

Recent Drug Abuse Trends in the Seattle-King County Area

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ABSTRACT

Cocaine continues to be a major drug of abuse with high levels of mortality and treatment admissions, particularly among African Americans. The number of heroin deaths continue to decline, as does the proportion of heroin deaths involving no other drugs. Deaths and treatment admissions for prescription opiates continue to rise. Methamphetamine indicators appear to be plateauing in King County, users are disproportionately Caucasian. Marijuana is widely used, particularly by youth. Prescription depressant medications are mostly used in combination with other drugs, often with deadly effects. MDMA ('Ecstasy') indicators have declined in the past few years, adulteration continues and may be increasing. Hepatitis B and C infect the majority of injection drug users (IDU). HIV among IDU is generally low, with the exception of methamphetamine injecting men who have sex with men (MSM).

INTRODUCTION

Area Description

Located on Puget Sound in western Washington, King County spans 2,130 square miles, of which the city of Seattle occupies 84 square miles. The combined ports of Seattle and nearby Tacoma make Puget Sound the second largest combined loading center in the United States. Seattle-Tacoma International Airport, located in King County, is the largest airport in the Pacific Northwest. The Interstate 5 corridor runs from Tijuana, Mexico, in the south, passes through King County, and continues northward to Canada. Interstate 90's western terminus is in Seattle; it runs east over the Cascade Mountain range, through Spokane, and across Idaho and Montana.

According to the 2000 census, the population of King County is 1,737,034. King County's population is the 12th largest in the United States. Of Washington's 5.9 million residents, 29 percent live in King County. The city of Seattle's population is 563,374; the suburban population of King County is growing at a faster rate than Seattle itself.

The county's population is 75.7 percent White, 10.8 percent Asian/Pacific Islander, 5.5 percent Hispanic, 5.4 percent African-American, 0.9 percent Native American or Alaska Native, 0.5 percent Native Hawaiian and Other Pacific Islander, and 2.6 percent "some other race." Those reporting two or more races constitute 4.1 percent of the population. Income statistics show that 8.0 percent of adults and 12.3 percent of children in the county live below the Federal poverty level, lower than the State averages of 10.2 percent and 15.2 percent, respectively.

Data Sources

Information for this report was obtained from the sources described below:

- **Emergency department (ED) drug mentions data** were obtained from the DAWN Live system administered by the Drug Abuse Warning Network (DAWN), Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA). Preliminary data for the first half of 2004 are

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presented. A total of 22 hospitals have been selected for inclusion in the sample, however during this period between 10-12 hospitals reported data each month. And, data were incomplete with less than 50% complete data for 1-2 of these hospitals in each month. These data are preliminary, meaning that they may change. Data represent drug reports and are not estimates for the reporting area. Data are utilized for descriptive purposes only. Data cannot be compared to DAWN data from 2002 and before, nor can preliminary data be used for comparison with future data. Only weighted data released by OAS may be used for trend analyses. 2004 will be the first year of data weighted, so reasonable trend analyses will not be possible for several years. Available data are for King and neighboring Snohomish Counties combined. ED race/ethnicity is not reported because 63 percent of drug abuse/other cases do not have race/ethnicity documented. There are new case types in DAWN, with the primary one presented here being the 'other' case type which includes "all ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse" not classified in other categories such as over-medication and seeking detox/treatment. For the sake of clarity 'other' will be referred to as 'drug abuse/other' in this report. Unless specifically stated, data presented are for the drug abuse/other case type.

- **Treatment data** were extracted from the Washington State Department of Social and Health Service Division of Alcohol and Substance Abuse's Treatment and Assessment Report Generation Tool (TARGET) via the Treatment Analyzer system. TARGET is the department's statewide alcohol/drug treatment activity database system. Data were compiled for King County residents from January 1, 1999, through June 30, 2004. Data are included for all treatment admissions that had any public funding. Department of corrections and private pay clients (primarily methadone) are also included, though they contribute only a small number of cases. Methadone waiting list data for those seen at syringe exchange are administered and provided by Public Health-Seattle & King County.
- **Drug-related mortality data** were provided by the King County Medical Examiner (ME). Data for the first half of 2004 are preliminary. The data include deaths directly caused by licit or illicit drug overdose and exclude deaths caused by antidepressants in isolation and by poisons.

Totals may differ slightly from drug death reports published by the King County ME's office, which include fatal poisonings. Testing is not done for marijuana. Because more than one drug is often identified per individual drug overdose death, the total number of drugs identified exceeds the number of actual deaths.

