

Recent Drug Abuse Trends in the Seattle-King County Area

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ABSTRACT

Cocaine continues to be a major drug of abuse with high levels of mortality and treatment admissions, particularly among African Americans. The number of heroin deaths continue to decline, as does the proportion of heroin deaths involving no other drugs. Deaths and treatment admissions for prescription opiates continue to rise. Methamphetamine indicators appear to be plateauing in King County, users are disproportionately Caucasian. Marijuana is widely used, particularly by youth. Prescription depressant medications are mostly used in combination with other drugs, often with deadly effects. MDMA ('Ecstasy') indicators have declined in the past few years, adulteration continues and may be increasing. Hepatitis B and C infect the majority of injection drug users (IDU). HIV among IDU is generally low, with the exception of methamphetamine injecting men who have sex with men (MSM).

INTRODUCTION

Area Description

Located on Puget Sound in western Washington, King County spans 2,130 square miles, of which the city of Seattle occupies 84 square miles. The combined ports of Seattle and nearby Tacoma make Puget Sound the second largest combined loading center in the United States. Seattle-Tacoma International Airport, located in King County, is the largest airport in the Pacific Northwest. The Interstate 5 corridor runs from Tijuana, Mexico, in the south, passes through King County, and continues northward to Canada. Interstate 90's western terminus is in Seattle; it runs east over the Cascade Mountain range, through Spokane, and across Idaho and Montana.

According to the 2000 census, the population of King County is 1,737,034. King County's population is the 12th largest in the United States. Of Washington's 5.9 million residents, 29 percent live in King County. The city of Seattle's population is 563,374; the suburban population of King County is growing at a faster rate than Seattle itself.

The county's population is 75.7 percent White, 10.8 percent Asian/Pacific Islander, 5.5 percent Hispanic, 5.4 percent African-American, 0.9 percent Native American or Alaska Native, 0.5 percent Native Hawaiian and Other Pacific Islander, and 2.6 percent "some other race." Those reporting two or more races constitute 4.1 percent of the population. Income statistics show that 8.0 percent of adults and 12.3 percent of children in the county live below the Federal poverty level, lower than the State averages of 10.2 percent and 15.2 percent, respectively.

Data Sources

Information for this report was obtained from the sources described below:

- **Emergency department (ED) drug mentions data** were obtained from the DAWN Live system administered by the Drug Abuse Warning Network (DAWN), Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA). Preliminary data for the first half of 2004 are

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presented. A total of 22 hospitals have been selected for inclusion in the sample, however during this period between 10-12 hospitals reported data each month. And, data were incomplete with less than 50% complete data for 1-2 of these hospitals in each month. These data are preliminary, meaning that they may change. Data represent drug reports and are not estimates for the reporting area. Data are utilized for descriptive purposes only. Data cannot be compared to DAWN data from 2002 and before, nor can preliminary data be used for comparison with future data. Only weighted data released by OAS may be used for trend analyses. 2004 will be the first year of data weighted, so reasonable trend analyses will not be possible for several years. Available data are for King and neighboring Snohomish Counties combined. ED race/ethnicity is not reported because 63 percent of drug abuse/other cases do not have race/ethnicity documented. There are new case types in DAWN, with the primary one presented here being the 'other' case type which includes "all ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse" not classified in other categories such as over-medication and seeking detox/treatment. For the sake of clarity 'other' will be referred to as 'drug abuse/other' in this report. Unless specifically stated, data presented are for the drug abuse/other case type.

- **Treatment data** were extracted from the Washington State Department of Social and Health Service Division of Alcohol and Substance Abuse's Treatment and Assessment Report Generation Tool (TARGET) via the Treatment Analyzer system. TARGET is the department's statewide alcohol/drug treatment activity database system. Data were compiled for King County residents from January 1, 1999, through June 30, 2004. Data are included for all treatment admissions that had any public funding. Department of corrections and private pay clients (primarily methadone) are also included, though they contribute only a small number of cases. Methadone waiting list data for those seen at syringe exchange are administered and provided by Public Health-Seattle & King County.
- **Drug-related mortality data** were provided by the King County Medical Examiner (ME). Data for the first half of 2004 are preliminary. The data include deaths directly caused by licit or illicit drug overdose and exclude deaths caused by antidepressants in isolation and by poisons.

Totals may differ slightly from drug death reports published by the King County ME's office, which include fatal poisonings. Testing is not done for marijuana. Because more than one drug is often identified per individual drug overdose death, the total number of drugs identified exceeds the number of actual deaths.

- **School drug use survey** data are available from the Seattle Public School's Communities That Care survey for 2002 and 2004. Response rates were 50 percent in 2002 and 60 percent in 2004. Trends cannot be determined from these data.
- **Syringe exchange data** on the number of syringes exchanged and the number of encounters with clients is provided by Public Health-Seattle and King County's HIV/AIDS program.
- **Prescription drug sales** data are extracted from the Drug Enforcement Administration's Automation of Reports and Consolidated Orders System (ARCOS) reports. The data provide retail drug distribution data by zip code, covering primarily sales to hospitals and pharmacies. Data are unavailable for most drugs for year 2000. ARCOS data presented here are for the 3 digit zip codes areas of 980 and 981 which roughly correspond with King County boundaries. The population in these two zip code areas is 1,969,348 compared with 1,737,034 for King County in 2000.
- **Illegal drug seizures** data are from the U.S. Customs Service relating to the seizures for all illegal drugs are included for January 2001 to June 2004.
- **Methamphetamine production data** are from the Washington State Department of Ecology (DOE), which is mandated to respond to and document all "Methamphetamine Incidents," including operating labs, dump sites, and other sites associated with the manufacture of methamphetamine.
- **Forensic drug analysis data** are from the National Forensic Laboratory Information System (NFLIS), which distributes data from the Washington State Patrol's Toxicology Laboratory on drug test results on local law enforcement seizures. These data include the top 25 drugs identified in FY 2003 and FY 2004. Data are presented for the Seattle area lab in comparison to the rest of the State.

- **Data on infectious diseases related to drug use**, including the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and hepatitis, were provided by two sources. One source is “HIV/AIDS Epidemiology Report.” Data on HIV and AIDS cases (including exposure related to injection drug use) in Seattle-King County, other Washington counties, Washington State (2001 through 2003), and the United States (2000 through 2002) are provided by Public Health-Seattle and King County (PHSKC), the Washington State Department of Health, and the Federal Centers for Disease Control and Prevention (CDC). HIV cases were reported to PHSKC or the Washington Department of Health between 2000 and 2004. The Sexually Transmitted Disease (STD) Clinic, Public Health – Seattle & King County (PHSKC) provided data on clients’ drug use, health status, and health behaviors for October 2001 to September 2002.
- **Drug-related help-line data** are from the Washington State Alcohol/Drug Help Line (ADHL), which provides confidential 24-hour telephone-based treatment referral and assistance for Washington State. Data are presented for January 2001 to June 2004 for calls originating within King County. Data presented are for drugs mentioned. A caller may refer to multiple drugs; therefore, there are more drug mentions than there are calls. The data exclude information on alcohol and nicotine, which account for more than one-half of the calls. Data are presented primarily for illicit drugs only, prescription drugs have not been coded consistently over time, therefore limiting trend analyses. The large number of unknown drugs in 2001 and 2002 may obscure some trends as well.
- **Key informant interview data** are obtained from discussions with treatment center staff, street outreach workers, and drug users.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

The proportion of treatment admissions involving cocaine (i.e. cocaine was mentioned as the primary, secondary or tertiary drug of abuse at the time of entry into treatment) have declined slowly but steadily, from 45 percent of all admissions in 1999 to 37 percent in the first half of 2004 (Exhibit 1). Cocaine use was uncommon among youth, with approximately 3 percent of cocaine-involved-treatment-admissions from 1999 through the first half of 2004. Cocaine users appear to be an aging group with the proportion of those ages 45-

54 increasing from 15 percent in 1999 to 24 percent in the first half of 2004. At the same time the age group with the greatest proportion of admissions, 30-44 year olds declined from 64 to 52 percent of admissions. For treatment admissions in which cocaine was not the primary, secondary or tertiary drug of abuse, 29 percent were female, while cocaine involved admissions were 39 percent female on average over this timeframe. No changes in the proportion of females was seen over time.

African Americans are disproportionately represented in the treatment data relative to their representation in the county, due largely to the fact that these data are almost entirely based upon publicly funded treatment admissions and African Americans have a lower annual income on average in King County than Caucasians. Even accounting for this demographic fact, African Americans entering treatment use cocaine at much higher levels than Caucasians. In the first half of 2004, 33 percent of cocaine-involved-treatment-admissions were African American compared to 15 percent among those admitted to treatment who did not use cocaine. The county is 5 percent African American.

New DAWN cocaine emergency department drug reports for drug abuse/other case types represented the largest proportion of illegal drugs, 36 percent (n=1,082) in the first half of 2004 (Exhibit 2). Additionally there were 124 drug reports for cocaine for those seeking detoxification/treatment. Demographics for drug abuse/other case types were as follows. A similar proportion of cocaine drug reports were female, 35 percent, as for all drugs including alcohol, prescription and over the counter drugs, 37 percent. Cocaine drug reports involved individuals who were generally older than for those seen for any drug. Only 4 percent of cocaine drug reports were for those ages 12-20, compared to 10 percent for all drugs. For cocaine drug reports 38 percent were 35-44 compared to 30 percent for all drugs.

New DAWN data for presenting complaints are newly available. On average for each person there were 1.47 complaints. Most common for cocaine were altered mental status 20 percent, identical to all drugs, and psychiatric condition 24 percent, higher than the 18 percent for all drugs. Cocaine drug reports were less likely to involve abscess/cellulites problems 7 percent compared to all drugs with 12 percent. Those with cocaine drug reports were more likely to be admitted to the psychiatric unit, 7 percent, than those with any other illicit drug type reported.

Information on the route of administration was not documented for 72 percent of cocaine drug reports, much higher than the 52 percent of all drug types for

DAWN E.D. data. Still, some differences were evident. Excluding missing data, 41 percent of cocaine drug reports involved smoking, compared with 15 percent of all drugs. Injection was the second most common route among cocaine drug reports, 36 percent, less than the 41 percent for all drugs.

