RECENT DRUG ABUSE TRENDS IN THE SEATTLE-KING COUNTY AREA

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Many of the indicators of drug use trends, with the exception of cocaine, in the local area, i.e., treatment admissions, emergency department mentions and drug-caused deaths, seem to show a leveling or slight increase in drug-related problems in our area over the past year. Heroin use continues to have the largest impact of all illicit drugs used in the Seattle area in terms of drug-related deaths and emergency department episodes and criminal justice involvement. Methamphetamine use seems stable in Seattle-King County but is on an upward trend in other areas of the state. Marijuana remains readily available and recent school surveys indicate a sharp increase in use among school children in this state as compared to several years ago. Hallucinogenic drugs continue to appear in area reports involving primarily younger users. Regarding HIV infection among IDUs, local studies in drug treatment agencies indicate a significantly higher rate of infection among African- and Native-American patients; HIV prevalence in out-of-treatment IDUs may be slightly higher than in injectors who enter drug treatment. The highest rate of HIV infection locally continues to be among gay and bisexual men who inject methamphetamine.

INTRODUCTION

1. Area Description

Located on Puget Sound in western Washington, King County spans 2,130 square miles. The Port of Seattle is the world's 26th busiest container port, handling 1.475 million container units in 1997. Nearby Port of Tacoma, with 1.158 million container units last year, ranked number 33. Together, these ports make Puget Sound the second largest combined load center in the U.S., trailing only Los Angeles-Long Beach, California, and are among the top 10 combined load centers in the world. The county's estimated 1998 population is 1.665 million which represents nearly 30 percent of Washington State's 5.685 million total and, according to the U.S. Census Bureau, comprises the nation's 12th largest county.

King County's population is 83% white, 10% Asian/Pacific Islander, 6% African American

and 1% American Indian; 3% of the County's residents are of Hispanic origin. After years of extensive migrations from Asia and the Pacific Islands, information from the Immigration and Naturalization Service indicates that the area is now seeing rising immigration from Eastern Europe and the countries that once comprised the Soviet Union. Nearly 90 percent of residents have completed high school or GED equivalent, and one-third are college graduates.

2. Data Sources and Time Periods

- **Washington State Office of Financial Management (OFM) -** Data on population estimates are from the Washington State OFM/Forecasting Division. These data are used to depict recent population estimates for the City of Seattle, and incorporated and unincorporated King County. Population estimates for 1997, published on June 30, are referenced in the Area Description.

- **Key Informant Interviews** - A series of targeted interviews were conducted with representatives of U.S. Customs (Mark McBride), the regional office of the Drug Enforcement Administration (Richard Bek), the Washington State Patrol's Narcotics Unit (Tom Zweiger) and with drug users in the context of ethnographic studies being conducted in the area.

- **King County Medical Examiner (ME) data base** - Automated information about drug overdose deaths in King County has been available since 1983. Exhibit 1 displays data by calendar quarter from July 1, 1994 to September 28, 1998. The table includes deaths directly caused by licit or illicit drug overdose and excludes deaths due to poisons. Therefore, totals may differ slightly from drug death reports published by the King County ME's office, which include fatal poisonings. Exhibit 2 displays heroin-related overdose death rates for the past 9 years.

- **Drug Abuse Warning Network (DAWN) quarterly emergency department (ED) mentions** - Exhibit 3 displays DAWN estimated rates (per 100,000 population) for ED mentions for selected drugs from 1988 through 1996.

- **Washington State Department of Social and Health Services treatment activity data base** - The Department has implemented a statewide alcohol/drug treatment activity data base system and report-generating software called TARGET. Data are compiled for King County from January 1, 1996, to July 31, 1998 and shown in Exhibit 4.

- **King County Prosecutor's Management Information System (PROMIS)** - Data on felony marijuana and heroin convictions are from the King County PROMIS data base. PROMIS is an automated data system, implemented in 1985, that contains information on prosecutions and convictions for certain controlled substances. Racial distributions for marijuana and heroin convictions from January 1, 1991 through September 30, 1998 are shown in Exhibit 5.

- **HIV/AIDS Epidemiology Report** - Data displayed in Exhibit 6 on acquired immunodeficiency syndrome (AIDS) cases, including exposure related to injecting drug use, in Seattle-King County, other Washington Counties, Washington State and the United States are from the Seattle-King County Department of Public

Health (SKCDPH), Washington State Department of Health and the Centers for Disease Control and Prevention.

- **United States Department of Justice Drug Enforcement Administration** – Data from the DEA's Domestic Monitoring Program (DEA/NNDA/11-16-98) on heroin purity are included in the narrative on heroin. The 1998 data are through 6/30/98 and are preliminary

- **Washington State Toxicologist**, Barry Logan Ph.D., DABFT.

DRUG ABUSE TRENDS

1. Cocaine and Crack

Cocaine-related drug deaths in King County, after rising for several consecutive years, began a decline in 1997 that has continued in 1998. These deaths reached a peak of 74 in 1996 declined to 66 in 1997. If the 40 deaths that have occurred in the first three quarters of 1998 are extrapolated to a full year the number of anticipated cocaine-related drug deaths for 1998 would total 53. This would be a 28% decrease from the peak year of 1996 (Exhibit 1). In the first three quarters of 1998 cocaine alone was found in 5 (12.5%) of those 40 individuals whose death was characterized as a cocaine-related drug death; this ratio is consistent with the previous year. The remaining 35 had some other drug, including alcohol detected through post-mortem toxicology; the most common other drug detected in combination with cocaine was morphine (heroin). In twenty two (55%) of these deaths the determined route of administration for both the cocaine and heroin was intravenous, suggesting the possibility of the injection of "speedballs." Seventy eight percent of the cocaine related drug deaths were male; 20% were African-American both a decrease from last year.

