

Drug Trends in the Seattle-King County Area, 2008

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Data Summary

Cocaine use continues to have substantial impacts across indicator data sources. Even as cocaine involved deaths decline they remain the second most common substance identified, with 71 of 256 drug caused deaths involving cocaine. Cocaine is the most common substance detected in local law enforcement evidence testing. Adult treatment admissions have climbed steadily to their highest level in at least a decade with large increases in the numbers of clients aged 18-25 and 40 and older. Cocaine was the most common drug identified in DAWN Emergency Department reports with 27% of major substance reports (n=3,631).

Heroin deaths declined somewhat in 2008 to 59 out of 256 total drug caused deaths. For heroin, 24% of decedents were under age 30, similar to 2007 and up somewhat compared to the previous 7 years. Heroin treatment admissions were second only to cocaine among illegal drugs for adults with an increase in the number (240) and proportion (13%) aged 18-25 compared to a decade ago. Both the number (401) and proportion (22%) of those over age 50 doubled. DAWN ED reports for heroin totaled 1,981 (15%), second to cocaine among illegal drugs.

Drug caused deaths involving pharmaceutical opioids continued to increase, totaling 153 of 256 deaths in 2008, more than double the number of any other type of substance. Those over age 50 constituted 39% of deaths involving pharmaceutical opioids, the largest proportion in this age group for all drug types. Among these pharmaceutical opioid involved deaths, illegal drugs were present in 24% and benzodiazepines in 32%; overall, multiple substances were involved in 84% of deaths. The total number of treatment admissions for primary pharmaceutical opioid use increased from 87 to 614 from 1999 to 2008, with the largest proportion (51%) 18-29 years old in 2008. ED reports for abuse of pharmaceutical opioids totaled 2,228, more than for heroin.

Methamphetamine indicators appear to have leveled off over the past four years. Deaths continue to be relatively uncommon with 13 drug caused deaths involving methamphetamine in 2008, down from a peak of 24 in 2005. Treatment admissions have held steady at approximately 1,300 per year for adults over the past four years, while youth admissions declined from 68 to 18. Among 18-29 year olds, methamphetamine treatment admissions exceeded cocaine admissions in 2008. Methamphetamine ED reports totaled 879 (7%) of reports for major substances in 2008. The number and proportion of local law enforcement cases testing positive for methamphetamine declined somewhat in 2008 compared to 2007, ranking third among controlled drugs in both years. Methamphetamine laboratory related incidents Statewide continued to decline in 2008 with 44 compared to 88 in 2007.

For youth, marijuana was the most common drug cited at admission, for adults it was the fourth most common. Marijuana treatment admissions were older and also increasingly African American and likely to report cocaine or methamphetamine as secondary drugs. ED reports for marijuana totaled 1,735 (13%), third among illegal drugs.

Hallucinogenic drugs were uncommonly reported in indicators of morbidity and mortality. Of note, MDMA in local law enforcement seizure drug tests decreased substantially from 2007 to 2008 while the number for BZP increased from 0 to 41. MDMA ED reports totaled 181 (1%) in 2008.

During 2006-2008 the HIV exposure category of injection drug use (IDU) totaled 4% and men who have sex with men-IDU 7%. The proportion with IDU as their exposure category was a significant decline from 2000-2002 when it was 8%.

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Data Sources:

Drug overdose data were obtained from the King County Medical Examiner, Public Health—Seattle & King County. The category other opiates indicates pharmaceutical opioids, including pharmaceutical morphine where noted, oxycodone, hydrocodone, methadone and others opioids, however codeine is excluded. Heroin/opiate includes heroin, morphine (unless noted to be pharmaceutical) and cases where there is an indication that the death is “heroin related” in the KCME database.

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 2008. Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential and opiate substitution admissions. Department of Corrections and private-pay admissions for opiate substitution were included.

Data on seized drug samples submitted for analysis were obtained from the National Forensic Laboratory Information System (NFLIS), DEA. Drug testing results for local law enforcement seizures in King County were reported.

Emergency department (ED) drug reports data were obtained from DAWN Live!, OAS, SAMHSA, for 2008. Data were accessed 5/4/2009. Data completeness for 2008 was as follows: 8 to 14 of the EDs reported basically complete data (90 percent or greater) each month, and 9 to 14 reported no data out of 25 eligible EDs. Data were for the Seattle Metropolitan Statistical Area and included ED’s in Snohomish, King and Pierce Counties. Trends data were unavailable through 2008.

Helpline data were provided by the Washington State Alcohol/Drug Help Line (ADHL), which provides confidential 24-hour telephone-based treatment referral and assistance for Washington State. Data were presented for calls from 2001 through 2008 that originated within King County. Data presented were for drugs mentioned. A caller may refer to multiple drugs; therefore, there were more drug mentions than there were calls. Calls among those age 19 and younger were categorized as teen related calls.

The 2008 Healthy Youth Survey included 2,228 valid respondents of an estimated 4,579 enrolled students in King County. This survey was sponsored by the Department of Health (DOH); the Office of Superintendent of Public Instruction; the Department of Social and Health Services; the Department of Community, Trade and Economic development; the Family Policy Council; and the Liquor Control Board in cooperation with schools throughout the state of Washington. Data were collected and compiled by the RMC Corporation.

