
Patterns and Trends of Drug Use in Atlanta: 2013

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ABSTRACT

The two key findings in the Atlanta area were the increase in heroin indicators and an increase in methamphetamine indicators. Although lower than in other metropolitan areas, heroin abuse indicators all showed increased use, with heroin representing 6.1 percent of primary treatment admissions in 2013. Individuals seeking treatment in 2013 were younger and more likely to be White than in previous years. Ethnographic reports from local heroin users reported an increase in the availability of Mexican heroin in Atlanta. Drug reports for heroin among drug items seized and analyzed in National Forensic Laboratory Information System (NFLIS) laboratories increased from 328 in 2011, to 512 in 2012, and to 813 for 2013. Methamphetamine-related public treatment admissions continued to increase year over year (from 5.2 percent in 2010, to 5.7 percent in 2011, to 6.4 percent in 2012, and to 7.5 percent in the 2013). In 2013, the proportion of individuals seeking public treatment for methamphetamine abuse in Atlanta was at the highest level since 2006. The rate of injection use among individuals seeking treatment was at a 10-year high. For the first time, methamphetamine reports ranked highest among all drugs in the NFLIS data. According to the available indicators, cocaine use in Atlanta continued to decline. Cocaine primary public drug treatment admissions decreased from 12.8 percent in 2010, to 10.8 percent in 2011, to 10.5 percent in 2012, and to 9.6 percent in 2013. Both the State Medical Examiner (ME)'s Office and the Georgia Poison Control Center reported decreases in the count of cocaine-related incidents, specifically the number of deaths and poisonings. Cocaine reports from drug items seized and analyzed by NFLIS laboratories in 2013 were stable from the previous year (22.5 versus 22.3 percent). Alcohol (defined as alcohol only and alcohol in combination with other drugs) was the most commonly reported drug used in Atlanta, based on available sources. It contributed to nearly one-half of all treatment admissions. The number of clients seeking public treatment for marijuana as a primary drug of choice slightly decreased, from 17 percent in 2011, to 16.3 percent in 2012, to 16 percent in 2013, but marijuana was the most commonly used illicit drug in Atlanta. In 2013, drug indicators (treatment admissions data and NFLIS reports) suggested that oxycodone was the most reported prescription drug used in the Atlanta area. Treatment admissions data demonstrated that oxycodone use has increased slightly (from 2.8 percent in 2011 and 3.0 percent in 2012 to 3.1 percent in the first half of 2013) after increasing at greater rates from 2007 through 2011. Alprazolam, the most commonly reported benzodiazepine, displayed similar trends, with stable treatment admissions and a decrease in the number of drug reports among items analyzed by NFLIS laboratories from 2012 to 2013. State ME data indicated an increase in the number of deaths associated with hydrocodone, while NFLIS data showed an increase in the number of drug reports among items analyzed from 2012 to 2013.

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INTRODUCTION

Area Description

The metropolitan Atlanta area is located in the northwest corner of Georgia and includes 28 of the State's 159 counties. The metropolitan area includes more than 6,100 square miles, or 10.5 percent of Georgia's total size. According to 2013 estimates by the U.S. Census Bureau, Georgia currently ranks as the eighth most populous State, with just under 10 million residents. The population of the Atlanta Metropolitan Statistical Area (MSA), while steadily increasing from 2000 to 2010, has plateaued since 2011. With an estimated 5.5 million residents, the metropolitan Atlanta area includes nearly 55 percent of the State's population. The Atlanta metropolitan area ranks ninth among the Nation's major population centers. The city of Atlanta, with an estimated population in 2013 of 443,775, represents 8.1 percent of the Atlanta MSA and 4.5 percent of the State's population. The total population living in the city of Atlanta has increased by 5 percent in the last 3 years. The city is divided into two counties, Fulton County and DeKalb County, which include 17.7 and 12.8 percent of the metropolitan population, respectively.

There are demographic differences between the city of Atlanta and the larger metropolitan area, which more closely reflects the State as a whole. Based on the 2010 U.S. Census, African-Americans are the largest ethnic group within the city (54.0 percent), followed by Whites (38.4 percent), Hispanics (5.2 percent), and Asians (3.1 percent). When examining the overall metropolitan Atlanta area, those numbers reverse. Whites account for the majority (50.7 percent), followed by African-Americans (32.1 percent), Hispanics (10.4 percent), and Asians (4.8 percent). The estimated percentage of persons living below the Federal poverty level was higher in the city of Atlanta (26.1 percent) than in the Atlanta MSA (14.8 percent) and in the State (17.9 percent) in 2010. The housing vacancy rate outside the city (12.3 percent) was much lower than in the city (17.6 percent).

Available unemployment data indicate a downward trend for the city of Atlanta, the Atlanta MSA, and the State of Georgia. In August 2013, the unemployment rate for the city of Atlanta was 10.4 percent, compared with 12.7 percent at the end of 2010. The Atlanta MSA's unemployment rate was 6.5 percent, compared with an annualized rate of 10.1 percent in 2010. In August 2013, the rate of unemployment for Georgia was 8.7 percent, down from 10.2 percent at the end of 2010.

In 2013, the Georgia Bureau of Investigation (GBI)'s statewide drug enforcement efforts were led by six regional drug offices (Savannah, Milledgeville, Thomson, Atlanta, Sylvester, and Canton) and 11 multijurisdictional task force programs. In 2013, there were 43 existing drug courts in Georgia (of these, 31 were for adult felony drug offenses and 12 were for juvenile drug offenses).

