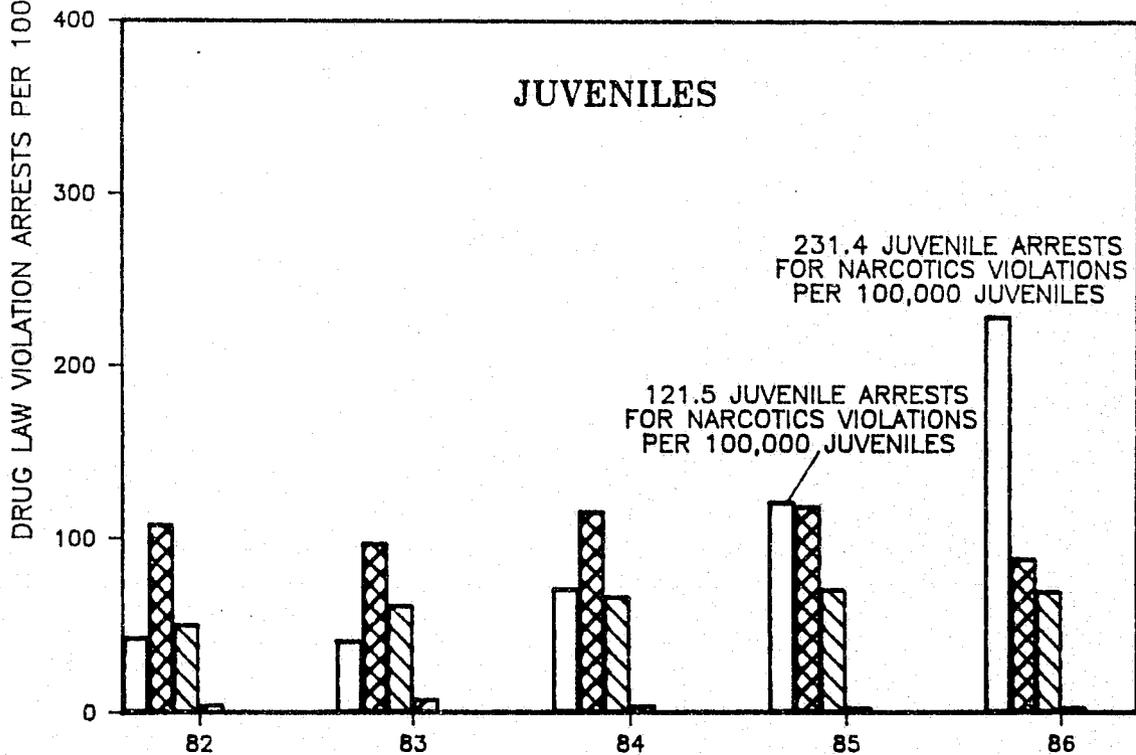
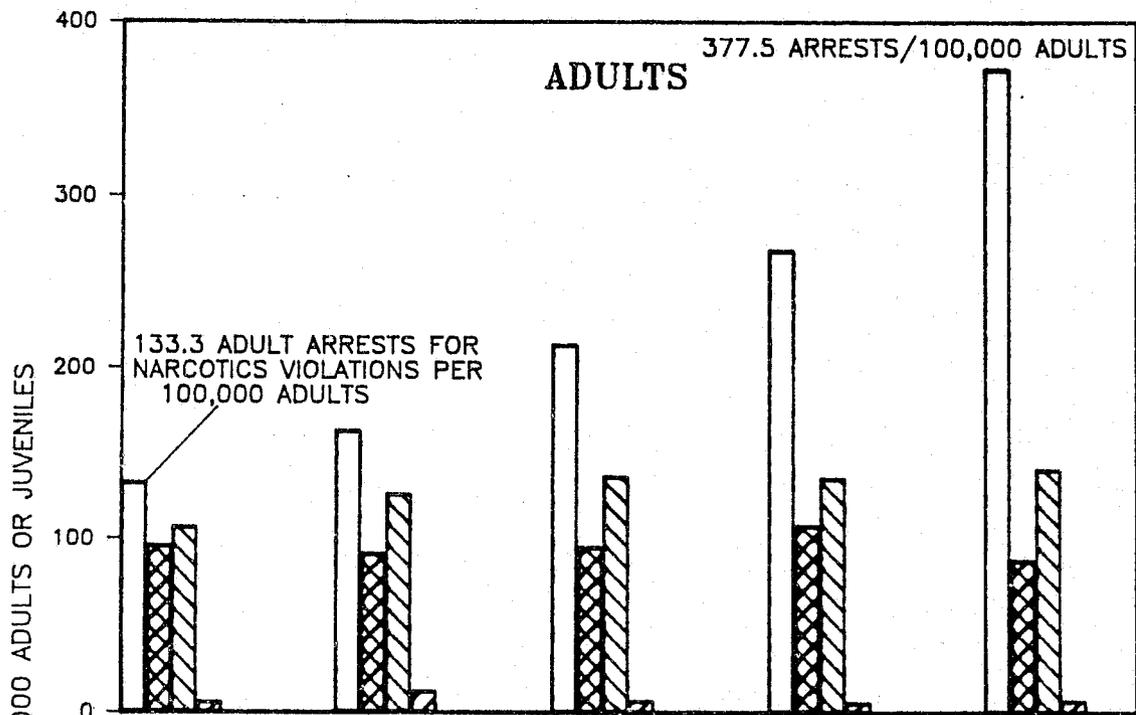
Fiscal Years 1979-80 through 1985-86



