



ADAI RESEARCH BRIEF

No. 04-08 February 2004

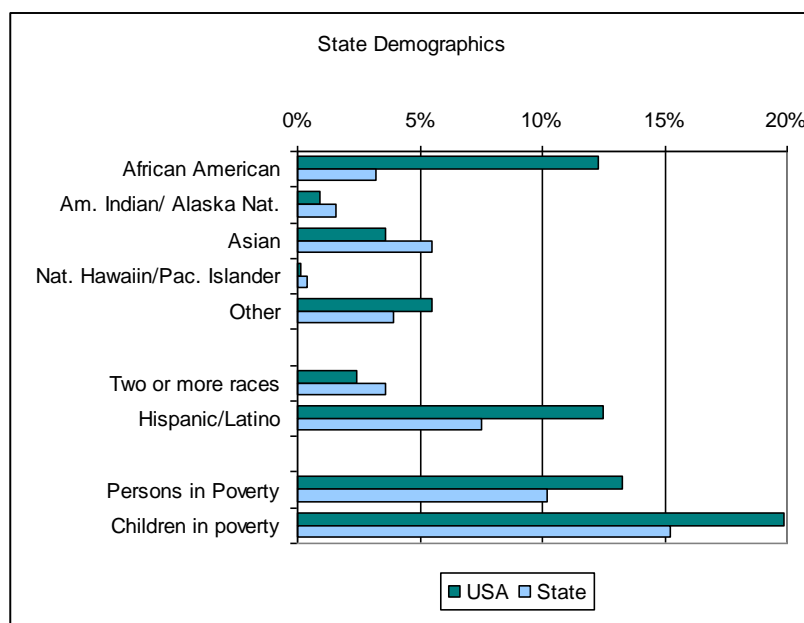
WASHINGTON STATE – DRUG USE EPIDEMIOLOGY

LOCATION AND POPULATION OVERVIEW

Washington State is located in the northwest corner of the continental United States. Geographically the State is very diverse, with two mountain ranges, desert in the eastern part of the State and rain forest in the Olympic Peninsula in the northwest corner of the State. Major sectors of the economy include high technology, aerospace, agriculture, logging, fishing and many manufacturing and service sector jobs.

Two major interstate highways cross the State: Interstate 5 runs from Tijuana, Mexico to Vancouver, Canada through Western Washington, Interstate 90 runs from Seattle Eastward through Spokane and across Idaho and Montana.

Compared with the rest of the U.S. the State has a higher proportion of Caucasian and Asian residents. Poverty levels are lower in the State than the nation.



ALCOHOL USE - ADULTS

Survey data shows that 50.2% of State residents¹ reported drinking alcohol in the prior month, compared with 46.4% nationally¹. Binge drinking, consuming five or more drinks in a sitting, was reported by 18.8% of all Washingtonians, with the highest proportion, 36.8% reported by those ages 18-25.

Characteristic	National*	Washington**			
	All Ages	All Ages	12-17	18-25	26 or Older
Past Month Any Alcohol Use	46.4%	50.2%	16.1%	54.9%	54.0%
Past Month "Binge"*** Drinking	20.2%	18.8%	10.2%	36.8%	17.1%

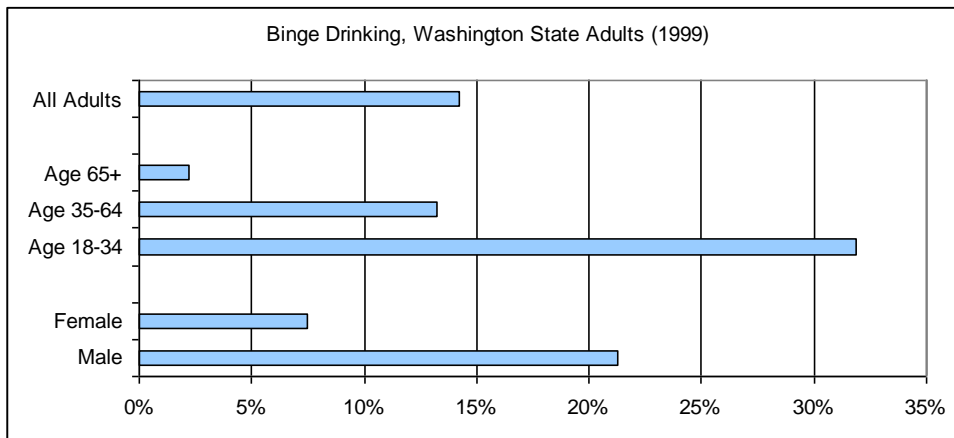
*National data, 2000, National Household Survey on Drug Abuse (NHSDA) Report from 2000- tables f.20, f.40, f.49

**State data, 1999, SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse

***"Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

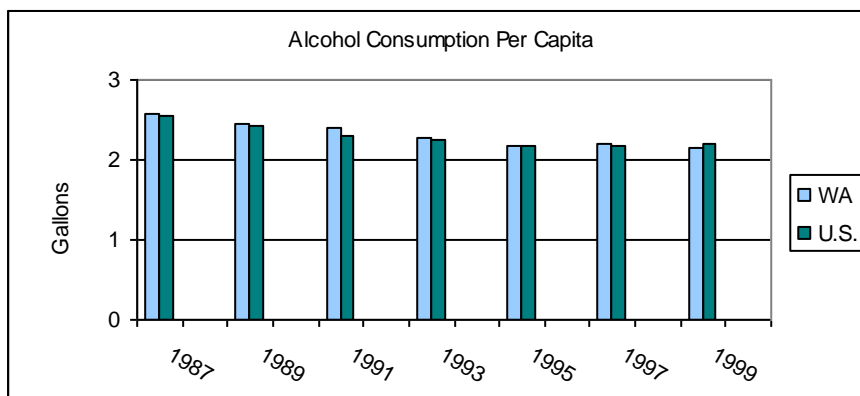
Adult Binge Drinking

Additional data are available on binge drinking from a statewide survey conducted in 1999, the Behavioral Risk Factors Surveillance Survey. These data point to elevated levels of binge drinking among adults ages 18-34, lower, but still substantial levels among those ages 35-64, and low levels among those over age 65. Gender differences were substantial, with 21.3% of men and 7.5% of females who drink reporting binge drinking in the prior month.



