

Key Points

From 2019 to 2021:

- The number of California adults misusing prescription pain medication decreased from around 791k to 583k.

- The number of California adults misusing prescription stimulants decreased from around 323k to 226k.

From 2018 to 2021:

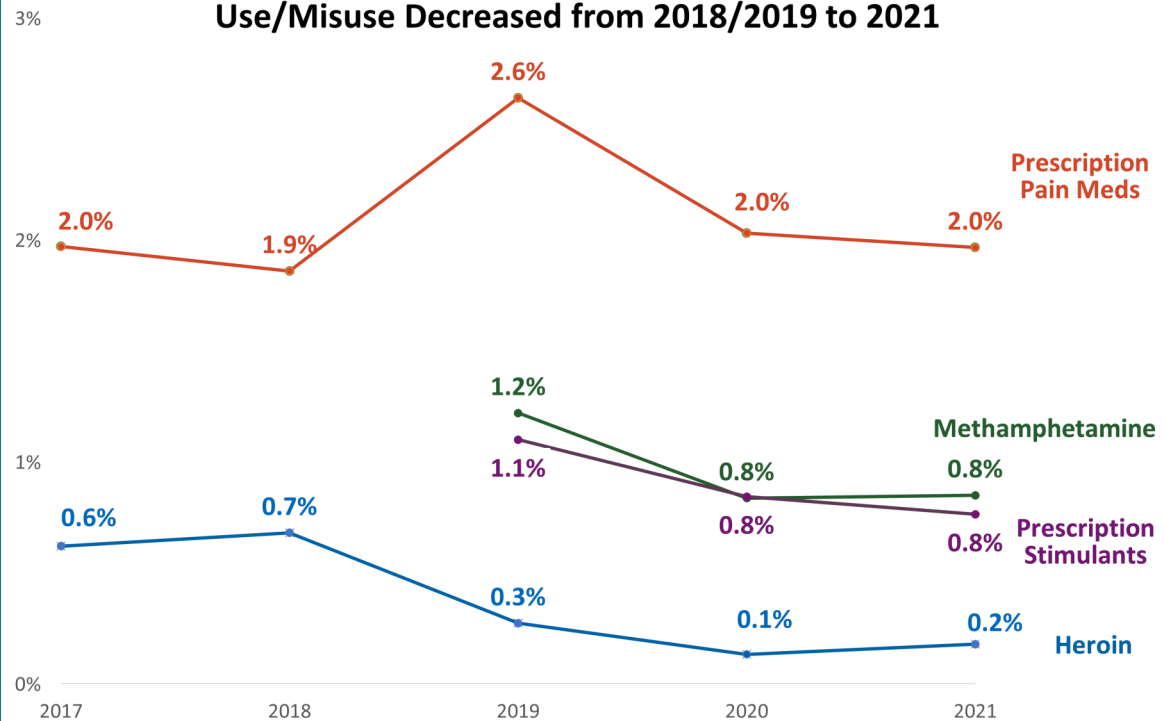
- The number of California adults using heroin decreased from around 202k to 52k.

From 2019 to 2020:

- The number of California adults using methamphetamine (“meth”) decreased from around 364k to 252k.

Prevalence and Trends in Self-Reported Drug Use in California, 2017-2021: Data from the California Health Interview Survey (CHIS)

Figure 1. The % of Survey Respondents Who Reported Drug Use/Misuse Decreased from 2018/2019 to 2021