Source: Department of Justice, Bureau of Criminal Statistics

GRAPH 27

ARRESTS: FELONY DRUG LAW VIOLATIONS 1982 through 1986



TYPES OF FELONY DRUG LAW VIOLATIONS

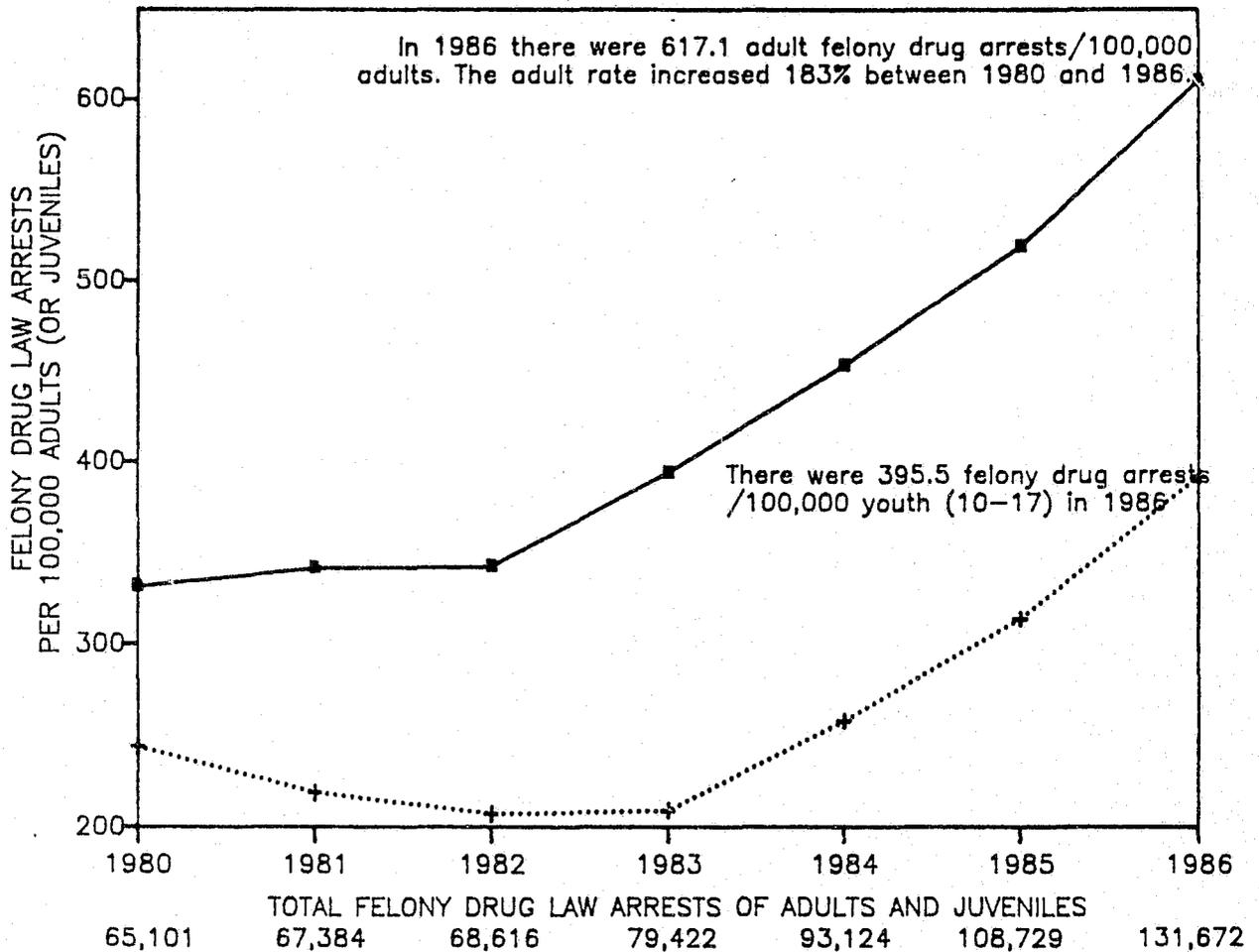
NARCOTICS
 MARIJUANA
 DANGEROUS DRUGS
 OTHER DRUG LAW VIOLATIONS

Source: Department of Justice, Bureau of Criminal Statistics

GRAPH 28

ADULT AND JUVENILE DRUG ARRESTS

Felony Drug Law Violations 1980 - 1986



Source: Department of Justice, Bureau of Criminal Statistics

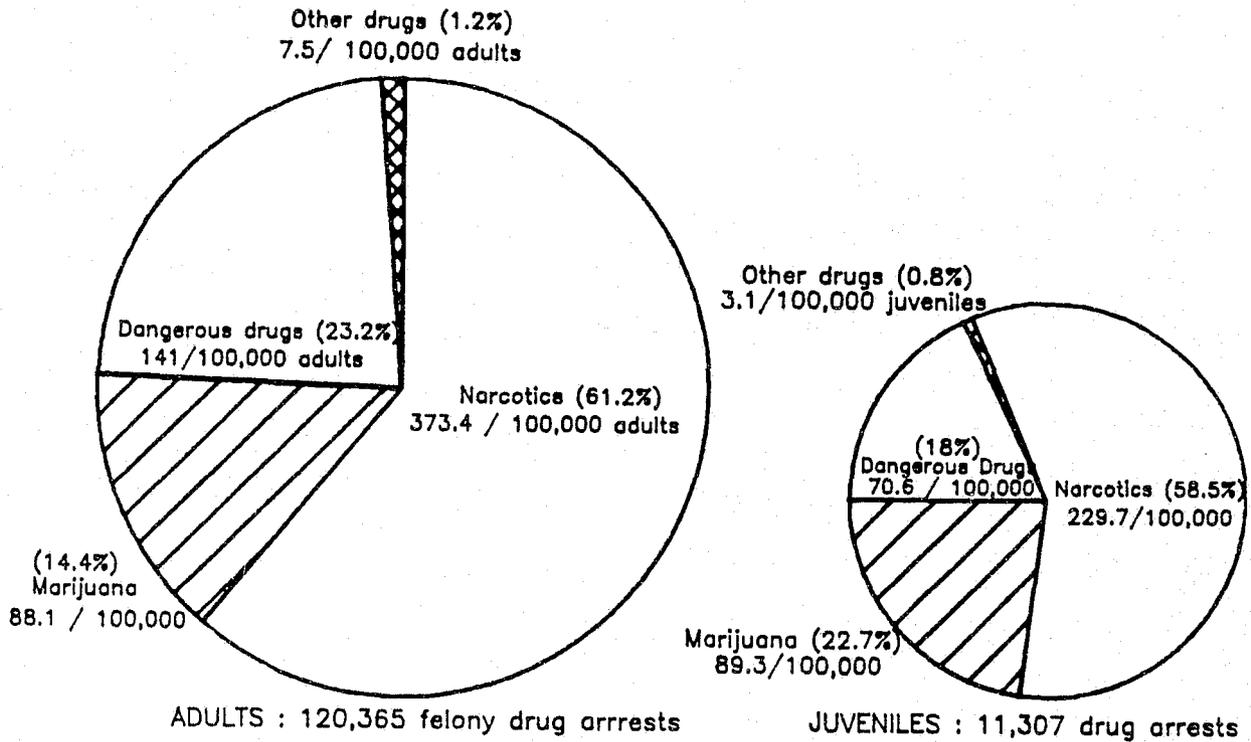
ARRESTS FOR FELONY VIOLATIONS

Felony violations of drug laws, although occurring less often than misdemeanors, merit special attention because they are more serious offenses. Adults have many more felony arrests than youth. Between 1982 and 1986, juvenile arrests increased from 207.5 to 395.5 per 100,000 youth. Adult felony arrests increased from 343.2 to 617.1 per 100,000 adults. (Table 32 and Graph 28)

The 120,365 adult violations of all felony drug arrests in 1986 compares with a much lower but growing 11,307 juvenile arrests. (Graph 29)

In 1986, dangerous drugs and narcotics violations were a larger share of the adult arrests than for juveniles. For adults, dangerous drugs were 23.2 percent of all their felony drug arrests. Marijuana arrests were 22.7 percent of all youth drug arrests but among adults only 14.4 percent. (Graph 30)

GRAPH 29 ADULT & JUVENILE FELONY ARRESTS BY DRUG



Source: Bureau of Criminal Statistics, Felony Drug Arrests in California, 1986

ARRESTS FOR DRUG LAW VIOLATIONS BY COUNTY

There are significant differences in the number of arrests for drug law violations from county to county. Six counties had a decrease in felony and misdemeanor arrests between 1982 and 1986. Mariposa's decreased from 35 to 30, a 14.3-percent decline. Alpine, the State's smallest county, also decreased, from five to zero. Larger counties, such as Marin and Santa Barbara, also had decreases (7.4 percent and 4.1 percent). (Table 33 and Graph 30)

The state average was a 161-percent increase, while 16 counties had increases in drug law arrests exceeding 200 percent. Trinity increased 332 percent (26 to 88 arrests). Four larger counties, Fresno, San Bernardino, Riverside, and San Joaquin, had increases of 285 percent, 263 percent, 264 percent, and 219 percent, respectively.

COURT DIVERSIONS OF DRUG OFFENDERS

Courts in California are increasingly diverting drug law offenders from jail by allowing them to enter into drug abuse treatment and prevention/intervention in lieu of incarceration. In 1980, there were 8,501 court-ordered diversions. By 1986, diversions increased to 13,200. (Table 34 and Graph 31)

While the upward trend of diversions has been very definite, the composition of drug law offenses has been changing over the last five years. Diversions for the use of narcotics have increased from 10.6 percent to 21.5 percent. Narcotics use and possession together increased from 34.1 to 42.7 percent. Diversions for possession of dangerous drugs increased from 14.4 percent to 21.7 percent. Conversely, diversions for marijuana possession declined from 30.7 percent to 11.1 percent and diversions for cultivation from 8.7 percent to 3.9 percent.

HOSPITAL REHABILITATION DISCHARGES

California requires all hospitals and long-term care facilities to report costs and patient discharge data. A uniform accounting system allows costs to be aggregated. Patient discharges are reported and diagnoses are classified, using the International Classification of Diseases. As a result, drug abuse rehabilitation trends can be tracked.

This new system now has 1984, 1985, and 1986 data available in publications from the Office of Statewide Health Planning and Development.

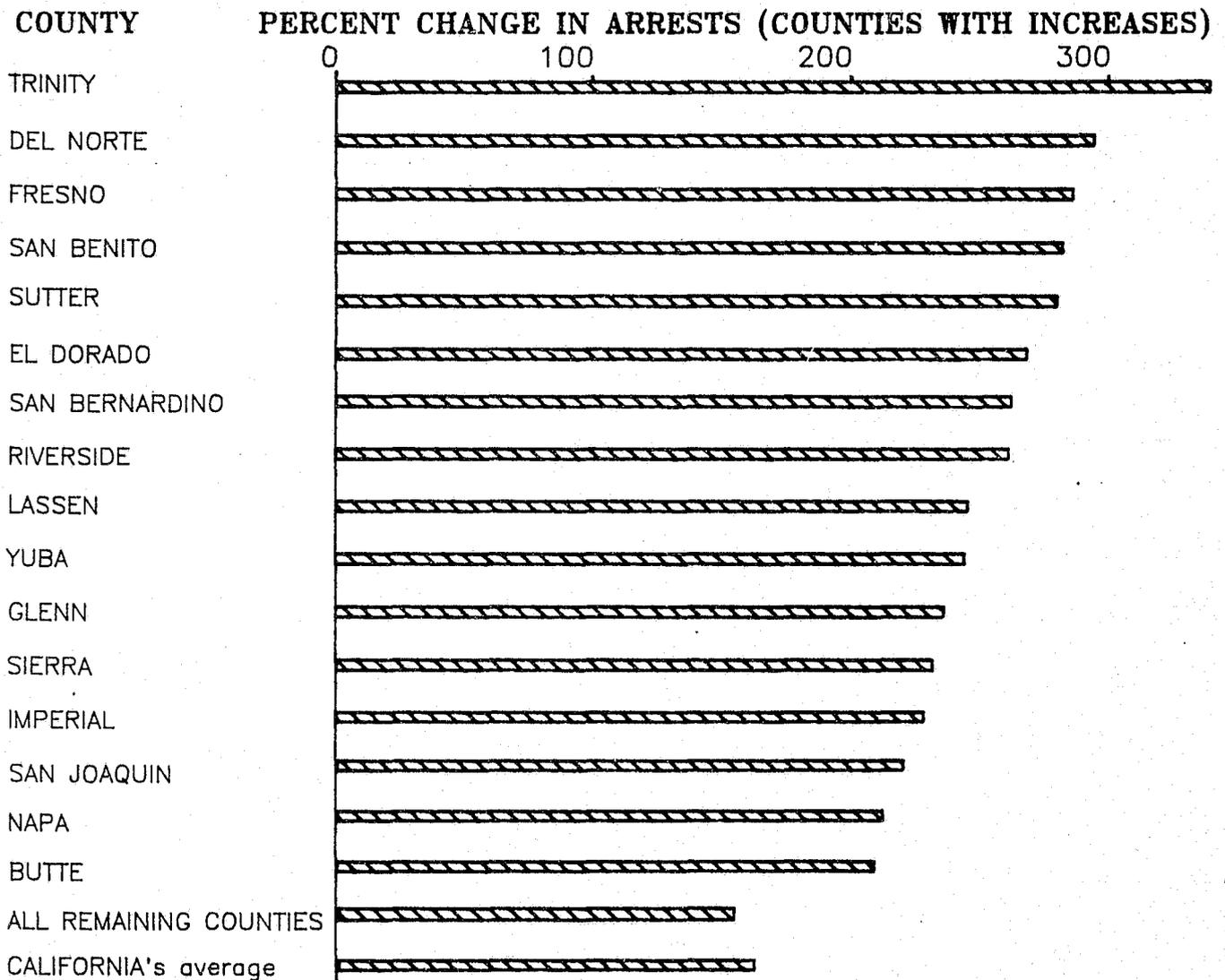
In 1984, 15,766 hospital-based drug treatment discharges were reported. Based on available published data, discharges decreased in 1985 and then increased in 1986. (Graph 32)

In 1984, the diagnosis-related group "substance-induced disorder" had the lowest average length of stay. For those 1,009 people discharged, the average was only 5.4 days. (Table 35) The most extensive stays were for people discharged for "drug use". In those cases, the average length of stay was 28.8 days. The average for all the 15,766 drug rehabilitation discharges was 17.6 days.

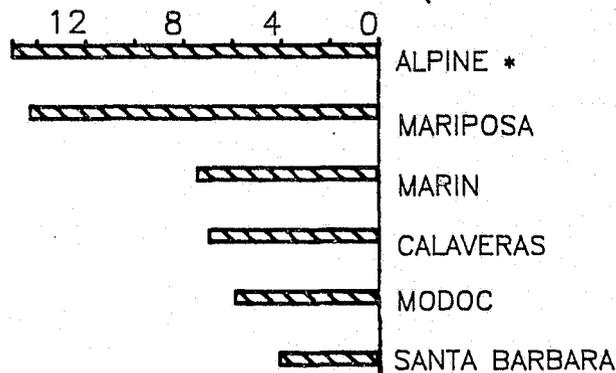
GRAPH 30

ARRESTS FOR DRUG LAW VIOLATIONS

Percent Change from 1982 to 1986 by County



PERCENT DECREASE IN ARRESTS (COUNTIES WITH DECREASES)

