

## Drug Abuse Patterns and Trends in the Seattle-King County Area Update for January-June 2008

*Caleb Banta-Green, T. Ron Jackson, Steve Freng, Michael Hanrahan, Mary Taylor, John Ohta, Glenn Baldwin, David H. Albert, Richard Harruff, Geoff Miller*

### Overview of Findings:

No major changes are evident in data available for the first half of 2008 compared with prior years, with small numbers and the short time frame precluding trend analyses. Drugs with substantial negative impacts on health and mortality include prescription-type opiates, cocaine and heroin. Methamphetamine indicators have generally leveled off or declined slightly. Marijuana indoor growing operations are substantial in the Seattle area and use is common. Alcohol and benzodiazepines continue to be frequently used in combination with other drugs, both among those entering treatment and among those dying from drug overdoses. MDMA is being manufactured in substantial quantities in the adjacent Canadian province of British Columbia and shipped through Washington. MDMA use appears to continue at moderate levels among young adults in the area. BZP is emerging as an MDMA-like drug, often sold as MDMA. There is persistent heroin use, mostly in the Seattle area, with increasing prescription opiate use widespread throughout the County. Mortality for heroin is at its lowest point in at least a decade, while prescription type opiates remain the drug most commonly identified in overdoses.

### Updated Drug Abuse Trends and Emerging Patterns:

**Cocaine** is the most common illicit drug identified in ED reports with 2,132 reports, double the level for heroin and five times the level of methamphetamine. Youth treatment admissions have remained fairly steady over the past decade, while adult admissions have increased 50%. Treatment admissions for adults for cocaine as the primary drug increased over the past decade to 20% of admissions while it remains uncommon as a primary drug for youth at 3%. Any use of cocaine reported at treatment entry (i.e. secondary or tertiary use) has, conversely, remained steady for adults at approximately 50%, while for youth it has almost doubled to 15%. Cocaine continues to be the second most common drug identified in drug caused deaths. Most deaths with cocaine involved other drugs (88%) with prescription opiates present in 41% of deaths, followed by heroin and alcohol, each at 27%. Comparing the four regions of King County, the rate of cocaine mortality over the past five years is much higher in Seattle than the surrounding areas of the County. Local law enforcement evidence submitted for testing was most frequently found to be cocaine, 574 positives, more than a third of all evidence testing positive for drugs.

**Methamphetamine** use indicators appear to be leveling off or declining. Mortality levels have been steady the past three years at approximately a quarter of the rate of cocaine involved deaths. Methamphetamine is much more likely to be the sole drug present in drug caused deaths compared to other substances with 47% of the methamphetamine deaths in the past year involving no other substance. The methamphetamine involved drug caused death rate is much higher in Seattle than the surrounding regions, though deaths have occurred throughout the County. DAWN ED reports for methamphetamine totaled 380 in the first half of 2008. Primary treatment admissions for methamphetamine among adults leveled off in 2005 at approximately 12% of admissions, with a slight decline proportionally in the first half of 2008. A similar pattern for any use of methamphetamine is evident, with 18% of adults reporting any use of methamphetamine in the first half of 2008. Youth methamphetamine has dropped more precipitously down to 5% reporting any use in the first half of 2008 compared to 11% in 2004.

*For inquiries concerning this report, please contact Caleb Banta-Green, PhD, MPH, MSW, Alcohol and Drug Abuse Institute, University of Washington, 1107 NE 45th St, Suite 120; Seattle, WA 98105, 206-685-3919, <calebbg@u.washington.edu>, Web: <http://adai.washington.edu> or Ron Jackson, MSW, Evergreen Treatment Services, (206) 223-3644 <ronjack@u.washington.edu>.*

NFLIS data indicate methamphetamine was detected in 187 local law enforcement cases, the third most common drug identified. Methamphetamine labs and dump sites in King County totaled 16 in the first half of 2008, down from a peak of 271 incidents in 2001.