Alcohol Consumption

Estimates of alcohol consumption point to a steady decrease from 1987 to 1995, levels have remained flat through 1999. Average alcohol consumption per Washington resident is similar to the national average. In 1999, the average amount of alcohol consumed per Washingtonian was 2.16 gallons of alcohol, compared with 2.21 gallon nationally¹ (this number adjusts for the type of beverage).



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. The rate of alcohol retail sales licenses declined during the 1990's from a rate of 2.1 per 1,000 residents to 1.9 per 1,000 residents².



Other Drug Use-Adults

Survey data shows that 8.2% of State residents¹ reported any illicit drug use in the prior month, compared with 6.3% nationally². For any illicit drug except marijuana, 3.2% of State residents reported use in the prior month, with the largest proportion, 8.2%, ages 18-25.

Drug Characteristic	National*	Washington**			
	All Ages	All Ages	12-17	18-25	26 or Older
Past Month Any Illicit Drug ***	6.3%	8.2%	12.3%	19.9%	5.8%
Past Month Any Illicit Drug other than marijuana	N.A.	3.2%	5.1%	8.2%	2.1%

*National data, 2000, NHSDA Report from 2000- tables f.20, f.40, f.49
 **State data, 1999, SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse
 ***Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used non-medically.

Needle Exchange

Syringe exchange is available in 12 counties in the State. In 1992, the Washington State Supreme Court ruled on a case brought by the Spokane County Health District and decided that syringe exchanges were legal. Current State regulations require syringe exchanges to be affiliated with the county health department. In some counties, the county directly runs the exchange, while in others it is sub-contracted to a local service provider. Data are presented for Clark, King, Pierce, Snohomish, and Yakima counties. Over 4,500,000 syringes were exchanged in both 2000 and 2001 in these five counties. Most clients exchange multiple syringes at a time, and many clients exchange for multiple people. The total number of contacts, which includes duplicates over the course of a year, was over 125,000 in both 2000 and 2001 for these five counties.

Syringe Exchange Data for Clark, King, Pierce, Snohomish, and Yakima Counties

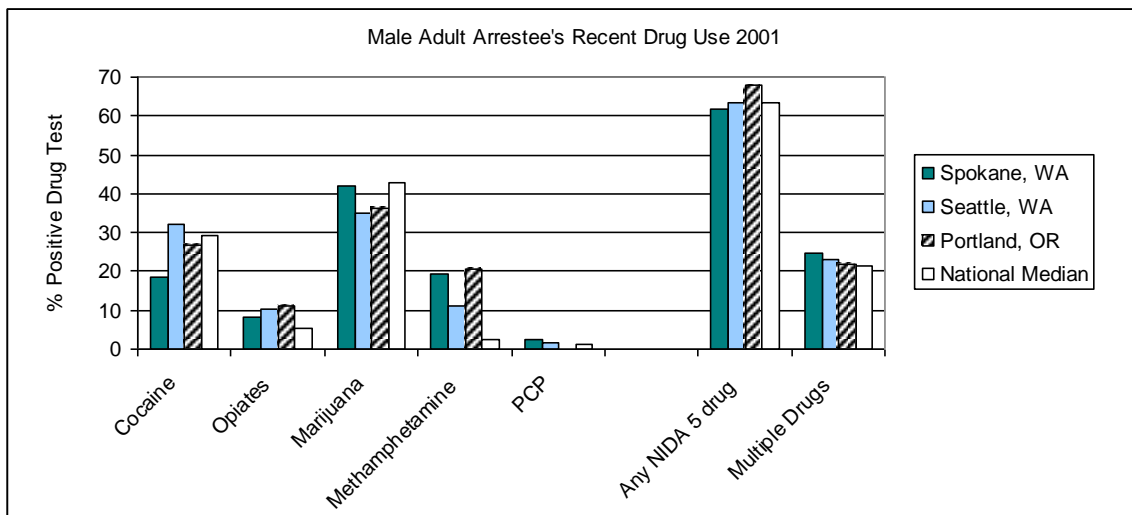
	2000	2001
Number of needles exchanged	4,500,343	4,661,667
Number of contacts	125,920	129,518

Syringe exchange staff do not ask clients what substances they use. However, they often learn about their preferred drug as they see the same clients over time and become familiar with them. Staff report that the most common drugs used by injection drug users are heroin, methamphetamine, and cocaine; heroin is usually the most common drug injected. One county with a markedly different pattern than others is Clallam, where staff report that approximately 90% are methamphetamine injectors. (Clallam data are not included in the table above as data are not available for complete years.)

Recent Arrestees

Urinalysis results for adult male arrestees are available from the Arrestee Drug Abuse Monitoring program which collects a statistically valid sample Nationally including three northwest cities, Portland, Seattle and Spokane². Portland data are reported here because of its close proximity to Vancouver, Washington.

A higher proportion of arrestees in Seattle use cocaine than the national median, with lower levels in Portland, and a much lower level seen in Spokane. Opiates are more commonly seen in the northwest than nationally. Marijuana is detected more often in Spokane than elsewhere in the northwest, at a level similar to the national median. Relatively high levels of methamphetamine use are seen in Spokane and Portland, approximately 20%, higher than Seattle, 11%, and much higher than the national median of 3%. PCP is rarely seen locally or nationally among adult male arrestees.