DAWN system reports indicate a continuation of the decline in ED mentions for cocaine that began in 1995. The rates of ED mentions for cocaine grew between 1990 and 1994, reaching a peak of 157 mentions per 100,000 in that year. The rate per 100,000 for 1996 was 113.7 mentions a 26% decline from the peak rate in 1994 (Exhibit 3).

Treatment counts at publicly funded chemical dependency service programs also trace a decline in the total number of admissions listing cocaine as their primary drug over the past five six-month periods. Admissions for the first six months of 1998 totaled 416, 12% of total admissions (Exhibit 4), which demonstrates a continuing trend in the decrease of such admissions. In terms of the rate of such treatment admissions per 100,000 population, cocaine as a primary drug peaked in 1995-96 and has been declining since, reaching its lowest rate this past year as compared to the previous four years.

Admissions to treatment remain evenly distributed between males and females and approximately even numbers of blacks and whites are seeking public treatment services. Approximately 45% of public treatment admissions are attributed to each of these groups. Ninety percent of the public cocaine treatment admissions are to individuals over the age of 25 and nearly 80% are smoking the drug. Eleven percent of these clients report injection as their primary method of administration.

Price information for "flake" cocaine is limited to the downtown area of Seattle. The basic unit of sale is a "dime bag," meaning \$10 for approximately $^1/_5$ of a gram. Weighed grams sell for as low as \$35-\$40.Larger units of sale are "teeners" (1.75 grams) for about

$70; this unit tends to be of higher purity than smaller lots. These prices are unchanged since our last report.

Multiple ethnic youth gangs are heavily involved in distributing crack cocaine in King County and adjacent counties. Crack prices have remained relatively stable for the last 4-5 years: a $^1/_{10}$-$^1/_8$ gm. quantity sells for $20 ("$20 rock"), and a $^1/_5$-$^1/_4$ gm. quantity sells for $40 ("$40 rock").

2. Heroin

Three sources of data on drug use and drug injection indicate that an increase in heroin use observed in 1997 in Seattle and King County has not persisted thus far in 1998. The number of heroin-related drug-caused deaths appears to have decreased slightly, and there is no indication that drug injectors enrolled in a local research study are increasingly made up of heroin users. No increase has been observed in heroin dependence treatment. Each of these data sources has limitations and by itself cannot be used to suggest trends. However, the lack of data noting an increase for 1998 as compared to the indicators of an increase in 1997 arising from several data sources suggests that the problem has abated somewhat.

A longitudinal cohort study of Seattle area drug injectors, the RAVEN Study, is conducted by the Seattle-King County Department of Public Health with funding from the National Institute on Drug Abuse. There have been approximately 3500 injection drug users enrolled in the study since recruitment began in 1994. RAVEN Study data showed that the proportion of new recruits reporting heroin as their primary injection drug increased from 61% in 1994 to 75% in 1997. A change in the RAVEN recruitment procedures in 1998 precludes simple comparison to previous years' data. However, there is no indication of an upward trend in heroin use in those recruited to RAVEN in recent months, nor that an increasing proportion of young people (aged younger than 26) are reporting heroin as their primary drug. As RAVEN continues and sample sizes grow larger, it will be possible to examine heroin use trends within specific subgroups of subjects included in the study.

The number of prosecutions for heroin related legal offenses in Seattle King County had remained between 2,200 to 2,600 between 1991-96, until in 1997 it rose to over 3,100. Data through September, 1998 indicate that a similar number (approximately 3,130) can be projected through the end of this year. Trends within specific racial and ethnic groups are similar to that in the population as a whole, with 45-50% of prosecutions occurring among whites and 45-50% among blacks. The number of convictions for heroin-related offenses actually fell in 1997 to 727, approximately 55% of the average for 1991-96. Prosecution and conviction data cannot be directly interpreted as indicators of actual prevalence of use in the underlying community, but is useful to the extent to which observed trends parallel those from other data sources.

The trend in the number of heroin-related drug-caused deaths seems to have reached a plateau. Between 1994 and 1997, the King County Medical Examiner's Office reported 466 investigated drug-caused deaths in which morphine (a metabolite of heroin) was detected. In 1994, the number of heroin-deaths was 89, increasing to 131 in 1995, and 135 in 1996. In 1997, the number decreased to 111. The number of such deaths investigated by the Medical Examiner's Office through September, 1998 totals 92; projecting through the end of this year, one would estimate that 123 such deaths might occur.

While such projections can be inaccurate in predicting actual numbers, there would appear to be a leveling off at an average of the 1995-6 increase and the 1997 decline, but caution should be observed in the interpretation of only four to five years' data.

Among the 92 morphine-related drug deaths in 1998, 20 of the decedents had only morphine detected in their systems, 27 had morphine and alcohol and no other drugs, 6 had morphine and cocaine only, 10 with morphine, cocaine and alcohol and the remaining 29 had morphine and combinations of multiple drugs and alcohol detected.

Seattle-King County drug treatment admissions for those who use primarily heroin do not indicate any increase has occurred between 1994-97. Approximately 1200 to 1600 people were admitted to publicly funded heroin treatment programs over that period. However, the influence of the rather static number of treatment slots available may tend to obscure any increase in demand for treatment.

Data representing age-specific trends in heroin use are difficult to come by. The treatment admissions data do not suggest that young people are increasingly entering opiate treatment programs, nor do the Medical Examiner's data indicate that the average age among those experiencing heroin-related death is dropping. Additional studies and new data sources may be needed to more fully understand whether more young people are beginning to use heroin.