**Prescription-type opiates** continue to be the substance most commonly detected in drug caused deaths, though they are at lower levels in several other indicator data sources. Of the 127 drug caused deaths in the first half of 2008, 74 involved prescription type opiates, a similar number and proportion to the prior 2 years. From July 2007 through June 2008, 85% of other opiate involved deaths also involved at least one other drug; benzodiazepines were the most common other drug detected, 27%. Almost half of other opiate involved deaths were among women and 71% were 41 or older. The rate of other opiate involved deaths was similar throughout King County except for the Eastern region where the rate was approximately a third the rate elsewhere. Buprenorphine remains at low, but detectable levels across data sources. Of note, 2 overdoses were positive for buprenorphine in the first half of 2008, just one overdose previously, in the first half of 2007, was confirmed to involve buprenorphine. In all cases positive for buprenorphine other prescription type drugs were detected and illicit drugs were not. For the first time prescription type opiates were the most common drug type reported by area EDs participating in DAWN. There were 2,138 DAWN reports for prescription type opiates among all case types. Though the proportion of youth treatment admissions with prescription opiates as primary has increased the absolute numbers are low with 17 admissions (2%) in the first half of 2008. For adults a total of 275 persons entering treatment reported opioids as primary, this represents 4% of admissions, similar to the two previous years. Fully half of prescription type opiate treatment admissions were ages 18-29, compared to 23% for heroin.

**Heroin** ED reports for all case types totaled 979, approximately one-half the number of prescription opiate reports. Just 81 pieces of evidence submitted by local law enforcement tested positive for heroin, compared to 129 for prescription type opiates. Treatment admissions for heroin totaled 795 for adults (13%) in the first half of 2008, similar to the level the two prior years, but down from 2004 and 2005 when capacity was expanded. As a proportion of methadone maintenance treatment admissions, heroin has been declining and prescription type opiates as primary have increased. Youth admissions for heroin continue to be rare, less than 1% of youth admissions. The 23% of heroin primary admissions ages 18-29 is an increase compared to a decade ago. Cocaine is by far the most common secondary drug, with 52% reporting cocaine as secondary to their heroin use. For the year ending June 2008 the overall rate of heroin treatment admissions per 100,000 population in King County was 86, compared to 30 for prescription type opiates. The rate was much higher in Seattle, 150 per 100,000, and much lower in the Eastern Region of the county, 20 per 100,000. There were a total of 55 heroin/opiate deaths in the year ending June 2008, the fewest recorded in at least a decade. Three-quarters of heroin involved overdoses involved another drug, with cocaine detected in almost half of heroin drug caused deaths. As with treatment admissions, heroin was concentrated in Seattle; the annual rate of heroin involved drug caused deaths per 100,000 population was 5.1 in Seattle compared to 2.5 for the county as a whole.

**Marijuana** ED reports totaled 875, slightly lower than those for heroin. Cannabis was the second most common drug identified in local law enforcement seizures, with 448 cases. Any use of marijuana was reported by 85% of youth at entry to treatment and 44% of adults, though youth were much more likely to report it as a primary drug of abuse. These proportions have held steady for adults, but represent a decline for youth. Marijuana is grown in indoor grow houses throughout the Seattle area.

**MDMA and other hallucinogenic drug** use continue in the Seattle area. In the last year or so 1-benzylpiperazine (BZP) has emerged as an MDMA-like drug, often being sold in tablet form as MDMA; it is reported that both dealers and users may be unaware that the substance is BZP. Though BZP has apparently been available at low levels in recent years, use has increased substantially and is seen throughout Washington State. In 2007 there were 0 cases positive for BZP among law enforcement seizures in King County, compared with 29 in the first half of 2008; there was a single case positive for BZP in neighboring Pierce County in 2007. At the same time MDMA is reported to be somewhat less available. There were 51 pieces of evidence positive for MDMA in the first half of 2008 compared with 249 in all of 2007. There was one drug overdose in the first half of 2008 involving MDMA a level similar to that seen since the second half of 1999. LSD is reportedly returning in popularity and psychedelic mushrooms continue to be used. There was 1 piece of law enforcement evidence positive for LSD in 2007 and 5 in the first half of 2008. For psilocin/psilocybin (i.e. psychedelic mushrooms) the numbers declined from 31 to 6 for the same periods. DAWN ED reports totaled 102 for MDMA, 36 for LSD and 44 for miscellaneous hallucinogens (note that most ED cases do not undergo toxicology and drug type is usually based upon self-report). Law enforcement reports that MDMA is continuing to be manufactured in British Columbia, Canada.

