Recent Drug Abuse Trends in the Seattle-King County Area

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ABSTRACT

Heroin use continues to have a significant impact among all the illicit drugs used in the Seattle area. Recent data, however, continue to suggest a downward trend in heroin use. Indicators of cocaine use have shown a resurgence to the higher historical levels after several years of decline. Methamphetamine indicators continue to rise, although at a lower rate than in other areas of the State. Marijuana indicators have increased. The use of club drugs appears to be increasing in certain populations.

INTRODUCTION

Area Description

Located on Puget Sound in western Washington, King County spans 2,130 square miles, of which the city of Seattle occupies 83.8 square miles. The Seattle harbor is the home of the world's 26th busiest container port, handling 1.48 million container units in 2000. The combined ports of Seattle and nearby Tacoma make Puget Sound the second largest combined loading center in the United States, trailing only Los Angeles-Long Beach, California. The ports are among the top 10 combined load centers in the world.

According to the 2000 Census, the population of King County is 1.737 million, an increase of 15.2 percent since 1990. That figure represents 29 percent of Washington State's 5.9 million population. The county's population is 75.7 percent White, 11.3 percent Asian/Pacific Islander, 5.4 percent African-American, 5.5 percent Hispanic, and 0.9 percent Native American or Alaska Native; those reporting two or more races constitute 4.1 percent of the population.

According to the U.S. Census Bureau, the Seattle-Tacoma-Bremerton consolidated metropolitan statistical area ranks 13th in population size for the United States. The area gained 230,000 people over the last decade. During this time period, adjacent Snohomish and Pierce Counties added 255,000 people combined. The combined population of King, Pierce, and Snohomish Counties accounts for 51.6 percent of Washington State's population. Seattle is 113 miles south of the U.S.-Canadian border.

Data Sources

Sources of information for this paper are as follows:

- Arrestee Drug Abuse Monitoring (ADAM) Program. As part of the National Institute of Justice's ADAM program, King County's urinalysis results for 2000 (n = 1,858) and for the first quarter of 2001 (n = 438) are included in the narratives for cocaine, heroin, marijuana, and club drugs.
- Drug Abuse Warning Network (DAWN) Emergency Department (ED) Data. DAWN estimated rates per 100,000 population for ED mentions for selected drugs from 1988 through 2000 were accessed from the Substance Abuse and Mental Health Services Administration (SAMHSA).

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- Washington State Department of Social and Health Services' TARGET. The department has implemented a statewide alcohol/drug treatment activity database system and report-generating software called TARGET. Data are compiled for King County from July 1, 1998, through June 30, 2001.
- Drug Enforcement Administration (DEA). Heroin price and purity data for the United States and Seattle come from the DEA's Domestic Monitor Program (various editions).
- King County Medical Examiner (ME) Database. Automated information about drug-caused deaths in King County has been available since 1983 and are presented by calendar quarter from January 1, 1998, through June 30, 2001. The data include deaths directly caused by licit or illicit drug overdose and excludes deaths caused by poisons. Therefore, totals may differ slightly from drug death reports published by the King County ME's office, which include fatal poisonings. Note that more than one drug may be identified per individual drug overdose death, so the number of deaths for all drugs added together will exceed the number of actual deaths. Heroin-related overdose death rates for the past 12 years, through 2000, are also presented.
- United States Customs Service. Data relating to the seizures for all illegal drugs are for January 1, 2001, to June 30, 2001.
- Epidemiology Research Unit. Two longitudinal cohort studies of Seattle area drug injectors funded by the National Institute on Drug Abuse (NIDA) are conducted by Public Health - Seattle & King County (PHSKC). The studies began in 1994 and continue through 2002.
- "HIV/AIDS Epidemiology Report." Data on acquired immunodeficiency syndrome (AIDS) cases (including exposure related to injection drug use) in Seattle-King County, other Washington counties, Washington State, and the United States, are from PHSKC, Washington State Department of Health, and the Federal Centers for Disease Control and Prevention (CDC).
- Key Informant Interviews. Interviews with a variety of drug users and other key informants from treatment centers and street outreach workers provided data for this paper.
- Northwest High Intensity Drug Trafficking Area (NW HIDTA). Pursuant to its designation by the Office of National Drug Control Policy, the NW HIDTA produces a Threat Assessment for the region on an annual basis. Data for 1998 through the first half of 2001 are from all Federal, State, and local law enforcement agencies and narcotics task forces in the region, the Western States Information System (WSIN), and the Washington State Department of Ecology.
- Washington State Alcohol/Drug 24-Hour Help Line (ADHL). ADHL provides confidential telephone-based assistance and guidance for Washington State. Data are presented for the first half of 2001 for calls originating within King County. The data exclude information on alcohol and nicotine, which account for 62 percent of the calls.
- Washington State Department of Ecology (DOE). The DOE provides information about environmental and response costs of illegal drug labs and increases in incidents by county since 1990, and is responsible for handling and disposing of hazardous substances found at illegal drug labs.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine and Crack

Indicators of cocaine use have increased to higher historical levels after several years of decline. The rate of 169 cocaine ED mentions per 100,000 population in 2000 shows a resurgence to the high levels seen in 1997 and in 1994 (exhibit 1). In 2000, 63 percent of ED mentions were male. Of those whose race/ethnicity was known, 50 percent were White, 30 percent were Black, and 4 percent were Hispanic, consistent with previous years. The majority ranged in age from 26 to 44.