Drug trafficking data were obtained from the DEA Seattle Field Division Quarterly Trends in the Traffic Reports and Domestic Monitoring Program heroin purchase data, both redacted versions. Data were also obtained from the Threat Assessment Report produced by the Northwest High Intensity Drug Trafficking Areas organization which included survey data from local law enforcement throughout the State of Washington.

Methamphetamine incident data were provided by the Washington State Patrol Forensic Laboratory Services Bureau.

Data on infectious diseases related to drug use and injection drug use, including the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) were provided by Public Health-Seattle & King County (PHSKC). Data on HIV cases (including exposure related to injection drug use) in Seattle-King County (2001 through 2008) were obtained from the “HIV/AIDS Epidemiology Report.”

Cocaine

Cocaine use continues to have substantial impacts across indicator data sources. Even as cocaine involved deaths decline somewhat from a peak of 112 in 2006, they remain the second most common substance identified, with 71 of 256 drug caused deaths involving cocaine. In 2008, 21% of decedents with cocaine present were African American, the highest proportion among all drug deaths among which 10% were African American. Three-quarters of decedents with cocaine were age 41 or older a slightly larger proportion than for all drugs. Three-quarter of deaths with cocaine involved other drugs, indicating the high frequency of poly-drug use preceding death. Three drugs were detected in about a third of cases, alcohol, heroin/opiate and pharmaceutical opioids (with some overlap of these substances in decedents).

Adult treatment admissions with cocaine listed as the primary drug of abuse have climbed steadily to their highest level in at least a decade from 1,279 to 2,455 from 1999 to 2008. There were large proportional increases in the numbers of clients aged 18-25, from 63 to 206, and 40 and older, from 339 to 1,009. An additional 1,203 people reported cocaine use as secondary to alcohol and 901 reported it as secondary to heroin in 2008. Summing cocaine reported as primary or secondary, cocaine use was reported by more than a third of treatment enrollees in 2008, 5,095 of 14,203 total admissions. Youth admissions remained low with 32 admissions in 2008, similar to prior years.

Among 10th graders 7% reported *ever* using cocaine, statistically equivalent to methamphetamine and heroin. Cocaine is the most common substance detected in local law enforcement evidence testing with 914 of 2,546 exhibits (36%). Local law enforcement personnel across Washington identify powder cocaine as widely available and a major concern according to the Northwest High Intensity Drug Trafficking Area (HIDTA) Threat Assessment report.

Cocaine was the most common drug identified in DAWN Emergency Department reports with 27% of major substance reports (n=3,631). Helpline calls from teenagers mentioning cocaine represented 8% of calls in 2008, down slightly as a proportion of non-alcohol related calls from the prior seven years, over which time the number of teen calls declined by more than 50%. For adults in 2008 there were 902 cocaine related calls (19% of non-alcohol calls) a moderate decline in number and proportion from prior years.

Heroin

Heroin/opiate deaths declined somewhat in 2008 to 59 out of 256 total drug caused deaths. One quarter (24%) of decedents were under age 30, similar to 2007 and up somewhat compared to the previous 7 years. In only 19% of deaths was heroin the only substance, with 41% also positive for cocaine, 31% alcohol, 29% pharmaceutical opioids and 17% benzodiazepines.

Heroin treatment admissions were second only to cocaine among illegal drugs for adults with an increase in the number (240) and proportion (13%) aged 18-25 compared to a decade ago. Both the number (401) and proportion (22%) of those over age 50 doubled. The proportion of primary heroin users reporting pharmaceutical opioids as their secondary drug of choice increased from 4% to 12% from 1999 to 2008. On a related note, 12% of primary pharmaceutical opioids users reported heroin as secondary.

Local law enforcement seizure drug test results for heroin ranked 4th in 2007 and 2008. The Drug Enforcement Administration's Domestic Monitoring Program data indicates that in the city of Seattle in 2007, heroin averaged 10.3% pure, with a median of 10.6% and a maximum of 22.4%. In 2008, Seattle area heroin averaged 8.5% pure, with a median of 8.0% and a maximum of 24.5%. Law enforcement from across the State indicate that heroin continues to be available primarily in larger cities in Washington. The Healthy Youth Survey for King County indicates that 5% of 10th grades reported ever using heroin in their lifetime, the same level reported Statewide.

DAWN ED reports for heroin totaled 1,981 (15%), second to cocaine among illegal drugs in 2008. The total number and proportion of teen related calls to the Helpline about heroin were small, but increased over the prior 8 years to 36 calls in 2008 (8% of non-alcohol calls). Adult Helpline calls about heroin totaled 518 in 2008 (11% of non-alcohol calls), similar to prior years.

Pharmaceutical opioids

Drug caused deaths involving pharmaceutical opioids continued to increase, totaling 153 of 256 deaths in 2008, more than double the number of any other type of substance. Those over age 50 constituted 39% of deaths involving pharmaceutical opioids, the largest proportion in this age group for all drug types. Among these deaths, illegal drugs were present in 24% of deaths and benzodiazepines in 32%, with 84% of deaths involving multiple substances. The most common types of opioids detected were methadone (n=88), oxycodone (n=43) and hydrocodone (n=21). There was one death involving buprenorphine in 2008, there were 2 deaths with buprenorphine detected in 2007, the first year such deaths were reported. All three deaths involved multiple other pharmaceutical drugs such as benzodiazepines and anti-depressants. Buprenorphine is a newer medication used for opioid addiction treatment. Buprenorphine is not routinely tested for in deaths, with a special test needing to be requested.