According to the DEA's Domestic Monitoring Program, the purity of heroin, almost exclusively Mexican tar, in Seattle has remained relatively constant over the past three years. Prices locally have remained unchanged at $80 -$100 per gram since our last report.

3. Other Opiates

This category includes codeine, fentanyl, hydrocodone (Vicodin, Lortab, Lorcet & Anexsia) hydromorphone (Dilaudid), meperidine (Demerol), methadone, oxycodone (Percodan, Percocet), pentazocine (Talwin), propoxyphene (Darvon), and raw opium.

The number of drug-caused deaths involving opiates other than heroin escalated 127 percent from 11 deaths (14 other opiates identified) in 1995 to 25 deaths in 1996 (30 opiates identified) and 1997 (29 other opiates identified). Another upward trend is underway in 1998 with 31 cases (35 other opiates identified) already reported through third quarter [exhibit 1]. The annual rate of other opiate deaths increased from 0.9 per 100,000 population in King County in 1995 to 1.5 in 1997. Methadone is the most frequently reported other opiate by the ME in recent years with 18 cases reported through third quarter 1998; only two of these cases reported methadone alone. Forty-five percent of other opiate victims thus far this year were female, up from 28 percent in 1997. Ninety percent of victims were white and 10 percent were black. Decedents ranged in age from 28 to 82 years old with a mean of 42.0. Over 25 percent of other opiate cases this year involved alcohol-in-combination.

Previous reports alleged that illegally obtained methadone is increasingly available on the streets. The proportion of methadone-involved cases increased from 36 percent of other opiate cases in 1996 to 58 percent in 1998 through the third quarter. Another emerging trend is the local availability of fentanyl, a synthetic opioid. Three deaths involving fentanyl were reported by the King County ME so far this year; none were reported in 1997 or previous years.

The DEA-Seattle Office continues to report that street methadone sells for $1 per milligram in the Pacific Northwest. Local street prices for other illegally obtained prescription opiates - primarily hydrocodone, propoxyphene, codeine, oxycodone and meperidine - remain stable at $3 to $5 per tablet.

4. Marijuana

Cannabinoids in this analysis include marijuana and hashish.

Marijuana remains the most widely used illegal drug in both King County and Washington State. In addition to locally grown sinsemilla, high-grade Canadian and low-grade Mexican marijuana varieties are increasingly available in the state. According to Washington State Narcotics Investigators Association (WASNIA) the number of indoor crops in northern Washington has dropped dramatically as high quality Canadian marijuana makes its way over the border. The Seattle Field Division of the Drug Enforcement Administration reports that local growers are reducing crop sizes to below the threshold for minimum Federal prosecution: 500 plants in western Washington, 100 plants in Eastern Washington.

In King County for the first half of 1998, marijuana accounted for 19% of the adult, public drug treatment admission-up from 15% for the same time period in 1996. The abuse of this drug also accounted for 64% of all adolescent drug treatment admissions for the time period between 1/1 - 6/30, 1998.

At the state level, marijuana accounted for 17% of total treatment admissions. Of those for whom marijuana was the primary drug of abuse, 70% were men, 65% white, 12% African American, 11% Latino, 9% Native American and 3% Asian-American. Those under 17 years of age comprised 44% of the total admissions. The total statewide figure of 3,443 marijuana treatment admissions represents a 34% increase over the 2,569 marijuana admits during the same time period of 1995.

A 1998 Washington State Survey of Adolescent Health Risk Behaviors conducted in randomly selected schools (grades 6, 8,10 and 12) shows current use of marijuana has risen sharply since 1992 in all but Grade 6. Among 10th graders, the 30-day prevalence of marijuana use rose to 26.6% in 1998 from 10.6% in 1990. In the same time period, the 30-day prevalence among 12th graders rose to 28.7% from 15.9%. Survey data extrapolated from participating King County schools show that 2.6% of 6th graders, 13.8% of 8th graders and 25.9% of 10th graders had used marijuana in the last 30 days. Data were not available for Grade 12 in King County.

The most recent DAWN data shows a 50% increase in emergency room mentions of marijuana during the first half of 1997 (801) as compared to 534 for the same time period in 1995. In spite of wide availability, the number of felony marijuana convictions in King County has sharply declined from 60.25 per quarter in 1992 to 23 per quarter as of September 30, 1998.

Prices for marijuana have been adjusted from the last reporting period to reflect more accurate data. A gram of sinsemilla, called "bud," sells locally for $15-$25. For end consumers, locally grown sinsemilla generally sells for $40-$50 per 1/8 oz. Price breaks may occur for larger quantities: $340-$400 per ounce, $1200-$ 1,400 per 1/4 pound. Bulk quantities of sinsemilla sell for $4,000-$5,200 per pound and $6,000-$8,000 per kilogram. There continue to be anecdotal reports about

the local availability of "blunts," both as small cigars stuffed with marijuana alone or with marijuana adulterated with formaldehyde.

On November 3, 1998 Washington voters passed ballot Initiative 692 (57% to 43%) granting physicians permission to prescribe marijuana for medically-related uses.

5.Stimulants

This category includes amphetamine and methamphetamine ("crystal," "crank" or "speed").

Stimulants comprised 11.7% of the total treatment admissions in Washington State and 6% of the admissions in King County during the period from January, 1998 through June, 1998. Admissions to treatment for patients with stimulants as their primary drug have been increasing as a percentage of total treatment admissions state-wide over the past two years from 7.5% in 1996 to 9.4% in 1997 to its current level. In King County, however, the proportion of such admissions has remained constant at the 5-6% range over that same period (Exhibit 4). When the rate of treatment admissions for stimulants per 100,000 population is mapped by county over the years 1993-1997, the result shows an increase in the rate of those admissions in the rural counties of southern and central Washington over those years.