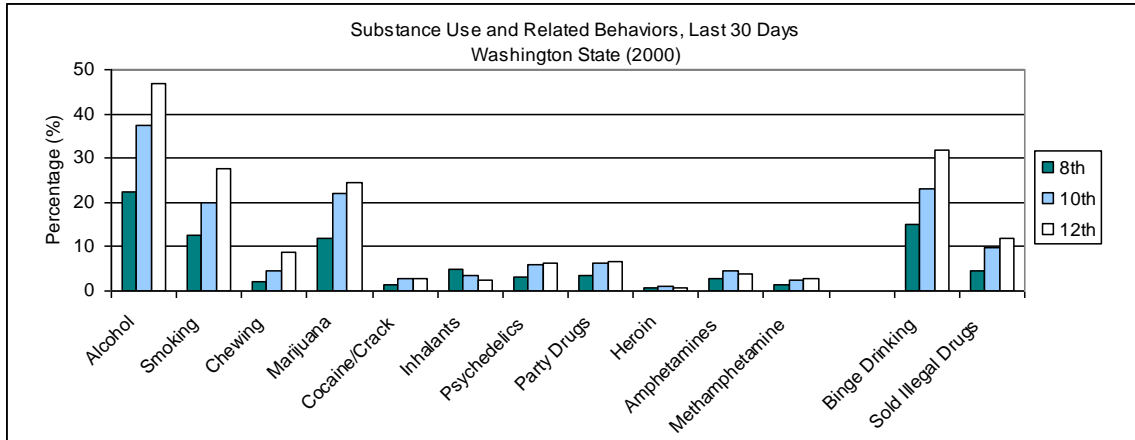


ALCOHOL AND OTHER DRUG USE - YOUTH

Substance Use and Related Behaviors

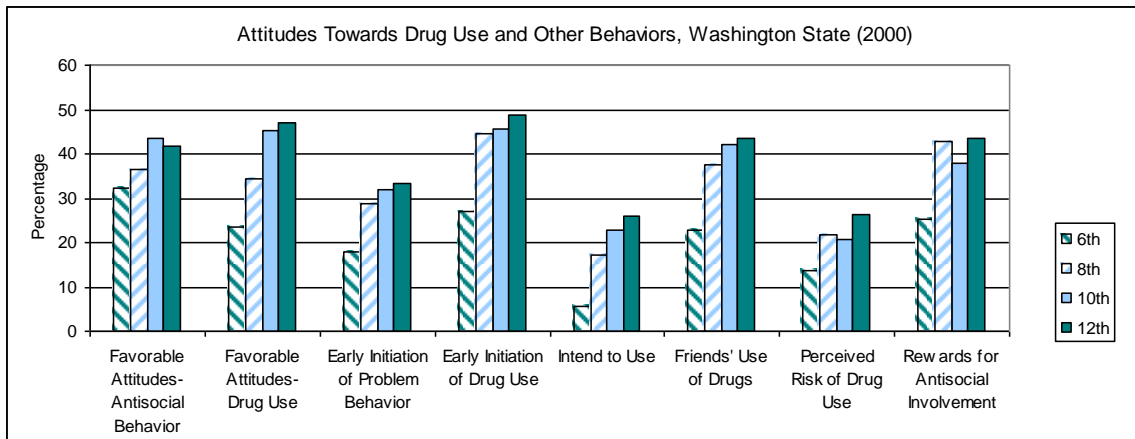
School survey data indicates that alcohol, tobacco and marijuana are the most commonly used substances. Alcohol use in the prior 30 days was reported by almost a quarter of 8th graders and almost half of 12th graders in 2000. Marijuana was the most commonly used illegal drug, with 24% of 12th graders reported recent use. Psychedelics and party drugs were reported by approximately 6.5% of 12th graders. Other drugs were less commonly reported.

Binge drinking was reported by 15% of 8th, 28% of 10th graders and 32% of 12th graders. Selling illegal drugs was reported by one in every eight 12th graders. A recognized limitation of school based surveys is that those with the most serious behavioral and substance using problems are more likely to drop out of school and are therefore less likely to be surveyed in the higher grades; the result being an underreporting of such problems.



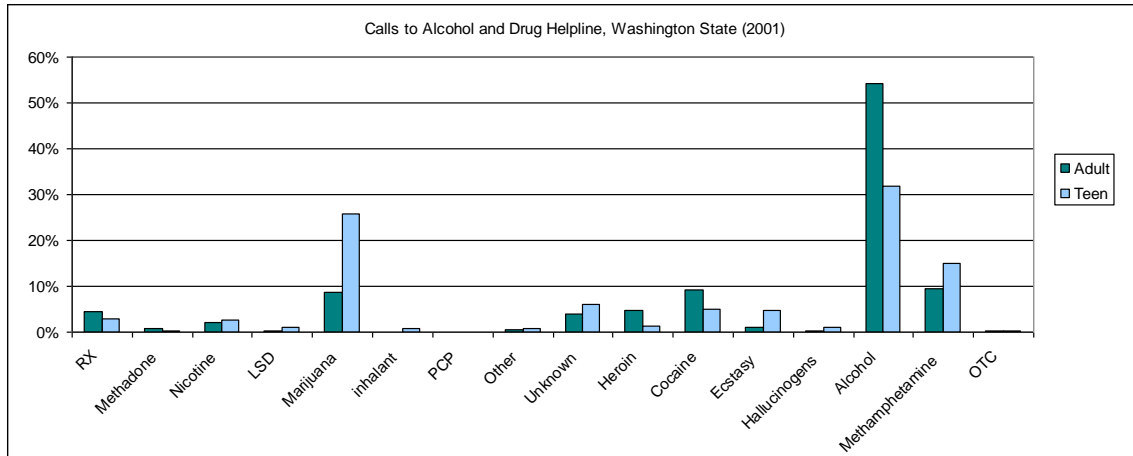
Peer Attitudes Towards Drug Use and Antisocial Behavior

Relatively high levels of risk factors for drug use and anti-social behavior are present by 6th grade. Approximately 23% of 6th graders and 47% of 12th graders indicated they had favorable attitudes towards anti-social behaviors and drug use in 2000. Only 6% of 6th graders said they intended to use drugs, this jumped to 17% for 8th graders.



ALCOHOL AND DRUG HELP LINE

The Washington State Alcohol/Drug Help Line provides confidential 24-hour telephone-based treatment referral and assistance for Washington State. A total of 25,002 calls were made statewide to the Help Line in 2001, of which 21,098 calls were calls by adults calling about themselves or by another person concerned about an adult's drug use. Over half of adult and almost a third of youth calls were related to alcohol. For youth, marijuana was the next most common drug, followed by methamphetamine, both of which youth were more likely to call about than adults. For adults, the next most commonly mentioned drugs were methamphetamine, cocaine and marijuana. Adults calls were more often about cocaine, heroin, and prescription drugs than youth. Proportionally more youth related calls were about marijuana, methamphetamine, and ecstasy. Note that the number and types of calls vary greatly statewide and are impacted substantially by local referrals, education, prevention and intervention efforts.