Cocaine was the most common drug mentioned by adults calling the Helpline (Exhibit 3). Between 27- 37 percent of calls by adults were about cocaine; any changes over time were obscured by the high number of calls about unknown drugs in 2001 and 2002. For youth, cocaine was the third most common drug, with between 8 and 14 percent of calls in each time frame, again the large number of unknown drug type calls obscured any trends.

Cocaine was not commonly used by high school seniors in the past 30 days (Exhibit 4). Use levels were 1.7 percent in 2002 and 2.5 percent in 2004 (not significantly different).

Cocaine was the most common substance identified in the Seattle area according to NFLIS data on local law enforcement drug seizure testing (Exhibit 5). Cocaine was the second most common drug detected in the laboratories for the rest of the state, with about half of the level found in the Seattle area lab. Minimal change occurred in the proportion of cocaine positive tests from FY 2003 to FY 2004.

Cocaine involved deaths in the first half of 2004 represented 37 percent of deaths (Exhibit 6a). The total number of cocaine involved deaths (n=43) is the third highest number in a half year period since 1997. African Americans are involved in cocaine related deaths at levels disproportionate to their representation in the local population. Over this seven and a half year period 20 percent of cocaine involved decedents were African Americans (Exhibit 6c), compared to the 5 percent of the King County population that is African American. Caucasians were involved in 73 percent of cocaine related deaths, slightly lower than the 76 percent of the county population they represent. Females made up 21 percent of cocaine involved deaths, compared to 29 percent for all drug involved deaths. The median age for decedents with cocaine identified was 41, similar to the median age for all decedents, 42. On average, one in five deaths involving cocaine involved no other drugs (Exhibit 6b).

The number of cocaine seizures by the U.S. Customs Service remained steady with 14 in the first half of 2004 totaling 199 pounds (Exhibit 7). Cocaine is seized relatively infrequently by U.S. Customs. For

the first half there were four fairly large seizures, ranging from 17 to 88 pounds.

Heroin

The proportion of treatment admissions involving any use of heroin declined from 26 to 20 percent from 1999 to June 2004 (Exhibit 1). Heroin use was rare among youth entering treatment, with only one percent of youth mentioning heroin as a current drug of abuse. Similar to cocaine heroin users entering treatment appear to be an aging group with the proportion of those aged 45-54 increasing from 26 percent to 33 percent. At the same time those aged 30-44 declined from 54 percent to 45 percent.

Women represented approximately 39 percent of heroin involved admissions, higher than the 31 percent for admissions not involving heroin. African Americans represented about 17 percent of admissions involving heroin, lower than the proportion using other substances, 23 percent, but still about three times the proportion living in the county. Four percent of people admitted to treatment who were using heroin were Native American, less than the 6 percent for other drugs, but much higher than the one percent of all county residents who are Native American.

Among those entering opiate substitution treatment, the proportion reporting heroin as their primary drug decreased from 95 to 84 percent from January 1999 to June 2004 (Exhibit 8). Both treatment admissions and discharges peaked in 2000 and have steadily declined since. At the same time the waiting list for methadone has remained long (Exhibit 9). The volume of syringes exchanged increase in both 2003 and 2004 (Exhibit 10). Together these data point to a continued high level of treatment need and demand. It may be that treatment admissions and discharges have declined as lengths of stay have increased.

The proportion of all deaths involving heroin in the first half of 2004 was lower than anytime in the prior seven years, 29 percent compared to 49 percent overall and a peak of 73 percent in the second half of 1998 (Exhibit 6a). The proportion of heroin involved deaths due solely to heroin has plummeted to 9 percent in the first half of 2004, down from 52 percent in the first half of 1997 (Exhibit 6b). Heroin involved decedents had a median age of 41, similar to the age seen for all decedents, 42 (Exhibit 6c). Females made up just 18.5 percent of deaths, the lowest proportion for any drug. Three percent of heroin involved deaths were among Native

Americans, higher than the 1 percent of the County population that is Native American.

The precipitous drop in heroin involved deaths seen in the second half of 2000 and largely maintained through the first half of 2004 coincides with an increase in local methadone treatment capacity. Purity of heroin locally decreased around this same general time as well. In 1998 the average purity of heroin purchased was 21 percent per the DEA Domestic Monitoring Program. In 2000 the purity was 13 percent, it has since declined a bit further to 10 percent in 2003. In order to obtain a high from such low purity heroin most users use inject.

The primary form of heroin on the streets is Mexican black tar. All DEA DMP buys of heroin that have been positively identified were found to be Mexican in origin. China white, a common form in Vancouver, British Columbia, and on the east coast of the United States, is uncommon in the local area according to regional HIDTA and DEA information.

Heroin drug reports in the New DAWN system represented 31 percent of illegal drug abuse/other drug reports in the first half of 2004, second only to cocaine at 36 percent (Exhibit 2). The number of drug abuse/other drug reports for heroin totaled 933 with another 91 drug reports for individuals seeking detox/treatment. A relatively large proportion of heroin drug abuse/other reports were women, 43 percent, compared to 37 percent for all drug types.

Only 3 percent of heroin drug reports were for those ages 12-20, compared to 10 percent for all drugs. For heroin drug reports 32 percent were 35-44 similar to the 30 percent for all drugs. The most common complaint among heroin drug abuse/other reports was abscess/cellulites, 42 percent, much higher than for any other substance and for all substances combined, 12 percent.

Admissions to any hospital unit were higher for heroin involved drug abuse/other reports, 25 percent, than for any other major substance. Route of administration data were most complete for heroin, with only 31 percent of reports not documenting the route, compared with 52 percent overall. Injection was far more common among heroin involved drug reports, 96 percent among reports with data, compared 20 percent for all substances.

Heroin mentions in calls to the helpline represented 13 to 18 percent of adult calls and 2 to 3 percent of youth calls (Exhibit 3). Trends over time are not measurable because of the large number of calls about ‘unknown’ drugs.

NFLIS results show similar levels of law enforcement seizures for heroin in the Seattle area (5 percent) and the rest of the State (5-7 percent). Heroin was the fourth most common substance detected in each of these regions (Exhibit 5).

Heroin seizures by the U.S. Customs Service are generally infrequent, with no seizures in the first half of 2004 (Exhibit 7). The major trafficking route is believed to involve the Interstate highway system from the southwestern United States, once the product has crossed the Mexican border. It is believed there is not much heroin trafficking across the Washington-Canadian border in either direction.

Price data for King County from the Northwest HIDTA for 2003 for Mexican black tar heroin include: \$30–\$150 per gram, \$400–\$900 per ounce, \$8,000–\$10,000 per pound, and \$16,000–\$25,000 per kilogram.

Other Opiates/Prescription Opiates

For the purposes of this report, “other opiates/prescription opiates” include codeine, dihydrocodeine, fentanyl, hydrocodone (e.g. Vicodin), methadone, oxycodone (e.g. Percocet and OxyContin), propoxyphene (e.g. Darvon), sufentanil, tramadol (e.g. Ultram), hydromorphone (e.g. Dilaudid), meperidine (e.g. Demerol) pharmaceutical morphine, acetylmethadol, and the “narcotic analgesics/combinations” reported in the DAWN ED data.

Treatment admissions for other opiates as the primary drug have increased from 0.8 to 2.3 percent of admissions to all treatment modalities from 1999 to the first half of 2004 (Exhibit 1). Over this same time frame the proportion of 18-29 year olds increased from 16 to 42 percent. Over half of the admissions were female, 55 percent, much higher than the 33 percent seen for all substances. Other opiate users were much more likely to be white, 77 percent, compared to users of all substances, 58 percent. The proportion of primary other opiate user who reported ever injecting drugs was nearly identical to all drug users, 35 vs. 34 percent respectively.

Among those entering opiate substitution treatment the proportion of prescription opiate users has increased from 3 percent in 1999 to 14 percent in the first half of 2004.

New DAWN data on drug abuse/other case type reports for other opiates in the first half of 2004 totaled 353, with 81 seeking detox/treatment and 246

reporting over-medication (Exhibit 2). The total of 838 drug reports for other opiates for all eight DAWN case types represented 10 percent of all substances.

The characteristics of other opiate drug reports for drug abuse/other include a much higher proportion female, 48 percent, than for all substances combined 37 percent. Use was more frequent among older groups, with 37 percent aged 45 and older having drug reports involving other opiates, compared with 23 percent overall. The proportion presenting with a chief complaint of withdrawal was much higher, 26 percent, than for all other drugs, 5 percent. A slightly larger proportion of other opiate drug reports were referred to detox/treatment, 10 percent, than for all substances, 7 percent. Route of administration data were missing for 52 percent of other opiate drug reports, among those with data 91 percent used orally, compared with 41 percent for all drugs.

Specific types of other opiates were documented in 260 of the 353 drug reports for drug abuse/other reports. The most common types were methadone (n=109), oxycodone single drug formulation (n=53), hydrocodone-acetaminophen (n=28), morphine (n=21) and oxycodone-acetaminophen (n=20).

Calls to the helpline about methadone represented 2 percent of calls in 2001 and 2002, 3 percent in 2003 and 5 percent in the first half of 2004 (Exhibit 3). Other prescription opiates were common, however categorization of these substances changed over time, precluding trend comparisons. In the first half of 2004 there were 98 calls specifically about OxyContin and 198 about “prescription pain pills.” Combined, these calls for OxyContin and prescription pain pills represented 14 percent of all adult calls for illicit, over the counter and prescription drugs. For youth there were many fewer such calls, with 8 total for methadone over the three and a half year period. There were seven youth calls about OxyContin and 10 for prescription pain medications, just 5 percent of youth calls combined.

Three types of prescription opiates are among the top 25 substances reported in the NFLIS data: oxycodone, hydrocodone and methadone (Exhibit 5). For the Seattle area these three substances totaled 2 percent in FY 2003 and 3 percent in FY 2004. For the rest of the state about 3 percent of seizures tested positive for these substances in both years.

The number of deaths involving prescription opiates is at an all time high, 48 in the first half of 2004, up from 13 in the first half of 1997 (Exhibit 6a). Decedents were more likely to be female, 42 percent,

than the average for all drugs, 29 percent (Exhibit 6c). They were also slightly more likely to be Caucasian, 87 percent compared to 84 percent for all drugs. And, the median age was older, 43 years compared to 42 for all drugs.

