



# ADAI RESEARCH BRIEF

No. 04-01 February 2004

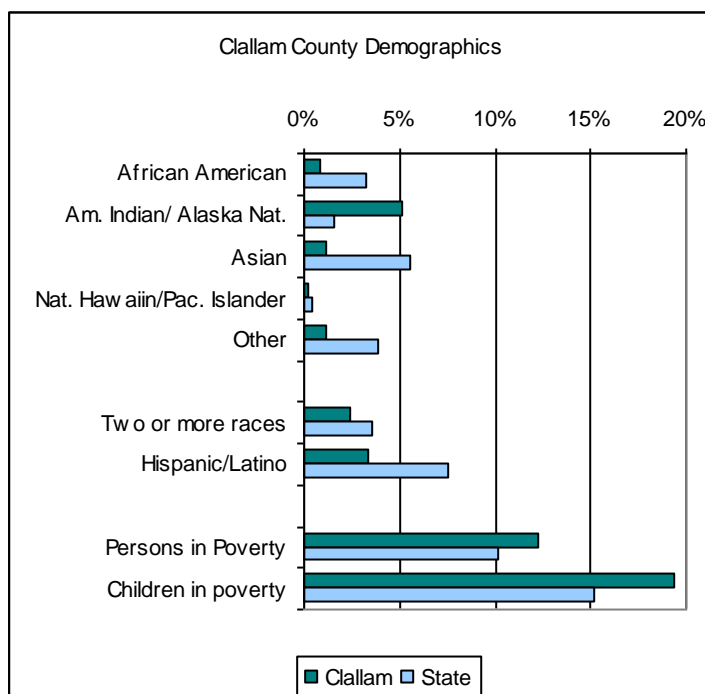
## CLALLAM COUNTY - DRUG USE EPIDEMIOLOGY

### LOCATION AND POPULATION OVERVIEW

Clallam County is in the northwest corner of Washington State with the Pacific Ocean to the west and Vancouver Island, Canada across the Strait of Juan de Fuca to the north. Olympic National Park makes up much of the southern part of the County. Three federally recognized American Indian reservations are located in the County. The total land area is 1,739 square miles.

Clallam's population is 64,525 (2000 census) up 15% from 1990. There are three incorporated cities, combined they total approximately 26,000 people. The city of Port Angeles is the County seat and serves as an international port of entry for ferry boats from Canada. Timber remains an important component of the local economy along with jobs in the service industries, manufacturing and construction.

According to 2000 Census results, the County had a higher proportion of Caucasians (89.1% vs. 81.8%) and American Indians (5.1% vs. 1.6%) than the rest of the State. Poverty for all persons was more prevalent in the County than throughout the State.



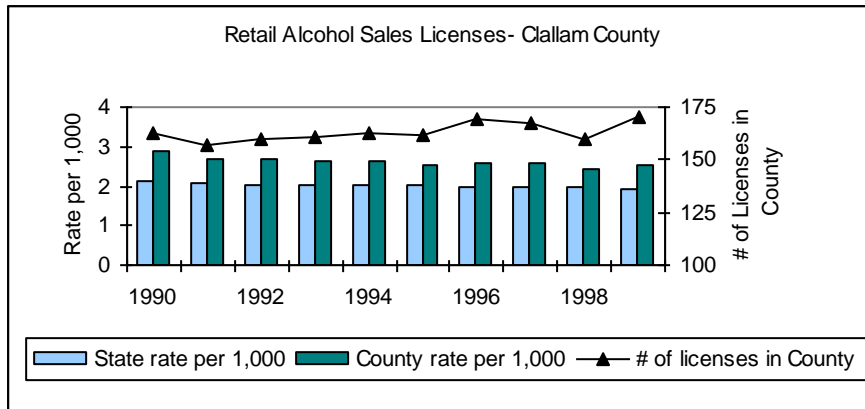
## **ALCOHOL AND OTHER DRUG USE - ADULT**

### Alcohol Use

#### *Alcohol Retail Sales Licenses*

The number of alcohol retail sales licenses in a county is an important measure of the availability of alcohol. Sales licenses indicate the number of active licenses at locations including restaurants, grocery stores and wine shops, it does not include liquor stores.

