

# Substance Use Disorder

| A supplement to CHCF's *Substance Use in California: Prevalence and Treatment*, available at [www.chcf.org](http://www.chcf.org).



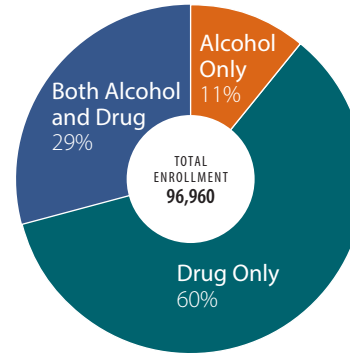
California Health Care Foundation

## SUD Prevalence\*

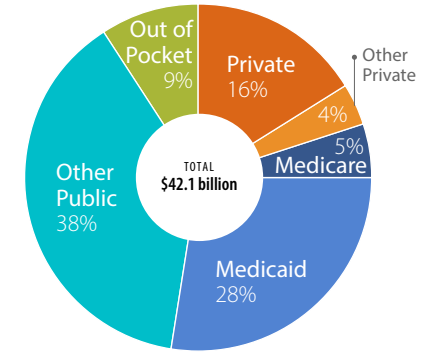
CALIFORNIA, ANNUAL AVERAGE, 2018–19	IN 1,000s	% OF POP
Any Substance	2,915	8.8%
Alcohol	2,079	6.3%
Illicit Drugs	1,204	3.6%
Pain Medication	192	0.6%

\* Age 12 and over

## SUD Treatment, by Drug Type, CALIFORNIA, 2019

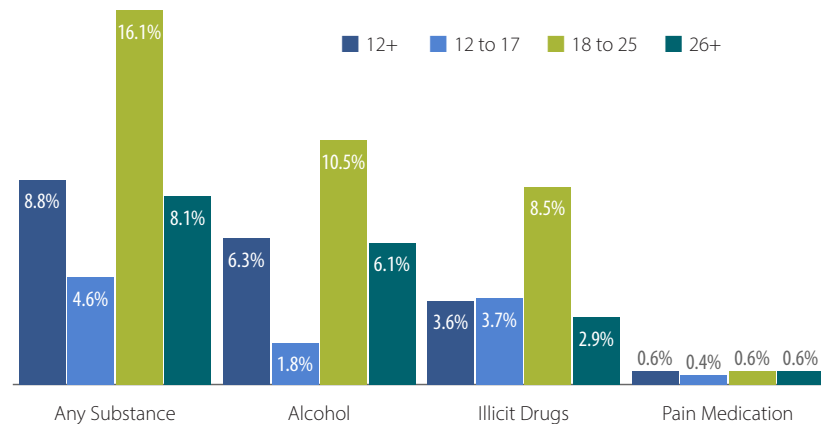


## SUD Treatment Expenditures, by Payer, UNITED STATES, 2020 (PROJECTED)



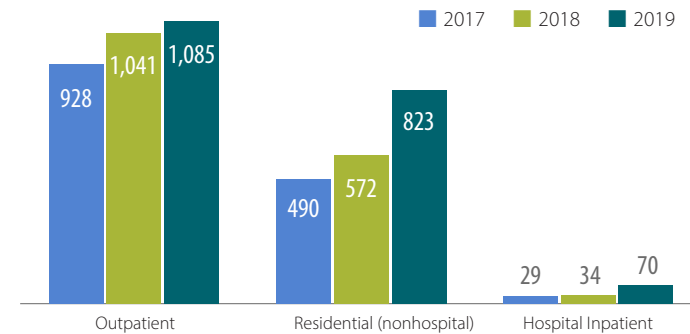
## SUD in the Past Year, By Drug Type and Age Group,

