

2017 Drug Use Trends in King County, Washington

Contributors: Caleb Banta-Green, PhD, MPH, MSW; Jason R. Williams, PhD; and the King County Community Epidemiology Workgroup

Drug Specific Synopses for Primary and Emerging Drug Problems

1. Marijuana

- Calls to the Washington State Recovery Helpline were steady in 2017 (439) at a similar level as the prior few years, ranking as the fourth most common substance identified after alcohol, heroin, and methamphetamine (Figure 1).
- Law enforcement drug seizure testing for marijuana is at an all-time low with 53 cases in 2017 compared to 729 in 2005 (Figure 2a).
- The number of drug court participants who identify marijuana as their drug of choice is at the lowest level since at least 2004 (Figure 3). It currently ranks third among substances (24 participants) compared to 2009 when it was the most common substance identified (97).
- Treatment admissions for which marijuana was self-identified as the primary drug were steady in 2017 at 929, down from a peak in 2011 when they totaled 1,948 (Figure 4a, note a new data system was implemented in 2016 and trends are not directly comparable).

2. Cocaine

- Cocaine related Helpline calls were at their lowest level in at least 6 years with 239 calls in 2017, well below the numbers for alcohol, marijuana, and other major illicit drugs.
- Cocaine is at an all-time low in police evidence testing with 89 cases in 2017 compared to 1,578 in 2005 and is likely influenced by a number of factors including drug availability and policing and prosecutorial practices.
- In 2006 cocaine was by far the most common drug mentioned by drug court participants as their drug of choice (205) compared to 2017 when just 18 participants indicated it as preferred substance.
- The number of treatment admissions for cocaine has dropped by 50% from 2011 to 2017.
- The total number of deaths in which cocaine were involved totaled 70 in 2017, up slightly from 2015 and 2016, but in a similar range as for much of the past decade (Figure 5).

3. Heroin and Non-pharmaceutical-non-heroin Opioids

- Recovery Helpline calls for heroin declined somewhat in 2017 to 1,337 after being at their highest level in 2015 (1,702). Conversely, callers asking for information about and referrals to the opioid use disorder treatment medication buprenorphine totaled 425, more than the 287 in 2016 or any previous year.

- Heroin positive police evidence testing results are down from the peak of 355 in 2015 to 240 in 2017 (Figure 2b). Fentanyl cases totaled 9 in 2017, the same as in 2012 (unknown if illicit or pharmaceutical), the form (e.g. powder, tablet or mixed into other drugs) for these cases is not known. Crime lab chemists, medical examiners, and local law enforcement indicate fentanyl has been detected in multiple forms including powder and bogus pharmaceuticals including pills appearing to be an opioid or benzodiazepine pharmaceutical product. The most commonly mentioned bogus pharmaceutical is a blue or green tablet appearing to be a 30mg oxycodone table, the quality of the pill pressing varies from poor to excellent. Fentanyl analogs were detected in police evidence testing twice in 2017, they first appeared in 2013 and there have been 1-2 cases per year since then.
- Heroin is the most common drug of choice for drug court participants, 70 in 2017, similar to the prior 7 years.
- Heroin treatment admissions have more than doubled over the past 7 years to 3,400 in 2017.
- Deaths involving heroin totaled 146 in 2017, up from 2016, at a similar level as 2014, but a substantial increase from a decade ago. These numbers are the sum of heroin involved deaths plus heroin with other opioid involved deaths from Figure 5. (Note these data were analyzed by Public Health-Seattle & King County, whereas previous reports relied on coding by the Alcohol and Drug Abuse Institute, hence there are some inconsistencies with previous reports).
- Fentanyl involved deaths totaled 33 in 2017, up from 23 in 2016. They are also up from prior years, though improved analytic capacity in 2016 precludes temporal comparisons.