The total number of treatment admissions for primary pharmaceutical opioid abuse in King County increased from 87 to 614 from 1999 to 2008, with the largest proportion (51%) 18-29 years old in 2008, up from 16% in 1999. Age at first use was 12-13 for 5%, ages 14-15 for 9%, ages 16-17 for 16% and ages 18-20 for 26%. Across the State, primary pharmaceutical opioid abuse treatment admissions increased from 325 to 3,276 over the past 10 years, with 56% aged 18-29 in 2008.

The King County 2008 Health Youth Survey found that 8% of 10th graders reported using pharmaceutical opioids to "get high" in the past month, similar to 2006 when the question was first asked. Among those reporting past month use to get high, half used 1-2 times in the past month and half used 3 or more times. The most common source among respondents who had ever used to get high included: from a friend, their own prescription, taken from their own or someone else's home without permission, family member gave to them, other sources, and from a drug dealer. Findings were similar for the entire State.

ED reports for the case type other/drug abuse for pharmaceutical opioids totaled 2,228, somewhat more than that reported for all case types involving heroin. Helpline calls from teens about pharmaceutical opioids increased from 10 in 2001 to 87 in 2008, an increase from 1% to 18% of non-alcohol calls. Among adults, Helpline calls increased from 259 to 1,410, an increase from 6% to 29% of non-alcohol calls.

Law enforcement reports growing concern about pharmaceutical opioids, but only a modest street drug dealing market for them. Tests of law enforcement evidence obtained in King County indicates that oxycodone totaled 89 of 2,546 pieces of evidence tested, hydrocodone 35, methadone 11, morphine 9 and buprenorphine 7.

Methamphetamine

Methamphetamine indicators appear to have leveled off over the past four years. Deaths continue to be relatively uncommon with 13 drug caused deaths involving methamphetamine in 2008, down from a peak of 24 in 2005. Decedents tended to be older, with none under 30. More than half (54%) involved no other drug.

Methamphetamine primary treatment admissions have held steady at approximately 1,300 per year for adults over the past four years, while youth admissions declined from 68 to 18. Among those 18-29, methamphetamine treatment admissions exceeded cocaine admissions in 2008, 532 compared to 379 respectively. Over the past decade, admissions among those age 40 and over increased tenfold to 351.

Tenth graders reported a lifetime prevalence of 5% for ever using methamphetamine. The number and proportion of local law enforcement cases testing positive for methamphetamine declined somewhat in 2008 compared to 2007, ranking third in both years below cocaine and marijuana. Methamphetamine manufacturing related incidents Statewide continued to decline in 2008 with 44 compared to 88 in 2007.

Methamphetamine ED reports totaled 879 (7%) reports for major substances in 2008. Helpline calls about methamphetamine use among youth declined from 189 to 30 from 2001 to 2008, a decrease from 16% to 6% of non-alcohol calls. Calls from adults about methamphetamine declined from a peak of 941 in 2005 to 592 in 2008.

Marijuana

For youth, marijuana was the most common drug cited at admission, for adults it was the fourth most common. The total number of admissions where marijuana was reported to be the primary drug of abuse increased from 1,665 to 2,326, use as the secondary drug increased from 1,999 to 2,867 from 1999 to 2008. Youth admissions declined 28% in the past decade. As the average age of clients has increased, so to has the proportion who were African American and the proportion who reported cocaine or methamphetamine as secondary drugs.

Thirty percent of 10th graders reported ever smoking marijuana, 20% in the past month. Among past month users, one third reported using 1-2 days, another third 3-9 days, and one third reported using 10 or more days. Among all 10th graders, 7% reported using marijuana 10 or more days in the past month.

Marijuana is the second most common drug detected in local law enforcement seizures, the same ranking as 2007. There were a total of 827 positive tests for marijuana in 2008 out of 2,546 tests positive for any substance.

In terms of marijuana growing in Washington State, the NW HIDTA Threat Assessment reported that outdoor grows totaled 538,918 plants in 2008 compared with 241,097 in 2007. The report also notes that there is "...continued evidence SE Asian growers have moved operations from Canada to Washington [with a]...decrease in southbound marijuana seizures at border" since 2003.

ED reports for marijuana totaled 1,735 (13%), third among illegal drugs. Marijuana was by far the most common drug mentioned in calls to the Helpline about youth, with 46% of non-alcohol calls in 2008, a proportion similar to prior years. Adult calls have also been steady, with 877 calls in 2008, 18% of all non-alcohol calls.

MDMA and other hallucinogenic drugs

Hallucinogenic drugs were uncommonly reported in indicators of morbidity and mortality. There was one death in which MDMA was detected in 2008, there have been a total of 18 deaths involving MDMA since 1999.

1-benzylpiperazine (BZP) has emerged as an MDMA-like drug, often being sold in tablet form as MDMA; it is reported that dealers and users may be unaware that the substance is BZP. In 2007, there were 0 cases positive for BZP among law enforcement seizures in King County, compared with 41 in 2008. At the same time, MDMA is reported to be somewhat less available and law enforcement seizure tests positive for MDMA declined from 249 to 56 from 2007 to 2008.

In October 2008, 203,897 BZP tablets were seized at the US-Canadian border in Washington; the BZP was entering the US. It is believed that BZP is being manufactured in Canada where it is not a controlled drug. BZP is currently a controlled drug in the U.S..