PERCENTAGE OF POPULATION, CALIFORNIA, ANNUAL AVERAGE, 2018–19



## SUD Treatment Facilities, by Type of Care, CALIFORNIA, 2017–19

NUMBER OF FACILITIES

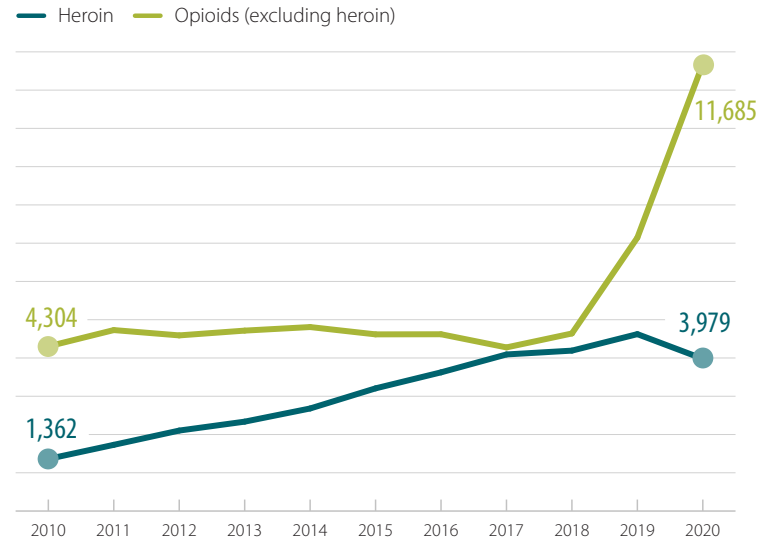


Notes: *Substance use disorder (SUD)* is defined as meeting criteria for illicit drug or alcohol dependence or abuse. *Illicit drugs* include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and nonmedical use of prescription drugs. *Pain medication* is referred to as *pain reliever* in the survey and is defined as use in any way not directed by a doctor. While California Proposition 64 (2016) legalized recreational use of marijuana for adults over age 21 (effective January 1, 2018), marijuana is still considered an illicit substance at the federal level. *SUD treatment* are single-day counts and reflect the number of people enrolled in substance use treatment on March 29, 2019. Enrollees whose substances were unknown were excluded. *Other public* includes *other federal* and *other state and local*. *Expenditures* include clinical treatment and rehabilitative services and medications, and excludes both activities to prevent SUDs and peer support services for which there is no cost. Projections incorporate expansion of coverage through the Affordable Care Act, implementation of the provisions of behavioral health parity regulations, and expectations about the expiration of patents for certain psychotropic medications. Figures may not total 100% due to rounding.

Sources: *National Survey on Drug Use and Health (2018–19)*, Substance Abuse and Mental Health Services Administration (SAMHSA), table 20; *Behavioral Health Barometer: California, Volume 6*, SAMHSA, December 28, 2020; *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020*, SAMHSA, 2014, table A.7; *National Survey of Substance Abuse Treatment Services (N-SSATS): 2017 — Data on Substance Abuse Treatment Facilities*, SAMHSA, July 2018; *National Survey of Substance Abuse Treatment Services (N-SSATS): 2018 — Data on Substance Abuse Treatment Facilities*, SAMHSA, September 2019; and *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019 — Data on Substance Abuse Treatment Facilities*, SAMHSA, July 2020.

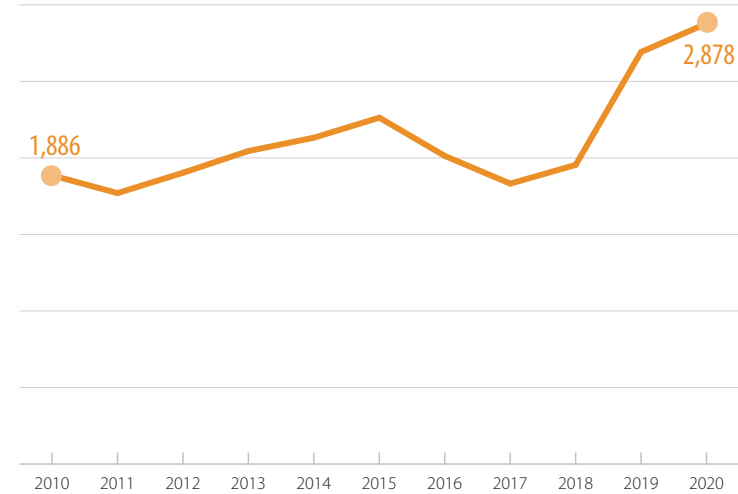
### Nonfatal ED Visits for Opioids, CALIFORNIA, 2010–20