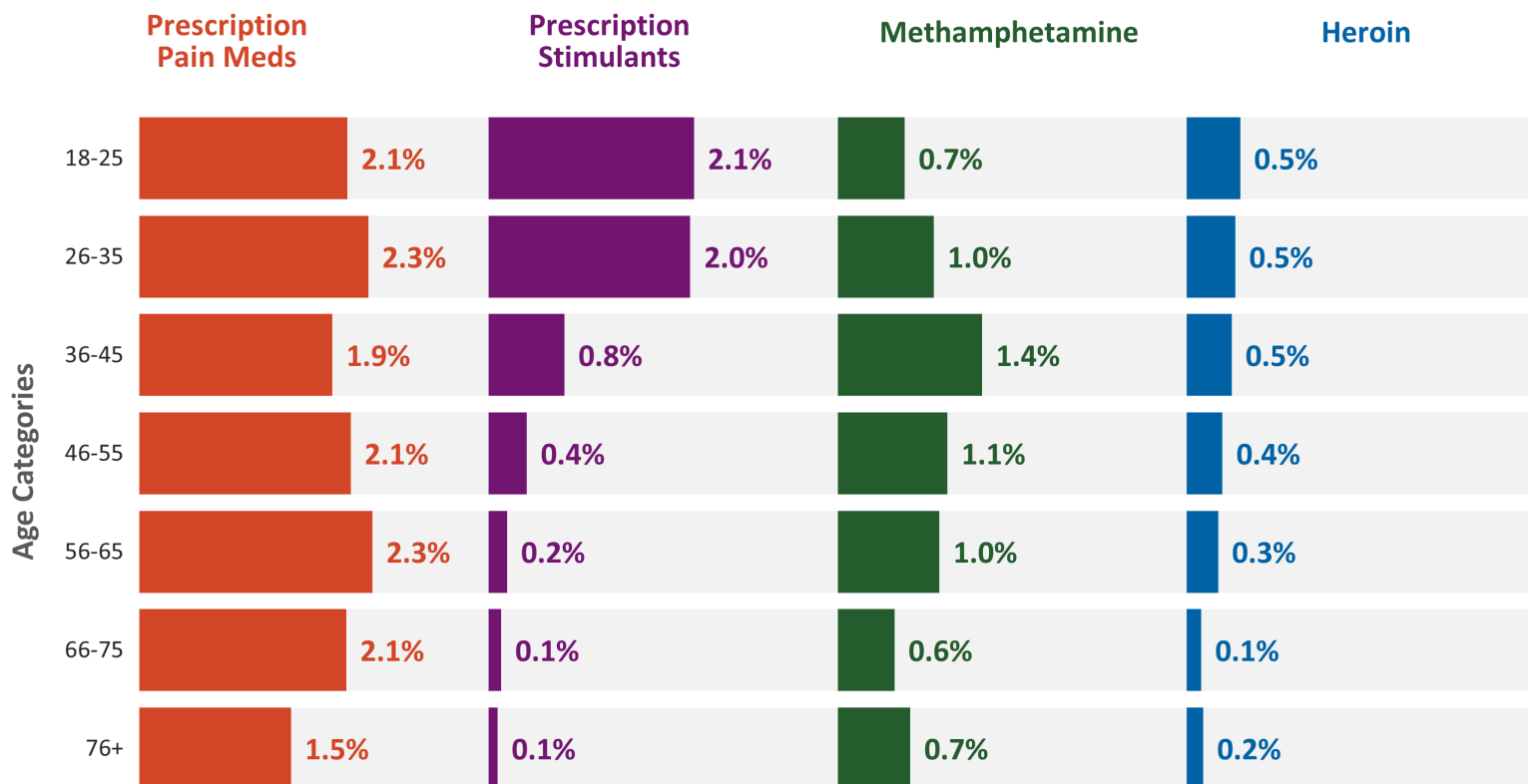
Notes:

- California Health Interview Survey (CHIS) 2017—2021 Adult Survey. UCLA Center for Health Policy Research, Los Angeles, CA: data release dates of October 2018, October 2019, May 2021, September 2021, October 2022, respectively.
- Questions on self-reported use of methamphetamine, and misuse of prescription stimulants, were not asked in 2017-2018.
- All changes and trends reported in the sidebar, and all differences between subgroups reported elsewhere, are statistically significant at $p \leq .05$. This means that the probability that these survey-based estimates are “false positives”—that is, showing a trend or difference where there really isn’t one—is 5% or less.



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Figure 2. Older People Generally Report Less Drug Use/Misuse



NOTE: This figure combines data from the 2017-2021 CHIS surveys.

Key Points

- Prescription (Rx) stimulant misuse and heroin use is more common among younger adults—and methamphetamine, among middle-aged adults (36-55)—than among older adults (Figure 2). (The apparently greater use of meth for those 76+, compared to 66-75, is not statistically significant).
- The exception is non-medical use of Rx pain medication, which is spread evenly among California adults in all age groups (except for those 76+) (Figure 2).
- Males report using all drugs (except methamphetamine) more than females (Appendix).
- LGBTQ persons may be at higher risk for use/misuse of some drugs (e.g., methamphetamine, Rx stimulants) (Appendix).