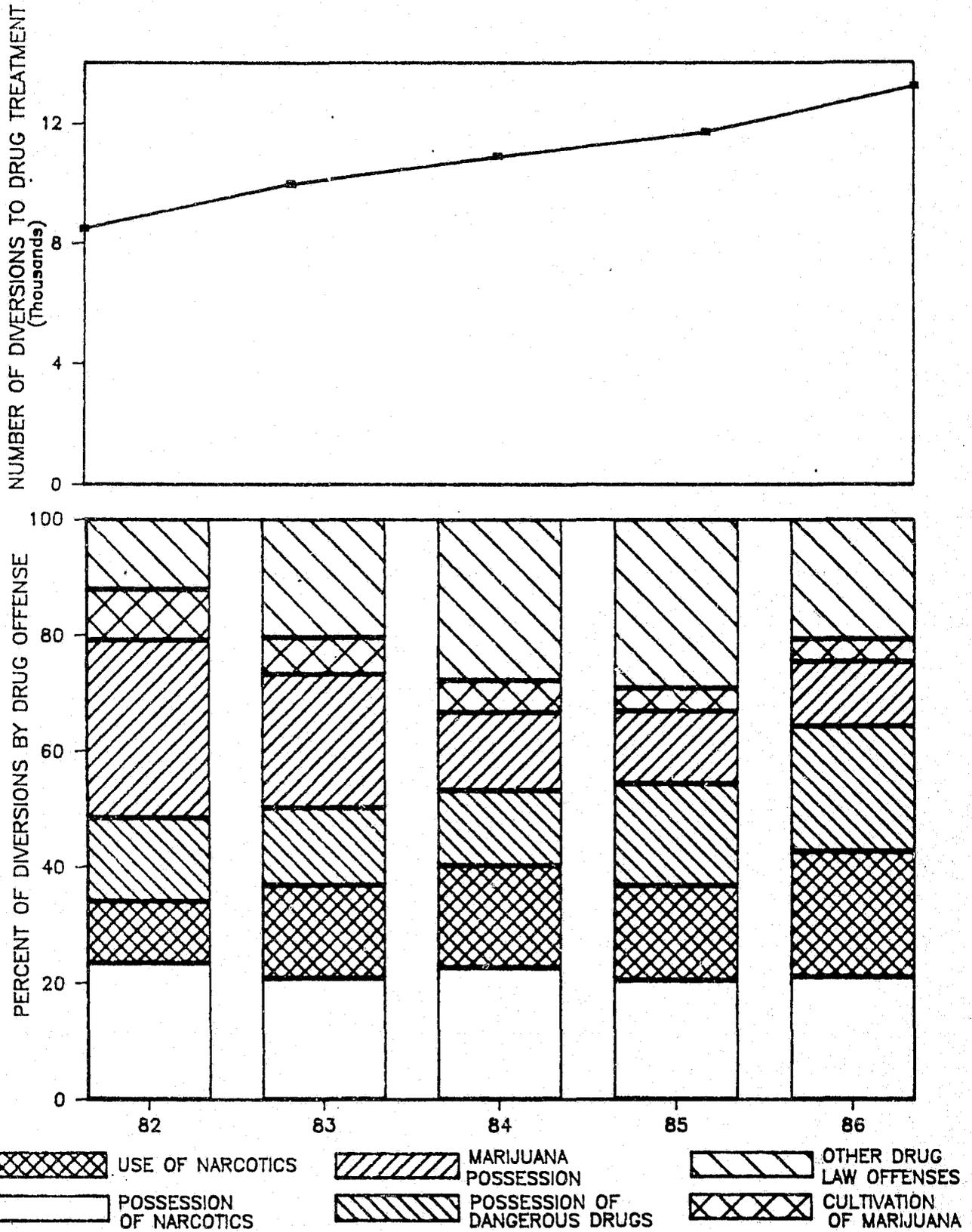


* Drug arrests declined from 5 to 0 between these 5 years
 Source: Department of Justice, Bureau of Criminal Statistics

GRAPH 31

COURT-APPROVED DRUG OFFENSE DIVERSIONS

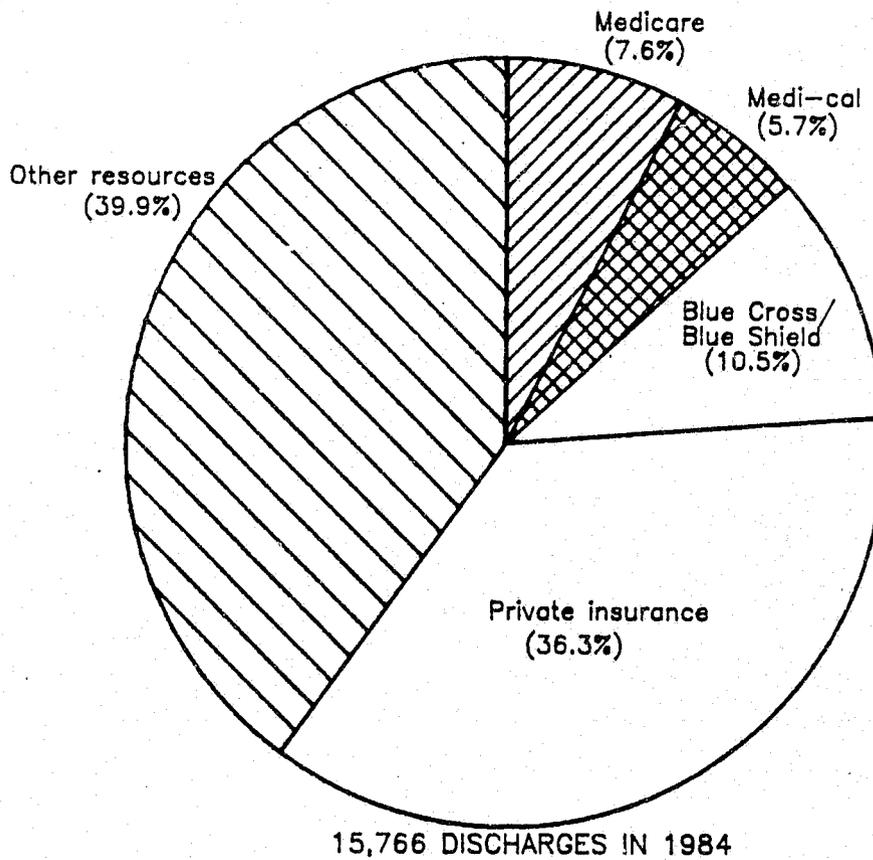
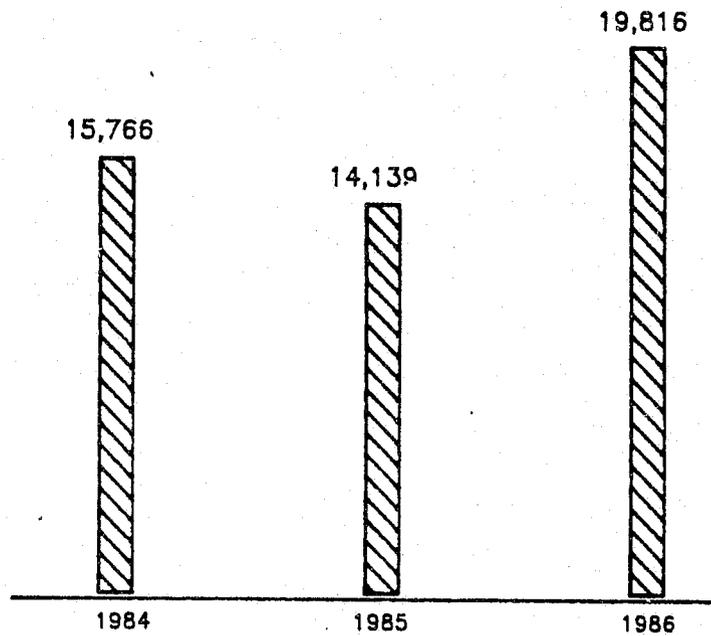
Treatment in Lieu of Incarceration, 1982-1986



Source: County Probation Departments, diversions reported under provisions of Penal Code 1000.

GRAPH 32

HOSPITAL DRUG REHABILITATION DISCHARGES 1984 THROUGH 1986



Source: Office of Statewide Health Planning and Development, Patient discharge data, 1984-1986. Note that 1986 data is a projection based on 6 months of 1986 data.

APPENDICES

Table 1 PRIMARY DRUG TYPE ABUSED AT TIME OF ADMISSION INTO TREATMENT
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total		Heroin		Non-Rx Methadone		Amphet- amines		Cocaine		Mari- juana		PCP		All Other Drugs	
	Admissions	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
1982-83	80,999	100	56,251	69.5	243	.3	2,329	2.9	4,437	5.5	6,167	7.6	6,444	7.9	5,128	6.3
1983-84	87,775	100	63,223	72.0	166	.2	2,546	2.9	5,716	6.5	5,345	6.1	6,862	7.8	3,917	4.5
1984-85	89,326	100	64,414	72.1	137	.2	2,990	3.4	7,476	8.3	5,280	5.9	5,947	6.7	3,082	3.4
1985-86	97,646	100	73,350	75.1	113	.1	3,600	3.7	9,000	9.2	5,397	5.5	4,452	4.6	1,734	1.8
1986-87	92,724	100	65,715	70.9	121	.1	4,601	5.0	12,477	13.4	4,446	4.8	3,571	3.9	1,793	1.9

Source: CAL-DADS Admissions

Table 2 NUMBER OF PRIMARY DRUG ADMISSIONS BY SEX
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total for All Drugs		Heroin		Non-Rx Methadone		Amphetamine		Cocaine		Marijuana		PCP		All Other Drugs	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1982-83	51,926	29,073	35,271	20,980	154	89	1,373	956	3,195	1,242	4,726	1,441	4,350	2,094	2,857	2,271
1983-84	55,587	32,188	39,619	23,604	101	65	1,514	1,032	3,806	1,910	4,023	1,322	4,368	2,494	2,156	1,761
1984-85	56,130	33,194	40,138	24,276	75	62	1,750	1,240	4,904	2,572	3,993	1,287	3,615	2,332	1,655	1,425
1985-86	61,044	36,600	44,824	27,242	72	41	2,069	1,531	5,768	3,232	4,022	1,375	2,614	1,837	1,675	1,342
1986-87	56,835	35,838	39,660	25,014	72	49	2,561	2,036	7,671	4,796	3,329	1,116	1,997	1,574	1,545	1,253

Source: CAL-DADS Admissions

Table 3 PERCENTAGE OF PRIMARY DRUG ADMISSIONS BY SEX
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total for All Drugs		Heroin		Non-Rx Methadone		Amphetamine		Cocaine		Marijuana		PCP		All Other Drugs	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
1982-83	64.1	35.9	62.7	37.3	63.4	36.6	59	41	72	28	76.6	23.4	67.5	32.5	55.7	44.3
1983-84	63.3	36.7	62.7	37.3	60.8	39.2	59.5	40.5	66.6	33.4	75.3	24.7	63.7	36.3	55	45
1984-85	62.8	37.2	62.3	37.7	54.7	45.3	58.5	41.5	65.6	34.4	75.6	24.4	60.8	39.2	53.7	46.3
1985-86	62.5	37.5	62.2	37.8	63.7	36.3	57.5	42.5	64.1	35.9	74.5	25.5	58.7	41.3	55.5	44.5
1986-87	61.3	38.7	61.3	38.7	59.5	40.5	55.7	44.3	61.5	38.5	74.9	25.1	55.9	44.1	55.2	44.8