Prescription opiates are infrequently the sole drug found in drug involved deaths, with 13 percent of deaths involving prescription opiates ruled as single drug only deaths (Exhibit 6b). From 1998 to 2000 other opiate only deaths were at higher levels, ranging from 17 to 33 percent of all deaths involving prescription opiates. Since 2002 the proportion of single drug deaths involving prescription opiates has not exceeded 8 percent.

What constitutes a prescription opiate-related death is unclear, however, particularly among opiate-tolerant individuals. Issues of tolerance, potentiation with other drugs, and overlapping therapeutic and lethal dose levels complicate assigning causation in prescription opiate-involved fatalities. The source and form of prescription opiates involved in deaths are often undetermined.

DEA data on sales of prescription opiates to hospitals and pharmacies indicate that methadone has steadily increased each year, with a total increase of 480 percent from January 1997 to June 2004 (Exhibit 11). Note that these data for methadone only include prescriptions for pain written by physicians; they do not include methadone provided in opiate treatment programs. Oxycodone has continued to increase in recent years, though the rate of increase slowed in the first half of 2004. Hydromorphone (80 percent), hydrocodone (99 percent), morphine (129 percent) and fentanyl (162 percent) have all increased as well. Codeine and meperidine have both steadily declined, decreasing 31 percent and 39 percent respectively.

Several diverse factors may impact these prescribing patterns: 1) increased advertising and promotion of pharmaceuticals generally, 2) guidelines promoting adequate use of opiates for management of pain released in 1996 by the Washington State Medical Quality Assurance Commission, 3) recent efforts to shift to methadone and morphine as less expensive alternatives to other opiates by Washington State agencies.

Marijuana

Half of all people admitted to treatment reported current marijuana use from 1999 to June 2004 (Exhibit 1). Among those entering treatment who reported current marijuana use, youth constituted 28 percent of admissions. However, youth only

represented 2 percent of those entering treatment not reporting current marijuana use. A larger proportion of marijuana users are male, 71 percent, than non-users 63 percent.

Marijuana E.D. drug abuse/other reports represented 11 percent (n=429) of illicit drugs reported (Exhibit 2). An additional 25 people who were using marijuana (perhaps in combination with other drugs) sought detox/treatment. Marijuana drug abuse/other reports were much more common among those ages 12-20, 30 percent, than for all substances, 10 percent. Chief complaints for marijuana most commonly were for altered mental status, 24 percent, and psychiatric condition, 26 percent, higher than the averages for all drugs, 20 and 18 percent respectively.

Calls to the helpline for marijuana constituted 24-20 percent of adult calls and 45 to 57 percent of youth calls (Exhibit 3). Marijuana was the most common substance identified by youth and the second most common for adults, tied with methamphetamine.

Marijuana was the most commonly identified illegal drug among high school seniors. Use in the prior 30 days was reported by 27.0 percent in 2002 and 25.4 percent in 2004 (Exhibit 4).

Cannabis was the third most commonly identified substance in NFLIS data for both the Seattle area and the rest of Washington State (Exhibit 5). In the Seattle area 17 percent and 15 percent of seizures tested positive for cannabis in FY 2003 and FY 2004. Similar levels were seen in the rest of the State, almost 16 percent for both years.

Seizures by U.S. Customs continue to exceed all other substances with 248 seizures totaling 9,750 pounds in the first half of 2004 (Exhibit 7). The second half of 2003 saw the greatest seizures in terms of weight, though the number of seizures was very similar to the most recent time period. The average weight per seizure is up since increased scrutiny following the September 11th, 2001 attacks.

HIDTA data collected from King County law enforcement in 2003 show the following prices for marijuana: \$10–\$40 per gram, \$250–\$500 per ounce, and \$2,200–\$4,000 per pound. Price depends on the quality and a variety of other factors, but “BC Bud” from British Columbia, Canada, is widely available and the most expensive of the marijuana varieties available in King County.

Stimulants

The proportion of helpline calls related to methamphetamine remained steady from January 2001 through June 2004 (Exhibit 3). Approximately 20 percent of adult and 18 percent of youth calls about illicit drugs involved methamphetamine. Among youth, methamphetamine is the second most frequently mentioned illicit drug following marijuana. Among adults, methamphetamine calls are less frequent than cocaine, similar to marijuana and slightly more frequent than heroin.

The proportion of treatment admissions for King County residents involving methamphetamine increased slightly in the first half of 2004 to 15 percent, similar to the 14 percent in each of the three years prior and a sizeable increase from 9 percent in 1999 (Exhibit 1).

The characteristics of those entering treatment for methamphetamine use indicate that they are disproportionately white compared to the County as a whole and compared to those admitted to publicly funded drug treatment. Caucasians represented 76 percent of King County residents in the 2000 census, but 82 percent of methamphetamine related treatment admissions in the first half of 2004. This is a lower proportion of Caucasians entering treatment for methamphetamine than in 1999. However an increasing number of people are being identified as ‘multiple race’, which makes the detection of trends difficult.

Treatment data indicate that methamphetamine users are much younger than other drug users with 37 percent between the ages of 18-29 and 48 percent ages 30-44 in the first half of 2004. This compares with those who did not use methamphetamine, 23 percent of whom were between 18-29 and 40 percent between 30-44. The age at treatment admission has stayed fairly steady for methamphetamine users, with no discernable trend, since 1999.

A larger proportion of methamphetamine treatment admissions were female, 39 percent of admissions between January and June 2004, than the 32 percent for those using other drugs.

Deaths involving amphetamines appear to have leveled off (Exhibit 6a). Almost all amphetamine deaths involved methamphetamine specifically. There were seven deaths in which methamphetamine was identified in the first half of 2004, compared to nine in each of the preceding three six-month periods. Decedents with methamphetamine identified tend to be substantially younger than those with other drugs,

median age 36.5 compared to 42 from January 1997 to June 2004 (Exhibit 6c). A minority of decedents were female, 22 percent over this time frame, compared to 29% for all drugs. Caucasians were overrepresented with 88 percent of methamphetamine involved deaths compared to 84 percent of all deaths through June 2004. On average 31 percent of amphetamine deaths involved no other drugs, this is the second highest proportion on any of the drugs, following heroin (Exhibit 6b).

New DAWN data for the first half of 2004 indicate amphetamine case reports totaling 68 drug abuse/other, 5 seeking detox/treatment and 8 over-medication (Exhibit 2). Among those seen for drug abuse/other, 62 percent were male, 31 percent were ages 18-29, 22 percent 30-34 and 25 percent 35-44. The most common chief complaints were altered mental status and psychiatric condition. Route of administration was documented for a minority of patients with 8 of the 68 taking amphetamine orally and 11 injecting; for 48 people route was not documented. The number of people injecting amphetamines, not methamphetamine which is a separate category, seems high and may represent mis-coding. The most common specific form of amphetamine was amphetamine-dextroamphetamine e.g. Adderall.

For methamphetamine, there were 331 drug abuse/other reports and 33 seeking detox/treatment. These drug abuse/other reports for methamphetamine represented slightly less than 10 percent of all illicit drug reports. Among those seen for other/drug abuse 69 percent were male. Half were ages 18-29, a much larger proportion than the 28 percent for all drugs combined.

Presenting complaints for methamphetamine drug reports included altered mental status, 28 percent, psychiatric condition, 22 percent and abscess/cellulites, 10 percent, all were more frequent than for other drugs. Data for route of administration was missing for two-thirds of methamphetamine drug reports. For the drug reports with route data, 63 percent injected, second only to heroin, and 21 percent ingested by smoking.

In 2004, Public Health-Seattle & King County undertook a comprehensive review of local behavioral research studies and HIV/STD testing and reporting data to: 1) determine the current prevalence of methamphetamine use among men who have sex with men (MSM), 2) identify associations between MSM methamphetamine use and HIV, and 3) assess findings specific to methamphetamine injection.

Findings regarding methamphetamine use include: roughly 1 out of 10 MSM has used methamphetamine at least once in the past year, recent use of methamphetamine may be up to two times higher (20%) among MSM under the age of 30 than older MSM, methamphetamine use is up to three times higher (about 30%) in MSM with HIV and methamphetamine use is more prevalent among White MSM than MSM of color.

Only about 2% (n=660-990) of all MSM have injected methamphetamine at least once in the past year, and injectors make up an estimated 11% of current MSM methamphetamine users. The risk profile of MSM is distinct from other injecting populations in terms of HIV prevalence with almost 30% HIV infected among MSM amphetamine injectors, 10% in MSM heroin injectors and 2% in non-MSM male heroin injectors (Exhibit 13). Public Health believes that the high HIV prevalence in MSM amphetamine injectors is probably due to sexual transmission rather than transmission via sharing of syringes or other drug injection equipment. (Note that 'amphetamine' was the term used in some data collection, but it is believed that the findings relate specifically to methamphetamine.)

Data from PHSKC's STD clinic indicate that among men who have sex with men (MSM), methamphetamine use is significantly associated with increased numbers of sexual partners, contracting gonorrhea, having a new HIV diagnosis, and having preexisting HIV. A significantly larger proportion of MSM methamphetamine users were potential HIV transmitters, 67 percent, than non-methamphetamine users, 38 percent; potential transmitters are defined as HIV positive MSM with unprotected anal sex partners who are HIV negative or of unknown HIV status. MSM who used methamphetamine were also much more likely to be at risk for acquiring HIV, 47 percent, compared to non-methamphetamine users, 25 percent; risk of acquiring HIV is defined as having an unprotected anal sex with a partner who is HIV positive or whose serostatus is unknown. Overall, lifetime methamphetamine use among those seen at the clinic was reported by 8.7 percent of MSM, compared with 1.7 percent of heterosexual men ($p<0.0001$). Use of methamphetamine by MSM injection drug users has been noted for over a decade in the Seattle area.

Use of methamphetamine in the past 30 days is relatively low among high school seniors, 1.1 percent in 2002 and 2.0 percent in 2004 (Exhibit 4).

Federal law enforcement sources report that less methamphetamine is being manufactured in

Washington, but that demand is being met by an increase in supply from Mexico or Mexican groups in California.