Admissions to drug treatment for adults reporting cocaine as their primary drug remained relatively stable between 1998 and the first half of 2001, when they represented approximately 12 percent of all admissions each year. The second half of 2000 and first half of 2001 have seen a slight decline in the ratio of such admissions to the total (exhibit 2).

There were 29 cocaine-involved drug deaths in the first half of 2001 (exhibit 3), accounting for 33.7 percent of all drug-related deaths. This is a decline from 2000, when cocaine was involved in 40.6 percent of all drug-related deaths. Six of the deaths (20.6 percent) in the first half of 2001 involved cocaine alone and constituted 7 percent of the 86 drug-caused deaths. In 2000, cocaine alone was found in 31 (34.8 percent) individuals whose death was cocaine-related. Opiates and ethanol continued to be the most common drugs found in combination with cocaine, consistent with previous years; 15 decedents (51.7 percent) had opiates in their systems, and 9 (31 percent) had ethanol detected at the time of death.

In the first half of 2001, males accounted for 76 percent of the cocaine-related deaths and 83 percent in 2000. Caucasians represented 83 percent of the 29 cocaine-related deaths in the first half of 2001, an increase over previous years. Of the decedents, three (10 percent) were Asians or Pacific Islanders, one was Hispanic, and one was Black, a decline from previous years. Decedents ranged in age from 19 to 62 years, with a mean age of 41.

ADAM data for 2000 are available only for adult males. In 2000, 31.3 percent of male arrestees tested positive for cocaine (n = 1,858). In the first quarter of 2001, 26.4 percent tested positive for cocaine (n = 438).

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 one-quarter of a gram. A weighed gram sells for about $30, and 1/8 ounce for $80–$100. Crack prices have remained relatively stable for the last 4–5 years: 1/10–1/8 gram sells for $20 ("$20 rock"), and 1/5–1/4 gram for $40 ("$40 rock"). These prices are largely unchanged since June 2001, but information from users indicates that purity has declined compared with a year ago. As in the past, Latino gangs control most of the street-level cocaine trade. In contrast to national trends of declining crack use, there are anecdotal reports of an increase in public crack cocaine smoking in the downtown core.

In the first half of 2001, the U.S. Customs Service reported 18 cocaine seizures weighing a total of 223.47 pounds (101.36 kilograms) in the first half of 2001. One other seizure weighed 5,153.97 pounds (2,337.8 kilograms). In terms of weight, this is a significant increase over 2000, when 31 seizures totaled 148.8 pounds (67.5 kilograms).

Cocaine was the most frequently cited illicit drug among those calling the ADHL. The 405 calls represented one-fourth of all drug-related calls made to the help line.

Heroin

Evidence of an increase in heroin use in Seattle and King County was first suggested by a sharp rise in opiate-related deaths in 1995 and 1996 (exhibit 4). This upward trend appears to have peaked in 1998, with a decline in the rate of such deaths per 100,000 population in 1999 and 2000. That decline, which began in the third quarter of 2000, continued into the first half of 2001, reaching the lowest rate in the past 7 years. The decline is attributed to a significant increase in treatment availability in King County.

The number of heroin-related drug-involved deaths investigated by the ME declined to pre-1995 levels. In 1994, the number of heroin-related deaths was 89, increasing to 131 in 1995 and 135 in 1996. The number decreased to 111 in 1997, but rose to 143 in 1998 (exhibit 3). Heroin-related deaths numbered 117 in 1999, 101 in 2000, and only 32 in the first half of 2001, when they represented 37 percent of all drug-related deaths in King County, a decrease from the 45–65 percent level in previous years. Of the 32 heroin-related decedents, 27 (84.4 percent) had one or more drugs in addition to heroin in their systems at the time of death, a slightly higher proportion than in previous years. The majority of the decedents were male (72 percent); 94 percent were Caucasian, 3 percent were African-American, and 3 percent were Hispanic. DAWN reports also indicate that the rate of heroin ED mentions per 100,000 population increased during the same period (1994–99). In 1992 and 1993, the rate per 100,000 was 61 and 94, respectively. From 1994 to 1999, the rate remained between a low of 109 in 1995 and a high of 154 per 100,000 in 1997 (exhibit 1). The rate for 2000 was 126.

Seattle-King County primary heroin treatment admissions numbered 1,389 in 1998, 1,513 in 1999, and 2,102 in 2000 (exhibit 2), representing 20.5 percent of all treatment admissions and an increase of 41.7 percent since 1998. Some of the increase in treatment admissions for heroin use may be attributed to the new mobile methadone program that began enrolling patients in 1999 and a new fixed-site clinic that opened in 2000. Demand for drug treatment remains extremely high. At the Seattle needle exchange program, more than 500 heroin addicts are on a waiting list for methadone treatment vouchers. In the first half of 2001, 951 new clients were admitted for heroin addiction, representing 17 percent of all admissions.