Additional factors that influence substance use in the State include the following:

- Georgia is both a final destination point for drug shipments and a smuggling corridor for drugs transported along the east coast. Extensive interstate highway, rail, and bus transportation networks, as well as international, regional, and private air and marine ports of entry, serve the State.
- The State is strategically located on the I-95 corridor between New York City and Miami—the key wholesale-level drug distribution centers on the east coast and major drug importation hubs. In addition, Interstate Highway 20 runs directly into Georgia from drug entry points along the southwest border and gulf coast.

- The city of Atlanta has become an important strategic point for drug trafficking organizations, as it is the largest city in the South. It is considered a convenient nexus for all east-west and north-south travel. The city's major international airport also serves as a distribution venue for illicit substances.
- The entire State, Atlanta in particular, has experienced phenomenal growth over the last several years, with a corresponding increase in drug crime and violence. With Georgia bordering North Carolina, South Carolina, Tennessee, Alabama, and Florida, Atlanta is the base for several major dealers who maintain trafficking cells in these States, especially Mexican-based traffickers who hide within legitimate Hispanic enclaves.

Data Sources

Information for this report was gathered from the following sources:

- **Demographic and population data** were from the U.S. Census Bureau. Additional unemployment data were provided by the Georgia Department of Labor.
- **Drug abuse treatment program data** were from the Georgia Department of Human Resources for primary and secondary drugs of abuse among clients admitted to Atlanta's public drug treatment programs from January 2000 through December 2013.
- **Crisis and access line call data** were from the Georgia Department of Human Resources and represent the number of telephone calls from persons seeking information about and/or admission to Georgia's public substance abuse treatment centers. Data, obtained from June 2006 through December 2013, were classified by drug type.
- **Drug purity and price data** (for heroin) came from the Drug Enforcement Administration's (DEA's) 2011 Heroin Domestic Monitor Program (HDMP) drug intelligence reports.
- **Forensic drug analysis data** came from the National Forensic Laboratory Information System (NFLIS) and represent evidence seized in suspected drug cases throughout metropolitan Atlanta that were tested by the GBI Forensic Laboratory from 2011 to 2013. NFLIS methodology allows for the accounting of up to three drugs for each item submitted for analysis. The data presented are a combined count, including primary, secondary, and tertiary reports for each drug. Data for 2013 are preliminary and subject to change.
- **State drug-related mortality data** were obtained from the Georgia Medical Examiner's (ME)'s Office. Data represent the number of postmortem specimens that tested positive for a particular drug and were collected from fiscal years (FYs) 2007 through 2013.
- **Acquired immunodeficiency syndrome (AIDS) data** came from the Department of Human Resources, Division of Public Health, and the Department of Human Resources, Division of Community Health, and represent prevalence of human immunodeficiency virus (HIV) and AIDS cases in Georgia in 2012.
- **Poison exposure call data** were extracted using general terms from the Georgia Poison Control Center and represent the count of drug exposure calls by drug from 2006 to 2013.

- **Arrestee Drug Abuse Monitoring (ADAM) II data** are self-reported use and receipt of treatment from male arrestees from two sites for years 2007 through 2013. Additionally, the proportion of male arrestees testing positive for multiple drugs from the same two sites are included. The sites were the Atlanta Detention Center and the Fulton County Jail.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

In 2013, cocaine was the second most frequently mentioned illicit primary drug of choice for individuals seeking assistance at publicly funded treatment centers in metropolitan Atlanta. The number of primary admissions in metropolitan Atlanta in 2013 for cocaine or crack ($n=862$) decreased by 66 admissions from the previous year, reflecting a steady decrease since 2000. In 2013, cocaine-related admissions constituted 9.6 percent of the total number of primary admissions (including treatment admissions for alcohol only and alcohol in combination with other drugs), representing a 0.9-percent decrease from 2012 and a 3.5-percent decrease from 2010 (exhibit 1). The ratio of males to females in treatment for cocaine decreased in 2013 to 1.4:1. While treatment data from the last 3 years revealed similar proportions by gender, 2013 data indicated a slightly increasing proportion of females among those individuals seeking admission to public treatment centers for cocaine. Admissions to public treatment facilities in the Atlanta MSA tend to be predominately African-American, with members of this racial group constituting 76.9 percent of cocaine treatment admissions. This proportion of African-American users is consistent regardless of whether the primary drug of choice upon admission is crack cocaine (77.3 percent) or cocaine hydrochloride (75.8 percent). Clients older than 35 accounted for the highest number of cocaine admissions across all age groups (73.7 percent) in 2013. This proportion represents a 3.7-percent increase from 2012. The majority of crack cocaine primary admissions reported that they smoked the drug, while powder cocaine admissions were most likely to snort (54.6 percent) and smoke (32.8 percent) the drug. Among the 61.7 percent of clients seeking treatment who reported secondary drugs of choice, the percentage of clients who indicated that they used crack or powder cocaine decreased from 31.2 percent in 2012 to 24.4 percent in 2013.