DEA reports that crystal methamphetamine is increasingly available and that prices are slowly declining. Regarding purity the DEA reports: “The overall purity of exhibits collected in Washington for the first six months of FY 2004 has averaged 50%, up from the average purity of 45% seen during FY03 and surpassing the 30% seen during FY01 and FY02. Of the DEA offices in Washington, Seattle... exhibits have currently yielded the highest purity at nearly 66%.”

Methamphetamine incidents, a combination of active labs used for manufacturing and dump sites of lab equipment or inactive labs, decreased for Washington State as a whole in 2004 (Figure 12). The peak in incidents for the State and the two most populace counties was in 2001. In King County the number of incidents remained flat in 2003 and 2004, while Pierce County to the south saw increases, Snohomish County to the north had a slight increase and Kitsap County to the west a bit of a decline. The rate of methamphetamine incidents per 100,000 population was 11 in King County, 77 in Pierce County, 17 Snohomish County, 19 Kitsap County and 23 for Washington State in 2004.

It is important to note that these data do not indicate the manufacturing methods or the quantities manufactured at the site of individual incidents. Anecdotal reports from law enforcement indicate that “super” labs, those capable of producing large amounts of methamphetamine quickly, represent a small minority of manufacturing labs in the State.

The total number of seizures by US Customs has remained low and fairly steady for methamphetamine (Exhibit 7). Pseudoephedrine, an important precursor chemical, has been illegally imported from Canada. However, the supply from large pharmaceutical companies in Canada has apparently been dramatically reduced in the past year, with a concomitant decline in importation into the U.S. according to the NW HIDTA.

NFLIS data indicate that methamphetamine is found in law enforcement seizures at a much lower level in the Seattle area compared with the rest of the State (Exhibit 5). In fiscal year 2004, 29 percent of Seattle area drug tests and 52 percent of the rest of Washington were positive for methamphetamine. These data represent slight proportional increases from FY 2003.

Another stimulant is cathinone, the active ingredient in the botanical khat grown primarily in East Africa and the Middle East. Cathinone is a DEA schedule 1 substance. Fresh khat leaves are chewed or brewed into a tea for their stimulating effect. Because it needs to be fresh to be potent, air is a common trafficking route, with occasional seizures at Seattle-Tacoma international airport according to the NW HIDTA. Indicator data rarely reveal khat, however NFLIS data in FY 2003 did show 11 pieces of evidence tested positive for cathinone at the Seattle area lab, none was seen in the rest of Washington State or in 2004. Law enforcement reports use is most common among East African immigrants. This pattern is similar to that seen in the Twin Cities, Minnesota area.

Depressants

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

Depressants are rarely mentioned as a primary drug at intake to drug treatment. Less than one percent of admissions during the period of January 1999 to June 2004 were for depressants (Exhibit 1).

DAWN ED drug reports for depressants (barbiturates, benzodiazepine and anxiolytics/sedatives/hypnotics) totaled 145 for drug abuse/other case type reports, 21 for seeking detox/treatment and 244 for over-medication (Exhibit 2). The 145 drug abuse/other case types represented just 4 percent of all drugs. Females represented a larger proportion of drug reports, 44 percent, than for all drugs combined 37 percent. The ages of those with drug reports for depressants tended to be older than for all drugs.

Depressant drug reports in emergency departments were much more likely to have overdose as a complaint, 17 percent, than for all drugs, 9 percent. Withdrawal was also a more common complaint with 12 percent of depressant drug reports compared to 5 percent of all drugs.

NFLIS data showed that under 1 percent of exhibits from the Seattle-area lab and the rest of the State were benzodiazepines (i.e., diazepam, and clonazepam), with no change between FY 2003 and FY 2004 (Exhibit 5).

Deaths involving depressants were at the highest level in the year from July 2003 to June 2004, with 79 deaths, compared to 45 in 1997 (Exhibit 6a). Those dying depressant involved deaths were older, 43 compared to 42, more likely Caucasian 89 percent compared to 84 percent, and more likely to be female, 43 compared to 29 percent for all drug involved deaths (Exhibit 6c). Few depressant involved deaths were due solely to depressants, 7 percent overall, the second lowest proportion next to muscle relaxants.

Hallucinogens, Club Drugs, and Dextromethorphan

Hallucinogens include lysergic acid diethylamide (LSD), mescaline, peyote, psilocybin (mushrooms), phencyclidine (PCP), and inhalants. “Club drugs” is a general term used for drugs that are popular at nightclubs and raves, including the hallucinogens, methylenedioxymethamphetamine (MDMA) (ecstasy), gamma hydroxybutyrate (GHB), gamma butyrolactone (GBL), ketamine, and nitrous oxide. Dextromethorphan, commonly found in over-the-counter cough medicines, can have dissociative effects at high dosages.

Treatment admissions in which Hallucinogens or PCP are mentioned as primary are infrequent, with well under 1 percent of admissions from 1999 to June 2004 (Exhibit 1).

ED drug abuse/other reports for these classes of drugs varied in frequency with 51 PCP, 47 MDMA, 16 miscellaneous hallucinogens, 8 LSD and 5 GHB (Exhibit 2). Together these substances represented 4 percent of illegal drug reports. Because of the small numbers detailed data are presented just for PCP and MDMA.

PCP drug abuse/other reports were overwhelmingly male, 96 percent, versus 63 percent for all drugs. PCP drug reports were much younger than the average for all drugs, 61 percent were 18-29, compared to 28 percent. Chief complaints also represented a unique pattern with 43 percent altered mental status and 9 percent accident/injury/assault, compared to 20 percent and 3 percent for all drugs, in that order.

Route of administration data were missing for 69 percent of PCP drug reports. Among the reports with data 88 percent indicated smoking as the route. Of the 51 PCP drug abuse/other case types, 28 were specifically documented to be ‘sherm’. Sherm is generally accepted to be street terminology for a

marijuana cigarette laced with PCP. Some on the street believe it to be a marijuana cigarette dipped in embalming fluid, and while that may be the case, discussion with pharmacologists indicate that embalming fluid/formaldehyde is unlikely to have psychoactive effect. There are specific case reports from key informants of embalming fluid being used simply as the liquid in which PCP was dissolved, perhaps to give it a unique look and odor.

Of the 49 MDMA total drug reports in emergency departments 47 were of the drug abuse/other case type. The majority were male, 70 percent and young, 68 percent ages 18-30 and 15 percent under 18. The most common complaint was altered mental status, 25 percent, a bit higher than the average of 20 percent for all drugs. Intoxication was twice as prevalent as a complaint, 12 percent compared to 6 percent overall. Conversely, psychiatric condition was less commonly listed as a chief complaint 9 percent compared with 18 percent overall. Route of administration data were absent for two-thirds of the drug reports, among the reports with data, 93 percent were via the oral route.

Helpline calls regarding PCP and LSD were infrequent representing less than one percent of both youth and adult calls (Exhibit 3). Calls involving MDMA have apparently declined in terms of number and proportion since 2001 for both adults and youth, though the large number of calls for unknown substances limits trend analysis. In 2001, there were 117 adult calls about MDMA (3 percent of illicit drug calls), declining to 27 calls in the first half of 2004 (2 percent). A similar decline was seen for youth from 101 calls in 2001 (9 percent) to 16 calls from January to June 2004 (6 percent). The more general term ‘hallucinogens’ has remained small, but consistent for adults with about 1 percent of calls over time. For youth, hallucinogen related calls appear to have declined from 4 percent to 1 percent of calls.

School survey data that hallucinogens and MDMA are the second most common illicit substances used in the past month following marijuana (Exhibit 4). Hallucinogens, broadly defined, decreased from 3.6 percent to 2.5 percent and MDMA from 3.4 to 2.8 percent from 2002 to 2004.

There was one MDMA involved death in the first half of 2004 (Exhibit 6). Since July 2002 there have been a total of eight MDMA involved deaths, there were no MDMA involved deaths from January 1997 to June 2002. GHB/GBL deaths totaled 3 in 2002 and none have been seen since, and none were noted prior. There was one dextromethorphan involved death in the first half of 2004, a large decrease from the 10 seen in 2003. Prior to 2003 DXM involved

deaths ranged from 0-4 per year, back until 1997 when detailed data are first available.

According to the NFLIS, MDMA was detected at slightly higher levels in the Seattle area lab than the rest of the State (Exhibit 5). The Seattle area lab reported 1.4 and 1.0 percent of evidence tested positive for MDMA in FY 2003 and FY 2004, while for the rest of the State the levels were 0.5 in each year. Psilocin, the active ingredient in psychedelic mushrooms, was seen at similar levels for each region and in each year, between 0.5-0.7 percent. PCP was not among the top 25 drugs detected in Washington, not including Seattle, while in Seattle it represented a bit less than 1 percent of evidence in each year.

The U.S. Customs Service first provided data indicating seizures of MDMA in the first half of 2002 (Exhibit 7). The number of seizures and amount of product seized has generally been low. However, the highest number of seizures 25, and the second highest total weight of those seizures, 99 pounds, were seen in the first half of 2004. The data refer primarily to ecstasy tablets and pills, though data for one seizure specifically noted a half pound of ecstasy powder.

A recent report from British Columbia, Canada noted that about half of the MDMA had methamphetamine in it. Unfortunately data on testing of Washington State law enforcement seizures do not capture what the drug was sold as, so these data cannot be used directly. However, state toxicology laboratory staff report that methamphetamine is increasingly seen in addition to MDMA in tablets.

Another source of data, www.ecstasydata.org, represents a convenience sample of drug tests on tablets purported to be MDMA. These data are based upon samples submitted by the general public that are suspected of being adulterated. The location of the purchase is noted. Data from 65 samples submitted from 2000 to 2003 for Seattle indicate that 52 percent of the pills contained MDMA, 24 percent caffeine, 21 percent MDA and 19 percent methamphetamine. No trend is discernable due to the small numbers in each year (Exhibit 14).

According to sources “Adulterants are ... there to fool naive users and make a quick buck”. The increase in methamphetamine in MDMA may simply be a matter of profit, with a bit of MDMA in each tablet to get past the test kits and methamphetamine (which is much cheaper) to make sure the pill still has a kick.

Pill presses, necessary for tableting Ecstasy, are still occasionally seized according to federal law enforcement sources.