The number of heroin-related calls to the local ADHL was relatively low during the first 6 months of 2001. A total of 117 calls about heroin use were made, representing 7 percent of all drug-related calls during this reporting period.

Seattle-King County ADAM data showed that opiates were present in 11.7 percent of male arrestees (n = 438) for the first quarter of 2001. This compares with a 9.9 percent opiate-positive rate among 1,858 male arrestees tested in 2000. Data from both years suggest that opiate-positives were higher among males arrested for property and drug crimes than among those arrested for violent crimes, domestic violence, or driving while intoxicated. Among male arrestees in both years, opiate-positive rates were lower than those for cocaine (31.3 percent in 2000, 28.4 percent in the first quarter of 2001) and marijuana (37.7 percent in 2000, 41.1 percent in the first quarter of 2001), and roughly equivalent to those for methamphetamine.

Based on 22 samples taken by the DEA Domestic Monitor Program in 2000, heroin purity averaged 21.7 percent, with a price of $1.15 per milligram pure. Those figures compare with the national averages of 36.3 percent

for purity and $0.97 for price. The 2000 purity/price report contrasts with the information on samples reported in 1996, a middle year in the upsurge of heroin indicators in the area. Based on 21 samples that year, purity averaged 21 percent (compared with 36.3 percent nationally), and price per milligram pure was $0.74 ($1.27 national average). The street price for heroin, according to local "street" informants, remained stable at $30–$50 per gram over the 6-month reporting period. Virtually all heroin available in Seattle and King County is Mexican black tar.

The U.S. Customs Service reports seven seizures of heroin from ports of entry in Washington State, totaling 794 grams for the first half of 2001; this amount is down sharply from 2000.

Other Opiates/Narcotics

The number and rate of other opiates/narcotics ED mentions have increased in Seattle since 1998. The numbers of mentions, however, are relatively small. In the first half of 1998, there were 34 such mentions, representing a rate of 1.9 per 100,000 population. In the first half of 2000, there were 73 mentions, representing a rate of 3.7 per 100,000. Reports from the Washington State Department of Social and Health Services (DSHS) indicate a threefold increase in OxyContin prescriptions in the past 3 years, triggering an internal review of OxyContin claims. The rate of ED mentions in 2000 for narcotic combinations, agents that combine a simple analgesic (usually acetaminophen or aspirin) with a narcotic, has increased to the high levels of 1996 and 1994.

The number of deaths related to "other opiates" increased from 34 in 1999 to 80 in 2000. In the first half of 2001, there were 31 drug-related deaths involving opiates other than heroin, (exhibit 3). Of these opiate-related deaths, three involved opiates alone, five involved cocaine, and seven involved alcohol in combination with other substances, including other opiates. In the first half of 2001, 2 decedents had methadone only in their system at the time of death, a decline from 17 cases reported in 1998, 19 cases in 1999, and 24 cases in 2000. Males represented 60 percent of these decedents. Eighty percent were Caucasian, 16 percent were Black, and 1 decedent was American Indian or Alaska Native. Accidents accounted for 80 percent of these deaths, suicides for 8 percent, and unknown causes for12 percent.

Key informants indicated OxyContin sales are limited and a single tablet costs $20. Because of the relatively high cost of OxyContin tablets, street users seek less expensive drugs such as benzodiazepines.

Marijuana

The rate of marijuana ED mentions per 100,000 population was 71.6 in 2000, substantially higher than the 1999 rate of 41.6 (exhibit 1). This represents a 72-percent increase, the largest among the 21 CEWG DAWN reporting cities. Marijuana remains the fourth most commonly mentioned substance in local EDs.

In King County, marijuana (primary drug of abuse) accounted for 11.6 percent of adult admissions and 72.3 percent of youth admissions in 2000. These proportions represent increases from 1999 (7 percent adults and 65 percent for youth). In the first half of 2001, 983 primary marijuana clients were admitted to publicly funded treatment (exhibit 2); 49 percent were youth. Admissions for marijuana (primary drug) have continued to rise each year, from a low of 9 percent in 1994 to 19 percent in the first half of 2001.

In ADAM 2000, 37.7 percent of male arrestees tested positive for marijuana (n = 1,858). For the first quarter of 2001, 41.4 percent tested positive for marijuana (n = 438). The percentages do not appear to reflect any significant changes in marijuana positives since 1999.

During the first half of 2001, a total of 3,432 pounds of marijuana was seized by customs officials at Washington entry points. This is a sharp increase compared with the 2,382 pounds seized in all of 2000. Unlike most other illicit drugs available in King County, marijuana is not readily available as a street drug, and what is available is primarily the lower grade, more commercial product. At present, locally-grown marijuana is the variety of choice in the Seattle-King County area. Sinsemilla, which is generally regarded as more potent (in terms of tetrahydrocannabinol [THC] content), is grown indoors in British Columbia using hydroponic methods and generally passes through the Seattle area en route to destinations further south on the west coast.

The principal areas of marijuana street sales in Seattle are the downtown core around the Pike Place Market, the University District, and parts of the Central District. The main venues for sale and purchase of marijuana (especially higher grades) are known ("house") connections or select coffeehouses and bars.