NFLIS reported that cocaine accounted for 22 percent ($n=3,588$ reports) of substances seized in the Atlanta MSA's suspected drug cases that were analyzed and identified in forensic laboratories in 2013 (exhibit 2). The number of reports in 2013 was slightly less than in 2012 ($n=3,796$), continuing a downward trend. After representing a fairly stable number of all Georgia's postmortem specimens tested by the Georgia State ME's Office between FYs 2008 and 2012, the number of specimens containing cocaine in FY 2013 represented a decrease (exhibit 3). The percentage of Atlanta male arrestees in 2013 who were found to have cocaine in their system increased in comparison with the previous year (31.5 percent in 2013, compared with 30.2 percent in 2012). However, this percentage still represents a significant decrease in comparison with 2008, when 39.8 percent of male arrestees had cocaine in their system.

Alcohol (Alcohol Only and Alcohol in Combination With Other Drugs)

In 2013, alcohol (defined as alcohol only and alcohol in combination with other drugs) was the most commonly reported drug among publicly funded treatment admissions in Atlanta, and it constituted approximately 47 percent of treatment admissions (exhibit 1). Among the 61.7 percent of clients seek-

ing drug treatment who reported a secondary drug of choice, 18.9 percent listed alcohol as their second drug of choice. Alcohol-related admissions continued to be most commonly male (67.2 percent) and age 35 and older (67.7 percent). The proportion of alcohol-related treatment admissions for clients 35 and older in 2013 was at the highest level in the past 10 years and represented an 11-percent increase from 2010. The proportion of African-Americans seeking treatment for alcohol in combination with other drugs has stayed consistent at 51 percent.

While treatment admission percentages for alcohol in combination with other drugs remained stable over the past few years, the percentage of alcohol only treatment admissions steadily increased from 18.5 percent in 2007 to 21.1 percent in 2013. Data related to the Georgia Crisis and Access Line showed a decrease in alcohol-related calls. In 2013, calls regarding alcohol decreased from the previous year ($n=21,410$ in 2012, compared with $n=19,711$ in 2013) (exhibit 4). The overall proportion of alcohol-related calls dropped by more than 4 percentage points, from 53.4 percent in 2012 to 49 percent in 2013.

Heroin

Heroin use in metropolitan Atlanta remained low compared with other cities throughout the United States. In 2013, treatment admissions for individuals who reported heroin as their primary drug of choice accounted for 6.1 percent of public treatment program admissions (including alcohol only and alcohol in combination) in the 28-county MSA. Although low compared with other types of drugs used among treatment admissions, primary heroin-related treatment admissions in 2013 increased by 1.8 percent from the previous year (6.1 percent in 2013, compared with 4.3 percent in 2012) (exhibit 1). Treatment admission percentages for males were higher (58.0 percent) than for females (42.0 percent). Among the 61.7 percent of clients admitted to treatment for other primary drugs that reported secondary drugs, 2.7 percent indicated that heroin was a secondary drug of choice.

In 2013, Whites constituted 74.5 percent of heroin treatment admissions in metropolitan Atlanta, compared with 64.7 percent in the previous year. African-Americans made up the next highest proportion, at 21 percent. Approximately 35 percent of the treatment admissions (34.3 percent) were for clients age 35 and older; this represented a decrease from 41.6 percent in 2012. Clients age 18–25 represented 30.3 percent of admissions for heroin in 2013, a 3.2-percent increase from the previous year (27.1 percent in 2012). In 2013, treatment admissions for heroin among clients age 26–34 also increased in comparison with 2012 (34.9 percent in 2013 and 31.3 percent in 2012). More than 79 percent of clients admitted to public treatment for heroin preferred to inject the drug. The most commonly reported secondary drugs of choice were cocaine (18.1 percent) and alcohol (16.1 percent).

According to the HDMP, only 16 heroin samples were purchased in Atlanta in 2011, compared with 32 purchased in 2010. Of those 16 samples in 2011, 13 were South American (SA) heroin, 2 were Mexican (MEX) heroin, and 1 was Southwest Asian (SWA) heroin. The SA heroin was found to be less pure in 2011 than in 2010 (25.5 percent, compared with 29.1 percent) and it was priced at \$1.04 per milligram pure, slightly higher than in the previous year (\$1.01). Purity levels of MEX heroin more than doubled in 2011 (22.2 percent) compared with the previous year (10.1 percent). The price per milligram pure of MEX heroin nearly doubled in 2011 (\$1.73) compared with 2010 (\$0.99). HDMP information for 2012 was not available at the time of this report. However, ethnographic reports indicate a greater amount of Mexican brown powder heroin in Atlanta over the last 24 months.

Approximately 5 percent ($n=813$ reports) of the total drug reports among items seized and analyzed by NFLIS laboratories were identified as heroin in 2013 (exhibit 2). This represents a significant increase in comparison with 2012 (5 percent in 2013 versus 2.9 percent in 2012).

Self-reported use of heroin along with receipt of treatment among male arrestees increased significantly, from 50.4 percent in 2012 to 87.6 percent in 2013. This is the first time in the last 4 years that self-reported use and treatment reception have increased. Current percentages are similar to those reported in 2009 (84.4 percent). Heroin-related exposure calls to the Georgia Poison Center remained at relatively low levels; however, the numbers of calls more than doubled in the last 4 years (from $n=29$ in 2010, to $n=43$ in 2011, to $n=60$ in 2012, and to $n=70$ in 2013).