According to the Washington State Patrol, 110 methamphetamine labs were seized between January 1998 through October 1998. This represents a slight increase over such activity as compared to the previous year. There were additional 65 labs that were investigated but where there was not enough evidence for prosecution. King County (which contains Seattle) and three counties south of King, Pierce, Lewis, and Thurston, accounted for 56% of these seizures. Labs have generally been small, producing grams, and in some cases, ounces.

In 1997 there were 6 drug-related deaths in King County associated with methamphetamine. From January through September,1998 there was 1 death reported to involve methamphetamine. The number of stimulant-related rug deaths in King county has been low for the past several years and 1998's total has been the lowest since 1994.

Ethnographic sources suggest that current street level prices for methamphetamine has remained stable at $20 - $30 per ¼ gm. Quantities of $^1/_{16}$ oz, known as "teeners" continue to sell for $100 to $140, and $^1/_8$ oz, known as "eightballs," sell for $200 - $240. The form of this drug was reported to vary significantly and to be an indicator of quality, with "thick, like peanut butter" being purer. A "powdery" consistency was reported to be an indicator of the drug having been adulterated.

6. Depressants

Barbiturates, benzodiazepines and other sedative/depressant drugs in this analysis include: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), diazepam (Valium) flunitrazepam (Rohypnol), flurazepam (Dalmane), gamma-hydroxybutyrate (GHB), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), temazepam (Restoril), triazolam (Halcion), glutethimide (Doriden), hydroxyzine pamoate (Vistaril), meprobamate (Equanil), methaqualone (Quaalude), amobarbital (Amytal), butabarbital, pentobarbital (Nembutal), phenobarbital, secobarbital (Seconal), promethazine, (Phenergan), and choral hydrate (Noctec).

Deaths involving depressants increased 63.2 percent from 1995 (19 cases with 20 depressants identified) to 1996 (31 cases with 37 depressants identified) after averaging about five per calendar quarter since 1993. After stabilizing last year with 32 such deaths (38 depressants identified), the ME reported 30 deaths (33 depressants identified) through third quarter 1998 [exhibit 1]. The rate of depressant deaths per 100,000 population in King County increased from 1.2 in 1995 to 1.9 in 1997. Nearly 27 percent of the depressant-related deaths in 1998 were determined to be suicides, and 30 percent involved alcohol-in-combination with a mean BAC of 0.12 gm/100 ml of blood. Three-quarters of depressant deaths last year, and so far this year, involved benzodiazepines. Diazepam represented the most frequently identified benzodiazepine, involved in 53 percent of depressant deaths reported by the ME this year. An emerging trend is noted involving the concomitant injection of heroin and a depressant, typically diazepam. Nine such cases were identified in 1998, representing 30 percent of all depressant deaths in King County through the third quarter. Ninety percent of all depressant deaths this year were white and 10 percent were black; over 43 percent were female. Decedents ranged in age from 24 to 85 years old with a mean of 43.0.

According to the DEA, local street prices for illegally obtained prescription benzodiazepines, primarily diazepam, remain stable at $1 for 5 milligrams and $2-4 for 10 milligram tablets.

Several reports of induced intoxication, rape and homicide involving GHB have emerged in recent years. The drug is difficult for law enforcement to detect because it is easily concealed in water and eye-drop bottles. Furthermore, GHB metabolizes relatively quickly and may be undetectable in blood samples in as little as 12 hours after ingestion.

As compared to years past there are beginning to be anecdoctal reports of the use of GHB locally and cases related to the overuse of the drug are starting to appear in local emergency rooms at the rate of one case every other week. This trends bears watching.

7. Hallucinogens

Hallucinogenic drugs such as lysergic acid diethylamide (LSD), psilocybin mushrooms, and MDMA (Ecstasy) continue to appear in area reports involving primarily younger users. The drugs turn up frequently at local concerts or "raves." Consistent with past history treatment admissions remain low for these drugs.

Respondents in ethnographic interviews mention frequent mixing of Ecstasy with other drugs; LSD (candy flipping), mushrooms (flower flipping), and Heroin (H-bomb). Street outreach workers report that a new liquid form of Ecstasy has been seen in Seattle. Ecstasy is a drug of particular concern as its purity ranges wildly and it is cut with a number of different drugs. Users are always uncertain what they are getting, particularly when the drug is packaged in the capsule form.

As these drugs appear in relatively small numbers in traditional sources of data such as arrests, drug-related deaths and treatment admissions, more work needs to be done to better assess the use trends in Seattle

A Look at Drug Use Among Youth Subcultures

The association between demographic subculture and commonly used drugs is probably most pronounced when considering youth. Ethnicity, socioeconomic status, sexual orientation, musical preference, and, perhaps most importantly, high school attendance, all affect which drugs youth have access to and shape their selection of drug of choice. Because much, if not most, youth drug use occurs off the radar screen of adults and law enforcement, obtaining accurate information about prevalence and availability of drugs or their pricing is difficult at best. Given these limitations, information obtained in this section is based on ethnographic observation or informal interviews. The target age range is late teens through early 20s and focuses primarily on out of school youth. Interviews were conducted with local musicians, workers at establishments catering to such youth, needle exchange employees and users, and young drug users. A key caveat for this section is that most of what is reported applies in particular to white youth. Information on drug use among African-Americans, Latinos and other ethnic minority youth was more difficult to obtain within time and staffing constraints.