52

Source: CAL-DADS Admissions

Table 4 PRIMARY DRUG TYPE ABUSED: RACE/ETHNICITY BY FISCAL YEAR
Fiscal Years 1982-83 through 1986-87

RACE/ETHNICITY BY FISCAL YEAR	Total Admissions	Heroin	PCP	Cocaine	Mari- juana	Amphet- amines	Non-Rx Methadone	All Other
White								
1982-83	39,397	26,407	905	2,773	3,787	1,970	161	3,394
1983-84	43,175	30,576	948	3,309	3,346	2,178	115	2,703
1984-85	44,181	32,724	818	3,638	3,303	2,598	97	1,003
1985-86	49,188	35,977	610	3,939	3,409	3,116	75	2,062
1986-87	46,368	31,974	519	4,903	2,884	4,017	96	1,975
Black								
1982-83	14,163	8,668	2,715	1,095	911	123	28	623
1983-84	14,244	8,794	2,377	1,696	783	122	12	460
1984-85	13,900	8,495	1,662	2,795	687	92	13	156
1985-86	14,422	8,737	891	3,640	737	110	15	292
1986-87	14,406	7,932	383	5,215	535	91	9	241
Native American								
1982-83	509	318	39	19	61	19	1	52
1983-84	573	353	46	35	65	29	1	44
1984-85	556	362	44	27	58	42	0	23
1985-86	681	448	40	50	53	59	0	31
1986-87	649	402	44	59	35	64	0	45
Asian								
1982-83	930	576	64	75	80	17	5	113
1983-84	1,056	727	67	90	86	23	4	59
1984-85	1,127	805	54	127	77	21	1	42
1985-86	1,347	943	46	143	94	33	1	87
1986-87	1,465	1,025	32	203	71	51	3	80
Hispanic								
1982-83	25,716	20,386	2,636	408	1,228	167	39	852
1983-84	28,889	22,934	3,338	580	1,071	186	32	649
1984-85	29,744	23,724	3,368	889	1,160	230	26	347
1985-86	31,954	25,922	2,860	1,225	1,101	280	22	544
1986-87	29,763	23,330	2,591	2,083	917	374	13	455

Source: CAL-DADS Admissions

Table 5 PRIMARY DRUG TYPE ABUSED: YEAR BY RACE/ETHNICITY
 Percent for each Group, Fiscal Years 1982-83 through 1986-87

FY BY RACE/ ETHNICITY	Total Admissions	Heroin %	PCP %	Cocaine %	Mari- juana %	Amphet- amines %	Non-Rx Methadone %	All Other Drugs %
FY 1982-83								
White	39,397	67.1	2.3	7.0	9.6	5.0	.4	8.6
Black	14,163	61.2	19.2	7.7	6.4	.9	.2	4.4
Native Amer.	509	62.5	7.7	3.7	12.0	3.7	.2	10.2
Asian	930	61.9	6.9	8.1	8.6	1.8	.5	12.2
Hispanic	25,716	79.3	10.3	1.6	4.8	.6	.1	3.3
FY 1983-84								
White	43,175	70.8	2.2	7.7	7.7	5.0	.3	6.3
Black	14,244	61.7	16.7	11.9	5.5	.9	.1	3.2
Native Amer.	573	61.6	8.0	6.1	11.3	5.1	.2	7.7
Asian	1,056	68.8	6.3	8.5	8.1	2.2	.4	5.6
Hispanic	28,889	79.4	11.9	2.0	3.7	.6	.1	2.2
FY 1984-85								
White	44,181	74.1	1.9	8.2	7.5	5.9	.2	2.3
Black	13,900	61.1	12.0	20.1	4.9	.7	.1	1.1
Native Amer.	556	65.1	7.9	4.9	10.4	7.6	0	4.1
Asian	1,127	71.4	4.8	11.3	6.8	1.9	.1	3.7
Hispanic	29,744	79.8	11.3	3.0	3.9	.8	.1	1.2
FY 1985-86								
White	49,188	73.1	1.2	8.0	6.9	6.3	.2	4.2
Black	14,422	60.6	6.2	25.2	5.1	.8	.1	2.0
Native Amer.	681	65.8	5.9	7.3	7.8	8.7	0	4.6
Asian	1,347	70.0	3.4	10.6	7.0	2.4	.1	6.5
Hispanic	31,954	81.1	9.0	3.8	3.4	.9	.1	1.7
FY 1986-87								
White	46,368	69.0	1.1	10.6	6.2	8.7	.2	4.3
Black	14,406	55.1	2.7	36.2	3.7	.6	.1	1.7
Native Amer.	649	61.9	6.8	9.1	5.4	9.9	0	6.9
Asian	1,465	70.0	2.2	13.9	4.8	3.5	.2	5.5
Hispanic	29,763	78.4	8.7	7.0	3.1	1.3	0	1.5

Source: CAL-DADS Admissions.

Table 6 PRIMARY DRUGS ABUSED: AGE GROUPS BY FISCAL YEAR
 Frequency and Percent Change, 1982-83 through 1986-87

FISCAL YEAR by AGE	Total Admissions	Heroin	PCP	Mari- juana	Cocaine	Amphet- amines	Non-Rx Methadone	All Other Drugs
0 to 17 years								
1982-83	2,962	91	268	1,905	89	160	0	449
1983-84	2,766	120	372	1,725	115	149	0	285
1984-85	3,552	174	489	2,176	238	238	0	237
1985-86	4,112	228	470	2,453	370	248	1	342
1986-87	3,984	185	461	1,897	609	408	3	421
% change*	34%	103%	72%	-.4%	584%	155%	0%	-6%
18 to 20 years								
1982-83	4,526	1,133	1,141	1,167	470	260	0	355
1983-84	4,358	1,157	1,234	922	518	287	0	240
1984-85	4,978	1,575	1,216	759	882	394	1	151
1985-86	4,983	1,741	917	649	1,034	458	2	182
1986-87	4,738	1,341	738	567	1,393	546	2	151
% change*	5%	18%	-35%	-51%	196%	110%	0%	-57%
21 to 25 years								
1982-83	16,494	9,308	2,809	1,398	1,443	666	21	849
1983-84	16,537	9,423	2,731	1,193	1,850	752	15	573
1984-85	16,769	9,640	2,233	1,055	2,528	852	11	450
1985-86	16,338	9,598	1,554	923	2,897	1,100	6	260
1986-87	14,705	7,511	1,176	721	3,747	1,313	8	229
% change*	-11%	-19%	-58%	-48%	160%	97%	-62%	-73%
26 to 30 years								
1982-83	23,336	17,858	1,473	848	1,218	607	79	1,253
1983-84	25,047	19,270	1,685	773	1,702	656	43	918
1984-85	24,428	18,919	1,336	615	2,056	732	39	731
1985-86	25,420	19,976	997	666	2,547	863	29	324
1986-87	22,672	16,204	804	589	3,539	1,201	21	314
% change*	-3%	-9%	-45%	-31%	191%	98%	-73%	-75%
31 to 44 years								
1982-83	29,522	24,430	683	742	1,102	594	129	1,842
1983-84	34,261	29,071	797	668	1,424	662	98	1,541
1984-85	34,923	29,959	645	627	1,646	719	77	1,250
1985-86	41,222	36,615	487	640	2,013	881	70	516
1986-87	40,771	35,077	373	602	2,991	1,074	80	574
% change*	38%	44%	-45%	-19%	171%	81%	-38%	-69%
45 years or more								
1982-83	4,215	3,541	50	92	99	36	15	382
1983-84	4,806	4,182	43	64	107	40	10	360
1984-85	4,743	4,200	32	52	130	56	9	264
1985-86	5,589	5,192	27	66	139	50	5	110
1986-87	5,854	5,397	19	70	198	59	7	104
% change*	39%	52%	-62%	-24%	100%	64%	-53%	-73%

Source: CAL-DADS Admissions.

* Percent change from 1982-83 to 1986-87.

Table 7 AVERAGE AGE WHEN PRIMARY DRUG WAS FIRST USED
Fiscal Years 1982-83 through 1986-87

PRIMARY DRUG	Average Years of Age					FY 1986-87	
	1982-83	1983-84	1984-85	1985-86	1986-87	Min Age	Max Age
Heroin	21.1	21.5	21.4	21.8	21.9	5	84
PCP	20.4	20.3	19.9	19.5	19.2	5	64
Marijuana/Hashish	16.1	15.9	15.4	15.2	15.2	5	59
Cocaine	22.3	22.7	22.6	22.6	22.6	5	67
Amphetamines	19.8	20.2	20.2	20.5	20.1	6	56
Non-Rx Methadone	25.1	24.7	26.1	23.9	25.2	13	53
All drugs	20.9	21.2	20.7	21.3	21.5	5	84

Source: CAL-DADS Admissions.

Table 8 PRIMARY DRUG ABUSED BY POPULATION OF COUNTY
Percent, Fiscal Years 1982-83 through 1986-87

FISCAL YEAR by CO. POPULATION	Total Admissions	Non-Rx Heroin	Amphet- Methadone	Amphet- amines	Cocaine	Mari- juana	PCP	All Others
1982-83, total	80,884	69.5	.3	2.9	5.5	7.6	7.9	6.3
500,000 or more	73,362	72.2	.3	2.3	5.0	6.5	7.9	5.8
200,000 to 500,000	5,010	49.6	.6	7.8	9.0	13.0	11.4	8.6
Under 200,000 pop.	2,512	29.6	.1	9.4	13.0	29.0	1.3	17.6
1983-84, total	87,775	72.0	.2	2.9	6.5	6.1	7.8	4.5
500,000 or more	79,911	74.8	.2	2.3	6.0	5.0	7.7	4.0
200,000 to 500,000	5,292	49.2	.2	8.1	10.5	12.8	12.5	6.7
Under 200,000 pop.	2,572	33.3	0	11.3	13.9	25.8	1.5	14.2
1984-85, total	89,324	72.1	.2	3.4	8.3	5.9	6.7	3.4
500,000 or more	81,101	74.7	.2	2.6	7.9	5.0	6.6	3.0
200,000 to 500,000	6,227	51.9	.2	8.7	12.9	11.2	8.3	6.8
Under 200,000 pop.	1,996	30.0	0	18.5	12.7	26.7	2.0	10.1
1985-86, total	97,644	73.8	.1	3.7	9.2	5.5	4.6	3.1
500,000 or more	88,137	76.2	.1	2.9	8.8	4.7	4.5	2.7
200,000 to 500,000	6,440	58.0	.1	9.4	12.2	9.8	6.9	3.6
Under 200,000 pop.	3,067	38.7	0	13.8	14.2	19.7	1.5	12.1
1986-87, total	92,724	70.9	.1	4.9	13.5	4.8	3.9	1.9
500,000 or more	83,359	73.0	.1	4.2	13.2	4.1	3.8	1.6
200,000 to 500,000	6,412	60.4	.1	9.5	14.0	7.8	6.1	2.1
Under 200,000 pop.	2,953	33.4	.1	15.7	19.1	17.5	1.9	12.3

Source: CAL-DADS Admissions.