Marijuana has trended downward in price, but the declines are not nearly as pronounced as those for heroin and cocaine. A gram of sinsemilla, called "bud," sells locally for $15–$25. However, most informants were quick to note that few people, except younger students or street buyers, would purchase a gram of marijuana. Washington-grown marijuana generally sells for $40–$50 per 1/8 ounce. Price breaks occur for larger quantities, with ounces selling for $325–$400, and quarter-pounds for $1,200–$1400. Bulk quantities sell for $4,000–$5,200 per pound and $6,000–$8,000 per kilogram.

There were 354 calls to the ADHL related to marijuana use, representing 22 percent of all drug-related calls. Marijuana is the second most commonly mentioned substance by callers, after cocaine.

Stimulants

DAWN ED mentions for amphetamine and methamphetamine in Seattle-King County during 2000 continued the upward trend since 1999 (exhibit 1), when the rate of mentions per 100,000 population was 27.4 (representing a 51-percent increase from 18.2 per 100,000 in 1999). Overall, amphetamine and methamphetamine continued to rank fifth in ED mentions, behind cocaine, alcohol-in-combination, heroin, and marijuana; this ranking has been maintained for the past 4 years.

In 1996, 3.6 percent of the King County treatment admissions were primary amphetamine abusers. In the first half of 2001, the proportion was 6.9 percent (exhibit 2). While this represents an upward trend from past years, such admissions continue to be surpassed by those for persons reporting alcohol, cocaine, heroin, and marijuana as their primary substance.

In contrast, the total number of calls to the ADHL that originated in King County regarding methamphetamine during the first 6 months of 2001 numbered 227, a decrease from the total of 330 for the same period in 2000. Calls for all stimulants (methamphetamine and amphetamine) represented 22 percent of all drug-related calls.

Three drug-related deaths involved amphetamine/methamphetamine in King County during the first 6 months of 2001 (exhibit 3). It is difficult to note any trend, as the number of such deaths is relatively small and fluctuates quarter to quarter. The number of deaths related to methamphetamine and/or amphetamines decreased since the high point between July 1999 and June 2000, when 19 deaths were reported. Two of the three deaths in the first half of 2001 involved substances in combination with amphetamine and/or methamphetamine. Two of the three decedents were female Caucasians, and one was a male Asian or Pacific Islander. Their ages ranged from 28 to 50, with an average age of 39.

In the first quarter of 2001, 13 percent of male arrestees in Seattle-King County (ADAM) tested positive for methamphetamine, an increase from 9.5 percent in the first quarter of 2000 and the overall level of 9.2 percent for 2000. These data continued an upward trend first reported in 1999, when the proportion for the first quarter was 5 percent, and the overall calendar year percentage was 9 percent. The 2001 data are noteworthy because they represent the first reported quarter during which a higher percentage of male arrestees in Seattle-King County tested positive for methamphetamine than for heroin.

Local prices in Seattle-King County and throughout Washington State have remained stable in spite of increased availability, ranging from $20 to $60 per gram, $350 to $650 per ounce, and $4,250 to $6,000 per pound. Smoking remains the most prevalent route of administration, reported by 40 percent of treatment admissions. More than one-quarter (26 percent) inhaled methamphetamine and 29 percent injected the drug. The proportion of clients (29 percent) who reported injecting methamphetamine in the first half of 2001 was the lowest since1994.

It is estimated that 65–75 percent of the methamphetamine in Washington State is transported from California, Oregon, and Mexico. The U.S. Customs Service reported the seizure of 440 grams of methamphetamine during the first 6 months of 2001 at 5 land route, maritime, and commercial air ports of entry. Ease of access to precursors; the availability of equipment, recipes and locations; and the purity of methamphetamine produced by local clandestine labs contribute to the proliferation of this drug problem. Over one-half of the labs seized to date in 2001 have been the "Nazi" type, 37 percent of which were located in single-family housing and 36 percent in vehicles. The ephedrine extraction, red phosphorous, and other methods constitute the balance of the lab types, which are more commonly found in non-residential structures or settings. The NW HIDTA reported that a total of 281.8 kilograms of methamphetamine were seized in 2000, representing a 52-percent increase from 1999.

Documented lab seizures throughout Washington State numbered 861 through August 2001, surpassing the total of 831 seizures throughout 2000, which in turn represented a 60-percent increase from 1999. It is projected that the total number of lab seizures in 2001 will exceed 1,000, again increasing the number seized compared with the previous year by approximately 30 percent. An additional 459 "dump sites" statewide were identified by the Washington State Department of Ecology, bringing the total number of locations associated with the manufacture of methamphetamine to 1,320 through August 2001. If this rate of seizures continues through the rest of 2001, the statewide total of methamphetamine manufacture-related sites for calendar year 2001 will represent a 35-percent increase from 2000 (which, in turn, will represent an 84-percent increase from 1999).

The documented lab seizures in King County through August 2001 numbered 91 (10.6 percent of the statewide total). The King County total for calendar year 2001 is therefore projected to surpass the 120 labs seized throughout the county in 2000 (a 50-percent increase from 1999) by approximately 15 percent. An additional 86 places were identified as dump sites, for an overall total of 177 locations associated with the manufacture of methamphetamine

identified through August 2001. The calendar year 2001 total may exceed the calendar year 2000 total of 231, which in turn represented a 115-percent increase from 1999.