Clallam County has seen a decrease in the rate, per capita, of locations that can sell alcohol since 1990, though the total number has increased slightly. The rate in 1999 was 2.53 liquor licenses per 1,000 residents; this is equal to 170 licenses<sup>1</sup>. The County rate is still well above the State rate of 1.91; the State rate has continued to decline since 1990.



### Other Drug Use

Illegal drug users are generally a hidden population. Estimates of the prevalence of illegal drug use can be difficult to obtain. Population surveys are one way to estimate the number of drug users, however no recent survey data are available on the level of illegal drug use among adults in the County. Indicator data provide indirect evidence of the nature of substance abuse and are often available from organizations that work with drug users.

Treatment data, presented later in this report, are the best approximation of drug use currently available. Mortality data are an indicator of the serious effects of drug use, currently data on deaths due to specific drugs are unavailable for the County. Data from drug courts point to trends in drugs used by people coming into contact with law enforcement. Methamphetamine is the most common drug among those in drug court, with approximately 80% of cases involving methamphetamine in 2002.

### *Needle Exchange*

Needle exchange began in June of 2000 and operates one evening a week for two hours out of a family planning clinic in Port Angeles. Staff include a County public health nurse and a chemical dependency counselor who function in education and referral roles while staffing the exchange. Staff report that approximately 90% of those exchanging needles are primary methamphetamine users, no needle exchange in the six biggest counties reports such a large proportion of methamphetamine users.

<b>Syringe Exchange Activity- Clallam County</b>	<b>Sept. 1, 2000- July 10, 2001</b>	<b>Jan. 1, 2002- June 30, 2002</b>
<b>Syringes exchanged</b>	1,177	10,177
<b>Visits (duplicated)</b>	41	66

**ALCOHOL AND OTHER DRUG USE - YOUTH**

School Surveys

School survey data will be added as soon as possible.

Juvenile Arrestees

Data on drug use was collected during June and July of 2002 for all youth entering the detention facility (n=119). Breathalyzer test was utilized to determine the presence of alcohol and urinalysis was utilized to detect marijuana and methamphetamine. Results are presented in the table below. Marijuana was detected in over half of youth (note that marijuana lasts much longer in urine than other drugs). Methamphetamine was detected in 6% of youth (single and multiple drugs used), with alcohol detected in 16%.

<b>Drugs Detected in Youth Admitted to Juvenile Detention June-July 2002</b>	<b>#</b>	<b>%</b>
Marijuana	70	59%
Methamphetamine	4	3%
Marijuana & Methamphetamine	3	3%
Alcohol	19	16%

**ALCOHOL AND DRUG HELPLINE**

In 2001 there were 164 calls to the 24 Hour Alcohol and Drug Helpline, only 10 of which were calls made by a teenager or pertaining to a teenager’s drug use. Most adults called about alcohol, with methamphetamine the most common illegal drug mentioned. Marijuana was the most common drug for adolescent calls, with eight of the ten calls pertaining to marijuana.

Note that the number and types of calls vary greatly statewide and are impacted substantially by local referrals, education, prevention and intervention efforts.

**POISON CENTER**

The Washington Poison Center receives calls from throughout Washington State made to its toll free number. In 2001 there were 118 calls from Clallam County residents related to commonly abused illegal, prescription and over-the counter drugs to the Poison Center<sup>1</sup>. (See the end of this document for important details about this data source.) The majority of these were for over-the-counter and prescription medicines. Opiates were the most common abuse-able prescription drug mentioned. The most common types of opiate identified was oxycodone (e.g. OxyContin and Percodan).