Other Drugs of Note—Muscle Relaxants and Tri-Cyclic Antidepressants

Muscle Relaxants

Only 19 drug reports in the New DAWN data for muscle relaxants were classified as drug abuse/other out of the total 93 reports for all case types (Exhibit 1).

Carisoprodol was infrequently identified in NFLIS data for any region of the State and for either year of data collection, between 0.0 and 0.3 percent of evidence tested (Exhibit 5). NW HIDTA reports that carisoprodol is the sixth most common substance identified in impaired drivers, according to the State Toxicology Lab in 2003.

Muscle relaxants are a category of drug that is often overlooked in the investigation of drug abuse trends. In past reports these medications were categorized as “other drugs” and not discussed. These drugs can have potent sedating effects in addition to their impact on muscle tissue. Use of muscle relaxants in combination with other depressants such as alcohol or benzodiazepines is contraindicated.

Key informants continue to note that cyclobenzaprine (e.g., Flexeril) and carisoprodol (e.g., Soma) are purchased on the street with the intent of using them to get high.

Deaths involving muscle relaxants totaled 4 in the first half of 2004, similar to the prior 18 months, and slightly higher than the level seen in the previous five and a half years (Exhibit 6a). Muscle relaxants were the only substance for which no deaths were due to a single drug (Exhibit 6b). The demographics were equally striking, with all users being Caucasian and 62 percent female (Exhibit 6c).

Antidepressants

The term “antidepressant” indicates the original indication for prescribing the medication when it was introduced on the market, but current indications for use often are very different. Antidepressants are very diverse drugs in terms of their effects, ranging from heavily sedating to mildly stimulating. Tricyclic antidepressants (e.g., amitriptyline, doxepin, nortriptyline, imipramine) are an older class of medications that are now most commonly used for treating insomnia or pain.

There were 11 tricyclic-antidepressant involved drug deaths in the first half of 2004 (Exhibit 6). Tricyclics identified in polydrug deaths peaked in 2003 at 32 mentions, with an average of 18 per year in the preceding 6 years (exhibit 17). All analyses for this report exclude deaths due only to antidepressants, the majority of which involve tricyclics, because the local work group determined these medications are rarely used exclusively as drugs of abuse.

A total of 58 drug reports in New DAWN E.D. data for tricyclic anti-depressants were documented, with just 19 of the drug abuse/other case type (Exhibit 2).

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

Available data are for people diagnosed with HIV infection between July 2001 and June 2004, and reported to Public Health - Seattle & King County or the Washington Department of Health as of 11/30/2004. Injecting drug users (IDU) make up 6 percent (n=54) of King County HIV cases and 14 percent (n=74) of HIV cases in the rest of the state. These levels are much lower than the national average of 26 percent. MSM who are also IDU make up 7 percent (n=64) of the HIV cases in the county and 6 percent (n=29) in the rest of the state, higher than the national average of 5 percent.

Excepting male drug injectors who also have sex with men, the rate of HIV infection among the 15,000–18,000 injection drug users who reside in King County has remained low and stable over the past 14 years. Various serosurveys conducted in methadone treatment centers and correctional facilities and through street and community-targeted sampling strategies over this period indicate that 4 percent or fewer of injecting drug users (IDUs) who are not men who have sex with men (MSM) in King County are infected with HIV. Data from a CDC-funded HIV Incidence Study (HIVIS 1996-2001), suggest that the rate of new infections among non-MSM/non-IDUs in King County is less than 0.5 percent per year.

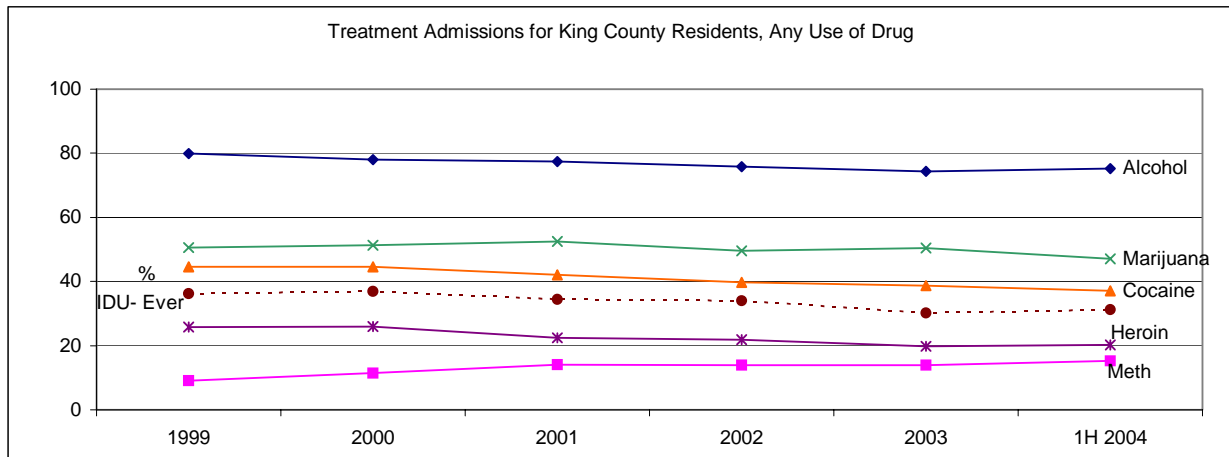
See the stimulant section of this report for findings related to methamphetamine use and HIV infection from local prevalence estimates and STD clinic patients.

Hepatitis B and C are endemic among Seattle-area injectors. Epidemiologic studies conducted among more than 4,000 IDUs by Public Health's HIV-AIDS Epidemiology Program since 1994 reveal that 85 percent of King County IDUs may be infected with hepatitis C (HCV), and 70 percent show markers of prior infection with hepatitis B (HBV). Local incidence studies indicate that 21 percent of non-infected IDUs acquire HCV each year and 10 percent of IDUs who have not had hepatitis B acquire HBV.

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Exhibit 1- Treatment Admissions for Primary, Secondary, or Tertiary Use of Selected Drugs, Residents of King County, Washington: January 1999–June 2004

	1999		2000		2001		2002		2003		1H 2004	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Any Alcohol Use	7,867	79.93	8,180	78.06	7,557	77.36	6,733	75.8	6,538	74.38	3,448	75.15
Any Meth Use	898	9.12	1,194	11.39	1,372	14.05	1,231	13.86	1,218	13.86	697	15.19
Any Cocaine Use	4,382	44.52	4,667	44.54	4,105	42.02	3,535	39.8	3,406	38.75	1,703	37.12
Any Marijuana Use	4,975	50.55	5,377	51.31	5,120	52.42	4,403	49.57	4,435	50.46	2,159	47.06
Any Heroin Use	2,533	25.74	2,719	25.95	2,190	22.42	1,944	21.89	1,735	19.74	928	20.23
IV Drug Use	3,558	36.15	3,865	36.88	3,361	34.41	3,015	33.95	2,652	30.17	1,432	31.21
Total	9,842	100	10,479	100	9,768	100	8,882	100	8,790	100	4,588	100



Data include all ages, all treatment modalities, department of corrections and private pay clients at opiate substitution treatment clinics. Injection drug use (ever).

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

Exhibit 2- ED Drug Reports for Drug Abuse/Other Case Types, King and Snohomish Counties
January-June 2004

	All Drugs 4450	Cocaine 1082	Methamphetamine 331	Other opiates 353	Heroin 933	Marijuana 429	Depressants 145	MDMA 47	PCP 51
GENDER									
Number of drug reports									
GENDER									
Male	63%	65%	69%	52%	57%	68%	56%	70%	96%
AGE									
11 years and younger	0%	0%	0%	0%	0%	0%	0%	0%	0%
12-17 years	3%	1%	1%	0%	0%	12%	4%	15%	2%
18-20 years	7%	3%	16%	4%	3%	18%	3%	23%	20%
21-24 years	9%	7%	17%	7%	6%	12%	10%	34%	24%
25-29 years	12%	11%	16%	11%	13%	13%	8%	11%	18%
30-34 years	15%	15%	14%	12%	17%	15%	13%	9%	25%
35-44 years	30%	38%	24%	30%	32%	19%	34%	6%	8%
45-54 years	20%	22%	9%	29%	27%	10%	21%	2%	4%
55-64 years	3%	4%	1%	7%	3%	1%	6%	0%	0%
65 years and older	0%	0%	0%	1%	0%	0%	1%	0%	0%
COMPLAINT									
Overdose	9%	7%	4%	10%	12%	5%	17%	6%	4%
Intoxication	6%	5%	5%	3%	2%	8%	6%	12%	10%
Seizures	1%	2%	0%	1%	1%	1%	2%	1%	1%
Altered mental status	20%	20%	28%	17%	12%	24%	17%	25%	43%
Psychiatric condition	18%	24%	22%	13%	7%	26%	17%	9%	16%
Withdrawal	5%	2%	1%	26%	3%	2%	12%	1%	0%
Seeking detox	0%	0%	0%	0%	0%	0%	0%	0%	0%
Accident/injury/assault	3%	3%	3%	1%	2%	4%	1%	1%	9%
Abscess/cellulitis/skin/tissue	12%	7%	10%	3%	42%	2%	2%	0%	1%
Chest pain	4%	7%	5%	2%	2%	3%	3%	7%	0%
Respiratory problems	4%	5%	3%	3%	3%	3%	0%	9%	6%
Digestive problems	4%	3%	2%	6%	4%	3%	5%	8%	2%
Other	15%	16%	17%	15%	10%	19%	18%	20%	9%
TOTAL COMPLAINTS	6522	1582	493	387	1242	630	220	85	82
PATIENT DISPOSITION									
Discharged home	58%	56%	56%	63%	59%	64%	54%	62%	55%
Released to police/jail	3%	3%	5%	2%	3%	3%	6%	4%	2%
Referred to detox/treatment	7%	8%	9%	10%	4%	8%	8%	4%	10%
Admitted to ICU/Critical care	3%	3%	4%	4%	2%	2%	6%	2%	2%
Transferred	3%	3%	3%	2%	1%	3%	5%	0%	2%
Left against medical advice	2%	1%	2%	1%	3%	1%	1%	2%	2%
Died	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	1%	2%	2%	1%	1%	3%	2%	2%	0%
Not documented	3%	4%	3%	2%	3%	3%	3%	2%	6%
Admitted to surgery	2%	1%	2%	1%	7%	0%	0%	0%	0%
Admitted to chemical dependency/detox	1%	1%	2%	3%	2%	1%	1%	0%	0%
Admitted to psychiatric unit	5%	7%	6%	3%	2%	5%	6%	2%	8%
Admitted to other inpatient unit	10%	11%	7%	8%	12%	7%	9%	19%	14%
<i>Admitted to any unit</i>	<i>22%</i>	<i>23%</i>	<i>20%</i>	<i>18%</i>	<i>25%</i>	<i>15%</i>	<i>22%</i>	<i>23%</i>	<i>24%</i>
ROUTE OF ADMINISTRATION AS PROPORTION OF DOCUMENTED REPORTS									
Oral	41%	10%	10%	91%	2%	7%	95%	93%	13%
Injected	41%	36%	63%	7%	96%	2%	5%	0%	0%
Inhaled, sniffed, snorted	3%	12%	4%	0%	1%	1%	0%	0%	0%
Smoked	15%	41%	21%	0%	1%	88%	0%	7%	88%
Other	1%	1%	3%	2%	0%	1%	0%	0%	0%
<i>Not documented</i>	<i>52%</i>	<i>72%</i>	<i>66%</i>	<i>52%</i>	<i>31%</i>	<i>64%</i>	<i>54%</i>	<i>68%</i>	<i>69%</i>