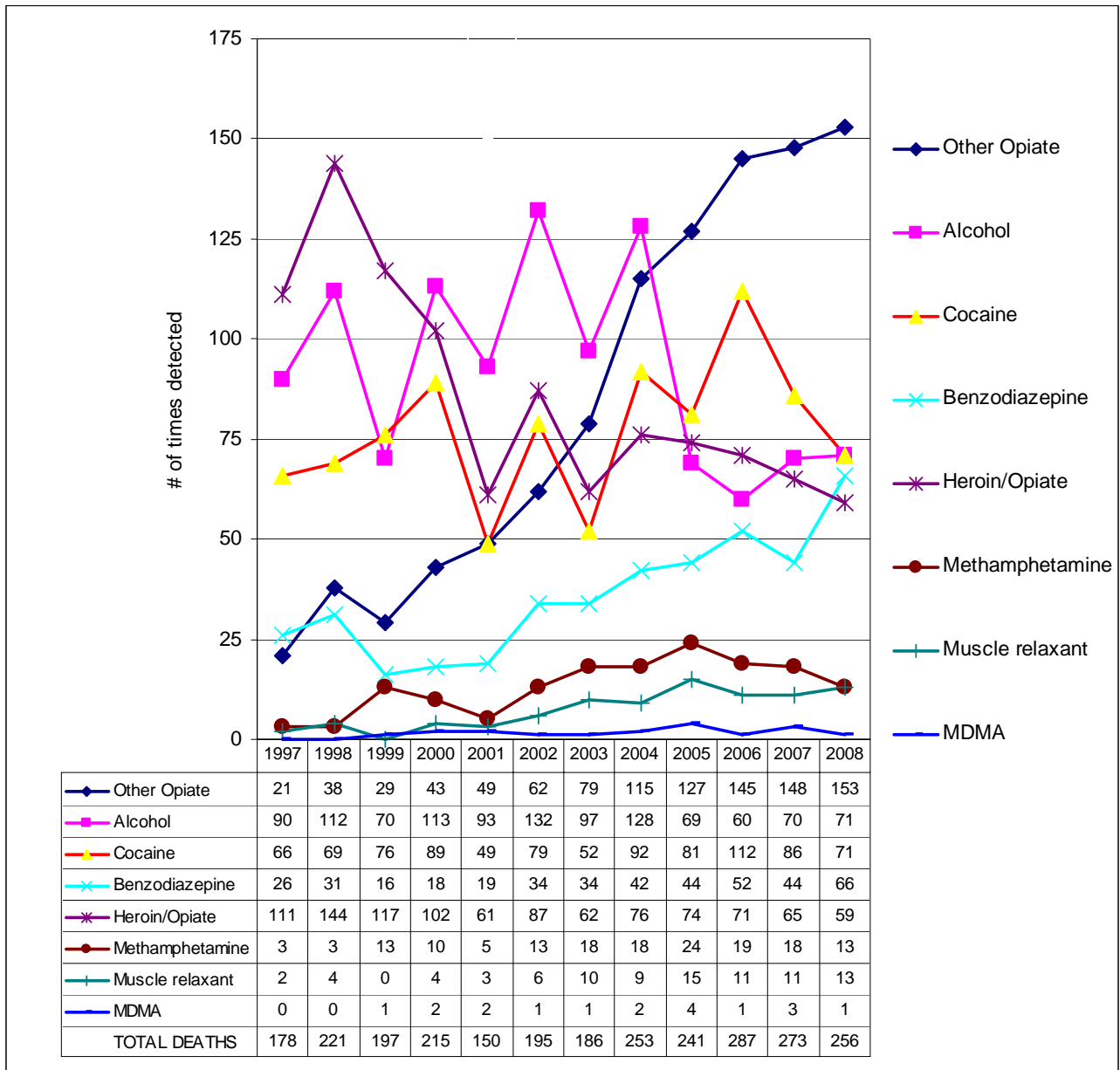
According to the NW HIDTA Threat Assessment report, Washington State is number one in the U.S. for MDMA seizures. MDMA is being manufactured in Canada and is getting moved through Washington to destinations throughout the U.S.. In 2008, the Federal Drug Seizure System reported that seizures in Washington for MDMA totaled 12.6 million dosage units and 66.8 kilograms, compared to 1.9 million dosage units and 366 kilograms in 2007.

MDMA ED reports totaled 181 (1%) in 2008 with trend data unavailable. MDMA reports have declined among calls about youth to the Helpline from 101 to 17 between 2001 and 2008, a decline from 9% to 4% of non-alcohol calls. Among adults the number of calls from 2001 to 2008 declined from 117 to 45 calls, representing a decline from 3% to 1% of non-alcohol calls. Calls for LSD were less frequent, totaling 1 in 2008 for youth, down from 20 in 2001, with adult calls declining from 22 to 10.

HIV

During 2006-2008 the HIV exposure category of injection drug use (IDU) totaled 4% and MSM-IDU 7%. The proportion with IDU as their exposure category was a significant decline from 2000-2002 when it was 8%. Syringe exchange volume fluctuated between 1.8 and 2.1 million syringes exchanged per year between 2000 and 2007, then increased to 3.3 million in 2008. In 2008, the needle exchange placed 445 heroin using IDU in methadone treatment, up from 157 in 2007 and 138 in 2006.