<b>Drug Category</b>	<b>Drug Name</b>	<b>Total # of Exposures</b>
<b>Prescription(Rx) and Over the Counter Drugs(OTC)</b>		<b>106</b>
	Antihistamines- (Rx & OTC)	23
	Opiates (Rx)	39
	Dextromethorphan- cold & cough preparations	13
	Benzodiazepine	14
	Other depressants/sedatives	17
<b>Street Drugs</b>		<b>12</b>
	Amphetamine	5
	Marijuana	3
	Cocaine	1

	Heroin	1
	PCP	2
<b>Sub-total- Street, Rx and OTC Drugs (Summed from above)</b>		<b>118</b>
<b>Alcoholic Beverages</b>		<b>16</b>

Very few calls regarding street drugs and stimulants were made, amphetamines were the most commonly identified drug, 5 of 12 calls. Poison center staff report that this is used as a 'catch all' term for stimulants that are not identified more specifically and does not necessarily refer to amphetamines as commonly referred to by those in the substance abuse field (N. Hasting, August 19, 2002, personal communication). It is possible that many of the drugs identified generally as amphetamines were actually methamphetamine.

### **ALCOHOL AND DRUG TREATMENT SERVICES AND TREATMENT GAP**

#### Treatment Services

Fourteen chemical dependency treatment providers serve Clallam County. Treatment is also provided by the Department of Corrections at Clallam Bay Corrections Centers. Services available in the County include outpatient for youth, inpatient and outpatient for adults as well as outpatient services for Native American youth and adults. Opiate substitution treatment for heroin dependent individuals is not available in the County, the closest locations are in King, Pierce and Thurston Counties. No medically supervised detoxification from alcohol and other drugs is available in the County. The closest location for medical detoxification, and serious psychiatric emergencies, is Bremerton in Kitsap County. Adult and youth drug courts are available in Port Angeles and a tribal drug court is held in Neah Bay.

#### Treatment Gap

The estimated gap in Clallam County between needed treatment and actual treatment utilization is 52.7% for those under 200% of the Federal Poverty Level, much lower than the State average, (see the table below)<sup>3</sup>. This means almost half of those with low incomes who are in need of alcohol or other drug treatment services receive such services compared to almost three quarters of people throughout the State.

Region	Number of adults <200% FPL* and eligible for DASA services	Percent of adults <200% FPL and in need of Treatment	Number of adults <200% FPL Receiving Treatment	Number of Adults not Receiving Treatment	Treatment Gap
<b>Clallam</b>	12,055	9.8%	558	621	52.7%
<b>State Total</b>	868,734	11.1%	25,395	71,207	73.7%

\*Federal Poverty Level, 200% FPL = \$36,200 for a family of four in WA (2002)

This estimate of treatment gap is based upon the Washington Needs Assessment Household Survey of substance use and treatment need done in 1993-94 and adjusts for new population numbers. There are some limitations to this data because patterns of drug utilization have changed since this survey, e.g. the rise in methamphetamine use. However, this is the best available data on estimating the need for treatment services in the State.

### **ALCOHOL AND DRUG TREATMENT ADMISSIONS**

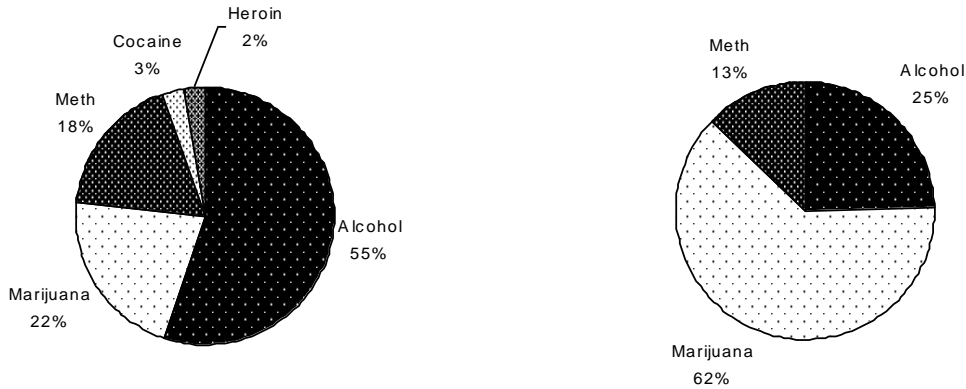
Admission to treatment reflects many factors including treatment demand (self referral and professional/court referrals), treatment availability (locally and regionally), funding, outreach and intervention programs, and changes in local and state policies. It is very important to note that available data is only for publicly funded treatment, it is likely that those receiving