- **School drug use survey** data are available from the Seattle Public School's Communities That Care survey for 2002 and 2004. Response rates were 50 percent in 2002 and 60 percent in 2004. Trends cannot be determined from these data.
- **Syringe exchange data** on the number of syringes exchanged and the number of encounters with clients is provided by Public Health-Seattle and King County's HIV/AIDS program.
- **Prescription drug sales** data are extracted from the Drug Enforcement Administration's Automation of Reports and Consolidated Orders System (ARCOS) reports. The data provide retail drug distribution data by zip code, covering primarily sales to hospitals and pharmacies. Data are unavailable for most drugs for year 2000. ARCOS data presented here are for the 3 digit zip codes areas of 980 and 981 which roughly correspond with King County boundaries. The population in these two zip code areas is 1,969,348 compared with 1,737,034 for King County in 2000.
- **Illegal drug seizures** data are from the U.S. Customs Service relating to the seizures for all illegal drugs are included for January 2001 to June 2004.
- **Methamphetamine production data** are from the Washington State Department of Ecology (DOE), which is mandated to respond to and document all "Methamphetamine Incidents," including operating labs, dump sites, and other sites associated with the manufacture of methamphetamine.
- **Forensic drug analysis data** are from the National Forensic Laboratory Information System (NFLIS), which distributes data from the Washington State Patrol's Toxicology Laboratory on drug test results on local law enforcement seizures. These data include the top 25 drugs identified in FY 2003 and FY 2004. Data are presented for the Seattle area lab in comparison to the rest of the State.

- **Data on infectious diseases related to drug use**, including the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and hepatitis, were provided by two sources. One source is “HIV/AIDS Epidemiology Report.” Data on HIV and AIDS cases (including exposure related to injection drug use) in Seattle-King County, other Washington counties, Washington State (2001 through 2003), and the United States (2000 through 2002) are provided by Public Health-Seattle and King County (PHSKC), the Washington State Department of Health, and the Federal Centers for Disease Control and Prevention (CDC). HIV cases were reported to PHSKC or the Washington Department of Health between 2000 and 2004. The Sexually Transmitted Disease (STD) Clinic, Public Health – Seattle & King County (PHSKC) provided data on clients’ drug use, health status, and health behaviors for October 2001 to September 2002.
- **Drug-related help-line data** are from the Washington State Alcohol/Drug Help Line (ADHL), which provides confidential 24-hour telephone-based treatment referral and assistance for Washington State. Data are presented for January 2001 to June 2004 for calls originating within King County. Data presented are for drugs mentioned. A caller may refer to multiple drugs; therefore, there are more drug mentions than there are calls. The data exclude information on alcohol and nicotine, which account for more than one-half of the calls. Data are presented primarily for illicit drugs only, prescription drugs have not been coded consistently over time, therefore limiting trend analyses. The large number of unknown drugs in 2001 and 2002 may obscure some trends as well.
- **Key informant interview data** are obtained from discussions with treatment center staff, street outreach workers, and drug users.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

The proportion of treatment admissions involving cocaine (i.e. cocaine was mentioned as the primary, secondary or tertiary drug of abuse at the time of entry into treatment) have declined slowly but steadily, from 45 percent of all admissions in 1999 to 37 percent in the first half of 2004 (Exhibit 1). Cocaine use was uncommon among youth, with approximately 3 percent of cocaine-involved-treatment-admissions from 1999 through the first half of 2004. Cocaine users appear to be an aging group with the proportion of those ages 45-

54 increasing from 15 percent in 1999 to 24 percent in the first half of 2004. At the same time the age group with the greatest proportion of admissions, 30-44 year olds declined from 64 to 52 percent of admissions. For treatment admissions in which cocaine was not the primary, secondary or tertiary drug of abuse, 29 percent were female, while cocaine involved admissions were 39 percent female on average over this timeframe. No changes in the proportion of females was seen over time.

African Americans are disproportionately represented in the treatment data relative to their representation in the county, due largely to the fact that these data are almost entirely based upon publicly funded treatment admissions and African Americans have a lower annual income on average in King County than Caucasians. Even accounting for this demographic fact, African Americans entering treatment use cocaine at much higher levels than Caucasians. In the first half of 2004, 33 percent of cocaine-involved-treatment-admissions were African American compared to 15 percent among those admitted to treatment who did not use cocaine. The county is 5 percent African American.

New DAWN cocaine emergency department drug reports for drug abuse/other case types represented the largest proportion of illegal drugs, 36 percent (n=1,082) in the first half of 2004 (Exhibit 2). Additionally there were 124 drug reports for cocaine for those seeking detoxification/treatment. Demographics for drug abuse/other case types were as follows. A similar proportion of cocaine drug reports were female, 35 percent, as for all drugs including alcohol, prescription and over the counter drugs, 37 percent. Cocaine drug reports involved individuals who were generally older than for those seen for any drug. Only 4 percent of cocaine drug reports were for those ages 12-20, compared to 10 percent for all drugs. For cocaine drug reports 38 percent were 35-44 compared to 30 percent for all drugs.

New DAWN data for presenting complaints are newly available. On average for each person there were 1.47 complaints. Most common for cocaine were altered mental status 20 percent, identical to all drugs, and psychiatric condition 24 percent, higher than the 18 percent for all drugs. Cocaine drug reports were less likely to involve abscess/cellulites problems 7 percent compared to all drugs with 12 percent. Those with cocaine drug reports were more likely to be admitted to the psychiatric unit, 7 percent, than those with any other illicit drug type reported.

Information on the route of administration was not documented for 72 percent of cocaine drug reports, much higher than the 52 percent of all drug types for