Figure 1- Drug Caused Deaths, King County Washington



Source: King County Medical Examiner, Public Health- Seattle & King County

Note, other opiates includes pharmaceutical opioids, including pharmaceutical morphine where noted, and excludes codeine. Heroin/opiate includes heroin, morphine (unless noted to be pharmaceutical) and cases where there is an indication that the death is "heroin related" in the KCME database.

Figure 2- Drug Caused Deaths, King County Washington Characteristics in 2008

	Alcohol	Cocaine	Heroin/ Opiate	Rx Opiate	Metham- phetamine	Benzo- diazepine	All Deaths
% Female	23%	27%	22%	46%	15%	41%	36%
Race							
White	86%	74%	80%	88%	82%	80%	82%
African American	9%	21%	12%	7%	9%	5%	10%
Asian	1%	0%	0%	1%	0%	2%	1%
Native American	3%	1%	7%	3%	0%	9%	4%
Other	1%	3%	2%	1%	9%	5%	2%
Median Age (Range)	44 (19-77)	48 (21-73)	43 (18-69)	48 (17-76)	44 (36-63)	46.5 (21-77)	47 (17-77)
Age category							
<30	20%	14%	24%	13%	0%	15%	14%
31-40	21%	11%	20%	15%	31%	17%	16%
41-50	34%	41%	29%	33%	38%	30%	32%
>50	25%	34%	27%	39%	31%	38%	38%
Manner of Death							
Accident	85%	99%	95%	89%	100%	79%	89%
Suicide	13%	0%	3%	7%	0%	17%	8%
Undetermined	3%	1%	2%	5%	0%	5%	4%
% Single Drug	9%	25%	19%	16%	54%	0%	29%
Illegal Drug*	45%	NA	NA	24%	NA	24%	46%
Other drugs							
Alcohol	100%	31%	31%	22%	8%	29%	28%
Cocaine	31%	100%	41%	17%	15%	15%	28%
Heroin/Opiate	25%	34%	100%	11%	8%	15%	23%
Rx Opiate	48%	37%	29%	100%	15%	74%	60%
Methamphetamine	1%	3%	2%	1%	100%	0%	5%
Benzodiazepine	27%	14%	17%	32%	0%	100%	26%
Muscle relaxants	7%	1%	3%	7%	0%	8%	5%
SSRI anti-depressants**	25%	17%	15%	36%	23%	33%	29%
Total number drugs [deaths]	71	71	59	153	13	66	[256]
% of deaths	28%	28%	23%	60%	5%	26%	100%

* Cocaine, heroin/opiate, methamphetamine, MDMA

**SSRI's are included because they may indicate that the decedent had received medical care relatively recently

Source: King County Medical Examiner, Public Health- Seattle & King County

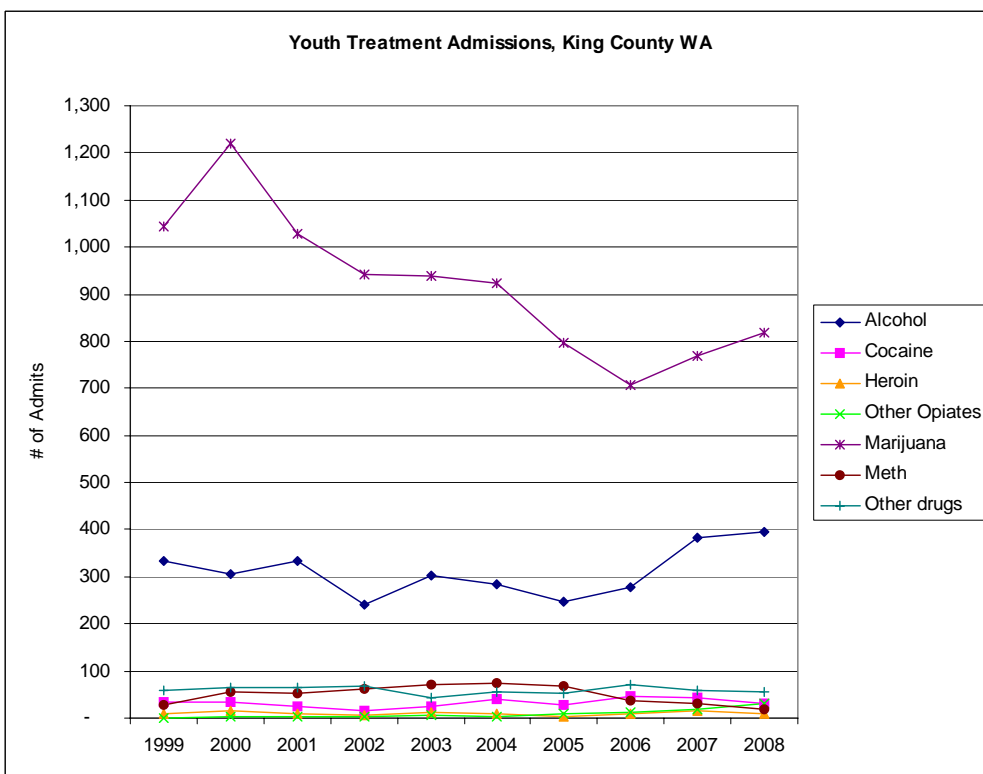
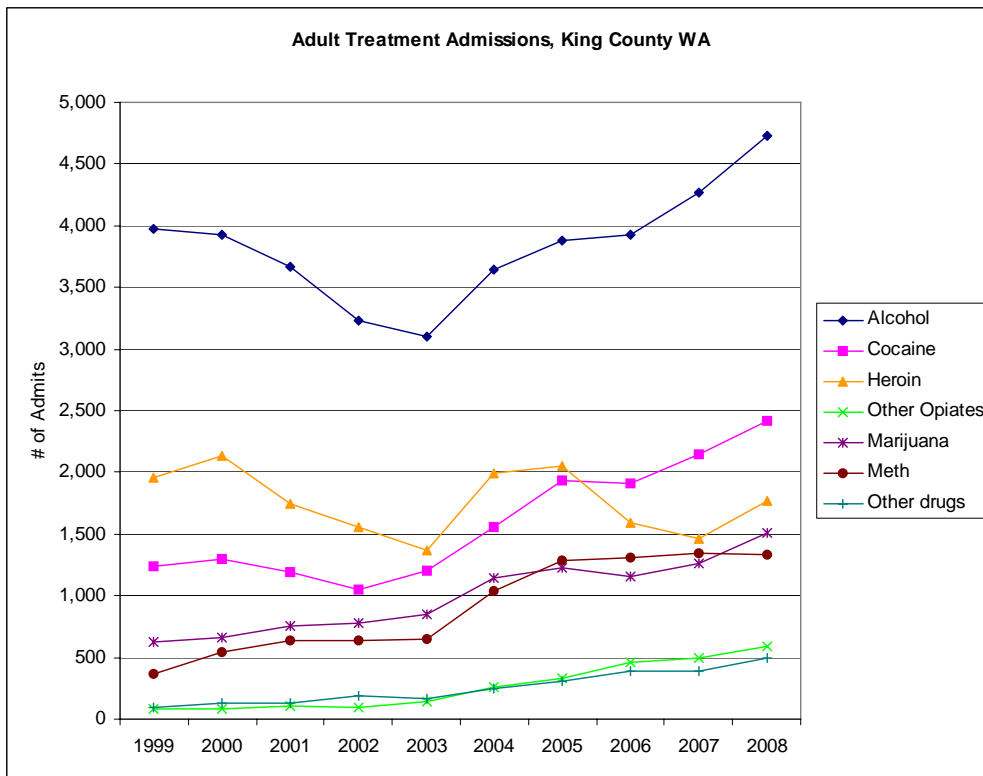
Note, other opiates includes pharmaceutical opioids, including pharmaceutical morphine where noted, and excludes codeine. Heroin/opiate includes heroin, morphine (unless noted to be pharmaceutical) and cases where there is an indication that the death is "heroin related" in the KCME database.