4. Pharmaceutical-type opioids

- Pharmaceutical opioid related calls to the Helpline totaled 499, down somewhat from the recorded peak in 2012 of 642.
- Police evidence testing positive for pharmaceutical-type opioids totaled just 29, the lowest since at least 2002 and well below the peak of 241 in 2007. Fentanyl was the most commonly identified product, although it was not known if it was pharmaceutical or illicitly manufactured, with the 6 oxycodone cases the next most common a precipitous decline from 144 in 2009 when it was by far the most prevalent pharmaceutical opioid type detected, note that OxyContin, a popular brand for one of the oxycodone products, was re-formulated in 2010 to be more tamper resistant.
- Pharmaceutical opioids as the drug of choice among drug court participants has declined substantially from 2011 to 2017, from 39 to people to 3.
- Treatment admissions for pharmaceutical opioids are down modestly from the peak in 2012.
- Deaths involving pharmaceutical opioids continued to steadily decline to 94 in 2017, down from the peak of 153 in 2009.

5. Methamphetamine

- Methamphetamine is the second most drug mentioned by callers to the helpline in 2017 with 861 calls, down somewhat from the peak of 1,000 calls in 2015.
- Methamphetamine remains the most common drug detected in police evidence testing with 307 cases in 2017, down slightly from 2006, and well below the peak of 902 in 2005 (when it was commonly illicitly manufactured locally as opposed to produced in Mexico as it is currently).

- Methamphetamine was the second most common drug of choice among drug court clients in 2017 (36), similar to the prior few years, but down considerably from the peak in 2005-2007 when there were approximately 100 clients per year reporting methamphetamine as their main drug.
- Methamphetamine treatment admissions are at their highest level in 2016 and 2017.
- Deaths involving methamphetamine continued to increase substantially to 136 in 2017, up from the then typical 22 in 2011.

6. Benzodiazepines

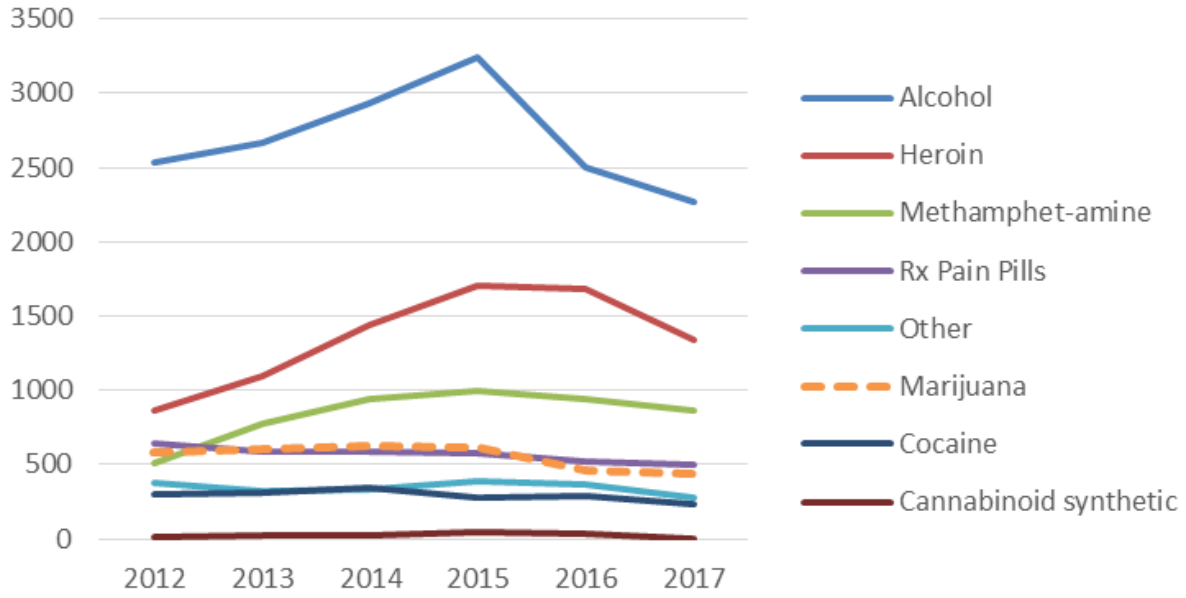
Test results from police evidence rarely contain benzodiazepines, the combined category of depressants which includes benzodiazepines totaled 15 in 2017 compared to 72 in 2006, the peak. Drug court clients and people admitted to treatment rarely report benzodiazepines as their primary drug of choice.