Depressants

Barbiturates, benzodiazepines, and other sedative/depressant drugs in this analysis include alprazolam (Xanax), butalbital (Fioricet), chlordiazepoxide (Librium), cyclobenzaprine (Flexeril), diazepam (Valium), hydroxyzine pamoate (Vistaril), lorazepam (Ativan), meprobamate (Equanil), oxazepam (Serax), phenobarbital, promethazine (Phenergan), secobarbital (Seconal), temazepam (Restoril), triazolam (Halcion), and zolpidem (Ambien).

Data sources indicate an increase in benzodiazapine use following declines in 1999 and 2000. ED mentions for anxiolytics, sedatives, and hypnotics in 1999 and 2000 are increasing to levels seen in 1994.

In the first half of 2001, 19 deaths were related to sedatives and depressants, representing 22 percent of drug-related deaths. This increase follows a decline in sedative- and depressant- related deaths noted in 1999 and 2000. All sedative- and depressant-related deaths in the first half of 2001 were in combination with multiple substances, including other sedatives or depressants. One-quarter of these sedative/depressant deaths had alcohol identified at the time of death.

Accidents accounted for 68 percent of these deaths, suicides for 21 percent, and undetermined causes for 11 percent. An increase in the percentage of females among decedents was noted: 53 percent were females in the first half of 2001 and all of 2000, compared with an average of 40 percent in prior years. Of the 19 decedents, 16 were Caucasian, 2 were African-American, and 1 was American Indian or Alaska Native, consistent with previous years. The decedents ranged in age from 19 to 74, with a mean age of 44 and a median age of 45; the majority of decedents were between the ages of 37 and 51.

DEA data sources report that local street prices for illegally obtained prescription benzodiazepines (primarily diazepam and clonazepam) remain stable at $1 for 5-milligram tablets and $2–$4 for 10-milligram tablets. Informants describe active street sales of benzodiazepines, especially alprazolam and clonazepam, in the downtown Seattle core.

Depressants were infrequently mentioned in calls to the ADHL, with only seven calls in the first half of 2001. These calls accounted for fewer than 1 percent of those received.

Hallucinogens and Club Drugs

As reported here, hallucinogens include lysergic acid diethylamide (LSD), mescaline, peyote, psilocybin (mushrooms), and phencyclidine (PCP), and "club drugs" as a general term for drugs that are popular at nightclubs and all-night dance parties (trances and raves). Included are the hallucinogens, 3,4-methylenedioxymethamphetamine (MDMA), gamma hydroxybutyrate (GHB), gamma butyrolactone (GBL), and nitrous oxide.

MDMA ED mentions in 2000 (n = 128) increased dramatically, by 300 percent from 1999 (n = 32), and GHB mentions increased by 67.8 percent in the same time period. However, MDMA and GHB each account for fewer than 1 percent of total ED mentions. DAWN reports indicate a 14-percent decrease in the rate of LSD ED mentions per 100,000 population from the previous year, whereas the PCP ED rate spiked sharply in 2000 to 5.9, following an average rate of 2.5 during 1996–99.

In the first half of 2001, the King County ME reported no deaths involving ketamine ("Special K"), GHB, PCP, or LSD, and only one death involving MDMA. Three deaths during this period involved dextromethorphan (DXM), an increasingly popular club drug with particularly dangerous interactions when used in combination with other drugs, especially alcohol. This appearance of DXM in ME reports (substantiated by anecdotal reports) indicate the increasing popularity of DXM (especially in cough syrup form) over the past year.

ADAM data for drugs in this category are limited. No adult male arrestees tested positive for PCP during the first quarter of 2001, although the rate for 2000 was 1.4 percent.

Although King County treatment data are also limited because TARGET does not track such drugs, an ongoing intake survey conducted by one treatment center indicates no significant changes in hallucinogen or club drug use over the past year among youth or adults entering treatment. Calls to the local ADHL concerning these substances remained low during the first 6 months of 2001, with hallucinogens and club drugs accounting for 4 percent (n = 64) of all drug-related calls.

Other information concerning patterns of use of hallucinogens and club drugs remains anecdotal. According to adult and adolescent users, prices for MDMA, GHB, PCP, and ketamine remained stable over the last year (e.g., a 150–250-milligram tablet of MDMA selling for $20–$30). Quality and consistency, however, have become increasingly unpredictable, with many users reporting incidents of unknown or "strange" combinations of drugs

being sold as ecstasy. In the local treatment intake survey, a significantly higher number of respondents reported taking "something other than intended or expected," compared with the same period during the previous year. Mixing club drugs together, either all at once or over several hours, seems to be gaining popularity.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

There are an estimated 12,000–15,000 drug injectors in King County. Injecting drug users (IDUs) constituted 18 percent of cumulative AIDS cases in King County, counting those who are in the dual category of men who have sex with men (MSM) (exhibit 5). The human immunodeficiency virus (HIV) infection status of IDUs entering methadone treatment was monitored in King County from 1988 through 1999. During this time, HIV prevalence among treatment admissions remained low and stable, hovering around 2 percent.