privately funded treatment differ in terms of demographics and the types of substances abused. Data on those receiving privately funded treatment are unavailable.

Overall, alcohol is the most common drug treated in the County, followed by marijuana and methamphetamine. All of these drugs have higher rates of treatment admission than the State average<sup>1</sup>. Alcohol dominates adult treatment admissions, while marijuana dominates youth treatment admissions. Heroin and cocaine treatment admissions were infrequent for adults and non-existent for youth in 2001.

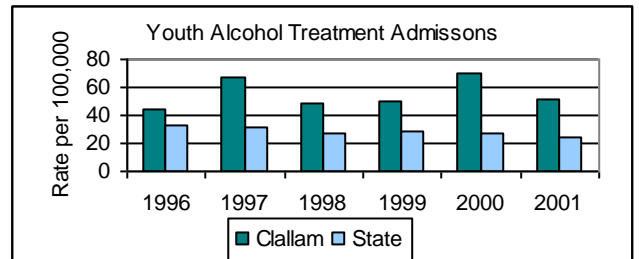
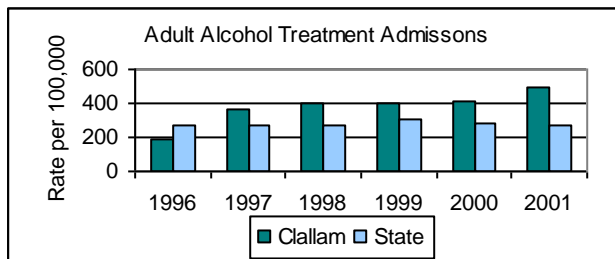
Adult Publicly Funded Treatment Admissions 2001

Youth Publicly Funded Treatment Admissions 2001



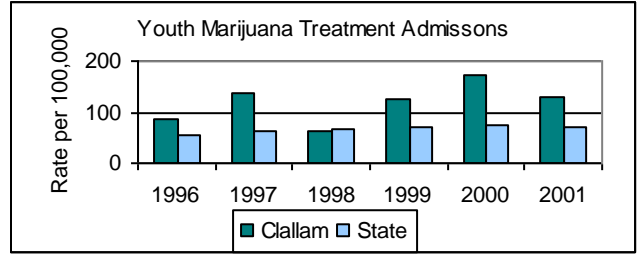
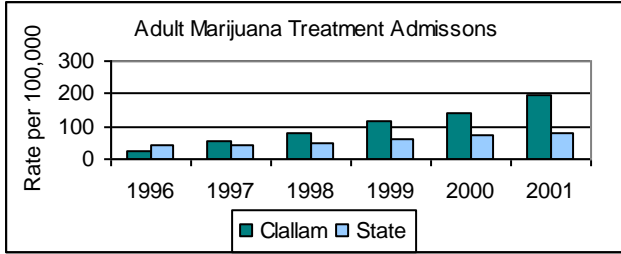
Alcohol

Adult treatment admissions for problematic alcohol use increased from 1996 to 2001 to a rate of 492 per 100,000 population. This is well above the State rate of 274 per 100,000 in 2001. Because of the relatively small number of youth admissions, the rate fluctuates; however it has consistently been well above the State average since 1996.



