

Update: Recent Drug Abuse Trends in the Seattle-King County Area: Jan. - June 2007

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No major changes are evident in data available for the first half of 2007 compared to prior years, though small numbers preclude trend analyses. A summary of emergent issues and the relative impacts of drugs of abuse indicates that:

- Prescription type opiates, heroin and cocaine continue to have substantial impacts on morbidity and mortality.
- Buprenorphine, a prescription-type opiate used for pain and increasingly for opiate substitution drug treatment, was identified for the first time in a poly-drug caused death involving alcohol and several prescription sedative medications. It is important for patients and physicians to be mindful of the potential danger of combining buprenorphine with other central nervous system depressants.
- Methamphetamine indicators appear to be leveling off in recent years with most negative health indicators at levels generally lower than for cocaine, heroin and prescription-type opiates.
- Marijuana use and local growing operations continue to be common.
- MDMA/Ecstasy negative health indicators remain low, but law enforcement data indicate a substantial volume of MDMA moving across the Canadian border through Washington State with final destinations throughout the U.S..

Cocaine is the most common drug identified in emergency department (E.D.) reports with the largest group of such E.D. reports aged 35-54. Treatment admissions for cocaine are predominately those in their 40's and there has been a notable increase in this age group compared to the first half of 1999 (the oldest comparable data). Cocaine involved drug caused deaths were the second most common type of drug caused death in the first half of 2007, similar to the prior 18 months. Many cocaine involved deaths are in combination with heroin and African Americans are disproportionately represented in cocaine involved drug caused deaths. Cocaine is the most common drug identified in testing of law enforcement evidence for King County, 42% of submissions n=1,673, and is present at somewhat lower levels in the surrounding counties (FY 2007).

Methamphetamine use is more prevalent outside of the urban core of Seattle and is used throughout much of Washington State. Methamphetamine positive drug seizures by local law enforcement are more prevalent in the surrounding counties, though they still constituted 16% (n=658) of tests in King County. Methamphetamine incidents, a combination of labs and dump sites, totaled 42 in King County for 2007, down from 63 the prior year, for Washington State the number dropped to 237 down from 390. Newly available Domestic Monitoring Program (DMP) data from the DEA indicate that there is enormous variability in the purity of methamphetamine, most of which they report is crystal/ice. From November 2006-September 2007 local DEA made 33 buys in 12 different cities throughout Washington, reporting an average purity of 59% and a range of 0-99%. Methamphetamine has held steady at about 16% of helpline calls for adults in recent years, while the proportion for youth has declined somewhat to approximately 13%. E.D. data indicate that methamphetamine is among the least common 'major substances of abuse' with approximately 500 reports, compared to more than 2000 for cocaine (King and Snohomish counties). Methamphetamine reports in the E.D. are generally among a much younger population compared to cocaine with the modal group of methamphetamine users 25-29 years of age. The proportion of treatment admissions for primary methamphetamine use who are Caucasian has declined while admissions appear to have increased among African Americans, Asian/Pacific Islanders and Hispanics. Methamphetamine involved drug caused deaths totaled 10, similar to the level seen over the prior 4 years. Fatality cases with methamphetamine include the highest proportion of Caucasians, are the youngest and most likely to be single drug compared to other drug caused deaths involving illegal drugs.

Prescription type opiates continue to have substantial impacts on morbidity and mortality. Trend data for the helpline, fatalities and treatment admissions are all at or near highs for prescription type opiates. Drug caused deaths with prescription type opiates remain the most common type of overdose death. A minority of drug caused deaths involving opioids also involved an illegal drug (36%) and poly-drug cases are the norm (91%). A poly drug caused death occurred in the first half of 2007 in King County, WA in which alcohol, buprenorphine, and several prescription sedatives were detected. This is the

first known case of a drug caused death in which buprenorphine was detected. Note that toxicological testing for buprenorphine is not routinely done and must be specifically requested. The patient was receiving buprenorphine for opiate addiction treatment. Testing of local law enforcement evidence indicates that the combined class of opioids represented 7% of tests conducted (n=297). The most common substances identified include oxycodone (n=144), hydrocodone (n= 72) and methadone (n=51). Treatment admissions with prescription type opiates as primary totaled 248, representing 4% of all admissions in the first half of 2007 up from 46 admissions, 1%, in the first half of 1999. The largest age group is those in their 20's, 48% of cases in the first half of 2007 compared to 15% in the first half of 1999. From January to June 2007, just 12% of prescription type opiate users reported any IDU in the month prior to treatment with comparable data unavailable for 1999. E.D. reports for prescription type opiates totaled 1,555, third highest after cocaine and alcohol.