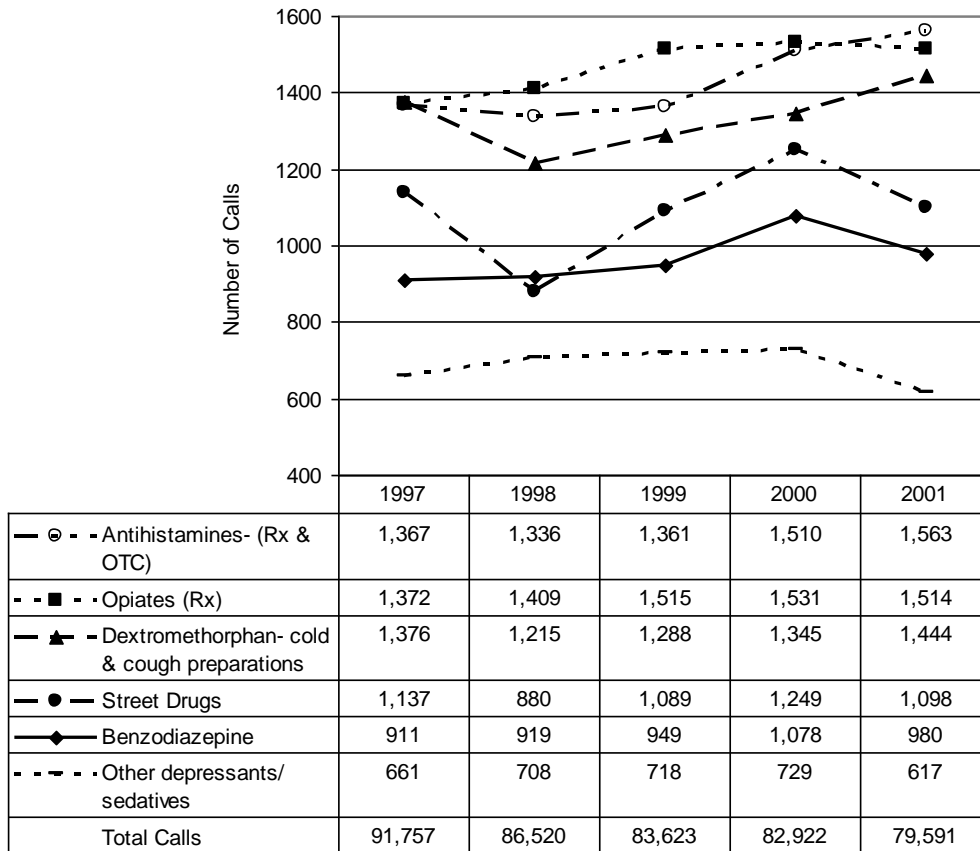
POISON CENTER

The Washington Poison Center receives calls from throughout Washington State made to its toll free number². (See the end of this document for important details about this data source.) In 2001, there were 79,591 calls for all types of substances from houseplants to heroin. Of these calls, 6,118 were related to prescription and over-the counter drugs that can produce psychoactive effects and can be abused. Calls include those related to accidental poisoning and intentional misuse. An additional 1,098 calls in 2001 were related to street drugs such as marijuana, amphetamines and cocaine.

From 1997 to 2001, the proportion of calls related to prescription, over-the counter and street drugs all increased, while at the same time the total number of calls for substances of all types decreased. Among opiates, the most common forms identified were codeine and oxycodone. Oxycodone calls increased from 228 to 372 from 1997 to 2001, a much slower rate of increase than the increase in prescriptions seen in recent years.

Calls regarding street drugs and stimulants were dominated by substances lumped into the category of amphetamines, 712 of 1,098 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). Methamphetamine was added as a new category in 2000; it is rarely recorded as the reason for calls.

Poison Center Calls, Washington State



NEED FOR TREATMENT AND THE TREATMENT GAP

Statewide the full range of treatment services are available including all modalities and services specific to a diverse range of populations. However, there is great variability across the State with some counties lacking anything more than basic assessments and outpatient services, while other, larger counties, have a wide range of services available. Local availability of treatment services is often a major issue, with travel of several hours required from some areas of the State to the nearest appropriate treatment facility. The 'treatment gap', between the local need for treatment and the proportion of a county's population that is receiving needed care is one way to measure treatment availability.

Treatment Gap

The treatment gap is estimated for those under 200% of Federal Poverty Level. The Division of Alcohol and Substance Abuse collects data on clients who receive publicly funded treatment. Data for those receiving privately funded treatment are unavailable, also unavailable is the proportion of those who receive treatment who are publicly funded.

Statewide the treatment gap is 73.7%, meaning that only 26.3% of those who need treatment are able to access it. The treatment gap varies greatly across the State from a low of 21% in San Juan County to a high of 93.6% in Whitman County, where only a small minority of low income residents receive needed alcohol and drug treatment services.

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
State Total	868,734	11.1%	25,395	71,207	73.7%

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

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 these data because patterns of drug utilization are known to have changed since this survey, e.g. the rise in methamphetamine use. However, these are the best available data on estimating the need for treatment services in the State.

ALCOHOL AND DRUG TREATMENT ADMISSIONS

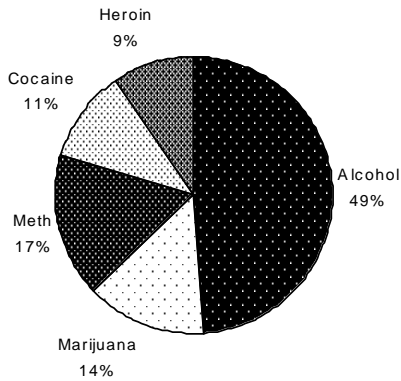
Treatment and Assessment Report Generation Tool (TARGET) Data

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.