Other Opiates/Narcotics

The Georgia Department of Human Resources began to report primary treatment admissions for prescription opiates/narcotics in 2007. Georgia political, medical, pharmaceutical, and public health officials came together to pass a law in 2011 to create a new Prescription Drug Monitoring Program that was to become operational by January 2013. However, funding bills from the Georgia House and Senate died without a vote in April 2013, and this program is at risk of not being implemented. Effective July 1, 2013, a bill related to prescription opiates went into effect. The “Georgia Pain Management Clinic Act” requires the licensure of pain management clinics and establishes criteria on which this license would be issued and renewed. This bill prohibits doctors, nurses, and physician assistants from prescribing long-acting opioid painkillers in emergency rooms and outlaws the refilling of prescriptions for painkillers that have been lost, stolen, or destroyed.

Oxycodone accounted for 3.1 percent of primary treatment admissions in 2013 (including alcohol-related treatment admissions), representing a 1.1-percent increase since 2007 (when oxycodone admissions constituted 2 percent of total admissions). Among the 61.7 percent of treatment admissions who reported a secondary drug of choice, 2.7 percent indicated oxycodone as a secondary drug of choice. More than 40 percent of treatment admissions for oxycodone were age 26–34, a 7-percent decrease from the previous year. The second largest age group was 18–25-year-olds (31.8 percent); this represents a 10-percent increase from the previous year. Only 0.4 percent of oxycodone treatment admissions were younger than 18. The percentage of female admissions (51.5 percent) was larger than the proportion of males (48.5 percent).

During 2013, drug reports identified by NFLIS laboratories as containing oxycodone and hydrocodone among items seized and analyzed showed a slight decrease compared with results from the previous year. A total of 713 reports were identified as containing oxycodone in 2013, which represents a decrease from 863 reports in 2012 (exhibit 2). Drug reports seized and identified as containing hydrocodone totaled 565 reports in 2013, compared with 641 reports in 2012.

The number of deaths in the State of Georgia in which oxycodone was found totaled 317 in FY 2013; this was a decrease from 340 in FY 2012 (exhibit 3). There were 384 deaths with hydrocodone detected in FY 2013, which was an increase from 332 in FY 2012. Calls to the Georgia Crisis Line indicated a slight decrease in calls regarding opioids/narcotics in 2013 compared with 2012 ($n=4,212$ in 2013, compared with $n=4,389$ in 2012) (exhibit 4). Opiate/narcotic-related calls to the Georgia Poison Control Center also indicated a decrease, with 4 calls in 2013, compared with 35 calls in 2012. These results from the last 2 years are lower than the 103 calls related to opiate/narcotic use reported in 2010. The proportion of male arrestees testing positive for opiates (possibly

including heroin) was 2.4 percent in 2009, compared with 5.1 percent in 2010, 6.2 percent in 2011, and 5.4 percent in 2012. These results indicate a stabilizing of prescription opiate use for the past 3 years, following a sharp increase in the late 2000s.

Benzodiazepines/Depressants

Benzodiazepine indicators in the 28-county MSA were mixed. The most commonly reported benzodiazepine was alprazolam. Primary treatment admissions for alprazolam, while relatively low, have been increasing gradually since the Georgia Department of Human Resources began to provide treatment data on benzodiazepines as a primary reason for seeking treatment. The proportion of treatment admissions with alprazolam as their primary drug doubled from 2007 (0.8 percent) to 2010 (1.5 percent) and then stabilized at 1.2 percent in 2013 (including alcohol-related treatment admissions). While this proportion was small compared with other drugs of abuse, it was part of an overall stabilization trend among prescription benzodiazepines. Additionally, alprazolam constituted 3.4 percent of all secondary drugs of choice among 2013 treatment admissions. Other benzodiazepines, including clonazepam and diazepam, made up less than 1 percent of all primary treatment admissions. Calls to the Georgia Crisis Line for benzodiazepines rose from 1.3 percent in 2007 to 4.7 percent in the 2013 (exhibit 4). Exposure calls to the Georgia Poison Center regarding benzodiazepines continued to constitute the highest proportion of drug-related exposure calls in 2013, representing 58.2 percent of the total calls. Although the proportion of benzodiazepines increased (58.2 percent in 2013 versus 55.1 percent in 2012), the number of benzodiazepine-related calls decreased in 2013 ($n=752$) from the previous year ($n=2,322$).

Based on data provided by the State ME's Office, postmortem result entries for alprazolam totaled 439 in FY 2010, 518 in FY 2011, 528 in FY 2012, and 552 in FY 2013 (exhibit 3). According to NFLIS data, drug reports for alprazolam among items seized and analyzed decreased from 840 in 2012 to 644 in 2013 (exhibit 2).

Stimulants

Public treatment admissions for methamphetamine were at the highest level since 2006. The proportion ranged between 5 and 6 percent from 2009 to 2011, but methamphetamine-related treatment admissions constituted 7.5 percent in 2013 (exhibit 1). Nearly 7 percent of the 61.7 percent of clients who reported secondary drugs of choice reported methamphetamine as their secondary drug. The proportion of female treatment admissions in metropolitan Atlanta who reported methamphetamine as their primary drug slightly decreased in 2013 (57.0 percent) compared with the previous year (61.6 percent). Clients continued to be predominantly White (92.7 percent). The highest proportion of people seeking treatment for methamphetamine was among clients age 26–34 (45.7 percent), followed by clients age 35 and older (30.9 percent). Metropolitan Atlanta treatment admissions were most likely to smoke methamphetamine (50.7 percent). The percentage of methamphetamine injectors seeking treatment was at a 4-year high (increasing from 20.1 percent in 2010 to 28.5 percent in 2013).