More recent data are available from the Kiwi Study, conducted by the Public Health - Seattle & King County HIV/AIDS Epidemiology Program with funding from the CDC. Kiwi monitors HIV, hepatitis C, and sexual and drug-use behaviors among injectors recently incarcerated in King County Correctional Facilities, including the jail in downtown Seattle and the Regional Justice Center in South King County in the city of Kent. While HIV prevalence at both jail sites remains similar to the trends observed in the 1988–99 blinded drug treatment studies, a number of other differences have been observed.

Surveys were conducted among IDUs booked into the Seattle (n = 345) and Kent (n = 270) jails between November 2000 and August 2001. Those in the Kent jail were younger; less likely to be African-American or Hispanic; and more likely to have completed at least some college or vocational training, be employed, and not receive public assistance. Participants from the jail in Kent tended to have started injecting at a later age and injected less frequently, and their primary injection drug was methamphetamine, compared with heroin and "speedballs" among participants from the jail in Seattle. Hepatitis C prevalence was 52 percent in the Kent facility, compared with 74 percent in the Seattle facility. Only 29 percent of participants from the Kent jail and 41 percent of those from the Seattle jail were aware of their hepatitis C seropositive status. These findings underscore the need for expanded hepatitis C screening and prevention programs for IDUs. The lower seroprevalence in the Kent facility also illustrates an opportunity to intervene before injectors become infected.

Inmate populations at the two facilities also differed in how they access sterile injection equipment. Seventy percent of the Seattle jail participants obtained new syringes from a needle exchange program, and 60 percent listed a needle exchange as their number one source of syringes. In contrast, only 26 percent of the Kent jail participants obtained new syringes from a needle exchange, and 17 percent listed a needle exchange as their number one source of syringes. The pattern for how these two populations obtained needles from needle exchanges contrasts with the pattern for obtaining needles from pharmacies. One-half of the Kent jail participants got their new syringes from pharmacies; pharmacies were the primary source for 39 percent of Kent participants. However, among Seattle jail participants, 37 percent obtained new syringes from pharmacies, and pharmacies were the primary source of syringes for 13 percent of them.

Bolstered by these findings, the observed differences in hepatitis C prevalence rates, and the desire to maintain HIV rates at or below current levels, Public Health - Seattle & King County has inaugurated a partnership program with a number of local pharmacies to expand IDUs' access to syringes through pharmacy sales. Nonprescription pharmacy sale of syringes is legal in Washington State and is promoted by the State Board of Pharmacy as a control measure for blood-borne infections. King County's Expanded Syringe Access Campaign is being evaluated through a grant from the Association of Schools of Public Health. Evaluation results will be reported in a future issue of the Drug Use Trends Report.

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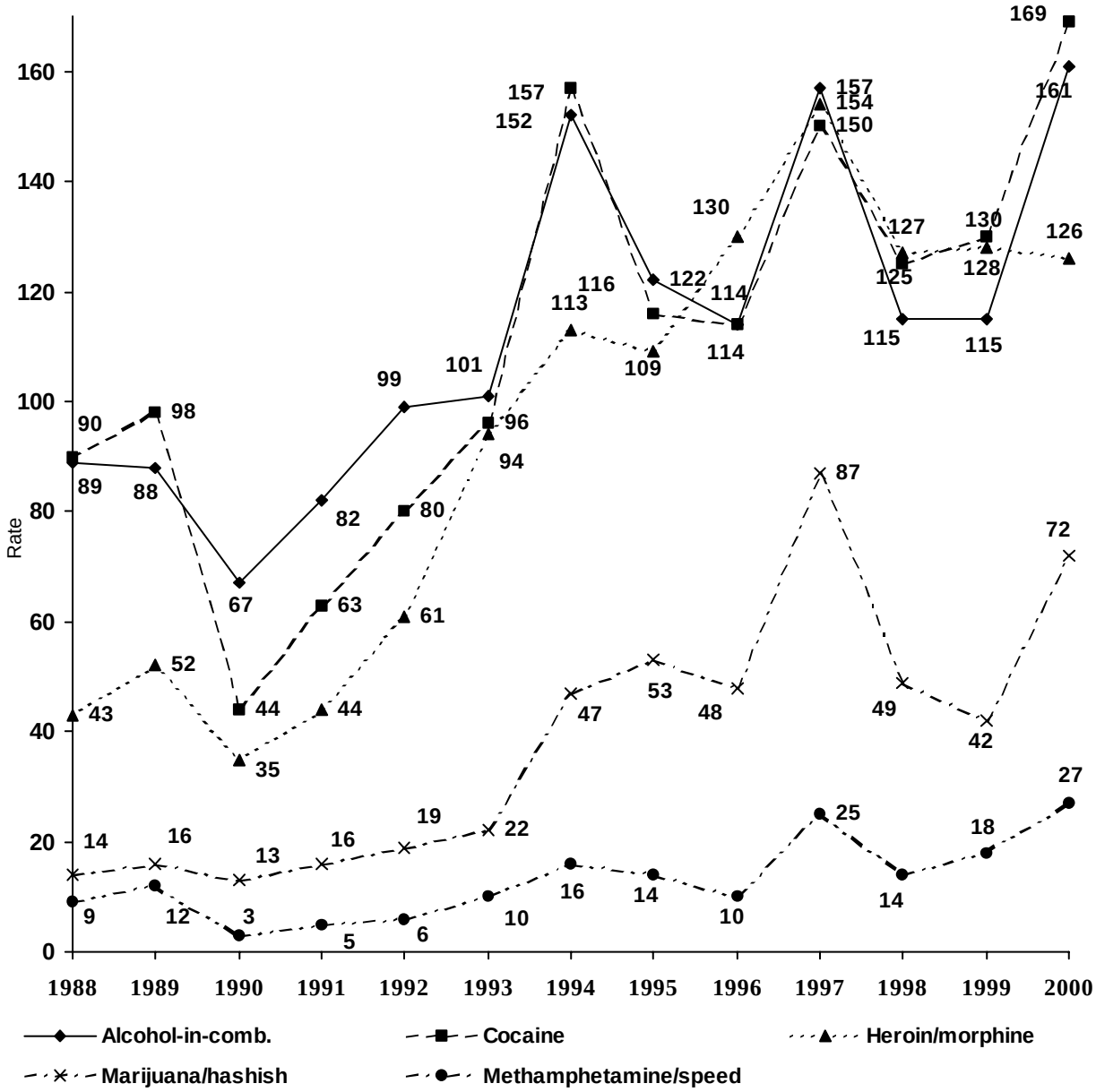
Exhibit 1. Seattle-King County Estimated Rates of Emergency Department Mentions Per 100,000 Population by Drug: 1988–2000