Source: New DAWN, OAS, SAMHSA

Note- These are preliminary data, representing the number of drug reports, from approximately half of the 22 hospitals in the DAWN sample for the Seattle area. These are not estimates or rates..

Exhibit 3- Helpline Calls, King County Residents 2001-June 2004

	Adult								Youth							
	2001		2002		2003		1H 2004		2001		2002		2003		1H 2004	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LSD	22	0.5%	4	0.1%	4	0.1%	2	0.1%	-	0.0%	0	0.0%	0	0.0%	2	0.7%
Marijuana	972	24.2%	967	23.8%	637	20.4%	332	20.0%	491	45.5%	353	53.2%	302	57.3%	157	53.8%
Unknown	424	10.5%	531	13.1%	89	2.9%	45	2.7%	131	12.2%	78	11.7%	21	4.0%	11	3.8%
Heroin	521	13.0%	584	14.4%	561	18.0%	287	17.3%	22	2.0%	12	1.8%	14	2.7%	7	2.4%
Cocaine	1,088	27.1%	1124	27.7%	1142	36.6%	617	37.1%	91	8.4%	69	10.4%	56	10.6%	42	14.4%
Ecstasy	117	2.9%	69	1.7%	34	1.1%	27	1.6%	101	9.4%	35	5.3%	19	3.6%	16	5.5%
Hallucinogens	29	0.7%	30	0.7%	21	0.7%	12	0.7%	44	4.1%	7	1.1%	14	2.7%	3	1.0%
PCP	5	0.1%	5	0.1%	3	0.1%	5	0.3%	-	0.0%	0	0.0%	2	0.4%	1	0.3%
Methamphetamine	842	20.9%	743	18.3%	627	20.1%	335	20.2%	198	18.4%	110	16.6%	99	18.8%	53	18.2%
Total	4,020	100.0%	4057	100.0%	3118	100.0%	1662	100.0%	1,078	100.0%	664	100.0%	527	100.0%	292	100.0%

Source: 24 Alcohol and Drug Helpline

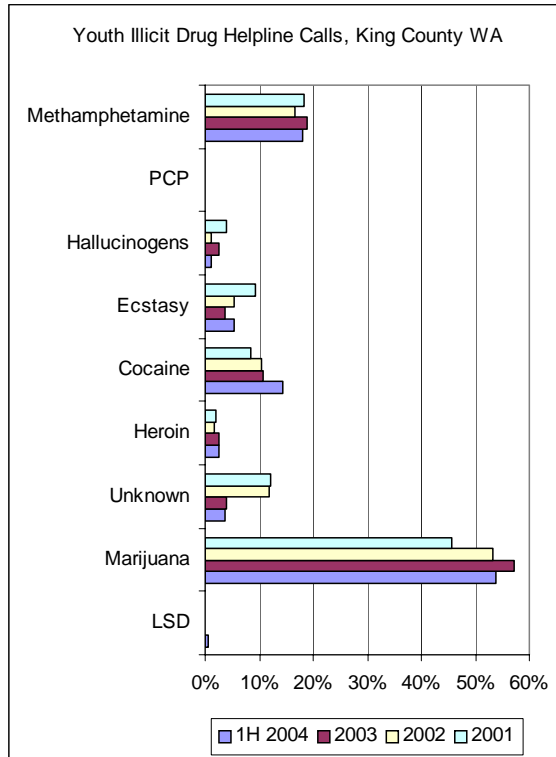
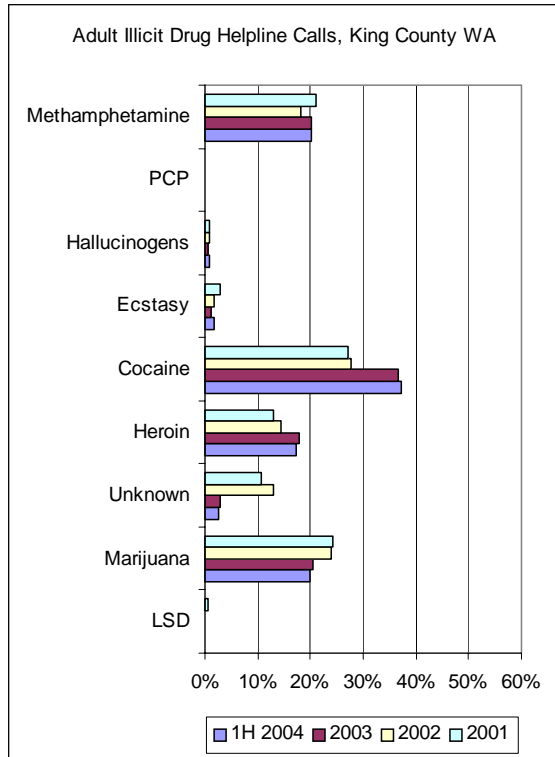


Exhibit 4- Drug Use in Prior 30 Days, 12th Graders, Seattle Public Schools, 2002 & 2004

Substance	Prevalence		Response Rate			
	2002	2004	2002		2004	
			%	N	%	N
Alcohol	47.9%	51.1%	51.3%	1287	61.0%	1475
Cigarettes	22.8%	16.1%	52.0%	1305	61.3%	1481
Chewing Tobacco	3.9%	3.2%	51.8%	1301	61.3%	1481
Inhalants	2.1%	1.4%	50.0%	1256	60.0%	1451
Marijuana	27.0%	25.4%	50.7%	1273	60.6%	1464
Hallucinogens	3.6%	2.5%	50.4%	1265	60.5%	1462
Cocaine	1.7%	2.5%	50.4%	1266	60.3%	1457
MDMA - "Ecstasy"	3.4%	2.8%	50.3%	1263	60.4%	1461
Stimulants - "Amphetamines", "Meth"	1.1%	2.0%	49.8%	1250	59.8%	1445

Source: Communities That Care Survey, <http://www.seattleschools.org/area/ctc/survey/survey.xml>

Exhibit 5- Local Law Enforcement Seizure Drug Test Results in Seattle and the State of Washington: Fiscal Years 2003 and 2004

Seattle Area Lab			WA State w/o Seattle Area Lab		
Substance	FY 2003	FY 2004	Substance	FY 2003	FY 2004
Acetaminophen	0.3	0.2	Acetaminophen	0.2	0.1
Alprazolam**	0.3	0.1	Alprazolam**	0.2	0.2
Amphetamine	0.3	0.2	Amphetamine	0.3	0.4
Caffeine	0.3	0.2	Caffeine	0.2	0.2
<i>Cannabinol</i>			Cannabinol	0.2	
<i>Cannabis</i>	17.2	15.3	<i>Cannabis</i>	15.5	15.6
Carisoprodol	0.3		Carisoprodol	0.2	0.1
Cathinone	0.3		Cathinone		
Clonazepam**	0.5	0.3	Clonazepam**	0.3	0.3
<i>Cocaine</i>	40.5	40.4	<i>Cocaine</i>	20.6	18.2
Codeine*	0.2		Codeine*	0.2	0.1
Diazepam**	0.4	0.3	Diazepam**	0.4	0.3
<i>Heroin</i>	5.0	4.7	<i>Heroin</i>	6.5	4.8
Hydrocodone*	0.7	0.9	Hydrocodone*	1.1	1.3
Hydromorphone*		0.1	Hydromorphone*		
Ibuprofen			Ibuprofen		0.1
Ketamine	0.1		Ketamine		
Lorazepam**		0.1	Lorazepam**		
<i>MDA</i>	0.3	0.3	<i>MDA</i>	0.1	
<i>MDMA</i>	1.4	1.0	<i>MDMA</i>	0.5	0.5
Methadone*	0.4	0.7	Methadone*	0.4	0.6
<i>Methamphetamine</i>	27.2	29.4	<i>Methamphetamine</i>	47.8	51.7
Methandrostenolone	0.1		Methandrostenolone (Methandienone)		
Methylphenidate		0.3	Methylphenidate	0.1	0.1
Morphine*	0.2	0.3	Morphine*	0.3	0.4
Non-Controlled Non-Narcotic Drug	0.3	0.3	Non-Controlled Non-Narcotic Drug	0.5	0.7
Oxy-codone*	0.9	1.4	Oxy-codone*	1.2	1.1
<i>PCP</i>	0.9	0.6	<i>PCP</i>		
Propoxyphene*		0.1	Propoxyphene*		0.1
Pseudoephedrine	0.7	0.4	Pseudoephedrine	0.8	0.7
Psilocin	0.7	0.6	Psilocin	0.5	0.7
Psilocybine		0.3	Psilocybine	0.3	0.2
Sodium Bicarbonate			Sodium Bicarbonate	0.2	0.2
Total of Top 25 (#)	99.25	98.83	Total of Top 25 (#)	98.62	98.63
Sub-totals			Sub-totals		
*Other opiates	2.4	3.55	*Other opiates	3.25	3.51
**Benzodiazepines	1.18	0.93	**Benzodiazepines	0.85	0.81

Illicit drugs italicized

Source: National Forensic Lab Information Systems

Note- Data for cannabinol/cannabis and psilocin/psilocybine may be duplicated.