"Tweakers": Long associated with urban gays -- especially in the western United States -- and white working class ("biker") culture, crystal methamphetamine (crystal, crank, glass, ice, speed, etc.) seems to have made significant inroads into youth culture in the past five years. "Crystal" use in Seattle occurs among a broad array of subcultures. It remains common among gays, and seems to be enjoying a resurgence among younger gays as a sex enhancer. It also is quite common in bars and clubs featuring fast paced types of dance music referred to by a myriad of names such as "house," "ambient," "techno," or "acid." "Crystal" is also emerging as a popular street drug among youth. Its use is by no means confined to urban Seattle; for example, almost 60% of adolescent girls attending pregnancy prevention classes offered by a south King County organization report using "crank" on more than one occasion.

Although most users of Seattle's downtown needle exchange program remain primarily opiate and/or cocaine injectors, approximately one-third of exchange users on Seattle's Capitol Hill or in the University District are either primary or secondary crystal injectors. These exchanges serve a clientele that is younger than that of downtown exchange and predominantly white. Of note is that these exchanges are now the second and third largest by volume of syringes exchanged and, when combined, rival or exceed downtown volumes.

One subculture of particular note in terms of crystal using youth is a highly mobile and highly disenfranchised group of urban street youth; two of whom self-referred as "gutter punks." Characterized by multiple body piercings, tattoos, almost exclusively black clothing, and a fondness for "hardcore" or punk rock, many of these youth are runaways and live in "squats" (abandoned houses or other structures) or outdoors. Often following a yearly circuit ranging from New Orleans, the Southwest, California, and the Northwest (including Vancouver, British Columbia), these youths are frequently avid users of crystal -- either injected or smoked.

Popular twenty years ago as a cocaine substitute among speedball injectors, Ritalin also seems to be staging a comeback as a commonly used drug in this area. Virtually every informant spoken to (including a high school nurse) reported that Ritalin was being widely diverted from its prescribed use to recreational use. This appears to be especially true among younger school-based youth.

"Stoners": A fixture of high schools and comedy routines since at least the mid-seventies, "stoners" remain as perhaps the most significant subgroup among drug-using youth. Marijuana use is widespread in Seattle area schools and virtually all of it is of the high-grade indoor grown variety. Prices range from $250 to $320 or more per ounce; the most common unit of sale is a quarter ounce. Although marijuana is the drug of choice for this group, other "hippie" drugs are also common.

Hallucinogenic mushrooms are readily available in the Seattle area at the present time. Informants were vague as to what type the mushrooms were, but uniformly reported them as being dried. Prices quoted for mushrooms were $20 per eighth ounce quantities.

Informants differed on the availability of LSD, with some reporting that it was difficult, if not impossible, to come by and others reporting it as available, although not of good quality and more expensive than in years past. What is available tends to be blotter (or "paper") LSD and retails for between $3 and $6 per dose.

Nitrous oxide use, either in the form of nitrous filled balloons or "whippets" (whipped cream propellant) is also reported. This is especially the case for larger parties or at certain types of larger musical events where nitrous vendors sell balloons (for $5 a balloon).

An intriguing addition to "stoner culture" over the past few years, has been increasing numbers of African-American and other minority youth who have adopted marijuana consumption. This phenomena seems related to the large numbers of rap and hip-hop musicians who are very public about their marijuana consumption. Whether the musicians merely reflect the changing culture or whether they are helping to drive the change remains an open question.

"Ravers": Over the past few years much attention has been paid both nationally and internationally to drugs that are popular in the urban dance scene -- especially those used at raves or in rave-like settings. Among the most frequently mentioned drugs in this context are Ecstasy, ketamine, and GHB. Within the Seattle area, both Ecstasy (X) and GHB are reported to be commonly used, while only a few respondents had even heard of ketamine (Special K, Vitamin K or Kit-Kat).

Some confusion exists among users about Ecstasy and GHB. Several informants reported use of Ecstasy (in both powder and liquid form) and no knowledge of GHB -- most claiming they had never heard of it. Checking back with other informants revealed uncertainty about what exactly was meant by "Liquid X," but two others verified that what is called "Liquid X" at raves is, in fact GHB. One informant stated that GHB was quite common at raves and at certain Seattle clubs, but primarily among regular attendees, who knew what they were doing and knew who to talk to. Several also mentioned the long reported aphrodisiac qualities of GHB and said that it was a great sexual stimulator. GHB possession is legal in Washington state and recipes for its manufacture are readily available on the Internet. The Director for Emergency Services at Seattle's largest public hospital is quoted as saying that they see an average of one GHB overdose every other week and in the south part of King County seven overdoses were seen in September and October.

HIV& AIDS among Injection Drug Users (IDUs)

Utilizing left-over blood specimens collected for other clinical purposes, the Seattle-King County Department of Public Health has conducted anonymous HIV prevalence surveys of injection drug users (IDUs) entering treatment since 1988. These surveys are part of a national HIV serosurveillance system sponsored by the Centers for Disease Control and Prevention (CDC) to monitor HIV prevalence among sentinel populations at higher risk for HIV. Of the 10,863 drug users on whom data were collected through 1997, 201 (1.9%; 95% confidence interval=1.6%-2.1%) were HIV positive. Males had significantly higher HIV prevalence than females (2.1% verses 1.4%; p=0.01) due to the higher seroprevalence among men who have sex with men (MSM, 16.7%). Drug treatment center clients who identified as African American or Native American had significantly higher HIV prevalence compared to white clients (2.6% and 4.2% respectively verses 1.5%, p<0.05). Clients without a permanent address were more likely to be HIV positive than those with a permanent address (3.4% verses 1.6%, p<0.05).