How to Help

General Public

Properly Dispose of Unused Prescription Painkillers and Other Medicines

- **Dispose of unused medicines properly** to decrease access to and lower the risk of prescription painkiller misuse. Use this [search tool](#) to find year-round medicine disposal sites.

Recognize an Overdose Event—Carry and Give Opioid Antagonists

- Carry opioid antagonists, such as **naloxone**, that temporarily reverse the effects of an opioid overdose and save lives.
- Watch a [video](#) and [learn](#) how to recognize an overdose and give naloxone. With a **fentanyl** overdose, two or more doses may need to be given.

Promote Resources to Help Those with Substance Use Disorder

- Learn about and promote **local harm reduction resources** for **people who use drugs**, and substance use resources for **adult role models and schools**, **young adults**, and **youth**.
- Promote the **Choose Change California** and **Shatterproof Treatment Atlas** treatment locators that provide easy pathways for people with substance use disorder to get help.
- Promote the **Non-Emergency Treatment Referral Line** (800-879-2772) that connects people to local resources at their California county alcohol and drugs program office.

Healthcare Providers

Use Current Guidelines and Best Practices when Prescribing Opioids

- Centers for Disease Control and Prevention’s (CDC) **Guideline for Prescribing Opioids for Chronic Pain** aims to improve provider and patient communication about opioid therapy for chronic pain.
- **Center for Innovation in Academic Detailing on Opioids (CIAO)** offers tools and guidelines, including a **guide for providers on opioids and chronic pain** and a **toolkit for inheriting patients on long term opioids**.
- The National Clinician Consultation Center offers free support to providers treating patients with substance use disorder through the **California Substance Use Line** (844-326-2626) and the **Substance Use Warmline** (855-300-3595).

Prescribe Medication Assisted Treatment, such as Buprenorphine

- DEA licensed providers can now prescribe buprenorphine **without a special waiver**.
- SAMHSA’s **Quick Start Guide** and **Buprenorphine Quick Start Pocket Guide** provide guidance on initiating buprenorphine treatment.
- CA Bridge provides **clinical protocols** such as the **Buprenorphine Emergency Department Quick Start**.

Use Nonpharmaceutical Alternatives to Chronic Pain Management

- Acupuncture, massage, **self-management programs**, and **nonopioid medications** can provide chronic pain relief and are safer than opioids.

Register and Use California’s Prescription Drug Monitoring Program (PDMP)

- **California law** requires licensed authorized prescribers of scheduled drugs to register and use California’s PDMP: **Controlled Substance Utilization Review and Evaluation System (CURES)**.



About the Data

Summary of Results

- **Prevalence:** The 2018-2021 decrease in self-reported heroin use coincides with the downward trend in heroin-related deaths during this period. In contrast, the 2019-2021 decrease in misuse of prescription (Rx) painkillers counters the uptick in deaths related to those drugs (excluding fentanyl) (Figure 1; see [CA Overdose Dashboard](#)).
- **Age:** Self-reported heroin use is highest among 18- to 45-year-olds, but heroin-related deaths peak among those 60-69 (Figure 2; see [CA Overdose Dashboard](#)).
- **Race/Ethnicity:** Prevalence of drug use/misuse varies by race and drug type. Misuse of Rx painkillers and stimulants, and use of heroin, is especially prevalent among individuals who identify as multi-race or “Other” race.
- **Work Status:** Unemployed people looking for work report the highest prevalence of use across all drugs.
- **Sex:** Males report higher use of heroin and misuse of Rx painkillers and Rx stimulants than females.
- **Sexual Orientation/Gender Identity:** Sexual or gender minority status may be associated with higher prevalence of some types of drug use:
 - ◆ Lesbian and gay individuals report using methamphetamine and misusing prescription stimulants more than their straight counterparts.
 - ◆ Bisexual individuals report higher drug use/misuse across all categories (except methamphetamine).
 - ◆ Transgender individuals may have higher odds of reporting methamphetamine use.