Methamphetamine reports among drug items seized and analyzed by NFLIS increased from 3,399 in 2012 to 4,068 in 2013 (exhibit 2). Self-reported drug use along with receipt of treatment for methamphetamine among male arrestees has increased to the highest level of any drug-related category. Nearly 8 out of 10 male arrestees reported having received some methamphetamine-related treatment over their lifetime (80.1 percent in 2012). Calls to the Georgia Crisis Line in 2013

for amphetamines represented 8.4 percent of the total calls, and the number of calls represents a 6-percent decrease in comparison with 2012 (exhibit 4). Methamphetamine-related exposure calls to the Poison Control Center decreased in 2013 ($n=63$) compared with the previous year ($n=102$).

Marijuana/Cannabis

Approximately 16 percent of public treatment admissions in 2013 in metropolitan Atlanta (including alcohol-related treatment admissions) were for clients who considered marijuana their primary drug of choice (exhibit 1). This proportion was identical to 2012 (16 percent). Additionally, marijuana was reported by 28.9 percent of treatment admissions as the secondary drug of choice among the 61.7 percent of treatment admissions who reported a secondary drug. The proportion of male admissions was higher than females but stable from previous years, at 67.1 percent. The proportion of African-Americans among those who identified marijuana as their primary drug of choice in 2013 decreased in comparison with the previous year (59.0 versus 62.7 percent). Whites accounted for 31.7 percent of treatment admissions for marijuana. The proportion of younger users increased over the previous year, with 62.4 percent of clients being younger than 26 in 2013, compared with 54.2 percent in 2012. Alcohol continued to be the most popular secondary drug of choice for marijuana users, with nearly one-third of clients reporting it as their secondary drug of choice.

Georgia Crisis Line calls addressing marijuana remained stable in 2013 at 15.6 percent (exhibit 4). The proportion of calls to the Poison Control Center regarding marijuana remained at approximately 2 percent, but the total number of calls decreased from 2012 ($n=89$) to 2013 ($n=43$).

In 2013, 2.2 percent ($n=356$) of all drug reports among items seized and analyzed by NFLIS laboratories were identified as containing marijuana/cannabis (exhibit 2). These findings show a decrease from the previous years ($n=443$ reports in 2012). However, these results are skewed due to changes in statewide drug seizure testing for marijuana and therefore do not accurately reflect the prevalence of the drug's use.

The proportion of male arrestees testing positive for marijuana was slightly lower in 2013 than in the previous year (43.7 percent in 2013 compared with 47.3 percent in 2012). The proportions of self-reported use along with receipt of treatment were as follows: 20.6 percent in 2010, 27.7 percent in 2011, 20.3 percent in 2012, and 29.2 percent in 2013.

“Club Drugs”

MDMA (3,4-Methylenedioxymethamphetamine) or Ecstasy

Only 0.3 percent ($n=49$ reports) of drug reports among items seized and analyzed by NFLIS laboratories were identified as containing MDMA in 2013, which demonstrates an increase since 2012 ($n=38$ reports). In contrast, there were 10 calls to the Georgia Poison Center regarding MDMA in 2013, compared with 23 calls in the previous year. There were only six individuals who reported MDMA or ecstasy among primary treatment admissions in 2013.

GHB (Gamma Hydroxybutyrate)

There were only two clients who reported GHB among primary treatment admissions in 2013, and only six clients reported it as a secondary substance in 2013. There were only three reports for this drug among drug items seized and analyzed by NFLIS laboratories in 2013.

BZP (1-Benzylpiperazine) and TFMPP (1-(3-Trifluoromethylphenyl)piperazine)

The number of drug reports for BZP among items seized and identified by NFLIS laboratories in 2013 ($n=20$) was more than double the number reported in 2012 ($n=9$). Drug reports identified as containing TFMPP decreased in 2013 ($n=66$), following a 3-year increase from 2010 to 2012. Local ethnographic reports indicate that TFMPP is often combined with BZP and marketed as ecstasy.

Hallucinogens

In 2013, there were no reports of PCP (phencyclidine) and only 3 reports of LSD (lysergic acid diethylamide) among primary treatment admissions for the 28-county MSA. There were no LSD reports among items seized and analyzed by NFLIS laboratories in 2013.

Synthetic Drugs (Cathinones and Cannabinoids)