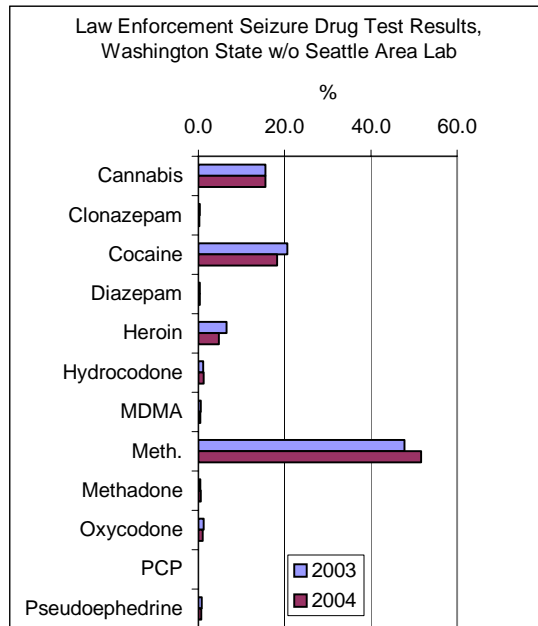
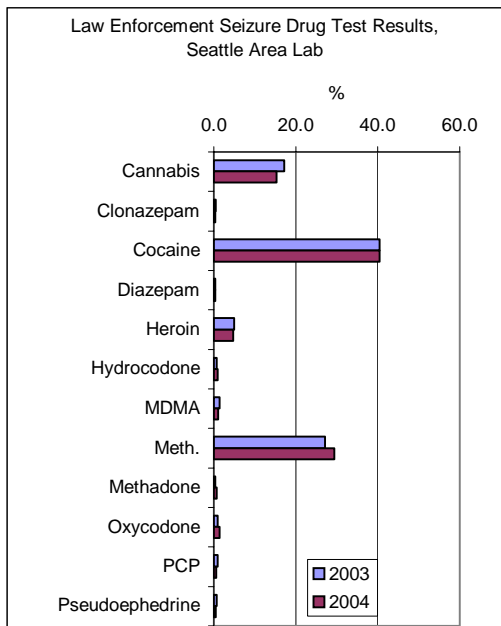
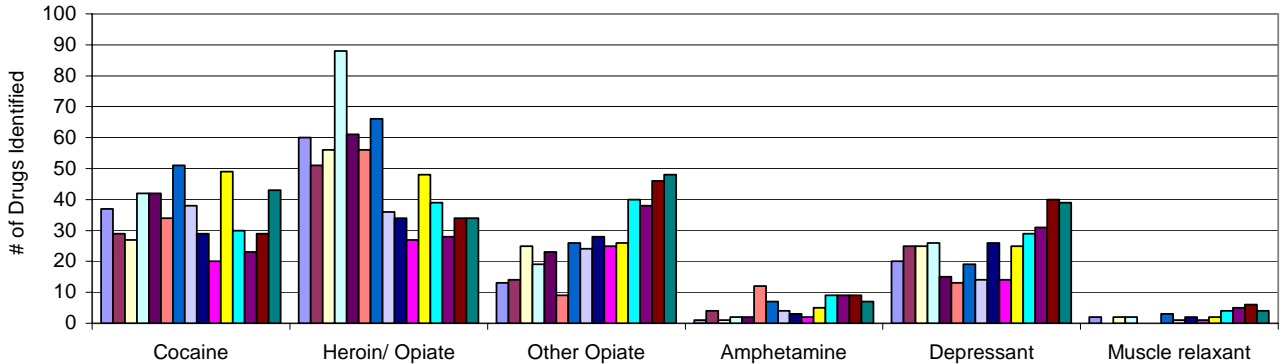


Exhibit 6a- Drug-Involved Deaths in King County, Washington, Related to Illicit and Prescription Drugs: 1997–June 2004



Drugs Identified (#)	Cocaine	Heroin/ Opiate	Other Opiate	Amphetamine	Depressant	Muscle relaxant	Total Deaths
1997 H1	37	60	13	1	20	2	103
1997 H2	29	51	14	4	25	0	76
1998 H1	27	56	25	1	25	2	102
1998 H2	42	88	19	2	26	2	120
1999 H1	42	61	23	2	15	0	103
1999 H2	34	56	9	12	13	0	102
2000 H1	51	66	26	7	19	3	130
2000 H2	38	36	24	4	14	1	90
2001 H1	29	34	28	3	26	2	85
2001 H2	20	27	25	2	14	1	67
2002 H1	49	48	26	5	25	2	102
2002 H2	30	39	40	9	29	4	93
2003 H1	23	28	38	9	31	5	82
2003 H2	29	34	46	9	40	6	104
2004 H1	43	34	48	7	39	4	116
Total Deaths	523	718	404	77	361	34	1475

SOURCE: Medical Examiners Office, Public Health Seattle & King County. Data are duplicated, most deaths involve multiple drugs.

Exhibit 6b- Proportion of Drug-Involved Deaths due to a Single Drug in King County, Washington, Related to Illicit and Prescription Drugs: 1997–June 2004

	Cocaine	Heroin/ Opiate	Other Opiate	Amphetamine	Depressant	Muscle relaxant
1997 H1	19	52	0	0	20	0
1997 H2	17	43	7	50	12	0
1998 H1	19	48	32	100	8	0
1998 H2	7	43	21	0	12	0
1999 H1	17	44	17	0	13	0
1999 H2	18	41	33	50	23	0
2000 H1	33	39	23	0	16	0
2000 H2	37	42	17	50	7	0
2001 H1	14	21	11	33	4	0
2001 H2	20	33	20	0	0	0
2002 H1	27	27	8	0	0	0
2002 H2	10	15	8	33	0	0
2003 H1	22	14	8	33	6	0
2003 H2	14	9	4	44	3	0
2004 H1	21	9	8	29	5	0
Average	20	35	13	31	7	0
Range (Min, Max)	(7, 37)	(9, 52)	(0, 33)	(0, 100)	(0, 23)	(0, 0)

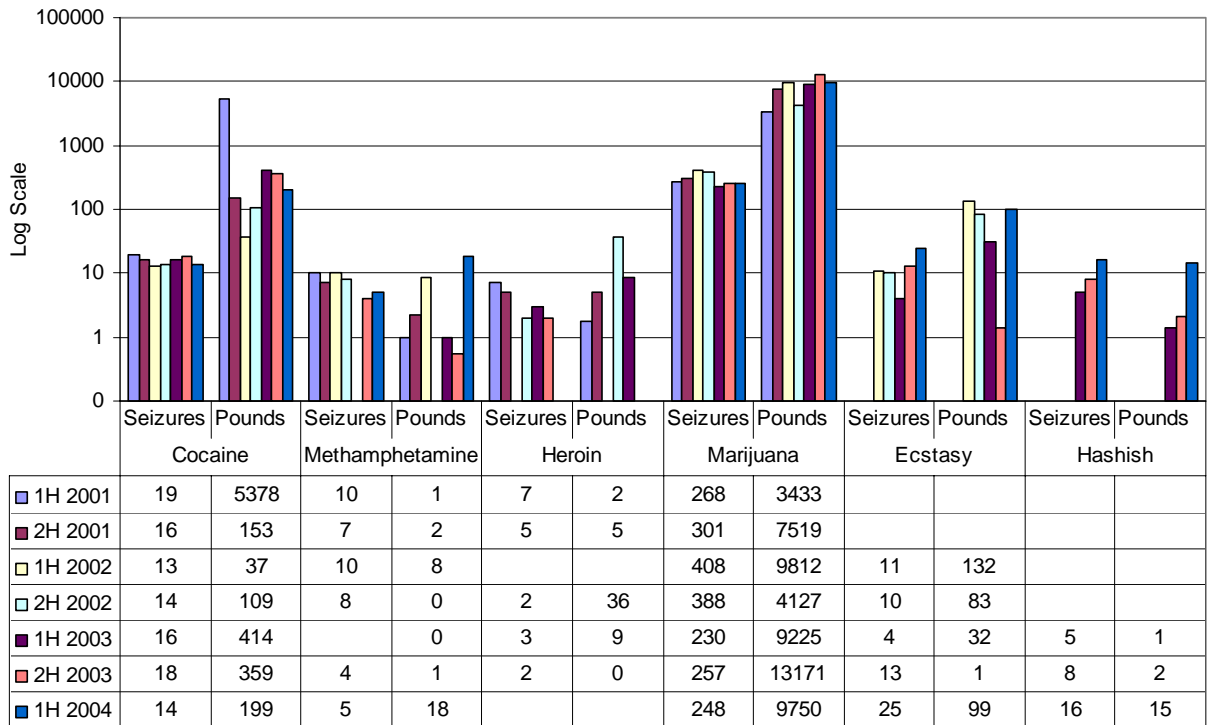
SOURCE: Medical Examiners Office, Public Health Seattle & King County.

Exhibit 6c- Demographics of Drug-Involved Deaths in King County, Washington, Related to Illicit and Prescription Drugs: 1997–June 2004

	Cocaine	Heroin/Opiate	Other Opiate	Amphetamine	Depressant	Muscle relaxant	All Drugs
Age, Median	41	41	43	36.5	43	42	42
% Female	20.7	18.5	42.2	22.4	43.1	61.8	28.7
Race							
Caucasian	73.2	84.0	87.4	88.3	88.9	100.0	83.6
African American	20.1	9.5	8.7	3.9	6.4	0.0	10.2
Asian/Pacific Islander	1.1	0.4	1.0	2.6	1.4	0.0	1.4
Native American	2.1	2.9	2.0	2.6	1.9	0.0	2.5
Hispanic	1.5	1.7	0.5	0	0.6	0.0	1.2
Other/Mixed	1.9	1.5	0.5	2.6	0.8	0.0	1.2

SOURCE: Medical Examiners Office, Public Health Seattle & King County. Data are duplicated, most deaths involve multiple drugs.