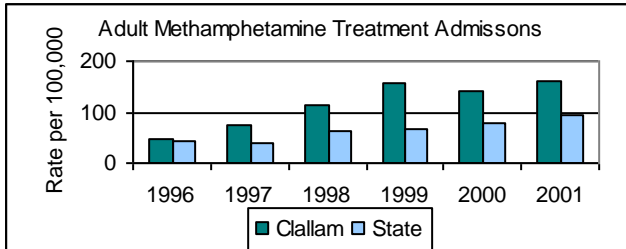
Marijuana

Marijuana treatment admissions increased substantially for adults, from 24 per 100,000 to 193 per 100,000. The County rate is more than double the State rate, which also increased over the last several years. Statewide youth treatment admissions have gradually increased, while they have fluctuated in the County. In 2001, the County rate was substantially higher than the State's.



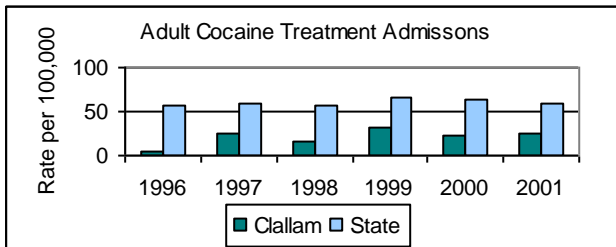
**Methamphetamine**

Much higher levels of treatment for methamphetamine are evident in the County compared to the State. Statewide the adult rate of treatment admissions doubled in six years, yet it is still lower than the County, which saw a threefold increase from a rate of 48 per 100,000 to 162 per 100,000. The youth rate also increased substantially, though data are not presented because of the relatively low rate of treatment admissions. From 1996 to 2001, a total of 46 youth were admitted to treatment with methamphetamine as their primary drug.



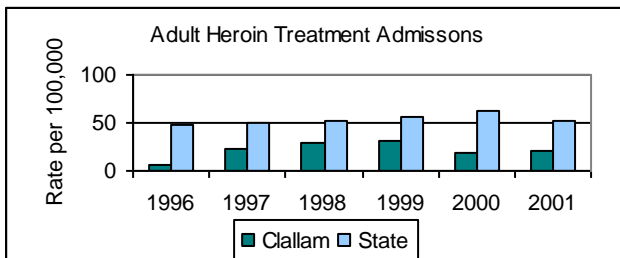
**Cocaine**

Admissions to treatment have remained low, with the rate well below the State average. Low numbers of admissions lead to unstable rates, therefore no trend can be discerned.



**Heroin**

Treatment admissions have been much lower than State averages. Opiate substitution treatment is not available in the County; the closest treatment programs are in King, Pierce, and new in 2002, Thurston County. No youth were admitted for treatment with heroin as their primary drug in 2001.



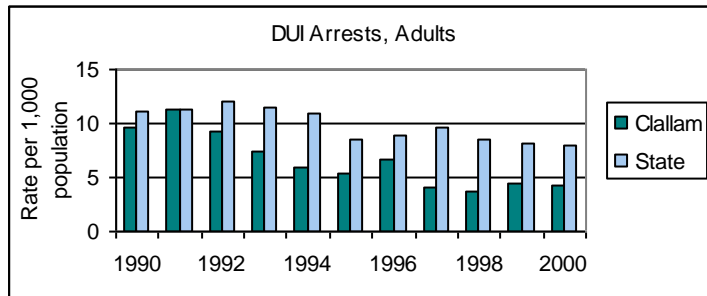
## **CRIMINAL ACTIVITY**

Arrests are one measure of criminal activity. Arrest rates are dependent upon the actual level of crime and enforcement pressure which includes the number of law enforcement officers, their geographic deployment and other factors.

Over the last 10 years there have been declines in arrests for DUI and increases for sales and possession of illegal drugs for adults and increases in possession for youth. Arrest data is reported as part of the FBI's Uniform Crime Report<sup>1</sup>.