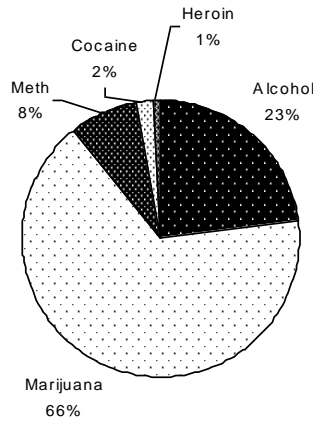
The State Division of Alcohol and Substance Abuse gathers data on publicly funded treatment admissions in TARGET. Among adults, alcohol is the most common drug treated in the State, followed by marijuana, methamphetamine, cocaine and heroin¹. Two-thirds of youth treatment admissions are for a primary marijuana problem, followed by alcohol and methamphetamine, with small numbers of admissions for cocaine and heroin. Across the State there is great variability. The differences between regions, counties and even within cities for drugs of choice can be striking. Examples of these differences are provided below within the discussion of each of these five main drugs.

Other substances are sometimes the primary drug at the time of treatment admission, such as prescription opiates and benzodiazepines. However, the number of such treatment admissions are quite small. Currently TARGET data are only available for the primary drug of choice, however it is important to note that many drug users regularly use multiple drugs. (Following this TARGET data are additional State data with more detail on drugs of abuse.)

Adult Publicly Funded Treatment Admissions 2001

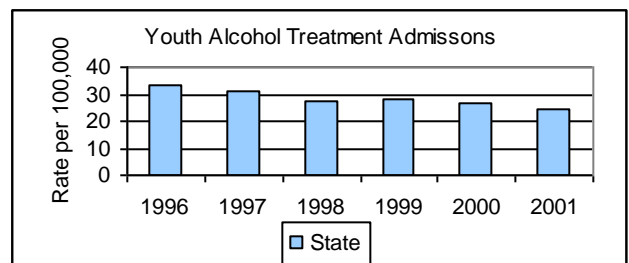
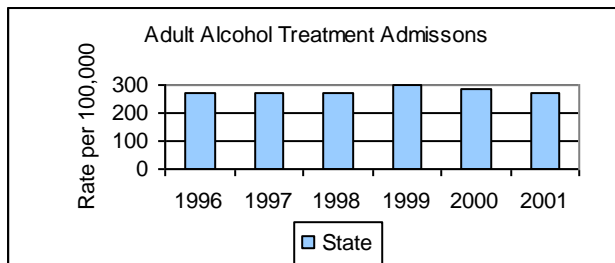


Youth Publicly Funded Treatment Admissions 2001



Alcohol

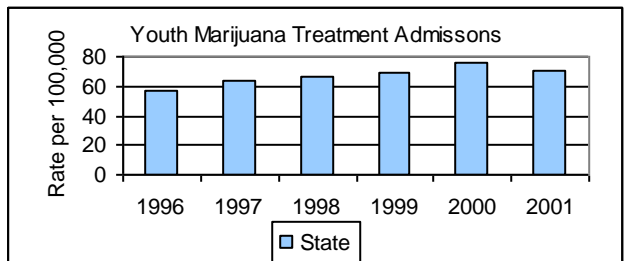
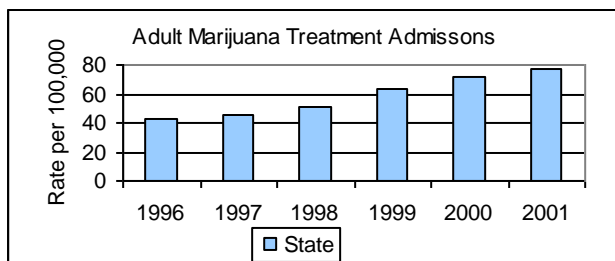
Alcohol treatment admissions for adults were relatively steady from 1996 to 2001. There were 16,394 treatment admissions where alcohol was the primary drug of choice for adults in 2001. Youth treatment admissions gradually declined to a rate of 25 per 100,000, a total of 1,473 primary alcohol admissions in 2001.



Adult rates varied from a high of 1,151 per 100,000 in Okanogan to a low of 42 per 100,000 in Garfield. The highest youth rates were seen in Chelan and Columbia counties, approximately 97 per 100,000 residents. Skamania and Wahkiakum had no youth treatment admissions for alcohol in 2001.

Marijuana

Youth treatment admissions for marijuana surpassed those of adults in 1996. In the following five years the adult marijuana treatment admissions rate nearly doubled, while the youth rate increased more slowly. In 2001, 4,647 adults and 4,242 youth were admitted to treatment statewide.

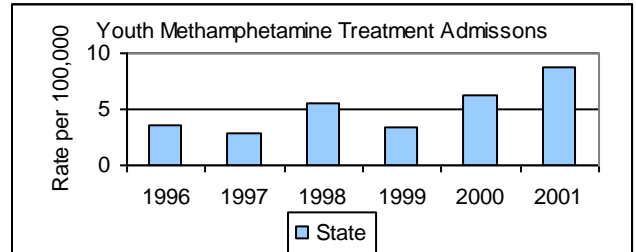
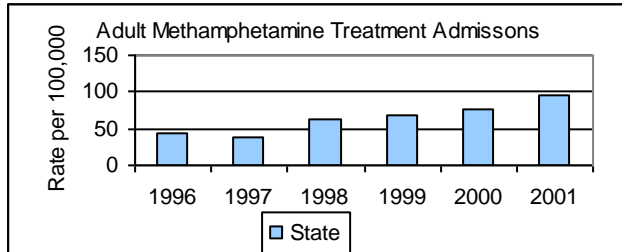


County rates vary widely, with the highest rates for youth and adults in Yakima than any other county with 250 per 100,000 for adults and 212 per 100,000 for youth. The lowest adult rate

was 37 per 100,000 in Grant, with the lowest youth rate in Wahkiakum where there were no treatment admissions in 2001.