Syringe exchange

Syringe exchanges programs exchanged 7,112,962 syringes in 2017, more than double the number in 2008 (Figure 6). The 2017 syringe exchange survey collected extensive information at Public Health-Seattle & King County run exchanges (Figure 7). Primary drugs were reported to be heroin or another opioid (64%), methamphetamine (17%), combination heroin and methamphetamine (10%). Over two-thirds were impermanently housed and 42% had been incarcerated in the prior year. Abscesses and skin infections were common. One in five had had an opioid overdose in the prior year and 62% currently had naloxone (the opioid overdose antidote). Most people reported wanting to stop or reduce their opioid or stimulant use. Most people reported interested in a safe injection facility and overall 39% said they would use it daily.

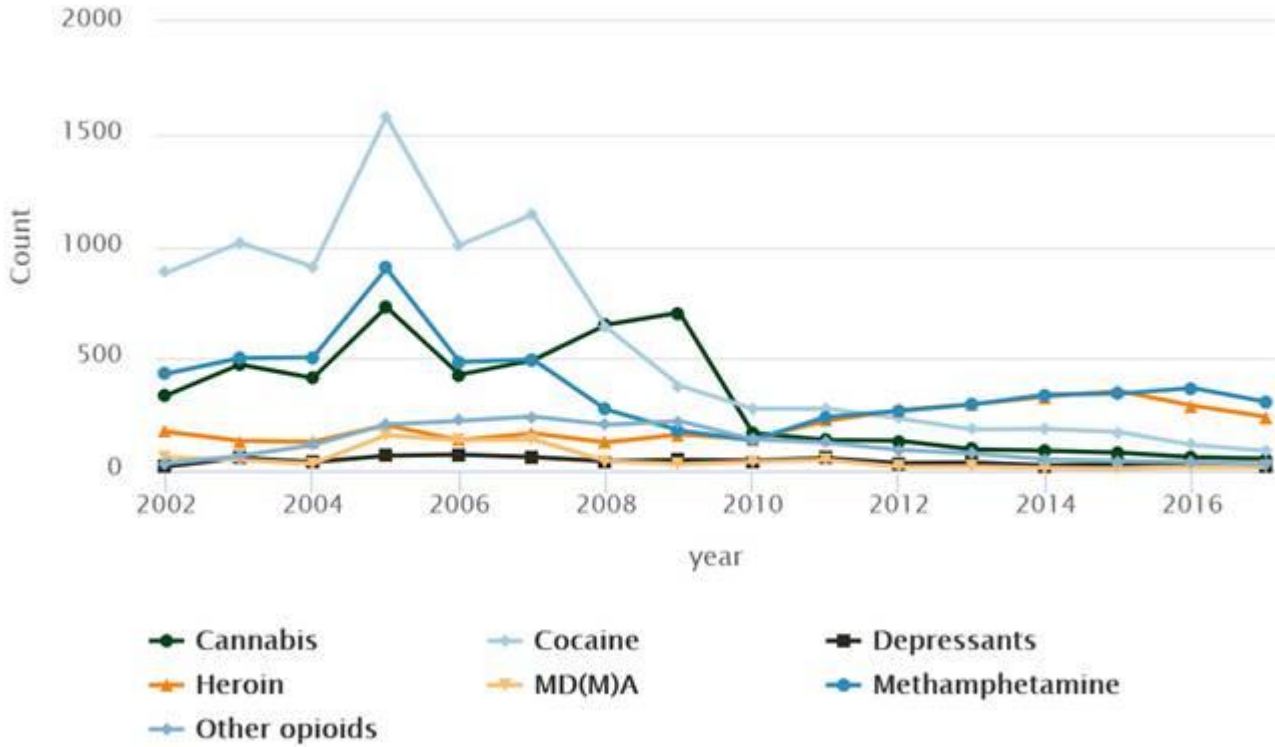
Public Health-Seattle and King County opened the Buprenorphine Pathways Program in January 2017 which provides same day medication starts onsite, the program was at capacity within 13 weeks with people lining up two hours before opening hours to get care.