Heroin E.D. reports for all case types totaled 1,089, approximately half the number as cocaine. Over half of E.D. reports for heroin are among those aged 35-54. Drug caused deaths involving heroin/opiate have remained steady at lower levels for the past six years with 39 deaths in the first half of 2007. Compared to primary heroin drug treatment admission in the first half of 1999, those in the first half of 2007 were more likely to be in their 20's or over the age of 50, with the relative proportion of those in their 30's and 40's declining. They were also more likely to report methamphetamine or prescription type opiates as secondary drugs of abuse (6% and 10% respectively in 2007), though the most common secondary drug continued to be cocaine (49% in both time periods). Purity data from the DEA indicate that the average purity of street purchases in Seattle and Tacoma from December 2006 through July 2007 was 12%, similar to prior years. However, there was significant variability with a median of 10% and a range from 0% to 62% purity. The use of unexpectedly high purity heroin could result in overdoses.

Marijuana E.D. reports totaled 918, slightly lower than for heroin. Comparing treatment admissions from the first half of 1999 to the first half of 2007 reveals that the proportion who were black increased by more than a third. Admissions among those under 18 declined from 65% of marijuana admissions to 36% and the proportion of admittees who were currently on probation or parole increased slightly from 35% to 43%. Alcohol as a secondary drug declined while cocaine and methamphetamine increased to 12% and 7% respectively in 2007. Marijuana from Mexico and Canada as well as that grown locally are all available in King County. There has been a large increase in indoor and outdoor grow operations in Washington in recent years.

MDMA and other hallucinogenic drug use continues in the Seattle area. Helpline data for youth indicate that 6% of calls are regarding MDMA, a higher proportion than for adults. MDMA is relatively uncommon in area E.D.'s with only a few dozen reports in the first half of 2007. MDMA is rarely mentioned as a primary drug upon treatment entry. Fatalities involving MDMA are still uncommon with 2 cases positive for MDMA in the first half of 2007. Testing of local law enforcement evidence indicates that MDMA is more common in Seattle-King County than the surrounding counties, but that it is still present in about 3% of tests in Snohomish and Pierce counties. For evidence obtained in King County, there were 249 MDMA positive tests (6%) with 31 tests positive for psilocin/psilocybin, i.e. psychedelic mushrooms, and 22 positive for PCP. There were also 4 positive tests for foxy-methoxy, a research chemical, which has been present for several years in the Seattle area. LSD was detected once. Law enforcement reports that MDMA is now being manufactured in British Columbia, a shift from manufacturing in Northern Europe several years ago.

Sources and data notes

DEA Seattle Field Division Quarterly Trends in the Traffic Reports, sanitized versions (Jan-June 2007).

DEA Domestic Monitoring Program, data provided by Seattle Field Division (November 2006-September 2007).

King County Medical Examiner, Public Health- Seattle & King County (First half of 2007).

National Forensic Laboratory Information System, DEA (FY 2007). Drug testing results for law enforcement seizures in King, Pierce and Snohomish counties reported by county where drug was seized.

New DAWN! OAS, SAMHSA (First half 2007) Data completeness for the first half of 2007: 9-10% of ED's reported basically complete data (90%+) each month and 14-15 reported no data out of 25 eligible ED's.

TARGET, DASA DSHS (First halves of 1999 and 2007) Treatment Modalities: Outpatient, Intensive Inpatient, Recovery House, Long-Term Residential and Opiate Substitution Admissions. DOC and private pay included

WA State Dept. of Ecology, methamphetamine incidents (1990-October 2007).

WA Alcohol and Drug Helpline (2003-June 2007).

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http://depts.washington.edu/adai/pubs/tr/cewg/CEWG_Seattle_Jan2008.pdf