Data and Methods

All data are from the California Health Interview Survey (CHIS) 2017-2021, a large-scale ($N \approx 22,000$) annual health survey carried out by the University of California, Los Angeles’s Center for Health Policy Research. From 2017 to 2021, CDPH collaborated with CHIS to ask

questions on important components of California’s drug crisis, including opioids and, more recently, stimulants:

- “Have you used [heroin/methamphetamine] in the past 12 months?”
- “Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor’s directions?”
- “Have you used any prescription stimulants (such as Adderall®, Dexedrine®) in any way a doctor did not direct you to use it in the past 12 months?”

CDPH analyzed CHIS data using PROC SURVEYFREQ and SURVEYMEANS in SAS 9.4. A total of 110,892 survey responses from all 58 California counties were included in the analyses. All analyses were weighted using the jackknife estimator with CHIS’s replicate weights.

Limitations

In some cases, small numbers of respondents make estimates less reliable (see footnote to Appendix). Other research designs (e.g., case-control studies) may be better suited to analyzing these subpopulations. Also, the survey asks just about *misuse* of prescription painkillers and stimulants, which does not tell us the full extent of *use*, including as directed by a doctor. Finally, the survey does not inquire about fentanyl. Since many people ingest fentanyl unknowingly, it’s not clear that a survey would yield an accurate estimate.

Conclusion

Use of illicit opioids (including heroin) and stimulants—as well as misuse of prescription drugs—remains a problem in California, especially among young adults. Demographics of concern include multi-race individuals, and gay, lesbian, bisexual, and transgender individuals. Findings indicate an ongoing need for opioid treatment efforts, and suggest that California should expand its treatment focus to encompass stimulants and diversify its outreach, targeting young adults, ethnic/racial minorities, and LGBTQ+ individuals.

Prepared by Substance and Addiction Prevention Branch, California Department of Public Health

1. Understanding The Epidemic. Centers for Disease Control And Prevention Injury Center. <https://www.cdc.gov/drugoverdose/epidemic/index.html> [accessed June 2023].

2. Overdose Prevention Initiative (OPI). <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx> [accessed June 2023].

Appendix: Bivariate Associations Between Drug Use/Misuse and Selected Sociodemographic Characteristics, Combined CHIS Dataset (2017-2021)

	Demographic Groupings	Heroin	Prescription Pain Medications	Methamphetamine	Prescription Stimulants
Age	18-25	0.54%	2.09%	0.67%	2.06%
	26-35	0.49%	2.29%	0.96%	2.02%
	36-45	0.45%	1.93%	1.45%	0.76%
	46-55	0.36%	2.12%	1.10%	0.38%
	56-65	0.31%	2.34%	1.02%	0.19%
	66-75	0.15%	2.07%	0.57%	0.13%
	76+	0.17%	1.52%	0.73%	0.09%
Race	White	0.41%	2.13%	1.10%	1.14%
	Black/African-American	0.25%	2.31%	1.29%	0.23%
	Hispanic/Latinx	0.34%	2.26%	0.96%	0.80%
	Native American/Alaskan	0.42%	1.52%	4.35%†	3.00%
	Asian/Pacific Islander	0.23%	1.16%	0.29%	0.53%
	Other/Multiple Races	1.37%	3.77%	1.35%	1.60%
Employment Status	Full Time	0.36%	1.73%	0.67%	1.13%
	Part Time	0.39%	2.09%	0.91%	0.70%
	Unemployed, Looking	0.96%	3.66%	2.73%	2.26%
	Unemployed, Not Looking	0.32%	2.43%	1.08%	0.24%
	Employed, Other	0.00%	2.66%	2.58%	1.46%
Sex	Male	0.55%	2.35%	1.06%	1.06%
	Female	0.21%	1.85%	0.89%	0.74%
Sexual Orientation	Straight/Heterosexual	0.36%	1.99%	0.81%	0.77%
	Gay/Lesbian	0.20%	1.95%	3.09%	2.75%
	Bisexual	0.86%	4.59%	1.93%	2.52%
	Asexual/Celibate	0.57%	2.92%	2.79%	0.19%
Gender Identity	Cisgender	0.37%	2.08%	0.95%	0.89%
	Transgender	1.58%	4.67%†	2.87%†	2.28%
N		110,892	110,892	68,562	68,562

†Given the small numbers of Native American and transgender people who reported using/misusing certain drugs, the percentages in these cells should be interpreted with caution.