Table 9 SOURCE OF REFERRAL TO DRUG TREATMENT
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total Count	Criminal Justice		Other Referral Sources	
		Count	Percent	Count	Percent
1982-83	81,007	15,849	19.6%	65,158	80.4%
1983-84	87,733	15,468	17.6	72,265	82.4
1984-85	89,309	16,749	18.8	72,560	81.2
1985-86	97,646	16,997	17.4	80,649	82.6
1986-87	93,006	17,598	18.9	75,408	81.1

Source: CAL-DADS Admissions.

Table 10 CRIMINAL JUSTICE AND OTHER SOURCES OF REFERRAL
Percent by Drug, Fiscal Years 1982-83 through 1986-87

PRIMARY DRUG	1982-83		1983-84		1984-85		1985-86		1986-87	
	Referral		Referral		Referral		Referral		Referral	
	CJ	Other								
	%	%	%	%	%	%	%	%	%	%
Heroin	5.7	94.3	5.1	94.9	5.6	94.4	5.6	94.4	5.7	94.3
Non-Rx meth.	5.3	94.7	6.6	93.4	7.3	92.7	3.5	96.5	7.4	92.6
Amphetamines	42.9	57.1	36.1	63.9	41.5	58.5	40.3	59.7	40.0	60.0
Cocaine	47.7	52.3	43.1	56.9	48.2	51.8	47.9	52.1	47.4	52.6
Marijuana	64.4	35.6	59.1	40.9	59.6	40.4	57.2	42.8	54.4	45.6
PCP	65.2	34.8	68.9	31.1	72.7	27.3	73.7	26.3	77.0	23.0
All others	26.5	73.5	25.1	74.9	26.1	73.9	28.4	71.6	34.4	65.6

Source: CAL-DADS Admissions.

Table 11 REFERRALS FROM CRIMINAL JUSTICE BY AGE GROUP
Percent Criminal Justice, Fiscal Years 1982-83 through 1986-87

AGE GROUP	1982-83		1983-84		1984-85		1985-86		1986-87	
	Number of Admissions	Crim Just %								
0-17 years	2,960	57.5	2,764	54.8	3,549	58.1	4,112	58.2	3,996	58.6
18-20	4,523	53.6	4,357	52.7	4,976	51.3	4,982	47.0	4,743	48.8
21-25	16,483	29.8	16,528	28.7	16,758	29.3	16,338	27.6	14,732	30.6
26-30	23,319	14.8	25,040	14.4	24,411	14.9	25,402	14.7	22,731	17.5
31-44	29,501	10.0	34,252	8.8	34,879	9.4	41,221	8.9	40,918	9.8
45 or more	4,212	8.1	4,805	6.7	4,735	6.8	5,589	6.5	5,881	7.3

Source: CAL-DADS Admissions.

Table 12 EMPLOYMENT STATUS AT TIME OF ADMISSION
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total Admissions		Employed Full or Part-time		Unemploy- ment Rate	Unemployed, Seeking Work		Not Employed or Seeking Work	
		%		%	%		%		%
1982-83	80,982	100	21,108	26.1	46.4	24,407	30.1	35,467	43.8
1983-84	87,711	100	25,495	29.1	53.3	22,367	25.5	39,849	45.4
1984-85	89,233	100	26,431	29.6	54.4	22,173	24.9	40,629	45.5
1985-86	97,646	100	29,174	30.0	55.1	23,766	24.3	44,706	45.7
1986-87	93,006	100	28,462	30.6	55.1	22,832	24.6	41,712	44.8

Source: CAL-DADS Admissions.

Table 13 CHARACTERISTICS OF EMPLOYED CAL-DADS CLIENTS
Ranked by Percent Employed in Fiscal Year 1986-87

CHARACTERISTICS	Rank Order of Most Likely to Be Employed					
	1	2	3	4	5	6
Route of administration Percent	Inhalation 47.2	Oral 32.1	Unknown 29.8	Smoking 29.4	Injection 28.6	N/A N/A
Treatment service type* Percent	OMM 39.2	ODF 39.1	ODX 29.0	Other 17.0	RDX 8.5	RDF 4.9
Time in treatment Percent	4-6 mos. 38.5	7-12 mos. 34.0	0-1 mos. 33.3	1 yr.+ 31.2	1-3 mos. 28.9	N/A N/A
Primary drug type Percent	Cocaine 35.6	Marijuana 34.8	Amphet. 31.9	Heroin 29.4	PCP 29.4	Others 27.9
Age at admission Percent	31-44 yr 32.8	18-20 yr 31.9	21-25 yr 31.5	26-30 yr 31.4	45+ 22.6	Up to 17 10.9

Source: CAL-DADS Admissions- 28,437 employed clients.

* Treatment Service Types:

OMM= Outpatient methadone maintenance
ODF= Outpatient drug free
ODX= Outpatient detoxification

RDF= residential drug free
RDX= residential detoxification
Other= All other types

Table 14 CLIENT STATUS AT TIME OF DISCHARGE
Fiscal Years 1982-83 through 1986-87

FISCAL YEAR	Total Discharges	Completed Treatment	Treat. Incomplete & Progress				Referred or Transferred to Other Treatment		
	Count	Count	%	Satisfactory Count	%	Unsatisfactory Count	%	Count	%
1982-83	77,484	16,194	20.9	14,490	18.7	40,059	51.7	6,741	8.7
1983-84	86,237	17,679	20.5	15,523	18.0	44,929	52.1	8,106	9.4
1984-85	85,942	18,392	21.4	16,931	19.7	43,315	50.4	7,305	8.5
1985-86	95,521	20,084	21.0	19,610	20.5	47,935	50.5	7,892	8.3
1986-87	90,111	19,881	22.1	17,404	19.3	45,596	50.6	7,240	8.0

Source: CAL-DADS Discharges.

Table 15 DRUGS ABUSED BY TREATMENT SERVICE ENVIRONMENT AND MODALITY
Admissions and Percentages in Fiscal Year 1986-87

TREATMENT SERVICE	Total Admissions	Heroin	Non-Rx Methadone	Amphet- amines	Cocaine	Mari- juana	PCP	All Other Drugs
OMM	10,751	10,551	31	5	8	5	1	150
ODF	24,302	3,256	11	3,594	8,924	4,051	3,009	1,457
ODX	47,149	47,149	0	0	0	0	0	0
RDF	5,656	1,452	5	781	2,461	247	446	264
RDX	1,853	1,613	21	10	6	1	1	201
Other environments and modalities	3,352	936	54	219	1,117	153	129	744
Total	93,063	64,957	122	4,609	12,516	4,457	3,586	2,816

Percent of Total for Each Primary Drug

OMM	11.5%	16.2%	25.4%	.1%	.1%	.1%	0%	5.3%
ODF	26.1	5.0	9.0	78.0	71.3	90.9	83.9	51.8
ODX	50.7	72.6	0	0	0	0	0	0
RDF	6.1	2.3	4.1	16.9	19.6	5.5	12.4	9.4
RDX	2.0	2.5	17.2	.2	.1	0	0	7.1
Other	3.6	1.4	44.3	4.8	8.9	3.5	3.7	26.4

Source: CAL-DADS Admissions.

Table 16 ROUTE OF DRUG ADMINISTRATION BY PRIMARY DRUG ABUSED
Fiscal Years 1982-83 through 1986-87

PRIMARY DRUG BY FY	Routes of Drug Administration					
	Oral	Smoke	Inhale	Inject	Other	Unknown
Total for all drugs						
1982-83	5,590	13,750	4,411	57,776	294	53
1983-84	4,540	13,928	5,386	63,843	241	30
1984-85	3,611	14,158	6,576	64,843	319	32
1985-86	3,573	13,985	7,493	72,136	425	34
1986-87	3,393	14,782	8,807	65,139	556	47
Heroin						
1982-83	2,003	725	840	55,807	202	7
1983-84	1,636	703	1,047	61,744	133	15
1984-85	1,406	707	1,304	62,515	184	20
1985-86	1,256	725	1,352	69,713	283	21
1986-87	983	675	1,348	62,377	315	17
Non-Rx methadone						
1982-83	215	5	1	21	1	0
1983-84	143	3	1	15	2	0
1984-85	110	4	0	23	0	0
1985-86	91	0	0	20	2	0
1986-87	99	3	2	14	3	0
Amphetamines						
1982-83	848	6	425	1,034	16	0
1983-84	729	17	660	1,125	10	1
1984-85	577	17	1,096	1,276	16	1
1985-86	550	32	1,559	1,430	29	0
1986-87	468	67	2,495	1,537	33	1
Cocaine						
1982-83	85	763	2,768	779	32	0
1983-84	87	1,350	3,371	855	48	1
1984-85	93	2,452	3,940	927	64	2
1985-86	104	3,588	4,369	867	67	5
1986-87	176	6,215	4,796	1,134	148	8
Marijuana						
1982-83	149	5,962	25	6	11	0
1983-84	132	5,159	35	8	15	3
1984-85	81	5,144	38	9	12	1
1985-86	84	5,257	41	2	12	1
1986-87	88	4,306	23	2	23	4
PCP						
1982-83	119	6,232	30	21	15	3
1983-84	120	6,649	60	22	15	3
1984-85	77	5,780	48	14	26	3
1985-86	62	4,321	40	18	9	2
1986-87	69	3,442	33	11	14	2
Other drugs abused						
1982-83	2,171	57	322	108	17	43
1983-84	1,693	47	204	74	18	7
1984-85	1,267	54	150	79	17	5
1985-86	1,426	62	132	86	23	5
1986-87	1,510	74	110	64	20	15

Source: CAL-DADS Admissions.