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (3/2001 update)

Exhibit 2. Half-Yearly Demographic Trends in Alcohol/Drug Treatment Admissions: Seattle-King County July 1998–June 2001

Client Profiles	Jan Jun 1999		Jul Dec 1999		Jan Jun 2000		Jul Dec 2000		Jan Jun 2001[1]	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Admissions	4,664	(100)	4,469	(100)	4,582	(100)	5,678	(100)	5,566	(100)
Gender										
Male	3,024	(65)	2,931	(66)	3,003	(66)	3,807	(76)	3,701	(67)
Race/Ethnicity										
Native American	376	(8)	355	(8)	362	(8)	448	(8)	427	(8)
African-American	1,017	(22)	961	(22)	981	(21)	1,098	(19)	1,056	(19)
White	2,786	(60)	2,643	(59)	2,709	(59)	3,571	(63)	3,429	(62)
Other	485	(10)	510	(11)	530	(12)	561	(10)	654	(11)
Age										
< 14	88	(2)	50	(1)	63	(1)	45	(1)	52	(1)
14–18	908	(20)	850	(19)	953	(21)	827	(15)	918	(16)
19–20	132	(3)	111	(2)	133	(3)	197	(3)	153	(3)
21–40	2,345	(50)	2,213	(49)	2,231	(49)	2,771	(49)	2,775	(49)
41–65	1,177	(25)	1,233	(28)	1,196	(26)	1,820	(31)	1,660	(30)
65 +	14	(<1)	12	(<1)	6	(<1)	18	(<1)	8	(<1)
Route of Administration										
Oral	2,147	(46)	1,963	(45)	1,895	(41)	2,486	(44)	2,445	(44)
Smoking	1,489	(32)	1,377	(31)	1,557	(34)	1,527	(29)	1,620	(29)
Inhaling	20	(<1)	18	(<1)	20	(<1)	9	(<1)	11	(<1)
Injecting	851	(18)	891	(20)	927	(20)	1,385	(24)	1,285	(23)
Other	157	(3)	131	(3)	183	(4)	171	(3)	205	(3)
Primary Drug										
Alcohol	2,014	(43)	1,922	(43)	1,779	(39)	2,304	(41)	2,292	(41)
Amphetamines	247	(5)	236	(5)	299	(6)	381	(7)	385	(7)
Cocaine	601	(13)	573	(13)	583	(13)	628	(11)	594	(11)
Hallucinogens	15	(<1)	10	(<1)	19	(<1)	13	(<1)	17	(<1)
Heroin	725	(16)	788	(18)	834	(18)	1,268	(22)	1,176	(21)
Marijuana	911	(20)	875	(20)	1,011	(22)	947	(17)	983	(18)
Other	91	(2)	65	(1)	57	(1)	137	(1)	119	(1)

* Counts for the first half of 2001 are preliminary because of delays in data entry.