Figure 1. Recovery Helpline Calls from King County, Reported by Drug of Choice



Source: Washington State Recovery Helpline

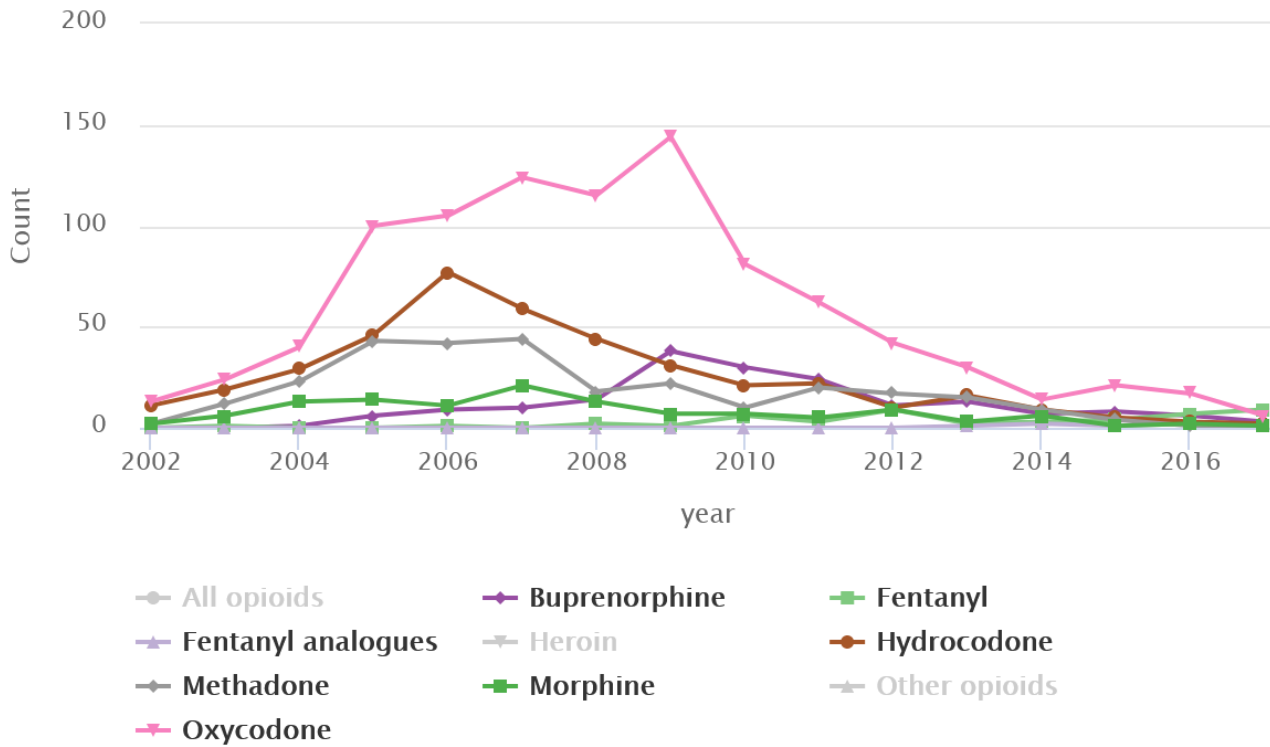
Figure 2a. Local law enforcement drug testing for King County, WA Cases, Major drugs