#### Treatment Admissions by Region of Residence in King County, July 2007-June 2008

Region	Heroin per 100,000 population	Other Opiates per 100,000 population	Total Admits per 100,000 population	Heroin #	Other Opiates #	Total Admits #	Total Pop. #
North	62	34	441	89	49	630	142,805
East	20	18	240	86	77	1,029	429,155
South	67	42	811	444	278	5,381	663,400
Seattle	150	19	1014	859	109	5,811	572,941
No region				69	37	452	
<b>Total</b>	86	30	736	1,547	550	13,303	1,808,301

All modalities of care, all publicly funded admissions as well as private pay Methadone Maintenance  
Does not include other private pay treatment including Buprenorphine/Suboxone

#### Drug Caused Deaths, Region of Death in King County July 2007-June 2008

Region	Heroin* per 100,000 population	Other Opiates per 100,000 population	Total Deaths per 100,000 population	Heroin* #	Other Opiates #	Total Deaths #	Total Pop.
North	1.4	9.8	13.3	2	14	19	142,805
East	0.2	3.7	6.3	1	16	27	429,155
South	2.0	9.3	15.1	13	62	100	663,400
Seattle	5.1	10.1	20.4	29	58	117	572,941
<b>Total</b>	2.5	8.3	14.5	45	150	263	1,808,301

\* From heroin related field

\*\*Based on 2005 population estimates

## Drug Caused Deaths, King County WA July 2007-June 2008, Case Characteristics

	Alcohol	Cocaine	Methamphetamine	Heroin*	Other Opiates	Benzo
<b>Male</b>	79%	70%	60%	69%	53%	58%
<b>Ethnicity</b>						
White	87%	65%	79%	80%	86%	84%
African American	7%	29%	14%	14%	7%	5%
Asian/Pi	1%	0%	0%	0%	1%	2%
Nat. Amer.	3%	4%	0%	7%	5%	5%
Other/Multiple	1%	3%	7%	0%	1%	4%
<b>Age</b>						
<30	18%	13%	7%	31%	15%	18%
31-40	29%	15%	33%	24%	14%	14%
41-50	29%	38%	47%	22%	41%	37%
>50	24%	34%	13%	22%	30%	32%
<b>Manner of Death</b>						
Accident	90%	99%	100%	93%	86%	75%
Suicide	6%	0%	0%	4%	7%	19%
Undetermined	4%	1%	0%	2%	7%	5%
<b>Other drugs present</b>						
None	16%	22%	47%	22%	15%	2%
Alcohol	...	27%	7%	33%	15%	23%
Cocaine	31%	...	20%	47%	21%	14%
Methamphetamine	2%	4%	...	4%	3%	4%
Heroin*	22%	27%	13%	...	5%	9%
Other Opiate	34%	41%	33%	16%	...	72%
Benzos	19%	10%	13%	11%	27%	...
<b>Total Deaths</b>	68	79	15	45	152	57

\*Heroin from Heroin Related Field

**Data Sources:** *Drug trafficking data* were obtained from the DEA Seattle Field Division Quarterly Trends in the Traffic Reports, redacted versions for January–June 2008. *Drug overdose data* were obtained from the King County Medical Examiner, Public Health—Seattle & King County for the first half of 2008. *Data on seized drug samples submitted for analysis* were obtained from the National Forensic Laboratory Information System (NFLIS), DEA, for January-June 2008. Drug testing results for law enforcement seizures in King County were reported by the county where the drug was seized. *Emergency department drug reports data* were obtained from DAWN Live!, OAS, SAMHSA, for the first half 2008. Data were accessed December 22, 2008. Data completeness for the first half of 2008 was as follows: 11 to 12 of the EDs reported basically complete data (90 percent or greater) each month, and 13 to 15 reported no data out of 25 eligible EDs. *Drug treatment data* were provided by Washington State Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA), Treatment Report and Generation Tool (TARGET) from 1999 through June 2008. Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions are included. *Methamphetamine incident data* were provided by the Washington State Department of Ecology for 1990–June 2008.

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