Figure 3- King County Law Enforcement Drug Seizure Tests

Result	CY 2007	CY 2007	CY 2008	CY 2008
	#	%	#	%
COCAINE	1673	42%	914	36%
CANNABIS	754	19%	827	32%
METHAMPHETAMINE	658	16%	315	12%
HEROIN	189	5%	112	4%
OXYCODONE	144	4%	89	3%
3,4-METHYLENEDIOXYMETHAMPHETAMINE	249	6%	56	2%
1-BENZYLPIPERAZINE		0%	41	2%
HYDROCODONE	72	2%	35	1%
DIMETHYLSULFONE	6	0%	14	1%
PHENCYCLIDINE	22	1%	13	1%
CLONAZEPAM	23	1%	11	0%
METHADONE	51	1%	11	0%
ALPRAZOLAM	17	0%	10	0%
LYSERGIC ACID DIETHYLAMIDE	1	0%	10	0%
DIAZEPAM	21	1%	9	0%
MORPHINE	20	0%	9	0%
PSILOCIN	19	0%	8	0%
AMPHETAMINE	16	0%	7	0%
BUPRENORPHINE	8	0%	7	0%
OTHER	83	2%	48	2%
TOTAL	4026	100%	2,546	100%

Source: National Forensic Laboratory Information System with data provided by the Washington State Patrol Crime Laboratory

Figure 4- Drug Treatment Admissions, King County Residents



Source: Washington State Division of Alcohol and Substance Abuse, TARGET Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions for opiate substitution are included.