Methamphetamine

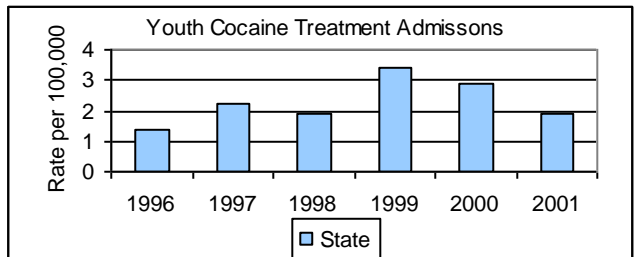
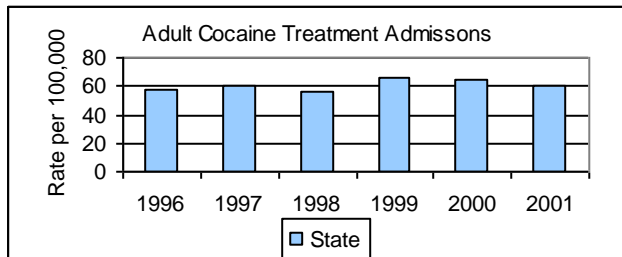
Youth and adult treatment admissions for methamphetamine saw the first signs of increase in 1998, and by 2001 they had doubled from 1996 rates. In 2001, there were 5,700 adult and 523 youth admissions statewide.



The late 1990's have seen a resurgence in methamphetamine, a drug that has been popular in some areas before this recent epidemic. Several counties, Clark, Grays Harbor, Klickitat, and Lewis already had high rates of methamphetamine use among adults at least as far back as 1995. By 2001, rates had increased in the majority of counties throughout Washington. Rates much higher than the State average in 2001 were seen for adults in Clallam, Clark, Cowlitz, Grays Harbor, Klickitat, Lewis, Mason, Pierce and Yakima counties. Youth rates were particularly high in Clallam, Cowlitz, Klickitat, Lewis, Mason, Skagit and Yakima counties.

Cocaine

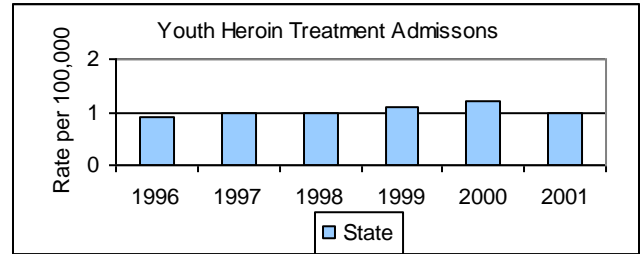
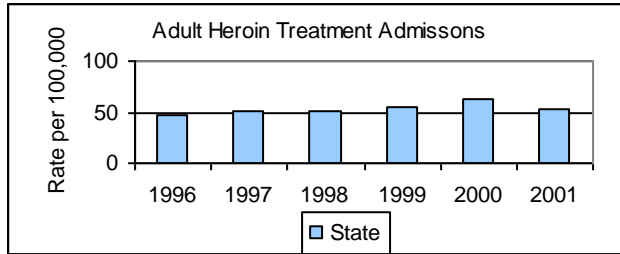
Cocaine treatment admissions for adults remained steady, with a total of 3,575 admissions in 2001. Youth admissions saw a peak in 1999, followed by a gradual decline. In 2001, there were 113 youth treatment admissions where cocaine was primary.



Adult admissions range from 0 in two counties to 160 per 100,000 in Yakima. King County's rate, the largest in the State, is slightly above the State's and makes up more than a third of all cocaine admissions statewide. Across the State youth treatment admissions vary greatly, with the highest rate in Yakima, 9 per 100,000. In sixteen counties there were no primary cocaine treatment admissions for youth.

Heroin

Admissions for heroin followed a similar pattern for youth and adults, steady from 1996 to 1997, rising slightly to a peak in 2000 and then dropping in 2001. This trend was driven almost entirely by a temporary increase in treatment funding available in King County in 2000. In 2001, 44% of all heroin admissions were for King County residents.



The highest rate of treatment admissions for adults was in Cowlitz County, with 99 per 100,000 in 2001; the county rate varies substantially due to its relatively small population of approximately 94,000 (2002). Four counties had no admissions for heroin in 2001. Youth treatment admissions for heroin are infrequent, with a total of 58 across the State in 2001. Yakima and Cowlitz counties had the highest rate of youth treatment admissions for heroin, while the majority of counties had no admissions in 2001.

Treatment Episode Data Set

Additional State data for 2001 with detailed demographic and substance use information is available from the Treatment Episode Data Set (TEDS)¹. These data presented in the following table, highlight the use of drugs by various populations as defined by gender, age, race and ethnicity. These data are based upon the TARGET data, but are presented in a different format by the Federal Office of Applied Studies.

These data reveal additional information beyond the TARGET data presented above. While alcohol is the drug for which treatment is most common, 19% of admissions are for alcohol alone, while 28% are for alcohol with a secondary drug. More detailed data for cocaine shows that 5.5% of all alcohol and drug treatment admissions are for people who smoke cocaine, usually in the form of crack, while 2.5% use cocaine in other ways. Note that these data incorporate methamphetamine in with all amphetamines. The other type of drug not noted above in TARGET data, though seen in relatively high numbers, are other opiates such as Percocet, OxyContin, Vicodin, with 707 treatment admissions statewide.

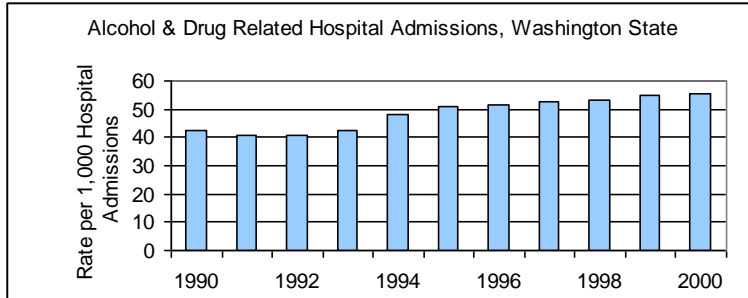
Alcohol and Drug Treatment Admissions, Washington State (2001)