Table 17 PERCENT, ROUTE OF DRUG ADMINISTRATION BY PRIMARY DRUG ABUSED
Fiscal Years 1982-83 through 1986-87

PRIMARY DRUG BY FY	Total Admissions	Routes of Drug Administration					
		Oral	Smoking	Inhale	Inject	Other	Unknown
		%	%	%	%	%	%
Total for all drugs							
1982-83	81,874	6.8	16.8	5.4	70.6	.3	.1
1983-84	87,968	5.2	15.8	6.1	72.6	.3	0
1984-85	89,593	4.0	15.8	7.3	72.4	.4	.1
1985-86	97,646	3.7	14.3	7.7	73.9	.4	0
1986-87	92,724	3.7	15.9	9.5	70.2	.6	.1
Heroin							
1982-83	59,584	3.4	1.2	1.4	93.7	.3	0
1983-84	65,278	2.5	1.1	1.6	94.6	.2	0
1984-85	66,136	2.1	1.1	2.0	94.5	.3	0
1985-86	73,350	1.7	1.0	1.8	95.0	.4	0
1986-87	65,715	1.5	1.0	2.1	94.9	.5	0
Non-Rx methadone							
1982-83	243	88.5	2.1	.4	8.6	.4	0
1983-84	164	87.2	1.8	.6	9.2	1.2	0
1984-85	137	80.3	2.9	0	16.8	1.0	0
1985-86	113	80.5	0	0	17.7	1.8	0
1986-87	121	81.8	2.5	1.7	11.6	2.5	0
Amphetamines							
1982-83	2,329	36.4	.3	18.2	44.4	.7	0
1983-84	2,542	28.7	.7	26.0	44.2	.4	0
1984-85	2,983	19.3	.6	36.7	42.8	.6	0
1985-86	3,600	15.3	.9	43.3	39.7	.8	0
1986-87	4,601	10.2	1.5	54.2	33.4	.7	0
Cocaine							
1982-83	4,427	1.9	17.2	62.5	17.6	.7	0
1983-84	5,712	1.5	23.6	59.0	15.0	.9	0
1984-85	7,478	1.2	32.8	52.7	12.4	.9	0
1985-86	9,000	1.2	39.9	48.5	9.6	.7	0
1986-87	12,477	1.4	49.8	38.4	9.1	1.2	.1
Marijuana							
1982-83	6,153	2.4	96.9	.4	.1	.2	0
1983-84	5,3512	2.5	96.4	.6	.1	.3	.1
1984-85	5,285	1.5	97.3	.7	.2	.2	0
1985-86	5,397	1.6	97.4	.8	0	.2	0
1986-87	4,446	2.0	96.9	.5	0	.5	.1
PCP							
1982-83	6,420	1.8	97.1	.5	.3	.2	.1
1983-84	6,877	1.7	96.7	1.0	.3	.2	.1
1984-85	5,948	1.3	97.2	.8	.2	.4	.1
1985-86	4,452	1.4	97.1	.9	.4	.2	0
1986-87	3,571	1.9	96.4	.9	.3	.4	.1
Other drugs abused							
1982-83	2,718	79.9	2.1	11.8	4.0	.6	1.6
1983-84	2,043	82.9	2.3	10.0	3.6	.9	.3
1984-85	1,572	80.6	3.4	9.5	5.0	1.1	.3
1985-86	1,734	82.2	3.6	7.6	5.0	1.3	.3
1986-87	1,793	84.2	4.1	6.1	3.6	1.1	.9

Source: CAL-DADS Admissions.

Table 18 TREATMENT SERVICE ENVIRONMENT AND MODALITY BY TIME IN TREATMENT
Discharges by Fiscal Year, 1982-83 through 1986-87

TREATMENT SERVICE ENVIRONMENT and MODALITY by FY	Time in Drug Treatment					
	Up to 1 Month	2-3 Mos.	4-6 Mos.	7-12 Mos	1-2 Years	More than 2 Years
OMM *						
1982-83	27	2,392	1,079	704	400	210
1983-84	40	3,757	1,773	1,715	844	292
1984-85	38	3,709	1,797	1,679	1,280	530
1985-86	32	3,355	1,934	1,708	1,248	1,107
1986-87	28	3,210	2,130	1,855	1,340	1,194
ODF						
1982-83	1,713	8,743	3,499	1,222	108	50
1983-84	1,551	10,490	5,092	2,983	693	19
1984-85	1,617	10,830	5,269	2,882	635	56
1985-86	2,031	11,679	5,377	3,002	670	152
1986-87	2,096	12,110	5,618	2,948	588	97
ODX **						
1982-83	1,347	35,279	See OMM			
1983-84	1,370	42,661				
1984-85	1,462	43,904				
1985-86	1,859	51,037				
1986-87	1,513	45,312				
RDF						
1982-83	325	3,294	559	235	9	1
1983-84	298	3,379	942	843	247	2
1984-85	275	3,438	941	828	341	14
1985-86	251	3,165	856	810	349	32
1986-87	198	3,086	941	813	371	52
RDX						
1982-83	290	2,897	2	8	4	0
1983-84	161	2,570	5	8	5	0
1984-85	143	2,402	7	9	5	1
1985-86	192	2,128	6	8	3	2
1986-87	131	1,702	7	7	3	6
Other environments and modalities						
1982-83	277	2,026	143	60	4	3
1983-84	139	1,953	194	124	29	0
1984-85	118	2,203	242	117	48	1
1985-86	185	2,095	173	81	17	21
1986-87	280	2,510	248	96	22	9
Total for all						
1982-83	3,979	54,631	5,282	2,229	525	264
1983-84	3,559	64,810	8,006	5,673	1,818	313
1984-85	3,653	66,486	8,256	5,515	2,309	602
1985-86	4,550	72,459	8,346	5,609	2,287	1,314
1986-87	4,246	67,930	8,944	5,719	2,324	1,358

Source: CAL-DADS Discharges. * OMM includes all discharges reported as outpatient methadone maintenance plus those reported as outpatient detoxification where services were provided for more than 21 days. ** ODX includes all other discharges whether methadone was used in the detoxification or not. Detoxifying without methadone is less than 1% of all ODX discharges.

Table 19 POLYDRUG ABUSE: PRIMARY DRUG IN COMBINATION WITH OTHERS
Admissions, Fiscal Years 1982-83 through 1986-87

PRIMARY DRUG by FISCAL YEAR	Other Drugs Abused in Combination with Primary Drug							All Others
	None	Heroin	Other Opiates	Alcohol	Amphet- amines	Cocaine	Mari- juana	
Heroin								
1982-83	40,224	N/A	6,243	3,110	609	4,015	2,241	3,142
1983-84	46,863		4,365	3,379	544	5,399	2,442	2,286
1984-85	46,462		3,963	3,610	523	6,806	2,779	1,993
1985-86	54,583		3,091	3,398	571	7,645	2,439	1,623
1986-87	47,561		2,414	2,949	543	9,441	1,517	1,290
Non-Rx methadone								
1982-83	61	142	N/A	0	3	9	5	19
1983-84	48	91		0	2	5	4	8
1984-85	45	63		0	0	9	2	10
1985-86	46	50		0	1	5	3	5
1986-87	51	38		0	4	8	7	8
Amphetamines								
1982-83	548	279	*	435	N/A	274	551	239
1983-84	630	241		478		301	695	193
1984-85	757	258		576		401	832	159
1985-86	1,108	237		618		449	1,030	149
1986-87	1,504	263		819		511	1,353	146
Cocaine								
1982-83	1,308	330	*	747	228	N/A	1,422	384
1983-84	1,852	374		1,094	267		1,683	425
1984-85	2,514	507		1,433	297		2,137	582
1985-86	3,095	519		1,713	369		2,768	521
1986-87	4,223	763		2,625	435		3,768	644
Marijuana								
1982-83	2,846	99	*	1,941	303	454	N/A	490
1983-84	2,268	106		1,702	291	538		434
1984-85	2,077	86		1,741	337	622		409
1985-86	2,061	98		1,839	387	663		338
1986-87	1,437	71		1,606	368	683		303
PCP								
1982-83	2,377	324	*	994	121	467	1,946	191
1983-84	2,659	349		1,268	69	664	1,723	145
1984-85	2,478	309		966	93	707	1,297	98
1985-86	1,605	238		816	68	600	1,056	69
1986-87	1,237	173		749	69	502	751	45
Other primary drug								
1982-83	581	363	*	405	157	181	696	335
1983-84	464	256		279	116	167	533	228
1984-85	374	197		183	81	158	403	175
1985-86	346	202		201	121	244	460	160
1986-87	333	228		174	124	235	534	165
Total-86/7	56,346	1,536	2,414	8,922	1,543	11,380	7,930	2,601

Source: CAL-DADS Admissions.

* Other opiates include opium, opium derivatives and synthetic substitutes such as methadone, codeine and demerol and are aggregated under "heroin".

Table 20 TREATMENT SERVICE ENVIRONMENT AND MODALITY AND POLYDRUGS ABUSED
Admissions, Fiscal Years 1982-83 through 1986-87

TREATMENT SERVICE ENVIRONMENT and MODALITY by FY	Other Drugs Abused along with Primary Drugs						
	None	Heroin	Alcohol	Amphet- amines	Cocaine	Mari- juana	All Other Drugs
OMM							
1982-83	6,201	982	448	90	424	251	312
1983-84	7,749	836	604	90	717	261	268
1984-85	7,498	612	540	80	679	219	235
1985-86	7,854	546	563	93	717	191	195
1986-87	8,219	489	528	117	1,108	132	158
ODF							
1982-83	8,649	1,022	6,273	722	1,186	2,673	850
1983-84	8,735	926	6,339	764	1,394	2,684	747
1984-85	8,849	884	6,562	775	1,707	2,704	685
1985-86	8,892	872	7,182	956	1,978	2,987	562
1986-87	8,324	976	8,300	1,005	1,995	3,197	505
ODX							
1982-83	29,280	3,629	1,713	267	2,528	1,097	895
1983-84	34,749	2,520	2,015	223	3,258	1,257	557
1984-85	34,860	2,441	2,529	266	4,274	1,421	588
1985-86	42,330	1,840	2,401	272	4,938	1,206	506
1986-87	36,035	1,475	2,231	274	5,978	747	409
RDF							
1982-83	1,265	785	1,846	425	798	724	350
1983-84	1,243	616	1,945	379	859	643	295
1984-85	1,106	605	2,104	279	904	674	239
1985-86	1,320	478	1,792	311	843	686	195
1986-87	1,394	481	1,914	282	741	685	159
RDX							
1982-83	1,352	747	462	82	187	76	386
1983-84	1,223	430	371	51	310	84	295
1984-85	1,091	398	302	57	427	97	206
1985-86	1,171	282	296	46	350	50	144
1986-87	839	174	281	33	379	36	111
Other environments and modalities							
1982-83	1,207	617	372	85	193	178	257
1983-84	1,094	454	405	53	183	138	215
1984-85	1,312	443	404	57	164	114	158
1985-86	1,293	420	433	54	167	139	126
1986-87	1,729	377	673	53	218	170	132

Source: CAL-DADS Admissions.

Table 21 AMPHETAMINE ABUSERS: EMERGENCY ROOM MENTIONS, FIRST TIME ADMISSIONS, DEATHS AND TREATMENT FOR AMPHETAMINE INJECTION, 1982-3 THROUGH 1986-7

	1982-83	1983-84	1984-85	1985-86	1986-87
Amphetamine emergency room mentions	607	658	810	865	884
Total ER mentions (calendar years 1982-86)	25,419	24,656	25,573	26,004	25,154
Amphetamine ER mentions as a percent of total ER	.24%	.27%	.32%	.33%	.35%
Percent of 1982-83 amphetamine ER mentions rate	100%	113%	133%	138%	146%
Amphetamine 1st time treatment admissions	1,381	1,724	1,914	2,385	3,168
All 1st admissions (heroin, cocaine & amphetamines)	14,945	18,429	20,679	22,431	22,262
Amphetamine 1st admissions as percent of all 1st adm.	9.2%	9.4%	9.3%	10.6%	14.2%
Percent of 1982-83 amphetamine 1st admission rate	100%	101%	101%	115%	154%
Amphetamine-caused deaths	12	17	18	28	18*
Percent of 1982-83 amphetamine caused-deaths	100%	142%	150%	233%	150%
First Admissions where amphetamines were injected	549	665	695	816	904
Percent of 1982-83 admissions: amphetamines injected	100%	121%	127%	149%	165%

* These numbers are too small to be considered reliable trend indicators.