Figure 5- Drug Treatment Admissions, King County Residents, Characteristics 2008

	Alcohol		Cocaine		Heroin		Other Opiates		Marijuana		Metham.		Other Drugs*		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Female	1434	28	844	34	634	36	270	44	509	22	441	33	267	49	4399	31
White	2592	51	764	31	1234	69	490	80	900	39	1068	79	361	66	7409	52
African Amer.	985	19	1268	52	266	15	24	4	791	34	56	4	72	13	3462	24
Asian/PI	248	5	83	3	18	1	22	4	83	4	40	3	28	5	522	4
Native Amer.	372	7	75	3	54	3	23	4	91	4	20	1	12	2	647	5
Hispanic	497	10	128	5	116	7	23	4	258	11	79	6	45	8	1146	8
Multiple Race	210	4	90	4	64	4	24	4	158	7	62	5	21	4	629	4
Other	220	4	47	2	32	2	8	1	45	2	28	2	8	1	388	3
Under 18	394	8	32	1	10	1	30	5	817	35	18	1	56	10	1357	10
18-25	653	13	206	8	240	13	194	32	668	29	297	22	108	20	2366	17
26-29	491	10	173	7	196	11	121	20	231	10	235	17	76	14	1523	11
30-39	1164	23	646	26	428	24	133	22	361	16	452	33	122	22	3306	23
40-49	1589	31	1009	41	509	29	84	14	197	8	303	22	102	19	3793	27
50 and older	833	16	389	16	401	22	52	8	52	2	48	4	83	15	1858	13
Recent IDU	109	2	91	4	1293	72	71	12	15	1	125	9	58	11	1762	12
Secondary Drug																
Alcohol	0	0	1100	45	191	11	115	19	1314	56	350	26	86	16	3156	22
Cocaine	1203	23	0	0	901	51	77	13	240	10	162	12	57	10	2640	19
Heroin	85	2	143	6	0	0	74	12	14	1	41	3	71	13	428	3
Other opiates	119	2	49	2	219	12	41	7	44	2	42	3	53	10	567	4
Marijuana	1553	30	528	22	101	6	127	21	0	0	468	35	90	16	2867	20
Metham.	194	4	99	4	85	5	35	6	131	6	0	0	13	2	557	4
Other drugs*	209	4	85	3	122	7	73	12	150	6	62	5	34	6	735	5
Tobacco	460	9	122	5	60	3	21	3	109	5	43	3	14	3	829	6
None	1301	25	329	13	105	6	51	8	324	14	185	14	129	24	2424	17
Age at 1st Use																
11 and Under	945	18	43	2	19	1	12	2	438	19	25	2	12	2	1494	11
12-13	1115	22	106	4	106	6	31	5	727	31	134	10	47	9	2266	16
14-15	1175	23	177	7	167	9	58	9	663	29	193	14	64	12	2497	18
16-17	920	18	329	13	249	14	101	16	320	14	223	16	60	11	2202	16
18-20	574	11	550	22	360	20	157	26	112	5	237	18	72	13	2062	15
21-25	301	6	545	22	407	23	106	17	49	2	226	17	92	17	1726	12
26-30	53	1	367	15	219	12	61	10	13	1	144	11	50	9	907	6
30-40	33	1	260	11	209	12	52	8	3	0	135	10	46	8	738	5
41 and older	8	0	78	3	48	3	36	6	1	0	36	3	26	5	233	2
Missing	0	0	0	0	0	0	0	0	0	0	0	0	78	14	78	1
Total	5124	100	2455	100	1784	100	614	100	2326	100	1353	100	547	100	14203	100

* Hallucinogens, None, Barbiturates, Benzos, Inhalants, Major, Tranqs, Other sed, Over the counter, PCP, Other, Unknown, Prescribed op substitute

Source: Washington State Division of Alcohol and Substance Abuse, TARGET
 Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions for opiate substitution are included.

Figure 6- DAWN ED Reports 2008, King, Snohomish and Pierce Counties

DRUG	TOTAL	
MAJOR SUBSTANCES OF ABUSE	13324	100%
Alcohol	4242	32%
Non-alcohol illicit	9082	68%
Cocaine	3631	27%
Heroin	1981	15%
Marijuana	1735	13%
Stimulants	1143	9%
Amphetamines	264	2%
Methamphetamine	879	7%
MDMA (Ecstasy)	181	1%
LSD	56	0%
PCP	139	1%
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OPIOIDS Pharmaceutical	TOTAL	
Type of Case		
Overmedication	809	
Malicious poisoning	1	
Other	2228	
TOTAL	3038	

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network (DAWN) Accessed 5/4/2009 Data completeness for 2008 was as follows: 8 to 14 of the EDs reported basically complete data (90 percent or greater) each month, and 9 to 14 reported no data out of 25 eligible EDs.

Figure 7- Alcohol/Drug Helpline Calls for King County, Washington

ADULT RELATED CALLS

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Alcohol	6220	6596	6103	5763	4595	5382	4988	5301
Cocaine	1088	1124	1198	1301	1159	1426	1120	902
Marijuana	972	967	939	971	810	908	829	877
Heroin	521	584	575	595	489	594	519	518
Methamphetamine	786	668	726	785	871	941	694	592
Pharmaceutical Opioids	259	392	525	769	821	1134	1111	1410
Benzodiazepine	33	44	60	81	107	121	92	114
Ecstasy	117	69	53	63	82	72	58	45
Other *	863	912	546	492	604	772	512	374
Total	10859	11356	10725	10820	9538	11350	9923	10133

Specific Pharmaceutical Opioids (from table above)

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Methadone	94	93	114	157	152	199	180	212
OxyContin	0	0	21	205	257	401	397	573
Rx pain pills **	165	299	390	407	412	534	534	625

Proportion of Non-Alcohol Calls

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Cocaine	23%	24%	26%	26%	23%	24%	23%	19%
Marijuana	21%	20%	20%	19%	16%	15%	17%	18%
Heroin	11%	12%	12%	12%	10%	10%	11%	11%
Methamphetamine	17%	14%	16%	16%	18%	16%	14%	12%
Pharmaceutical Opioids	6%	8%	11%	15%	17%	19%	23%	29%
Benzodiazepine	1%	1%	1%	2%	2%	2%	2%	2%
Ecstasy	3%	1%	1%	1%	2%	1%	1%	1%

TEEN RELATED CALLS

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Alcohol	652	405	288	288	207	234	279	205
Cocaine	91	69	56	64	64	74	70	40
Marijuana	491	353	302	277	202	250	268	217
Heroin	22	12	14	21	19	29	38	36
Methamphetamine	189	104	99	97	78	74	64	30
Pharmaceutical Opioids	10	11	27	32	52	76	67	87
Benzodiazepine	0	1	1	1	5	1	2	1
Ecstasy	101	35	19	24	38	43	36	17
Other *	258	135	84	70	68	66	68	47
Total	1814	1125	890	874	733	847	892	680