CHARACTERISTIC	Total	Alcohol only	Alcohol with secondary drug	Cocaine (smoked)	Cocaine (other route)	Marijuana	Heroin	Other opiates	PCP	Hallucinogens	Amphetamines	Other stimulants	Tranquilizers	Sedatives	Inhalants	Other/Unknown
Total #	56,787	10,792	15,785	3,136	1,395	9,811	5,965	707	22	139	8,155	26	184	82	34	554
Total %	100	19	27.8	5.5	2.5	17.3	10.5	1.2	0	0.2	14.4	0	0.3	0.1	0.1	1
SEX																
Male	64.1	74.3	69.9	48.4	52.5	68.8	60.9	43.3	45.5	60.4	47.7	30.8	49.5	36.6	70.6	51
Female	35.9	25.7	30.1	51.6	47.5	31.2	39.1	56.7	54.5	39.6	52.3	69.2	50.5	63.4	29.4	49
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AGE AT ADMISSION																
0-11 years	0	0	0	0	0	0.1	0	0	0	0	0	0	0	0	0	0
12-17 years	13.8	2.7	9.4	2.7	4.6	49.7	1.1	1.6	9.1	50.4	9	57.7	23.9	8.5	47.1	18
18-20 years	5.8	2.7	5.1	2.7	4.3	11.8	2.7	2.3	18.2	10.8	7.8	11.5	5.4	2.4	5.9	6.3
21-25 years	10.9	7.2	10.4	7.1	7.6	12.9	8.6	10.3	27.3	9.4	18.2	7.7	7.6	12.2	2.9	13
26-30 years	11.9	8.2	11.1	14.1	13.6	8.6	12	17.4	18.2	12.2	20.3	3.8	7.1	13.4	20.6	14
31-35 years	14.3	12.9	14.8	21.5	20.6	6.4	15.1	17.3	22.7	4.3	20.3	3.8	12.5	14.6	0	14
36-40 years	16.1	18.6	19.1	24.4	22.8	5.1	18.9	17.7	4.5	5.8	14.4	3.8	13	12.2	5.9	15
41-45 years	13	17.7	15.8	17.5	17.6	3	19.1	14	0	3.6	6.7	7.7	10.3	11	14.7	9
46-50 years	8.4	13.9	9.4	6.8	6.9	1.7	15.9	11.3	0	0.7	2.3	3.8	13.6	19.5	2.9	6.5
51-55 years	3.7	8.3	3.9	2.5	1.2	0.5	5.1	5.7	0	2.2	0.8	0	4.3	3.7	0	3.1
56-60 years	1.3	4.5	0.8	0.5	0.4	0.1	1.2	1.4	0	0	0.1	0	1.1	2.4	0	0.5
61-65 years	0.5	1.7	0.3	0.1	0.3	0.1	0.3	0.8	0	0	0	0	1.1	0	0	0
66 years and over	0.4	1.5	0.1	0	0.1	0	0.1	0.3	0	0	0	0	0	0	0	0.5
Unknown	0	0	0	0	0	0	0	0	0	0.7	0	0	0	0	0	0
RACE																
White	71.6	66.2	69.1	49.4	68	69.1	78.4	85	31.8	83.5	88.9	73.1	79.3	82.9	73.5	79
African-American	8.6	4.2	8.7	36.1	14.5	9.6	9.6	3	63.6	6.5	1.3	11.5	4.9	4.9	2.9	7
American Indian/ Alaska Native	9.1	11.5	12.5	6.7	6.5	8.8	5	8.3	0	5	4.6	7.7	4.9	7.3	14.7	7.9
Asian, Hawaiian, Other Pacific Islander	1.8	2.3	1.4	2.3	1.6	2.7	0.9	1.8	0	1.4	1.2	0	3.3	1.2	0	2.2
Other	8.3	15.2	7.7	4.7	8.7	9.2	5.7	1.3	4.5	3.6	3.4	7.7	6	2.4	8.8	2.3
Unknown	0.6	0.6	0.6	0.9	0.8	0.7	0.5	0.6	0	0	0.5	0	1.6	1.2	0	1.3
ETHNICITY																
Hispanic or Latino	8.6	15	8.2	4.8	9.9	9.6	6.1	2.1	9.1	2.2	3.9	7.7	6	3.7	11.8	2
Not Hispanic or Latino	90.1	83.6	90.6	93.6	89.2	88.9	92.9	97	90.9	96.4	94.6	92.3	91.3	93.9	88.2	97
Unknown	1.3	1.3	1.2	1.6	0.9	1.5	1.1	0.8	0	1.4	1.6	0	2.7	2.4	0	0.9

Treatment Episode Data Set

HOSPITAL ADMISSIONS FOR ALCOHOL AND OTHER DRUGS

The proportion of alcohol and other drug related hospital admissions has showed some variability, with the rate of 55.6 per 1,000 hospital admissions 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. In addition, marijuana is grown locally and is also available from sources up and down the west coast including Northern California, Oregon, and British Columbia, Canada.

Law enforcement reported 106 known drug trafficking organizations in 2001, with 49 operating in Washington only, 56 in Washington and other states, and 38 with connections to Canada, Mexico, Asia, and Europe¹.

The Drug Enforcement Administration(DEA) provided data on trends in drug trafficking for the first half of 2002. These data focus primarily on King, Pierce, Snohomish, Yakima, and Spokane counties. Heroin, cocaine, methamphetamine, and marijuana are all readily available in these areas.

Heroin available in Washington is all Mexican black tar heroin, primarily driven up from Mexico on the interstate highway system. Purity of heroin sold to users is relatively low, approximately 12% to 15% in King County. Heroin that is this low in purity cannot be readily snorted compared to the higher purity heroin seen on the East Coast. Most heroin treatment admissions are for those injecting the drug. In addition to the areas mentioned above, heroin is also readily available in the Tri-Cities area of Richland, Pasco, and Kennewick.

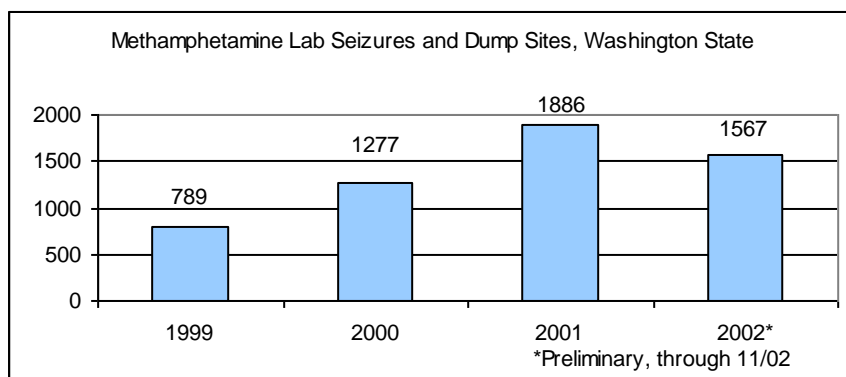
Powder cocaine is readily available in the Seattle area, in small and large quantities. Spokane DEA report low availability due to the large amount of methamphetamine available. Powder cocaine is readily available in Yakima. Crack cocaine is widely available in King, Pierce, and Spokane counties as well as the Tri-Cities.