### Arrests for Driving Under the Influence (DUI)

Both State and County data have shown declines over the last ten years, in 1990 the rates were similar. Since that time the rate has fallen more quickly in the County, in 2000 the rates were 4.3 and 8 per 1,000 people for the County and the State respectively. It is important to note that arrests by the Washington State Patrol are not assigned to counties and therefore are not included in this data. (The statewide arrest rate for the Washington State Patrol was 2.24 per 1,000 population in 2000.)



## **DRUG TRAFFICKING AND PRODUCTION**

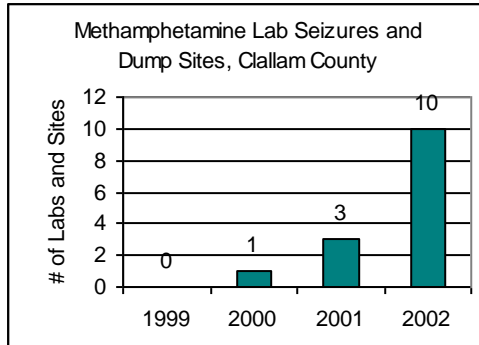
### Trafficking

Mexican nationals are involved in the trafficking of multiple types of drugs including heroin, cocaine, marijuana and methamphetamine throughout the State<sup>1</sup>. In addition, marijuana is grown locally and is also available from British Columbia, Canada. Approximately one third of methamphetamine used in Washington is produced in the State. The Northwest High Intensity Drug Trafficking Area and the DEA both report recent increases in methamphetamine production on Reservations by Mexican nationals statewide. Tribal police are not able to arrest non-American Indians; therefore, they have to rely on other law enforcement.

Illegal drugs and precursors for methamphetamine production are brought across the strait of Juan De Fuca in fast boats, as well as via the main border crossing in the County, Port Angeles, and via Highway 101.

### Methamphetamine Laboratories and Dump Sites

Data for 2002 point to 10 methamphetamine laboratory seizures or dump site responses, a substantial increase from prior years<sup>6</sup>. Clallam county had a rate of 16 methamphetamine incidents per 100,000 population in 2002 compared to 27 per 100,000 Statewide.



### Marijuana Cultivation

The Northwest High Intensity Drug Trafficking Area reports that there were 11 marijuana cultivation seizures in 2001 and 10 in 2000 for Clallam County<sup>1</sup>.

## **HEALTH IMPACTS OF SUBSTANCE USE**

### Infectious Diseases

#### *HIV/AIDS*

Through June 2002, 47 cases of AIDS have been diagnosed in Clallam County. HIV has been reportable since 1999, data available from that date onward indicate 14 newly diagnosed cases.

HIV\* AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE\*\* AT DIAGNOSIS

	<u>CASES DIAGNOSED</u>					<u>DEATHS</u>				<u>PRESUMED LIVING</u>				
	HIV*		AIDS		HIV/AIDS TOTAL	HIV*		AIDS		HIV*		AIDS		HIV/AIDS TOTAL
	No.	(%)	No.	(%)		No.	(%)	No.	(%)	No.	(%)	No.	(%)	
CLALLAM	14	(0.4%)	47	(0.5%)	61	2	(1.9%)	23	(0.4%)	12	(0.4%)	24	(0.5%)	36
REGION 6	228	(7.1%)	851	(8.4%)	1,079	6	(5.8%)	420	(7.5%)	222	(7.1%)	431	(9.4%)	653
STATE	3,222	(100%)	10,177	(100%)	13,399	104	(100%)	5,597	(100%)	3,118	(100%)	4,580	(100%)	7,698

\* Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

\*\* County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

\*\*\* Region 6 includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum

Source: Infectious Disease and Reproductive Health Assessment Unit Washington State Department of Health (6/30/02)