Source: DAWN, CAL-DADS Admissions and Vital Statistics.

Table 22 COCAINE ADDICTS: EMERGENCY ROOM MENTIONS, FIRST TIME ADMISSIONS, DEATHS AND TREATMENT FOR COCAINE INJECTION, 1982-3 THROUGH 1986-7

	1982-83	1983-84	1984-85	1985-86	1986-87
Cocaine emergency room mentions (calendar years 1982-86)	856	1,324	1,938	2,832	3,450
Total ER mentions	25,419	24,656	25,573	26,004	25,154
Cocaine ER mentions as a percent of total ER mentions	3.4%	5.4%	7.6%	10.9%	13.7%
Percent of 1982-83 cocaine ER mentions rate	100%	159%	225%	323%	407%
Cocaine 1st time treatment admissions	2,993	4,073	5,112	6,198	8,343
All 1st admissions (heroin, cocaine and amphetamines)	14,945	18,429	20,679	22,431	22,262
Cocaine 1st admissions as percent of all 1st adm.	20.0%	22.1%	24.7%	27.6%	37.5%
Percent of 1982-83 cocaine 1st admissions rate	100%	111%	124%	138%	188%
Cocaine-caused deaths	82	136	138	168	216
Percent of 1982-83 cocaine-caused deaths	100%	166%	168%	205%	263%
First admissions where cocaine was injected	376	473	462	464	571
Percent of 1982-83 1st admissions: cocaine injected	100%	126%	123%	123%	152%

Sources: DAWN, CAL-DADS Admissions and Vital Statistics.

Table 23 HEROIN ADDICTS: EMERGENCY ROOM MENTIONS, FIRST TIME ADMISSIONS,
DEATHS AND TREATMENT FOR HEROIN INJECTION, 1982-3 THROUGH 1986-7

	1982-83	1983-84	1984-85	1985-86	1986-87
Heroin emergency room mentions (calendar years 1982-86)	1,382	1,673	2,218	2,826	3,092
Total ER mentions	25,419	24,656	25,573	26,004	25,154
Heroin ER mentions as a percent of total ER mentions	5.4%	6.8%	8.7%	10.9%	12.3%
Percent of 1982-83 heroin ER mentions rate	100%	126%	161%	202%	228%
Heroin 1st time treatment admissions	10,571	12,632	13,653	13,848	10,751
All 1st admissions (heroin, cocaine and amphetamines)	14,945	18,429	20,679	22,431	22,262
Heroin 1st admissions as percent of all 1st adm.	70.7%	68.5%	66.0%	61.7%	48.3%
Percent of 1982-83 heroin 1st admissions rate	100%	97%	93%	87%	68%
Heroin-caused deaths	358	357	432	702	390
Percent of 1982-83 heroin-caused deaths	100%	100%	121%	196%	109%
First admissions where heroin was injected	9,969	12,024	12,893	13,132	10,078
Percent of 1982-83 1st admissions: heroin injected	100%	121%	129%	132%	101%

Source: DAWN, CAL-DADS Admissions and Vital Statistics.

Table 24 EMPLOYMENT STATUS: CAL-DADS CLIENTS AND CALIFORNIA RESIDENTS
Fiscal Years 1982-83 through 1986-87

	<u>1982-83</u>	<u>1983-84</u>	<u>1984-85</u>	<u>1985-86</u>	<u>1986-87</u>
California labor force (1000's)	12,337	12,646	12,920	13,368	13,742
California employment (1000's)	11,072	11,691	11,929	12,492	12,989
Percent of labor force employed	89.7%	92.4%	92.3%	93.4%	94.5%
Percent change from FY 1982-83	100.0%	103.0%	102.9%	104.1%	105.4%
CAL-DADS labor force	29,145	30,588	31,723	33,998	33,541
CAL-DADS employment	14,148	16,728	17,703	18,672	18,474
Percent of labor force employed	48.5%	54.7%	55.8%	54.9%	55.1%
Percent change from FY 1982-83	100.0%	112.8%	115.1%	113.2%	113.6%

Sources: CAL-DADS unique clients and Employment Development Department, End of the fiscal year seasonally adjusted data, "Report to the Governor on Labor Market Conditions".

Table 25 MOST FREQUENTLY MENTIONED DRUGS IN HOSPITAL EMERGENCY ROOMS
DAWN Reports from Los Angeles, San Diego and San Francisco Standard Metropolitan Statistical Areas, 1981-1986

DRUG	1981		1982		1983		1984		1985		1986	
	%	Mentions										
Total for all drugs*	100	23,739	100	25,820	100	25,019	100	24,292	100	26,854	100	25,154
Alcohol-in-combination with other drugs	13.4	3,188	13.5	3,494	14.5	3,624	13.6	3,317	14.2	3,804	11.2	2,823
Cocaine	2.2	527	2.8	711	4.0	1,001	6.8	1,647	8.2	2,212	13.7	3,451
Heroin	3.5	818	5.0	1,295	5.9	1,470	7.7	1,876	9.5	2,560	12.3	3,092
Marijuana	1.5	345	2.0	530	2.9	736	2.9	696	3.5	948	3.0	756
PCP**	6.2	1,464	9.8	2,520	12.8	3,196	11.1	2,691	8.4	2,243	7.9	1,992
Tranquilizers***	10.5	2,498	9.0	2,320	7.8	1,963	6.9	1,669	5.9	1,588	4.7	1,173
All other selected drugs	62.7	14,899	57.9	14,950	52.1	13,029	51.0	12,396	50.3	13,499	47.2	11,867

Source: DAWN Annual Reports, 1981-1986, drug use by drug groups from Tables 4, 5 and 6.

* Data from Table 5.

** During 1981 and 1982, persons requiring emergency care in Los Angeles due to PCP abuse were diverted from hospital emergency rooms to mental institutions not reporting to DAWN. This loss of data was corrected in 1982.

*** Tranquilizers include diazepam (Valium), chlordiazepoxide (Librium), clorazepate (Tranxene), lorazepam (Ativan) and meprobamate (Equanil and Miltown) from DAWN Table 4.

Table 26 DRUG CATEGORIES MOST FREQUENTLY MENTIONED BY MEDICAL EXAMINERS
DAWN Reports for the Los Angeles, San Diego and San Francisco Standard Metropolitan Statistical Areas, 1981-1986

DRUG	1981		1982		1983		1984		1985		1986	
Total mentions	2,390	100.0%	2,844	100.0%	2,485	100.0%	2,722	100.0%	2,979	100.0%	3,642	100.0%
Alcohol-in-combination with other drugs	359	15.0	490	17.2	369	14.8	416	15.3	517	17.4	664	18.2
Heroin	257	10.8	337	11.9	343	13.8	407	15.0	533	17.9	694	19.1
Codeine	213	8.9	222	7.8	179	7.2	168	6.2	155	5.2	165	4.5
Amitriptyline*	130	5.4	129	4.5	107	4.3	119	4.4	107	3.6	102	2.8
Diazepam**	94	3.9	87	3.1	84	3.4	103	3.8	106	3.6	73	2.0
Cocaine	69	2.9	102	3.6	123	4.9	259	9.5	225	7.6	437	12.0

Source: Drug Abuse Warning Network (DAWN) reports 1981-1986, Table 4

* Amitriptyline (Elavil) is an antidepressant.

** Diazepam (Valium) is a tranquilizer.

Table 27 CALIFORNIA DRUG DEATHS
Fiscal Years 1979-80 through 1986-87

DRUG	Number of Drug-caused Deaths by Fiscal Year							
	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86	1986-87
Total of all drugs	1,383	1,576	1,597	1,799	1,717	1,967	2,497	1,992
Heroin and other opiates	147	215	253	358	357	432	702	390
Cocaine and cocaine types	33	46	60	82	136	139	170	226
Tranquilizers	224	237	187	192	214	215	232	166
Amphetamines	11	12	10	12	17	18	29	20
Barbiturates	217	191	134	117	88	63	69	60
Others	751	875	953	1,038	905	1,100	1,295	1,130

Source: Department of Health Services, Center for Health Statistics.

* Projection based upon the last six months of 1986.

Table 28 DEATHS IN CALIFORNIA COUNTIES CAUSED BY DRUGS
Deaths and Death Rates per 100,000 population, 1986

COUNTY	Drug Deaths	Population on July 1	Deaths per 100,000 People
Alameda	110	1,197,000	9.2
Alpine	0	1,200	0
Amador	0	23,400	0
Butte	16	164,000	9.8
Calaveras	1	26,800	3.7
Colusa	0	14,700	0
Contra Costa	43	717,600	6.0
Del Norte	0	18,800	0
El Dorado	3	104,700	2.9
Fresno	44	576,200	7.6
Glenn	0	23,200	0
Humboldt	8	113,000	7.1
Imperial	9	106,000	8.5
Inyo	0	18,400	0
Kern	36	480,600	7.5
Kings	5	84,900	5.9
Lake	2	48,300	4.1
Lassen	1	24,600	4.1
Los Angeles	744	8,085,300	9.2
Madera	10	76,300	13.1
Marin	29	226,100	12.8
Mariposa	0	13,400	0
Mendocino	3	73,800	4.1
Merced	5	160,500	3.1
Modoc	0	9,500	0
Mono	0	9,300	0
Monterey	23	329,700	7.0
Napa	5	104,000	4.8
Nevada	1	68,300	1.5
Orange	149	2,127,900	7.0
Placer	7	138,400	5.1
Plumas	0	19,200	0
Riverside	65	820,600	7.9
Sacramento	85	893,800	9.5
San Benito	1	30,500	3.2
San Bernardino	80	1,086,400	7.4
San Diego	156	2,131,600	7.3
San Francisco	100	735,000	13.6
San Joaquin	51	416,700	12.2
San Luis Obispo	4	190,100	2.1
San Mateo	63	616,600	10.2
Santa Barbara	29	334,600	8.7
Santa Clara	83	1,400,100	5.9
Santa Cruz	19	214,300	8.9
Shasta	6	131,700	4.6
Sierra	0	3,500	0
Siskiyou	1	42,800	2.3

Table 28 (continued)

Solano	9	275,200	3.2
Sonoma	22	335,400	6.6
Stanislaus	24	304,900	7.9
Sutter	2	58,500	3.4
Tehama	1	44,300	2.6
Trinity	0	13,600	0
Tulare	17	280,500	6.1
Tuolumne	2	40,800	4.9
Ventura	38	600,200	6.3
Yolo	1	124,000	.8
Yuba	3	54,300	5.5
California	2,116	26,365,100	8.0

Source: Department of Health, Vital Statistics and Department of Finance, Population Research

Table 29 ARRESTS FOR DRUG LAW VIOLATIONS
California, 1982 through 1986

	1982	1983	1984	1985	1986
Adult	134,202	167,492	188,766	214,139	224,860
Juvenile	20,358	20,941	23,737	25,273	23,594
Total	154,560	188,433	212,503	239,412	248,454

Source: Department of Justice, Bureau of Criminal Statistics.