Exhibit 7- Drug Seizures by U.S. Customs Washington State Ports of Entry



Source: U.S. Customs

Exhibit 8- Opiate Substitution Treatment, King County Residents

	1999	2000*	2001	2002	2003	Jan- June 2004
Admissions	632	924	890	794	633	291
Discharges	1333	1560	1238	1175	1084	671
Primary Drug at Entry						
Heroin	94.6	93.3	92.8	90.4	87.7	83.9
Prescription Opiate	3.0	6.1	6.5	8.8	11.4	14.0

*Note- Treatment Capacity Increased by 350 in 2000
 SOURCE: Washington State TARGET data system—Structured Ad Hoc Reporting System

Exhibit 9- Methadone Waiting List, King County Managed by Syringe Exchange Program,

	1997	1998	1999	2000	2001	2002	2003	2004
# on Wait List	198	307	548	624	495	663	638	487

Source: Public Health- Seattle & King County, HIV/AIDS Program
 Note- Figures are for the close of each year

Exhibit 10- Syringes Exchanged and Number of Encounters for King County Syringe Exchanges

	2002	2003	2004
Syringes Exchanged	1,801,151	1,969,522	2,183,150
Encounters	73,752	65,593	63,898
Avg. # Syringes/Encounter	24	30	34

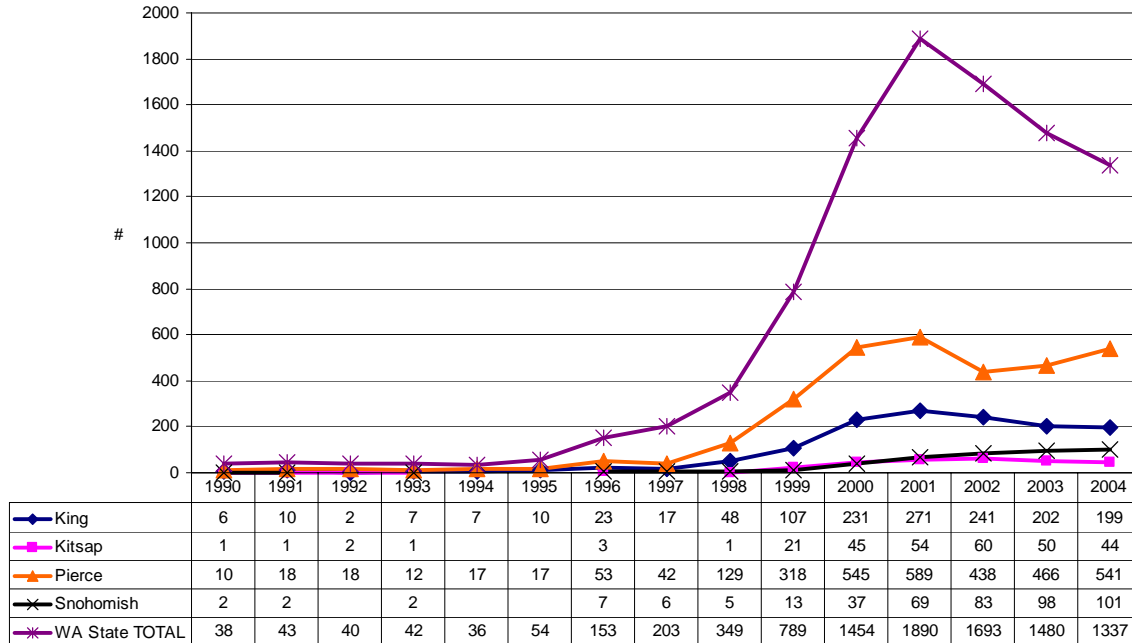
Source: Public Health- Seattle & King County, HIV/AIDS Program
 Note- Encounters are duplicated

Exhibit 11- Prescription Opiates Sold to Hospitals and Pharmacies, King County Area
 (Grams of active ingredient per 100,000 population per year)

	1997	1998	1999	2000	2001	2002	2003 1H	2004	Change*
Codeine	9,311	8,651	8,318 ...		7,190 ...		6,789	6,384	-31%
Oxycodone	3,328	4,662	6,032	7,615	10,012	11,133	13,702	14,237	328%
Hydromorphone	179	158	175 ...		244	252	322	...	80%
Hydrocodone	2,868	3,103	3,542	3,772	4,212	5,127	5,530	5,713	99%
Meperidine	2,346	2,214	2,085 ...		1,931 ...		1,641	1,424	-39%
Methadone	561	682	839 ...		1,442	1,843	2,575	3,252	480%
Morphine	3,071	3,314	3,404 ...		4,170 ...		5,781	7,022	129%
Fentanyl	40	45	48 ...		72 ...		109	105	162%

* 1997 to last year of available data
 Data for Zip Codes 980xx and 981xx, which approximates King County boundaries
 Data not adjusted for widely varying potencies (morphine equivalencies) of these substances
 Source- ARCOS/DEA http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html

Exhibit 12- Methamphetamine Labs and Dump Sites, King and Neighboring Counties: 1990–2004



SOURCE: Washington State Department of Ecology

Exhibit 13- Comparison of HIV and HCV Seroprevalence by primary injection drug and MSM status in recently arrested male injectors, Seattle - King County, Kiwi Study, 1998 - 2002

MSM status and primary injection drug	HIV		Hepatitis C	
	N	% HIV+	N	% HCV+
Never-MSM heroin injectors	553	2.0	364	78.3
Never-MSM amphetamine injectors	343	1.1	307	38.1
MSM heroin injectors	32	9.7	16	75.0
MSM amphetamine injectors	41	29.3	32	37.5

MSM=male-male sex in the past year.

'amphetamine' was the term used in some data collection, but it is believed that the findings related directly to methamphetamine specifically

Source: Public Health-Seattle & King County

Exhibit 14- MDMA Pill Testing Results for Seattle

Substance Detected	2000	2001	2002	2003	Total	% of Total	
						Drugs Detected	% of Pills Tested
MDMA	3	8	8	3	22	35%	52%
Caffeine			5	5	10	16%	24%
MDA	1	1	5	2	9	14%	21%
Meth	1		3	4	8	13%	19%
Pseudophedrine	2		3	2	7	11%	17%
PCP	2				2	3%	5%
Foxy-methoxy			2		2	3%	5%
MDE		1			1	2%	2%
DXM		1			1	2%	2%
Other 1				1	1	2%	2%
Nothing			2		2	N.A.	5%
Total Drugs	9	11	26	17	63	100%	
Total Pills Tested	6	10	18	8	42		100%

Source: www.ecstasydata.org note these data are based upon pills submitted for testing that were suspected of being adulterated. Data do not represent estimates or rates for the Seattle area.

Exhibit 15- Persons Diagnosed with HIV Infection, Including Those With AIDS: 2001–June 2004

	King County HIV including AIDS		Other WA Counties HIV including AIDS		Washington State HIV including AIDS		United States*** AIDS only	
Cumulative Diagnoses of HIV, i	8,934		4,761		13,695		886,575	
Cumulative HIV or AIDS Deaths	3,901		2,045		5,946		501,669	
Number currently living with HIV	5,033		2,716		7,749		384,906	
	King County** HIV including AIDS 07/2001 - 06/2004		Other WA Counties** HIV including AIDS 07/2001 - 06/2004		Washington State** HIV including AIDS 07/2001 - 06/2004		United States*** AIDS only 01/2001 - 12/2002	
Case Demographics	Number	Pct	Number	Pct	Number	Pct		
Gender:								
Male	844	90%	403	77%	1,247	85%	92,057	73.88%
Female	92	10%	122	23%	214	15%	32,546	26.12%
Age:								
<13	1	0%	1	< 1%	2	0%	---	
13-19	7	1%	6	1%	13	1%	---	
20-29	199	21%	118	22%	317	22%	---	
30-39	429	46%	188	36%	617	42%	---	
40-49	228	24%	137	26%	365	25%	---	
50-59	59	6%	53	10%	112	8%	---	
60+	13	1%	22	4%	35	2%	---	
Race/Ethnicity:								
White	585	63%	349	66%	934	64%	35688	28.64%
Black	185	20%	78	15%	263	18%	62116	49.85%
Hispanic	101	11%	57	11%	158	11%	24694	19.82%
Asian/Pacific Islander	32	3%	20	4%	52	4%	1307	1.05%
Native American	18	2%	18	3%	36	2%	579	0.46%
Multi-Race	12	1%	0	0%	12	1%	N/A	
Unknown	3	0%	3	1%	6	0%	219	0.18%
Exposure Category:								
Male-male sex	634	68%	244	46%	878	60%	49316	39.58%
Injecting drug user	54	6%	74	14%	128	9%	31849	25.56%
IDU & male-male sex	64	7%	29	6%	93	6%	5914	4.75%
Heterosexual contact	95	10%	105	20%	200	14%	35239	28.28%
Blood product exposure	3	0%	0	0%	3	0%	877	0.70%
Mother at risk/has AIDS	0	0%	1	0%	1	0%	311	0.25%
Undetermined/other	87	9%	72	14%	159	11%	1097	0.88%
Total HIV Cases diagnosed in Ia	936	100%	525	100%	1,461	100%	124,603	100.00%

* The HIV/AIDS data through 10/31/2004 show substantially fewer reported AIDS cases than in previous months. This is because Washington and King County completed a national AIDS case de-duplication project a PWA is reported as a new diagnosis in King County but is known to have moved from another state, we confirm with that state where the AIDS diagnosis FIRST occurred. However, if we are unaware of the prior residence, we have no routine way to confirm with another state and would count the case as King County. This is how duplicates are created in the national data set. During the past year, we have participated in a national project to identify duplicates. CDC (which does not residing in other states. Therefore we have removed those cases from our counts. All the data are accurate according to the revised tallies.

** These cases were diagnosed with HIV infection between July 2001 and June 2004, and reported to Public Health - Seattle & King County or the Washington Department of Health as of 11/30/2004.

addition, U.S. AIDS data do not include age distributions by year of diagnosis. The most current available national AIDS data are through December 2002.

Technical note

The US data do not show specific incidence estimates for hemophilia or transfusion cases for 2000-2002, these numbers were interpolated from earlier incidence data.