Clients who had injected since 1978, but not in the past year, had higher HIV prevalence (3.2%) than those who had injected in the past year (1.9%) and clients admitted for non-injection substance use (1.2%). However, these differences were not statistically significant. Among those who had injected in the past year, HIV prevalence was highest among amphetamine injectors (17.7%) followed by injectors of cocaine (2.9%), speedball (1.9%) and heroin (1.7%). The significantly higher HIV prevalence in amphetamine injectors was mostly due to a particularly high HIV prevalence among MSM amphetamine injectors. Clients with a history of needle sharing were significantly more likely to be HIV positive than those who had not shared (2.1% verses 1.5%, p<0.05), although no difference was seen when needle sharing was restricted to the year prior to treatment.

Compared to areas of the East and Southern US that participate in the CDC-sponsored surveys, HIV prevalence has remained low and stable among drug users entering treatment in Seattle-King County. Over time, HIV prevalence in King County has not change significantly in any demographic or drug-use behavior category. However, statistically significant differences have persisted since 1988 between clients of African American and American Indian/Alaska Native background compared to whites.

Another SKCDPH study found a slightly higher HIV prevalence or 2.9% among injection drug users who were not in treatment, suggesting that HIV prevalence in out-of-treatment IDUs may be slightly higher than in injectors who enter drug treatment.

EXHIBIT 1

SEATTLE-KING COUNTY
QUARTERLY NO. OF IDENTIFIED DRUGS IN DRUG-CAUSED DEATHS
JULY 1, 1994 - SEPTEMBER 28, 1998

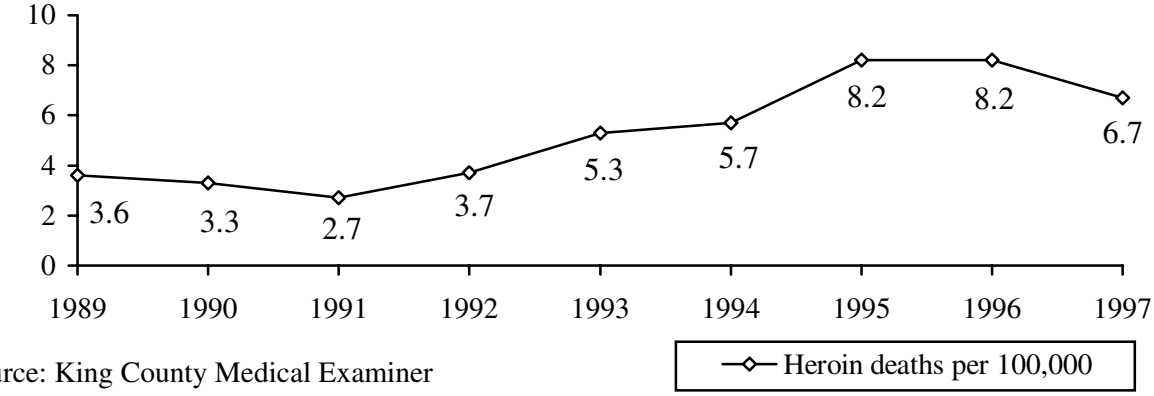
DRUG(S) IDENTIFIED*	1994		1995				1996				1997				1998		
	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q[2]
Cocaine	22	19	19	18	16	16	21	17	17	19	20	17	12	17	9	18	13
Heroin/Morphine	24	25	28	24	36	43	34	40	28	33	23	37	22	29	16	40	36
Other Opiates	7	7	4	1	4	5	7	8	10	6	8	8	6	7	7	18	10
Amphetamines[1]	0	0	2	2	2	0	1	1	1	1	1	0	3	2	1	0	0
Sedatives/Depressants	6	5	4	2	7	7	9	11	7	10	7	8	14	9	12	12	8
Alcohol	16	11	19	17	23	26	26	25	17	19	18	30	19	14	18	33	18
Antidepressants	6	11	7	5	6	5	6	8	7	12	7	10	12	12	8	20	15
Actual Number of Drug Deaths	**42**	**41**	**45**	**36**	**48**	**54**	**55**	**57**	**50**	**56**	**45**	**58**	**33**	**43**	**39**	**63**	**48**

*More than one drug may be identified per individual drug overdose death. Table excludes poison-related deaths.
[1] The amphetamines identification category includes methamphetamine.
[2] Third quarter 1998 data are preliminary as some cases are still under investigation.