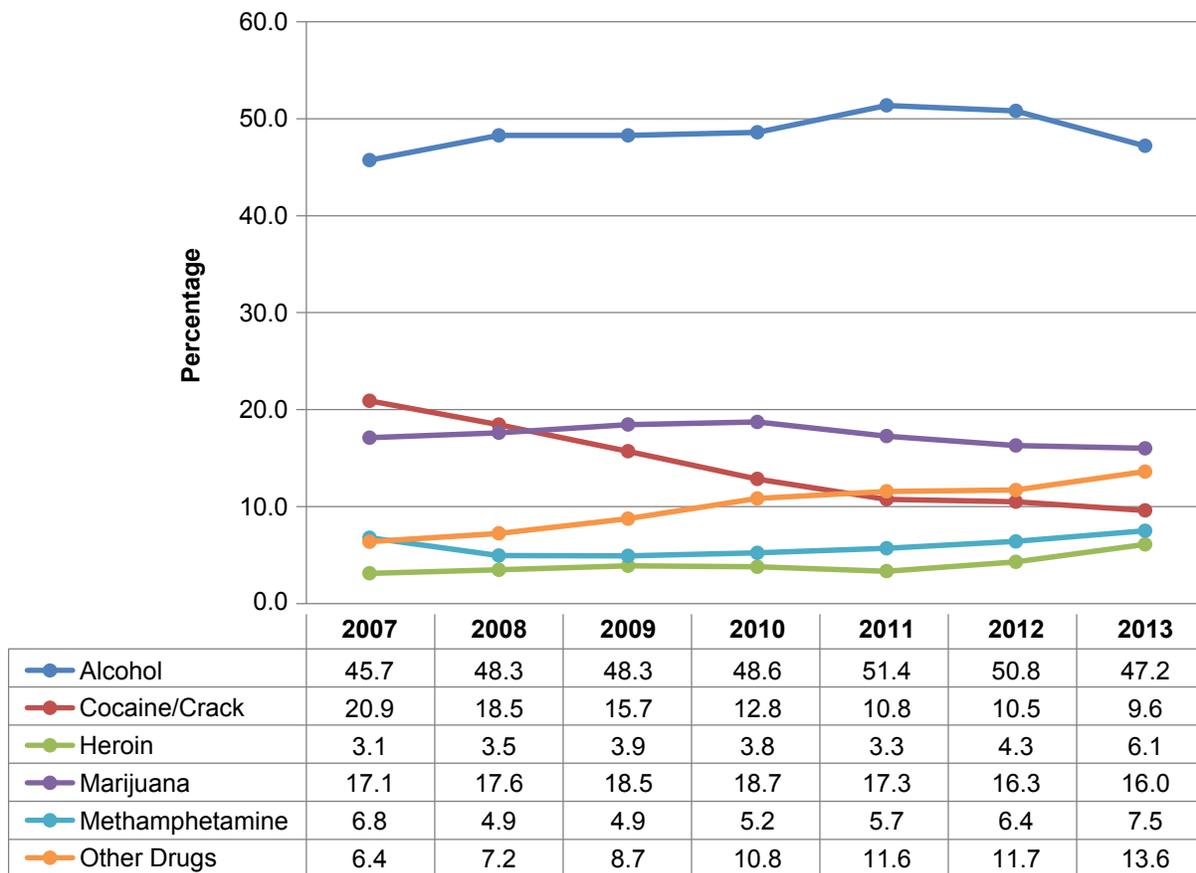
Other drug trend changes included increasing use of synthetic cathinones and synthetic cannabinoids, as reported by the Georgia Poison Control Center and NFLIS. The number of synthetic cathinone-related exposure calls rose from 3 calls in 2010 to 54 calls in 2011. In 2012, the number of synthetic cathinone-related calls decreased slightly to 39. The number of methyldone reports identified by NFLIS among seized and analyzed drug items more than doubled from 2012 to 2013 (exhibit 2). Exposure calls regarding synthetic cannabinoids, while increasing sharply from 3 calls in 2010 to 154 calls in 2011, stabilized at 149 in 2012. In 2013, the number of calls related to synthetic cannabinoids decreased to 10 calls. Both synthetic cathinones and synthetic cannabinoids are illegal in Georgia.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

In 2012, there were 50,436 people living with HIV and 27,218 people living with AIDS in the State of Georgia. The number of individuals living with HIV has increased by 53 percent since 2005 ($n=33,025$). The counties with the highest numbers of people living with HIV and AIDS continued to be Fulton (living with HIV, $n=14,561$; living with AIDS, $n=8,253$) and DeKalb (living with HIV, $n=7,731$; living with AIDS, $n=4,184$) Counties. Georgia was ranked sixth highest in the Nation for total number of people living with HIV in 2010 and fifth highest in the Nation for the number of new diagnoses of HIV in 2011. However, the number of new diagnoses of HIV and AIDS decreased in 2012 (HIV diagnoses decreased by 4 percent, and AIDS diagnoses decreased by 7.4 percent). More than 55 percent of individuals diagnosed with HIV in 2012 were African-American. In 2012, 1.8 percent of new diagnoses of HIV were female injection drug users (IDUs), and another 2.1 percent were male IDUs, which was unchanged from 2011. Additionally, the proportions of male and female IDUs among individuals diagnosed with AIDS in 2012 totaled 3.7 and 3.5 percent, respectively.