Table 30 JUVENILE DRUG ARRESTS AND ARREST RATES
Fiscal years 1979-80 through 1985-86

	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86
Juvenile drug arrests	23,883	21,587	20,793	20,532	22,495	24,815	24,840
Felony	7,745	7,187	6,279	6,020	6,833	8,007	10,393
Misdemeanor	16,138	14,400	14,514	14,512	15,662	16,808	14,447
All juvenile arrests	261,211	250,098	235,843	225,155	191,999	212,554	228,733
Juvenile population (10-17 years on July 1)	3,006,736	3,040,176	3,022,817	2,968,985	2,910,972	2,871,316	2,853,241
Arrest rates:							
<u>Juvenile drug arrests</u>							
100,000 juvenile arrests	.91	.86	.88	.91	1.17	1.16	1.08
Percent of 1979-80 rate	100.0%	94.4	96.4	99.7	128.1	127.7	118.8
<u>Juvenile drug arrests</u>							
100,000 juveniles	7.94	7.1	6.88	6.92	7.73	8.7	8.72
Percent of 1979-80 rate	100.0%	89.4	86.6	87.1	97.3	109.5	109.8
<u>Selected FY drug arrests</u>							
FY 1979-80 drug arrests	100.0%	90.4	87.1	86.0	94.2	103.9	104.0

Source: Department of Justice, Bureau of Criminal Statistics.

Table 31 ADULT DRUG ARRESTS AND ARREST RATES
Fiscal Years 1979-80 through 1985-86

	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86
Adult drug arrests	110,895	113,573	127,623	150,491	180,609	200,884	221,162
Felony	56,550	58,137	60,836	67,953	78,976	93,146	109,348
Misdemeanor	54,345	55,436	66,787	82,538	101,633	107,738	111,814
All adult arrests	1,336,125	1,459,903	1,509,301	1,555,093	1,490,349	1,678,003	1,866,808
Adult population (18 or more on July 1)	16,850,501	17,356,683	17,745,509	18,194,173	18,559,647	18,886,160	19,200,335
Arrest Rates:							
<u>Adult drug arrests</u>							
100,000 all adult arrests	.83	.77	.84	.96	1.21	1.19	1.18
Percent of 1979-80 rate	100.0%	93.7	101.9	116.6	146.0	144.2	142.7
<u>Adult drug arrests</u>							
100,000 adults	6.58	6.54	7.19	8.27	9.73	10.64	11.52
Percent of 1979-80 rate	100.0%	99.4	109.3	125.7	147.9	161.6	175.0
<u>Selected FY drug arrests</u>							
FY 1979-80 drug arrests	100.0%	102.4	115.1	135.7	162.9	181.1	199.4

Source: Department of Justice, Bureau of Criminal Statistics.

Table 32 FELONY DRUG ARREST RATES PER 100,000 BY OFFENSE
1980 through 1986

	1980	1981	1982	1983	1984	1985	1986
Adults (18 years or more)							
Total of all felonies	332.3	342.4	343.2	395.0	453.8	519.5	617.1
Narcotics	114.9	139.2	133.3	163.7	214.1	269.2	377.5
Marijuana	93.7	96.6	96.3	92.0	95.4	108.2	89.0
Dangerous drugs	114.0	98.4	107.1	126.6	137.1	136.0	142.9
Other	9.7	8.2	6.6	12.8	7.2	6.1	7.6
Juveniles (10-17 years)							
Total of all felonies	244.0	219.0	207.5	209.7	258.7	314.6	395.5
Narcotics	46.2	45.8	43.3	41.7	71.4	121.5	231.4
Marijuana	139.6	120.0	108.5	97.8	116.0	119.1	89.9
Dangerous drugs	54.0	47.8	51.0	62.2	67.1	71.3	71.1
Other	4.2	5.4	4.8	8.0	4.2	2.7	3.1

Sources: Department of Justice, "BCS Outlook", December 1986 and "Crime and Delinquency in California, 1986.
Note that arrest rates are expressed as arrests per 100,000 adults or juveniles on July 1 of each year.

Table 33 COUNTY DRUG LAW ARRESTS, 1982 and 1986

	1982	1986	Percent Change
Counties with <u>decreasing</u> arrests			
Alpine	5	0	-
Mariposa	35	30	-14.3
Marin	889	823	-7.4
Calaveras	115	107	-7.0
Modoc	17	16	-5.9
Santa Barbara	1,908	1,830	-4.1
Counties with <u>large increases</u> in arrests			
Trinity	26	88	332
Del Norte	48	141	294
San Benito	91	256	291
Fresno	1,922	5,482	285
Sutter	9	21	233
El Dorado	202	540	277
San Bernardino	3,906	10,325	264
Riverside	3,208	8,448	263
Lassen	34	84	247
Yuba	109	268	246
Glenn	45	107	238
Sierra	9	21	233
Imperial	310	706	228
San Joaquin	1,539	3,375	219
Napa	167	353	211
Butte	174	362	208
All other counties	139,739	214,919	154
Alameda	10,680	13,899	
Amador	30	55	
Colusa	32	42	
Contra Costa	2,778	3,110	
Humboldt	301	498	
Inyo	87	97	
Kern	3,357	5,169	
Kings	306	562	
Lake	105	156	
Los Angeles	64,867	105,334	
Madera	208	223	
Mendocino	181	275	
Merced	527	617	
Mono	26	28	
Monterey	1,231	2,123	
Nevada	196	240	
Orange	11,494	16,075	
Placer	448	490	
Plumas	37	40	
Sacramento	2,055	3,793	
San Diego	14,339	20,182	
San Francisco	7,861	9,498	
San Luis Obispo	469	645	

Table 33 (continued)

San Mateo	1,566	2,823	
Santa Clara	7,826	14,626	
Santa Cruz	1,087	2,017	
Shasta	404	566	
Siskiyou	66	97	
Solano	976	1,581	
Sonoma	824	1,265	
Stanislaus	1,278	2,163	
Tehama	63	113	
Tulare	717	1,383	
Tuolumne	100	113	
Ventura	2,662	4,411	
Yolo	375	610	
California total	154,560	248,454	161

Source: Department of Justice, Bureau of Criminal Statistics.

Table 34 COURT DIVERSIONS UNDER THE DRUG OFFENDER STATUTE (P.C. 1000)
California County Probation Departments, 1980-1986

Offense	1980	1981	1982	1983	1984	1985	1986
Possession of narcotics*	20.0%	24.1%	23.5%	20.9%	22.7%	20.5%	21.2%
Use of narcotics	3.6	5.5	10.6	16.0	17.6	16.3	21.5
Possession of paraphernalia	1.3	1.8	3.3	1.2	1.3	1.2	1.8
Possession of dangerous drugs	18.1	15.1	14.4	13.3	12.9	17.6	21.7
Possession of marijuana	39.6	35.8	30.7	23.1	13.6	12.6	11.1
Cultivation of marijuana	10.4	10.4	8.7	6.3	5.5	4.0	3.9
Glue sniffing	.5	.5	.5	.4	.1	.2	.1
Public intoxication	2.3	1.6	1.3	.5	.2	.4	.3
Other**	4.2	5.2	7.0	18.3	26.1	27.1	18.4
Total	100	100	100	100	100	100	100
Total diverted to drug treatment	6,946	6,657	8,501	9,996	10,927	11,716	13,200

Source: Reports from 28 county probation departments obtained by the Department of Alcohol and Drug Programs.

* Substantial increases in clients diverted to drug treatment for "possession of narcotics" occurred between 1979 and 1983. Since possession of narcotics includes cocaine, the increase may be due to a jump in cocaine offenses rather than narcotics.

** Also note that Alameda County discontinued reporting by offense categories as of June 1983. Since that date, all their offenses have been reported as "other".

Table 35 DRUG REHABILITATION DISCHARGES FROM HOSPITALS BY PAYOR
California, 1984 and 1985

DIAGNOSIS RELATED GROUP by PAYOR	1984			1985		
	Discharges		Avg. Length of Stay	Discharges		
	Number	Subtotal		Number	Subtotal	%
Medicare		1,207	7.6%		997	7.1%
Substance Induced Disorders	267		5.8 days	255		
Substance Induced Syndrome	940		11.6	636		
Drug Dependence	N/A			106		
Medi-cal		901	5.7		394	2.8
Drug Dependence	116		16.7	N/A		
Drug Use	289		17.6	127		
Substance Induced Syndrome	496		9.0	267		
Blue Cross/Blue Shield		1,678	10.5		1,485	10.5
Substance Induced Disorders	369		6.6	298		
Drug Dependence	411		21.1	462		
Drug Use	162		25.6	206		
Substance Induced Syndrome	736		17.8	519		
Private Insurance		5,775	36.3		6,114	43.2
Substance Induced Disorders	1,048		7.6	1,124		
Drug Dependence	1,379		23.8	1,846		
Drug use	667		27.4	939		
Substance Induced Syndrome	2,681		19.7	2,205		
Other Payors		6,205	39.9		5,149	36.4
Substance Induced Disorders	1,009		5.4	1,114		
Drug Dependence	2,183		15.1	1,278		
Drug Use	918		28.8	828		
Substance Induced Syndrome	2,095		22.8	1,929		
All payors and DRG's	15,766		100.0%	17.6	14,139	100.0%

Source: Office of Statewide Health Planning and Development, "Individual Hospital Discharge Data" 1984 and 1985.

* The full scope of the drug problem in hospitals is greater than displayed above. OSHPD publications do not reveal secondary problems. Hospitals do report both principal and "other diagnoses" (secondary) to OSHPD using the International Classification of Diseases. Such detailed information is available from OSHPD computer files but not the publications used for this table. Rehabilitation cost data is available by payor and principle drug or alcohol problem.

** General and community hospitals (87 are represented in this table) reported 11,387 "principal diagnoses" of drug abuse in 1984. The rest of the 15,766 discharges were reported by 18 specialized alcohol/drug rehabilitation hospitals.

*** Principal Diagnosis Groups such as Alcohol Use and Alcohol Dependence are not counted as drug abuse. All of the Substance Induced Disorders or Substance Induced Syndrome discharges were counted as drug, not alcohol abuse even though some must be alcohol-related.