Methamphetamine is available throughout the State. Approximately one third of methamphetamine used is produced in the State with the remainder lower purity Mexican methamphetamine. Data from Yakima indicates an increase in purity recent from the range of 30% to 40%, to a new wider range of 18% to 95%. Locally produced methamphetamine is generally much higher in purity.

Methamphetamine Laboratories

Data for the first 11 months of 2002 point to the first decrease in the number of methamphetamine laboratories and dump sites, with 1,587 labs and dump sites detected. In 2001, there were 1,886 methamphetamine labs seizures and dump sites, up substantially from 789 in 1999. Approximately one third of methamphetamine used is produced in the State. Substantial amounts of methamphetamine are manufactured in the State as evidenced by the number of laboratory seizures. The average rate of labs and seizures was 32 per 100,000 residents in 2001. This varied between counties with the highest rates seen in Lewis, 89 per 100,000, and Pierce, 84 per 100,000. Pierce County has by far the greatest number of methamphetamine lab seizures and dump sites in the State with 585 in 2001, representing 31% of the 1,886 statewide in 2001.

Law enforcement believe the decline seen in 2002 is related to several factors, including arrests of major drug producers and increased focus on arresting those attempting to obtain pre-cursor chemicals. By arresting drug manufacturers prior to production, law enforcement may be decreasing the number of labs and dump sites.



Marijuana Cultivation

The Northwest High Intensity Drug Trafficking Area 2002 Report includes information on the seizure of marijuana growing operations. In 2001, 401 separate seizures were made, up from 317 in 2000.

Prescription Drugs

The diversion of prescription medicines is a substantial problem in Washington State. According to local DEA, hydrocodone is the most commonly diverted narcotic. This is due in large part to its status as a Schedule III drug under the Controlled Substances Act, as opposed to oxycodone which is more tightly restricted as a Schedule II narcotic. Note that hydrocodone in its pure form is Schedule II, but in combination with other medications, for example when combined with acetaminophen (e.g. 'Vicodin'), it is Schedule III.

Washington State is well above the national average in hospital purchases of hydrocodone, oxycodone, OxyContin, methadone, codeine, morphine and hydromorphone according to the DEA. Pharmacy purchases are well above average for morphine, oxycodone and OxyContin. The drug with the highest rate of purchases was oxycodone; hospital purchases averaged 455 grams per 100,000 population in Washington compared to 217 grams per 100,000 residents nationally. Pharmacy purchases were 473 grams per 100,000 in the State compared to 333 per 100,000 nationally. Data are also available from the DEA on the amount of OxyContin distributed in Washington State, primarily to hospitals and pharmacies, from January 1997 through March 2001. These data point to a roughly 1,600% increase in Washington State and a 1,300% increase nationally during this timeframe. It is unclear whether the dramatic increase in OxyContin prescriptions is evidence of increased abuse of this prescription opiate, or whether it reflects increased efforts by physicians to better medicate pain, a medical condition that has historically been under-medicated.

SUMMARY

Alcohol is the substance most commonly used by adults and youth according to survey data. Alcohol dominates treatment admissions for adults, while marijuana is the most common drug among youth in treatment. Heroin and cocaine use is less common, but they are still substantial problems with use throughout many regions of the State, not just in large urban areas. Adults are the primary users of heroin and cocaine, though survey data points to some use among youth. Adult marijuana treatment admissions have increased substantially in recent years, while youth rates have increased less dramatically.

In addition to marijuana, youth report using party drugs such as MDMA, as well as inhalants and psychedelics with some frequency. However, these are rarely the primary drug at time of treatment admission. For youth, methamphetamine is the third most common drug of abuse

at treatment admission, with a doubling in the rate of admissions between 1996 and 2001. The rate of adult treatment admissions for methamphetamine also doubled during this time frame. Methamphetamine lab seizures and dump sites increased substantially from 1999 to 2001, with 2002 data pointing to the first decrease. Detailed data from King County points to additional signs that the impacts of methamphetamine may be leveling out, including lower emergency department mentions and deaths in 2001.

Sources and Data Notes

¹ Washington State Department of Health (1999). *Behavioral Risk Factor Surveillance System, Washington Statewide Survey Data Washington State*. Olympia, WA: Author.
[<http://www.doh.wa.gov/EHSPHL/CHS/CHS-data/brfss/Links/WA99STRP.pdf>]

¹ Office of Applied Studies (2000), Behavioral Risk Factor Surveillance System, NHSDA Report from 2000- tables f.20, f.40, f.49

² National Institutes of Health (2002). Apparent per capita alcohol consumption: National, state, and regional trends, 1977–99, Surveillance report #59. Bethesda, Maryland: Author.

³ Washington State Department of Social and Health Services, Management Services Administration, Research and Data Analysis Division (2001). *Risk and Protection Profile for Substance Abuse Prevention Planning Washington State*. Olympia, WA: Author.

⁴ Arrestee Drug Abuse Monitoring Program (2002). Drug use and related matters among adult arrestees, 2002.

⁵ 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.

⁶ 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 exclude 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.

⁷ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Treatment Episode Data Set (TEDS): 2002 National Admissions to Substance Abuse Treatment Services, DASIS Series, Rockville, MD, 2001. Accessed online at: <http://www.dasis.samhsa.gov/webt/quicklink/WA01.htm>

⁸ Northwest High Intensity Drug Trafficking Area Threat Assessment 2002.

Washington State – Drug Use Epidemiology, February, 2004. (ADAI Research Brief 04-07). 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_07.pdf