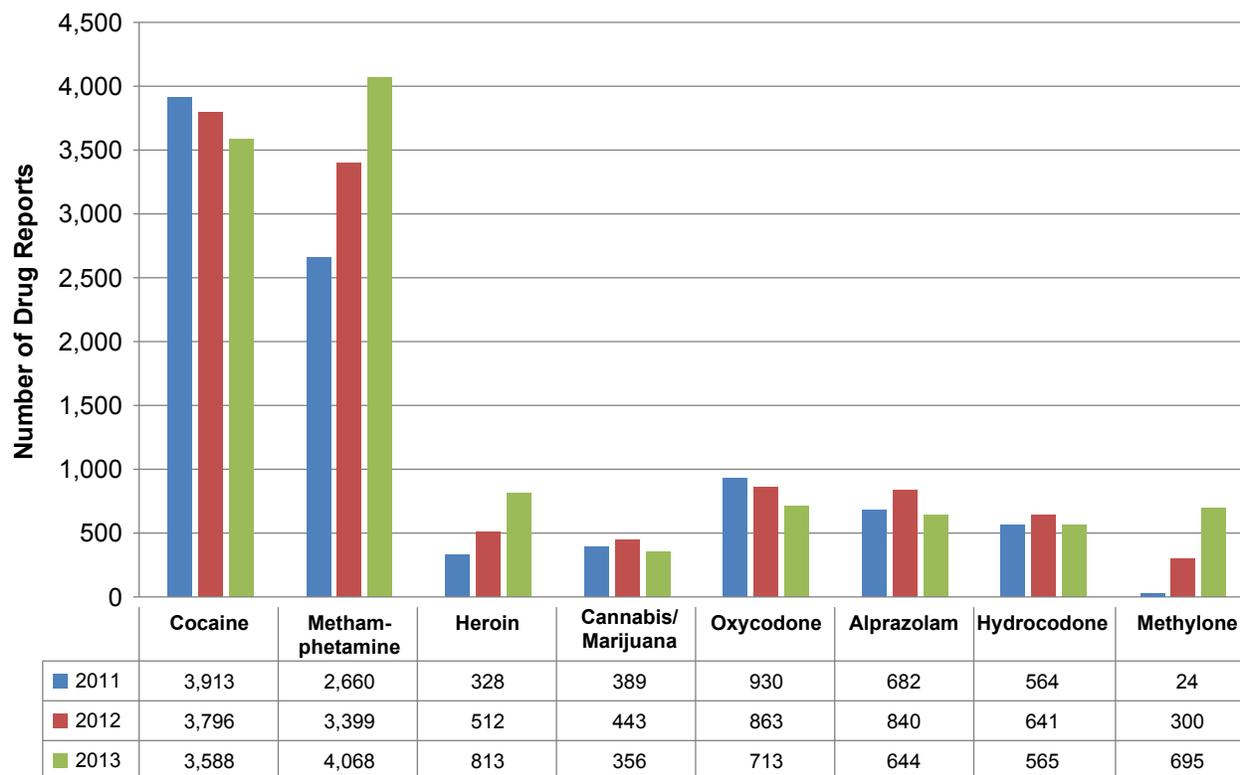
For inquiries regarding this report, contact Brian J. Dew, Ph.D., Associate Professor and Chair, Department of Counseling and Psychological Services, Georgia State University, P.O. Box 3980, Atlanta, GA 30302, Phone: 404-413-8168, Fax: 404-413-8013, E-mail: bdew@gsu.edu.

Exhibit 1. Percentage of Primary Public Substance Abuse Treatment Admissions,¹ Metropolitan Atlanta: 2007–2013



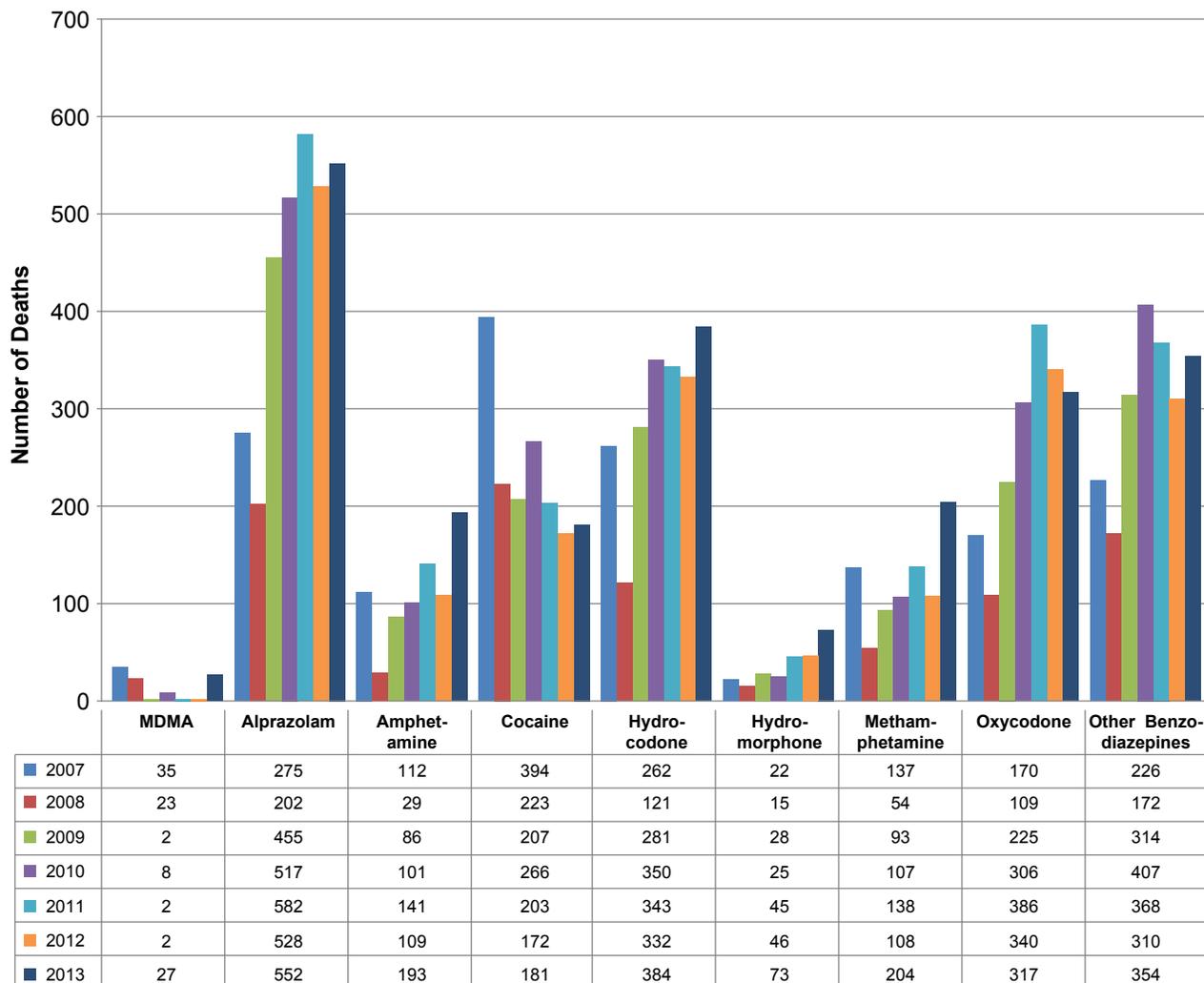
¹Treatment data denominator does include alcohol only.
SOURCE: Georgia Department of Human Resource