#### *Hepatitis*

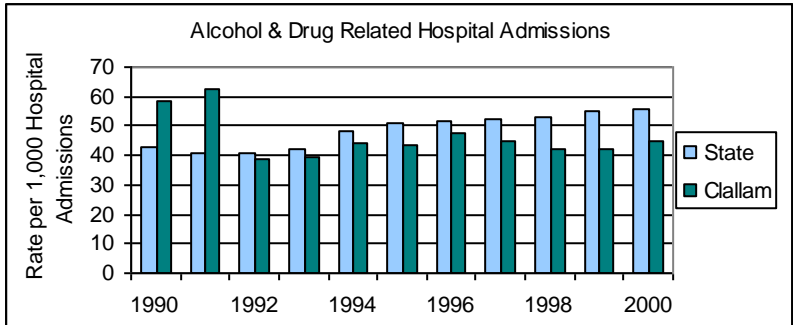
Hepatitis A and B are rarely diagnosed in the county, with 12 cases of hepatitis A in 1996 the most cases of either form of hepatitis diagnosed up to 2000. Hepatitis B (chronic) and C have only been reportable to the State since Fall 2000, therefore trends are not yet available.

## **HOSPITAL ADMISSIONS AND EMERGENCY DEPARTMENT VISITS FOR ALCOHOL AND OTHER DRUGS**

### Hospital Admissions

The proportion of alcohol and other drug related hospital admissions has shown some variability with 1990 and 1991 rates well above the State level. The rate was 45 per 1,000 hospital admissions in 2000. This is below the State rate, which increased almost continuously through most of the 1990's and was 56 per 1,000 hospital admissions in 2000<sup>1</sup>.

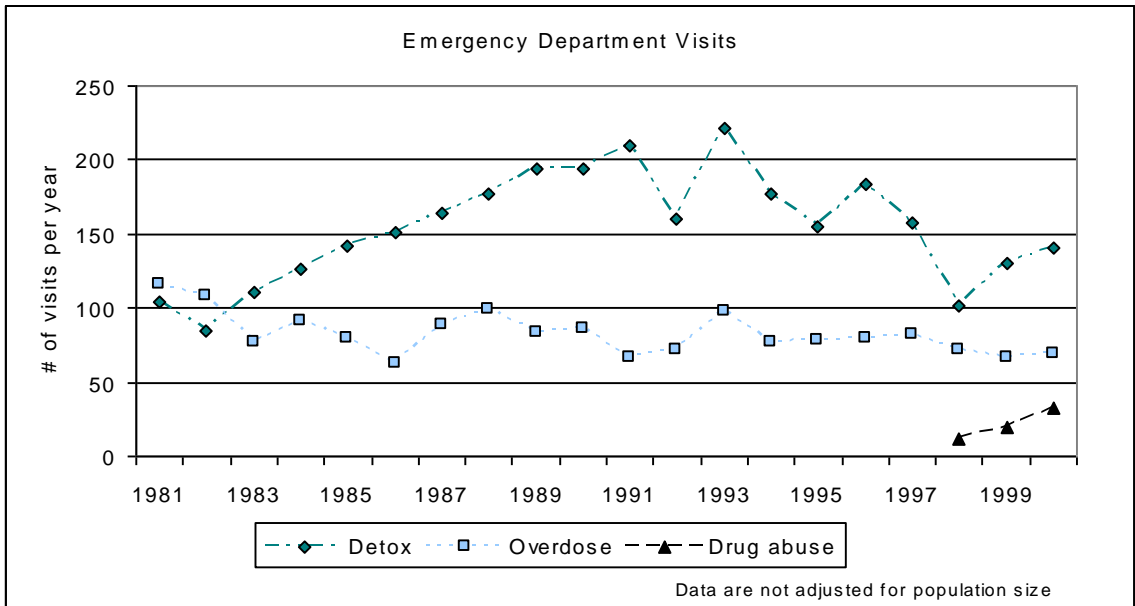




**Emergency Department Visits and Lengths of Hospital Stays**

Data from the Olympic Medical Center, which provides services to approximately two-thirds of Clallam County residents, is available for hospital lengths of stay and emergency department visits. Lengths of stay for 'psychiatric/detoxification' related visits have steadily increased from 1.25 days in 1990 to 7.52 in 2001.