SOURCE: King County Medical Examiner

EXHIBIT 2

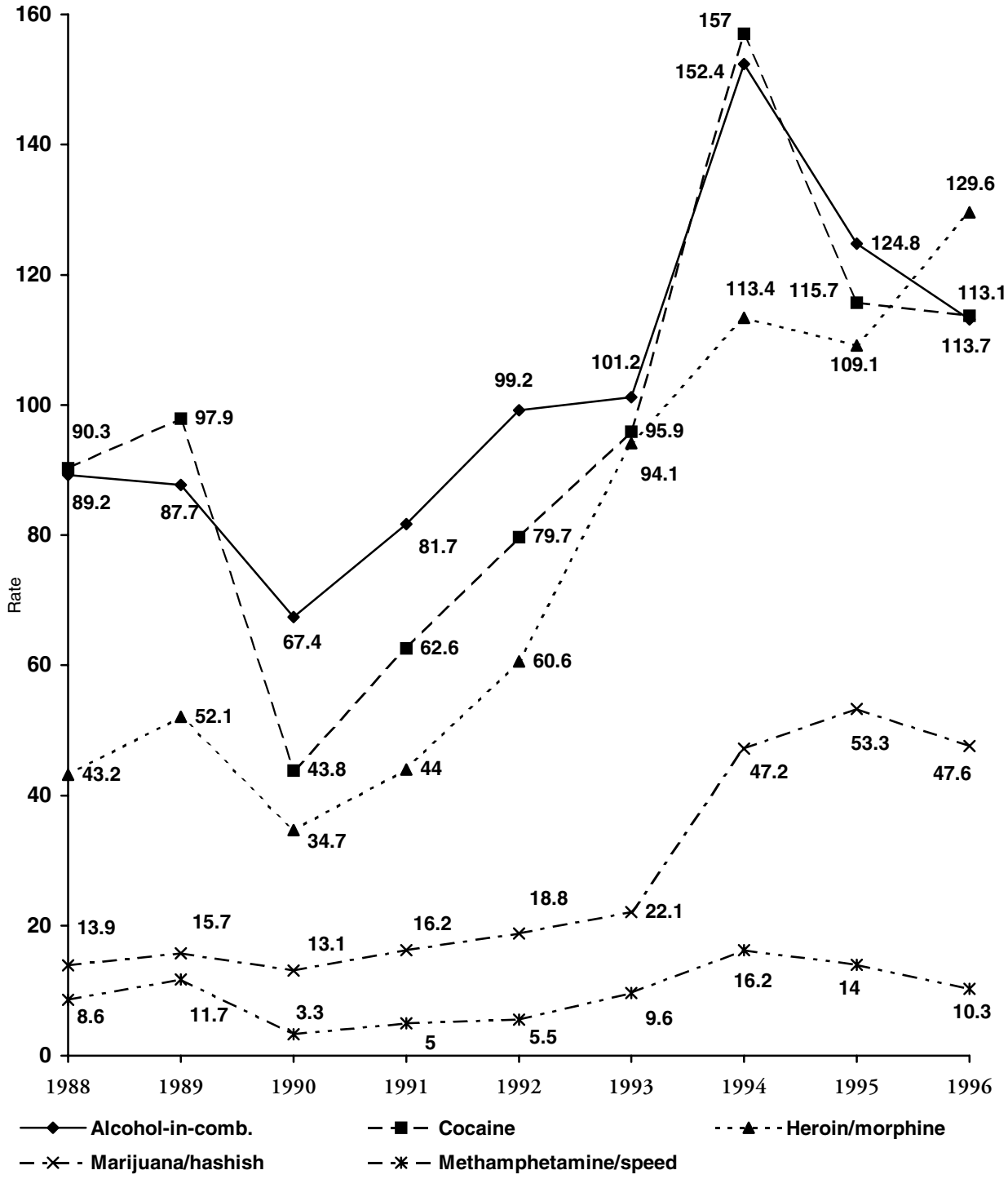
SEATTLE-KING COUNTY
HEROIN-RELATED DRUG-CAUSED DEATHS: RATE PER 100,000 POPULATION
1989 - 1997



Source: King County Medical Examiner

EXHIBIT 3

Seattle-King County
Estimated Rate (per 100,000 population) ED mentions
1988 - 1996



SOURCE: SAMHSA Drug Abuse Warning Network, December 1997 files

EXHIBIT 4

SEATTLE-KING COUNTY
HALF-YEARLY DEMOGRAPHIC TRENDS IN ALCOHOL/DRUG TREATMENT ADMISSIONS
JANUARY 1996 – JUNE 1998

Client Profiles	Jan - Jun 1996		Jul - Dec 1996		Jan - Jun 1997		Jul - Dec 1997		Jan - Jun 1998	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
UNDUP ADMITS	4,426	(100)	3,330	(100)	3,776	(100)	3,486	(100)	3,569	(100)
GENDER										
Male	2,940	(66)	2,418	(64)	2,265	(60)	2,213	(63)	2,258	(64)
RACE/ETHNICITY										
. Nat. - American	272	(6)	218	(6)	287	(8)	266	(8)	274	(8)
Afr. - American	995	(22)	853	(26)	823	(22)	798	(23)	778	(22)
White	2,811	(64)	1,935	(59)	2,291	(61)	2,064	(60)	2,140	(60)
Other	348	(8)	275	(8)	375	(10)	358	(10)	377	(11)
AGE										
<14	59	(1)	48	(1)	91	(2)	73	(2)	91	(2)
14 - 18	688	(16)	542	(16)	749	(20)	681	(19)	745	(20)
19 - 20	88	(2)	77	(2)	85	(2)	109	(3)	92	(2)
21 - 40	2,610	(59)	1,935	(59)	2,027	(54)	1,836	(53)	1,836	(51)
41 - 65	966	(22)	722	(22)	819	(22)	779	(22)	820	(22)
65+	15	(<1)	6	(<1)	5	(<1)	8	(<1)	3	(<1)
ROUTE ADMIN										
Oral	2,194	(50)	1,595	(48)	1,747	(46)	1,602	(46)	1,693	(47)
Smoking	1,151	(26)	959	(29)	1,135	(30)	1,067	(31)	1,093	(31)
Inhaling	24	(1)	21	(1)	17	(<1)	20	(1)	19	(<1)
Injecting	932	(21)	649	(19)	760	(20)	680	(20)	665	(19)
Other	125	(3)	108	(3)	117	(3)	117	(3)	99	(3)
PRIMARY DRUG										
Alcohol	2,105	(48)	1,542	(46)	1,672	(44)	1,519	(44)	1,616	(45)
Amphetamines	160	(4)	147	(5)	188	(5)	201	(6)	214	(6)
Cocaine	560	(13)	520	(16)	501	(13)	442	(13)	416	(12)
Hallucinogens	21	(<1)	13	(<1)	17	(<1)	12	(<1)	11	(<1)
Heroin	850	(19)	561	(17)	669	(18)	569	(17)	563	(16)
Marijuana	658	(15)	512	(15)	677	(18)	652	(19)	693	(19)
Other	72	(2)	35	(1)	52	(1)	52	(2)	56	(2)