Exhibit 2. Number of Analyzed Reports, by Drug, NFLIS Laboratories, Atlanta Area: 2011–2013



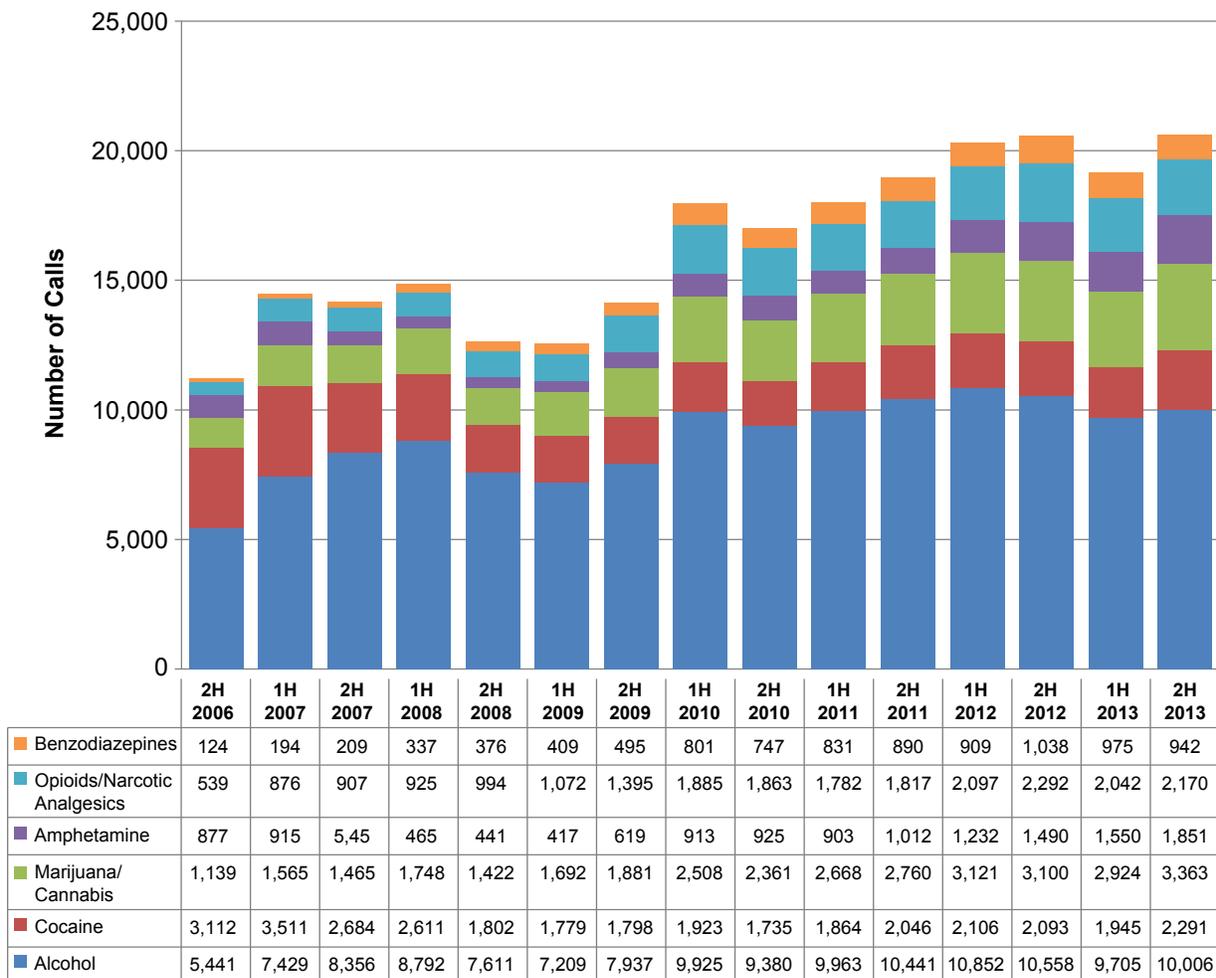
SOURCE: NFLIS, DEA

Exhibit 3. Number of Deaths Reported by State Medical Examiner’s Office, Georgia: FYs 2007–2013¹



¹FYs are from July 1 through June 30 for each year.
SOURCE: Georgia State Medical Examiner’s Office

Exhibit 4. Number of Calls, by Drug, Georgia Crisis and Access Line, Georgia: Second Half (2H) of 2006–2H 2013, by Half-Years



SOURCE: Georgia Crisis and Access Line