SOURCE: Washington State TARGET data system—Structured Ad Hoc Reporting System

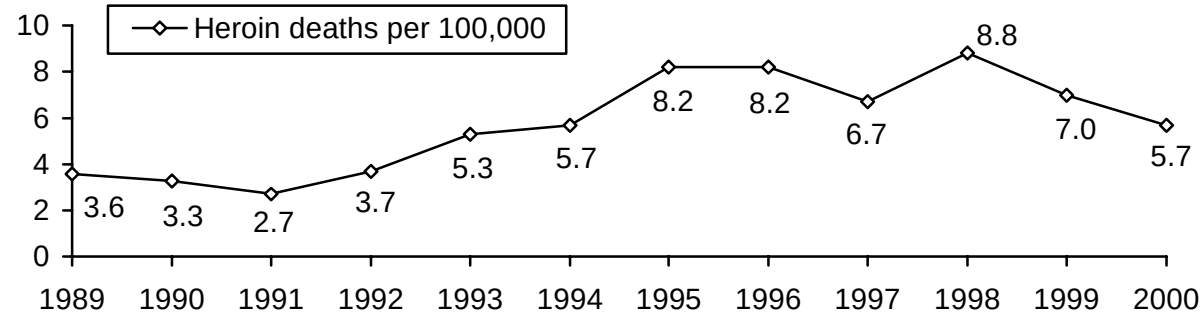
Exhibit 3. Quarterly Number of Identified Drugs in Drug-Caused Deaths in Seattle-King County: January 1, 1998–June 30, 2001

Drug(s) Identified[1]	1998				1999				2000				2001	
	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q
Cocaine	9	18	19	23	21	21	24	10	26	25	15	23	16	13
Heroin/Morphine	16	40	48	39	26	35	35	21	31	35	16	19	17	15
Other Opiates	7	18	16	7	8	16	5	5	13	13	11	12	17	14
Amphetamines[2]	1	0	0	2	1	1	7	5	2	5	1	3	2	1
Sedatives/ Depressants	12	13	11	15	4	9	4	7	7	7	10	4	11	8
Alcohol	8	33	26	26	18	13	17	19	20	22	19	15	10	9
Antidepressants	8	16	13	9	6	8	10	10	9	15	9	15	13	14
Actual No. of Drug Deaths	**39**	**63**	**67**	**53**	**42**	**61**	**57**	**45**	**61**	**69**	**44**	**45**	**47**	**39**

[1] More than one drug may be identified per individual drug overdose death. Table excludes poison-related deaths.
[2] The amphetamines identification category includes methamphetamine.

SOURCE: King County Medical Examiner

Exhibit 4. Rate Per 100,000 Population of Heroin-Involved Deaths in Seattle-King County: 1989–2000



SOURCE: King County Medical Examiner

Exhibit 5. Demographic Characteristics of Reported AIDS Cases in Seattle-King County, Other Washington Counties, Washington State, and the United States: Cumulative Through June 20, 2001[1]

Case Numbers and Deaths	King County		Other WA Counties		Washington State		United States[1]	
Cumulative Cases	6,270		3,419		9,689		774,467	
Cumulative Deaths	3,627		1,813		5,440		448,060	
Number Currently Living with AIDS	2,643		1,606		4,249		326,407	
Case Demographics (last 3 years)	King County[2]		Other WA Counties[2]		WA State[2]		United States[3]	
Characteristic	**Number**	**(%)**	**Number**	**(%)**	**Number**	**(%)**	**Number**	**(%)**
Gender								
Male	602	(88)	424	(83)	1,026	(86)	101,319	(76)
Female	79	(12)	84	(17)	163	(14)	32,058	(24)
Age								
<13	1	(<1)	1	(<1)	2	(<1)	822	(1)
13–19	1	(<1)	5	(1)	6	(1)	931	(1)
20–29	82	(12)	68	(13)	150	(13)	17,358	(13)
30–39	323	(47)	206	(41)	529	(44)	55,729	(32)
40–49	203	(30)	144	(28)	347	(29)	40,725	(31)
50–59	62	(9)	64	(13)	126	(11)	13,270	(10)
60+	9	(1)	20	(4)	29	(2)	4,542	(3)
Race/Ethnicity								
White	445	(65)	359	(71)	804	(68)	42,619	(32)
Black	143	(21)	65	(13)	208	(17)	62,493	(47)
Hispanic	69	(10)	55	(11)	124	(10)	26,340	(20)
Asian	13	(2)	10	(2)	23	(2)	1,139	(1)
Native American	11	(2)	11	(2)	22	(2)	554	(<1)
Unknown	0	(0)	8	(2)	8	(1)	236	(<1)
Exposure Category								
Male-male-sex	419	(62)	231	(45)	650	(55)	46,162	(35)
Injecting drug user	63	(9)	90	(18)	153	(13)	31,655	(24)
IDU and male-male-sex	63	(9)	36	(7)	99	(8)	8,455	(6)
Heterosexual contact	67	(10)	62	(12)	129	(11)	23,097	(17)
Hemophilia	2	(<1)	2	(<1)	4	(<1)	505	(<1)
Transfusion	3	(<1)	4	(1)	7	(1)	571	(<1)
Mother at risk/has AIDS	1	(<1)	1	(<1)	2	(<!)	798	(1)
Undetermined/other	63	(9)	82	(16)	145	(12)	22,138	(17)
Total Cases (last 3 years)	681	(100)	508	(100)	1,189	(100)	133,381	(100)

[1] U.S. data include cases reported as of 12/31/00, the most recent date for which these data are available.
[2] King County and Washington State data include cases reported between 7/1/98 and 6/30/01.
[3] U.S. data are for cases reported to CDC between 1/1/98 and 12/31/00. Section totals may differ slightly because of missing demographic information.

SOURCES: Washington State Department of Health and Centers for Disease Control and Prevention