Emergency room data are available for the past 20 years. The number of visits for detoxification from alcohol and other drugs increased steadily throughout the 1980's, with fluctuations in the mid-1990's, dropping to 102 visits in 1998, increases were seen the following two years. Visits due to overdoses have remained fairly steady since the mid-1990's, with 69 visits in 2000. Data on visits related to 'drug abuse' have been kept since 1998, since that time there has been a steady increase to 32 visits in 2000. (Note, data have not been adjusted for increases in population.)



**SUMMARY**

Alcohol, marijuana and methamphetamine are the most prevalent drugs of choice for residents in the County. Over half of adult treatment admissions were for alcohol, followed by marijuana (22%) and methamphetamine (18%). Marijuana admissions steadily increased from 1996 through 2001, while increasing methamphetamine admissions began to plateau in 1999. Youth treatment admissions were primarily for marijuana (62%), followed by alcohol (25%) and methamphetamine (13%). County treatment admission rates were much higher for alcohol, marijuana and methamphetamine than the State average whereas heroin and cocaine are much lower. DUI arrests decreased substantially throughout the 1990's.

Methamphetamine incidents have increased in recent years, though the number per capita was much lower than the state average in 2002. Needle exchange staff report that 90% of clients are methamphetamine users.

### **References and Data Notes**

<sup>1</sup> Washington State Department of Social and Health Services Research and Data Analysis, CORE-GIS Data System, May 2001

<sup>2</sup> Washington Poison Center. *American Association of Poison Control Centers, Toxic Exposure Surveillance System, Annual Report 2001, Washington Poison Center.* Seattle, WA: Author.

Data note: The majority of calls to the Poison Center are made from private residences regarding poisonings that occur in the home, health care facilities represent the second largest group calling the Poison Center. Calls related to symptomatic exposure or intoxication from drugs of abuse are more likely to be placed by health care facilities compared to information only calls which are more likely to be placed from residences (information only calls are not included in the data presented). Most calls from health care facilities are regarding serious cases or unusual presentations in which substance specific medical advice or consultation is desired.

Not every poisoning or exposure is reported to the Poison Center and the total numbers reported do not equal the total number of poisonings that actually occurred statewide. Therefore data do not indicate the prevalence of symptomatic exposures to substances used, but rather point to serious or unusual situations involving substances. Multiple substances may be recorded for each call.

Information requests related to pill identification are referred to the FDA.

<sup>3</sup> Washington State Department of Social and Health Services Division of Alcohol and Substance Abuse, Tobacco, Alcohol and Other Drug Abuse Trends in Washington State 2002 Report.

Data note: These data excludes Detox, Transitional Housing and Group Care Enhancement, private pay admissions. Includes total admissions – counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

<sup>4</sup> Uniform Crime Reporting Data, provided by Washington State Department of Social and Health Services Research and Data Analysis, CORE-GIS Data System, 2001. Note, participation by jurisdiction varies by year to year, depending upon the size of the jurisdiction this lack of response may have a significant impact on rates, therefore use caution when comparing data between years.

<sup>5</sup> Drug Enforcement Administration (2002). *Memo: trends in the Traffic- Washington State and Portland, Oregon Metropolitan Area, January-June 2002.* Provided by local DEA to Caleb Banta-Green.

<sup>6</sup> Northwest High Intensity Drug Trafficking Area (2002). *Threat Assessment 2002.* Seattle, WA: Author.

*Clallam County – Drug Use Epidemiology, February, 2004.* (ADAI Research Brief 04-01). Prepared by Caleb Banta-Green, MPH, MSW. Seattle: Alcohol & Drug Abuse Institute, University of Washington. Preparation of this report was funded in part by the Washington State Department of Social & Health Services' Division of Alcohol & Substance Abuse. URL: [http://depts.washington.edu/adai/pubs/arb/arb04\\_01.pdf](http://depts.washington.edu/adai/pubs/arb/arb04_01.pdf)