* Counts for the first half of 1998 are preliminary due to delays in data entry.
SOURCE: Washington State TARGET data system - Structured Ad Hoc Reporting System

EXHIBIT 5

SEATTLE-KING COUNTY
FELONY[1] MARIJUANA and HEROIN CONVICTIONS
1991 – 1998*

CONVICTIONS FOR FELONY MARIJUANA OFFENSES					
YEAR	**White**	**African American**	**Native American**	**Asian**	**Total**
	No. (%)	No. (%)	No. (%)	No. (%)	**No. (%)**
1991	126 (88)	16 (11)	6 (0)	1 (1)	**143 (100)**
1992	213 (88)	24 (10)	3 (1)	1 (1)	**241 (100)**
1993	138 (87)	17 (11)	1 (1)	2 (1)	**158 (100)**
1994	167 (81)	29 (14)	4 (2)	5 (3)	**205 (100)**
1995	107 (82)	18 (14)	2 (2)	3 (2)	**130 (100)**
1996	69 (83)	11 (13)	1 (2)	2 (2)	**83 (100)**
1997	126 (88)	14 (10)	0 (0)	3 (2)	**143 (100)**
1998*	61 (88)	4 (6)	0 (0)	4 (6)	**69 (100)**
CONVICTIONS FOR HEROIN-RELATED OFFENSES					
YEAR	**White**	**African American**	**Native American**	**Asian**	**Total**
	No. (%)	No. (%)	No. (%)	No. (%)	**No. (%)**
1991	520 (42)	702 (56)	17 (1)	8 (<1)	**1,247 (100)**
1992	660 (42)	891 (56)	19 (1)	9 (<1)	**1,579 (100)**
1993	706 (47)	743 (49)	26 (2)	32 (2)	**1,507 (100)**
1994	452 (40)	676 (58)	9 (1)	5 (<1)	**1,142 (100)**
1995	549 (42)	717 (56)	13 (1)	16 (1)	**1,295 (100)**
1996	495 (43)	633 (54)	13 (1)	20 (2)	**1,161 (100)**
1997	382 (52)	318 (44)	13 (2)	14 (2)	**727 (100)**
1998*	434 (43)	546 (54)	12 (1)	21 (2)	**1,013 (100)**

[1] Felony cases involve growing/dealing marijuana or possession of more than 40 grams. * 1998 cases are through September 30 only.

SOURCE: King County Prosecuting Attorney

EXHIBIT 6

DEMOGRAPHIC CHARACTERISTICS OF REPORTED AIDS CASES: KING COUNTY, OTHER WASHINGTON COUNTIES, WASHINGTON STATE, AND THE UNITED STATES.

Case Numbers and Deaths	King County		Other WA Co.		Washington State		United States	
Cumulative cases	5,584		2,904		8,488		641,086	
Cumulative Deaths	3,409		1,629		5,038		390,692	
Currently living with AIDS	2,175		1,275		3,450		250,394	
Case Demographics	King County*		Other WA Co.*		Washington State*		United States**	
(last 3 years)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Gender:								
Male	1,026	(93)	611	(83)	1,637	(89)	158,577	(79)
Female	78	(7)	127	(17)	205	(11)	40,983	(21)
Age:								
<13	5	(<1)	4	(1)	9	(<1)	1,877	(1)
13-19	2	(<1)	2	(<1)	4	(<1)	1,165	(1)
20-29	151	(14)	124	(17)	275	(15)	29,723	(15)
30-39	558	(51)	339	(46)	897	(49)	89,124	(45)
40-49	285	(26)	193	(26)	478	(26)	55,939	(28)
50-59	87	(8)	56	(8)	143	(8)	16,061	(8)
60+	16	(1)	20	(3)	36	(2)	5,672	(3)
Race/Ethnicity:								
White	794	(72)	573	(78)	1,367	(74)	74,395	(37)
Black	145	(13)	74	(10)	219	(12)	83,744	(42)
Hispanic	108	(10)	60	(8)	168	(9)	39,031	(20)
Asian	27	(2)	10	(1)	37	(2)	1,598	(1)
Native American	30	(3)	21	(3)	51	(3)	718	(<1)
Unknown	0	(0)	0	(0)	0	(0)	72	(<0.1)
Exposure Category:								
Male-male sex	753	(68)	349	(47)	1,102	(60)	80,293	(40)
Injecting drug user	83	(8)	131	(18)	214	(12)	52,479	(26)
IDU & male-male sex	97	(9)	57	(8)	154	(8)	12,013	(6)
Heterosexual contact	55	(5)	94	(13)	149	(8)	27,221	(14)
Hemophilia	8	(1)	10	(1)	18	(1)	1,059	(1)
Transfusion	5	(<1)	10	(1)	15	(1)	1,365	(1)
Mother at risk/has AIDS	5	(<1)	4	(1)	9	(<1)	1,863	(1)
Undetermined/other	98	(9)	83	(11)	181	(10)	23,265	(12)
Total Cases (last 3 years)	1,104		738		1,842		199,560	

*Data from 10/1/95 through 9/30/98 ** Data from 1/1/95 through 12/31/97
Sources: SKCDPH, Washington Dept. of Health, CDC