NUMBER OF OPIOID-RELATED VISITS



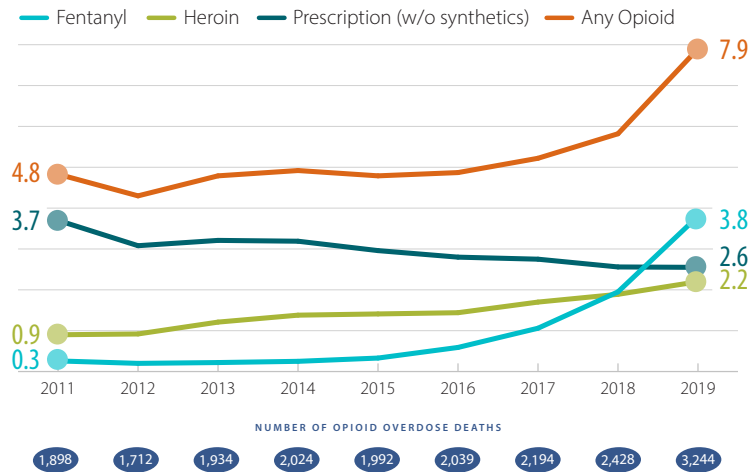
### Nonfatal ED Visits for Amphetamines, CALIFORNIA, 2010–20

NUMBER OF AMPHETAMINE-RELATED VISITS



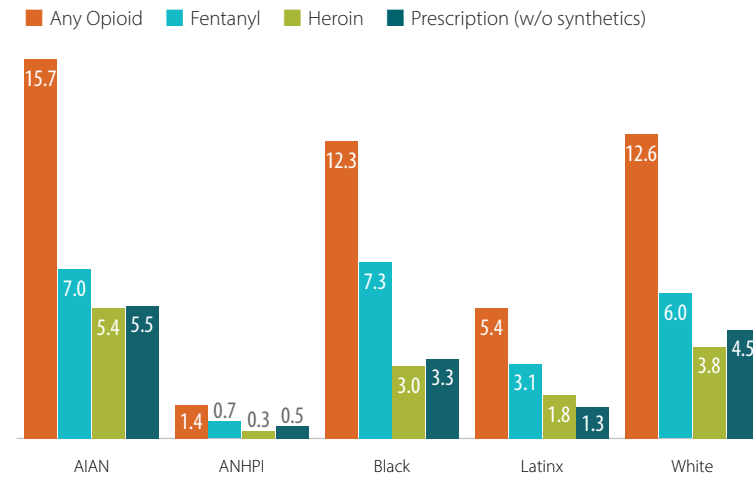
### Opioid Overdose Deaths, CALIFORNIA, 2011–19

PER 100,000 POPULATION (AGE-ADJUSTED)



### Opioid Overdose Deaths, CALIFORNIA, 2019

PER 100,000 POPULATION (AGE-ADJUSTED)



Notes: *Nonfatal ED visits* refers to emergency department visits caused by nonfatal acute poisonings due to the effects of opioid drugs regardless of intent (e.g., suicide, unintentional, or undetermined). Deaths related to chronic use of drugs (e.g., damage to organs from long-term drug use) are excluded. Fentanyl is a strong synthetic opioid that may be prescribed or obtained illegally. *Fentanyl* includes acute poisoning deaths involving fentanyl or fentanyl analogs. *Heroin* includes acute poisoning deaths involving heroin. *Prescription (w/o synthetics)* includes acute poisoning deaths involving any opioid and prescribed opioid pain relievers such as hydrocodone, oxycodone, and morphine. It also includes methadone but excludes synthetic opioids such as fentanyl. *Any opioid* includes overdose deaths caused by acute poisonings that involve any opioid as a contributing cause of death regardless of intent. Includes both prescriptions as well as heroin and opium. *AIAN* is American Indian and Alaska Native. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Black / African American, Hispanic/Latino, Native American / Alaska Native, and Asian / Pacific Islander*.

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health.