Specific Pharmaceutical Opioids (from table above)

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Methadone	6	0	2	0	3	4	2	3
OxyContin	0	0	1	16	29	49	37	50
Rx pain pills **	4	11	24	16	20	23	28	34

Proportion of Non-Alcohol Calls

Substance	2001	2002	2003	2004	2005	2006	2007	2008
Cocaine	8%	10%	9%	11%	12%	12%	11%	8%
Marijuana	42%	49%	50%	47%	38%	41%	44%	46%
Heroin	2%	2%	2%	4%	4%	5%	6%	8%
Methamphetamine	16%	14%	16%	17%	15%	12%	10%	6%
Pharmaceutical Opioids	1%	2%	4%	5%	10%	12%	11%	18%
Benzodiazepine	0%	0%	0%	0%	1%	0%	0%	0%
Ecstasy	9%	5%	3%	4%	7%	7%	6%	4%

*Other= Amphetamine, Antidepressant, Barbiturates, Hallucinogens, Inhalant, LSD, over-the-counter, Other, Rx, Stimulant, Unknown, Tranquilizers, PCP

**Rx Pain Pills is a general term used by the helpline

Source: Washington State Alcohol/Drug Help Line

Figure 8- 2008 Healthy Youth Survey, 10th Graders

Lifetime prevalence, <u>NEVER</u> used substance.		
	King County (n=997)	Washington State (n=3,253)
Cocaine	93.0% (± 2.5%)	93.1% (± 0.9%)
Heroin	95.3% (± 2.4%) (n=1,000)	95.6% (± 0.9%) (n=3,259)
Methamphetamine	95.3% (± 2.2%) (n=997)	95.3% (± 0.7%) (n=3,257)

Use in the <u>past 30 days</u>		
	King County (n=2,165)	Washington State (n=6,757)
Use marijuana or hashish (grass, hash, pot)?		
None	79.9% (± 3.6%)	80.9% (± 1.2%)
1–2	6.8 (± 1.5)	7.1 (± 0.6)
3–5	4.7 (± 1.0)	4.0 (± 0.5)
6–9	2.1 (± 0.7)	1.8 (± 0.3)
10 or more days	6.5 (± 1.9)	6.2 (± 0.7)
Use a pain killer to get high, like Vicodin...?	(n=1,027)	(n=3,328)
None	91.9% (± 2.0%)	90.5% (± 1.2%)
1–2	3.6 (± 1.1)	4.9 (± 0.9)
3–5	1.9 (± 0.7)	2.0 (± 0.5)
6–9	0.8 (± 0.5)	1.0 (± 0.3)
10 or more days	1.9 (± 1.0)	1.6 (± 0.5)

If you have <u>EVER</u> used pain killers to get high, where did you usually get them?		
	King County (n=1,015)	Washington State (n=3,282)
a. I did not use pain killers to get high	85.1% (± 4.4%)	83.9% (± 1.7)
b. I used my own prescriptions (from a doctor or dentist)	4.0 (± 1.2)	3.4 (± 0.6)
c. A family member gave them to me	1.5 (± 1.0)	1.8 (± 0.4)
d. I took them from my home or someone else's home without permission	2.1 (± 0.9)	2.4 (± 0.5)
e. I got them from a friend	5.1 (± 2.2)	4.8 (± 1.0)
f. I got them from an acquaintance	0.5 (± 0.3)	0.9 (± 0.4)
g. I got them from a drug dealer	0.9 (± 0.5)	0.9 (± 0.3)
h. I got them from the internet	0.1 (± 0.2)	0.2 (± 0.1)
i. I got them some other way	0.7 (± 0.4)	1.6 (± 0.4)

Source: Washington Healthy Youth Survey: Office of the Superintendent of Public Instruction, Washington State Departments of Health, Social and Health Services, and Community Trade and Economic Development, the Family Policy Council, and RMC Research, 2008.

Figure 9- King County residents diagnosed 1982-2008 and reported through 12/31/2008, by date of HIV diagnosis

	1982-1999		2000-2002		2003-2005		2006-2008 ¹	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
TOTAL	7,672	(100)	1,164	(100)	1,030	(100)	913	(100)
HIV Exposure Category								
Men who have sex with men (MSM)	5,761	(75)	730	(63)	652	(63)	561	(61)
Injection drug user (IDU)	427	(6)	88	(8)	52	(5)	37	(4)
MSM-IDU	797	(10)	93	(8)	79	(8)	68	(7)
Heterosexual contact ³	350	(5)	175	(15)	134	(13)	96	(11)
Blood product exposure	94	(1)	8	(1)	5	(0)	1	(0)
Perinatal exposure	25	(0)	2	(0)	0	(0)	2	(0)
<i>SUBTOTAL- known risk</i>	<i>7,454</i>		<i>1,096</i>		<i>922</i>		<i>765</i>	
Undetermined/other ⁴	218	(3)	68	(6)	108	(10)	148	(16)

Source: Public Health-Seattle & King County

Data on HIV cases (including exposure related to injection drug use) in Seattle-King County (2001 through 2008) were obtained from the "HIV/AIDS Epidemiology Report."

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