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata

Source: Washington State Patrol Crime Lab

Figure 2b. Local law enforcement drug testing for King County, WA Cases, Opioids not including heroin



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata

Source: Washington State Patrol Crime Lab

Figure 3. Drug of Choice King County Drug Court, Amongst those who completed an intake

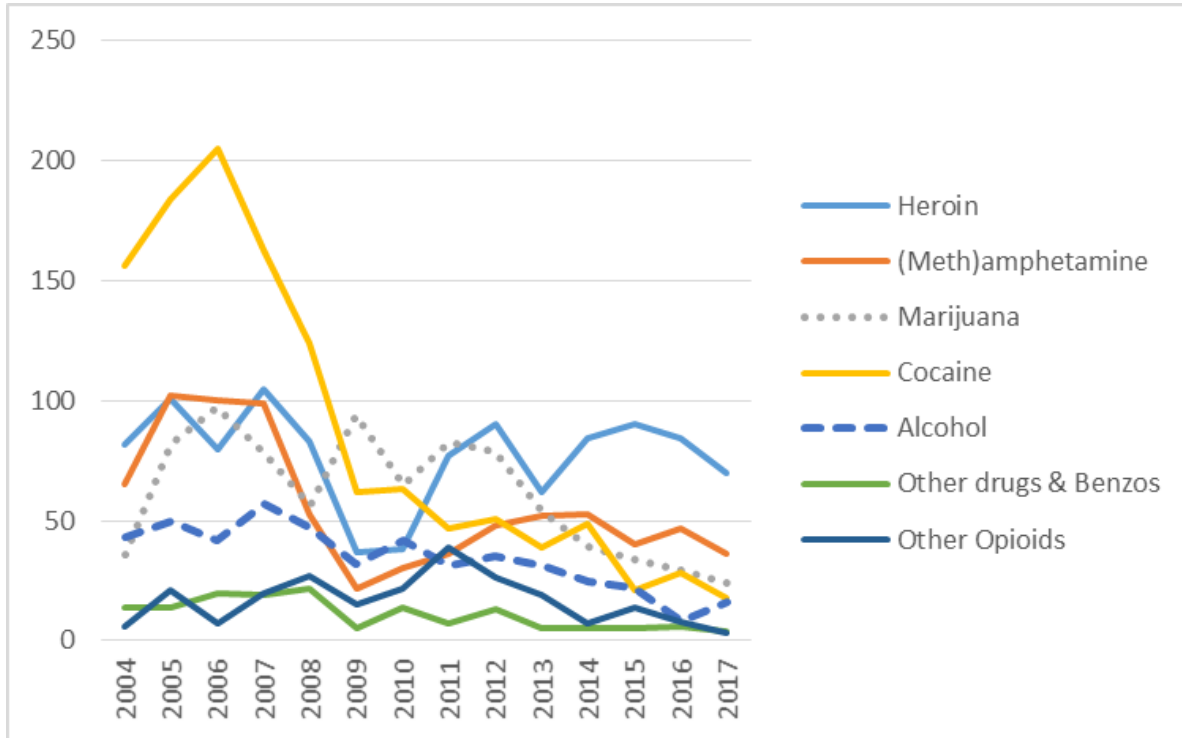
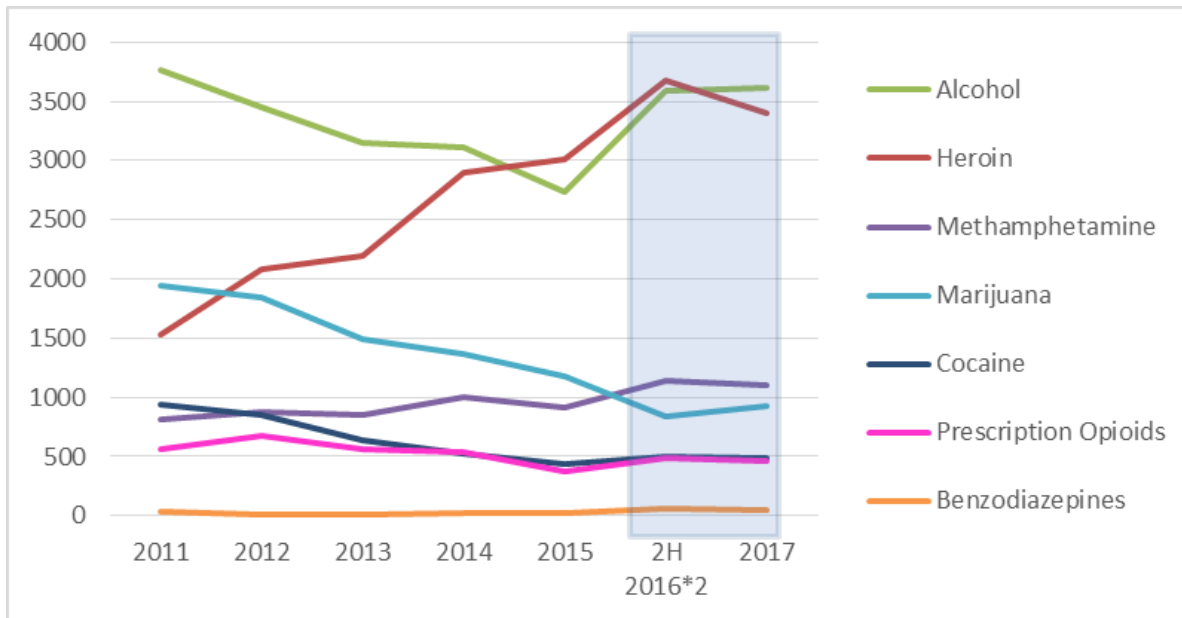
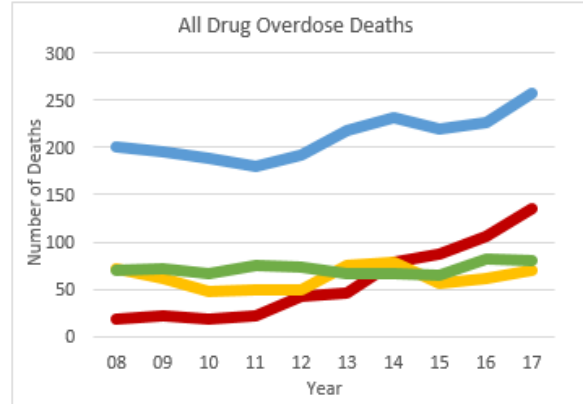
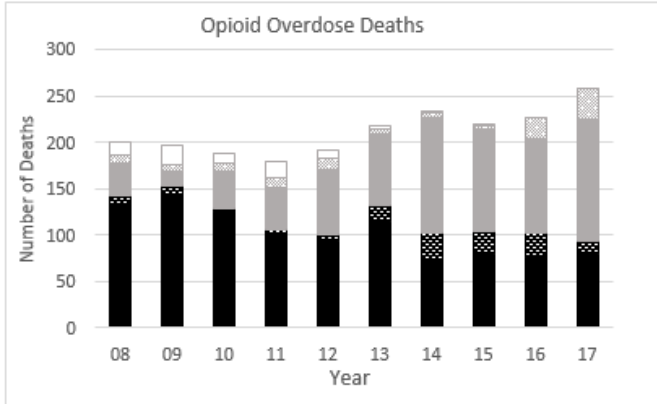


Figure 4. Drug Treatment Admissions in King County, Primary Drug, Publicly Funded



Source: King County Behavioral Health and Recovery Division

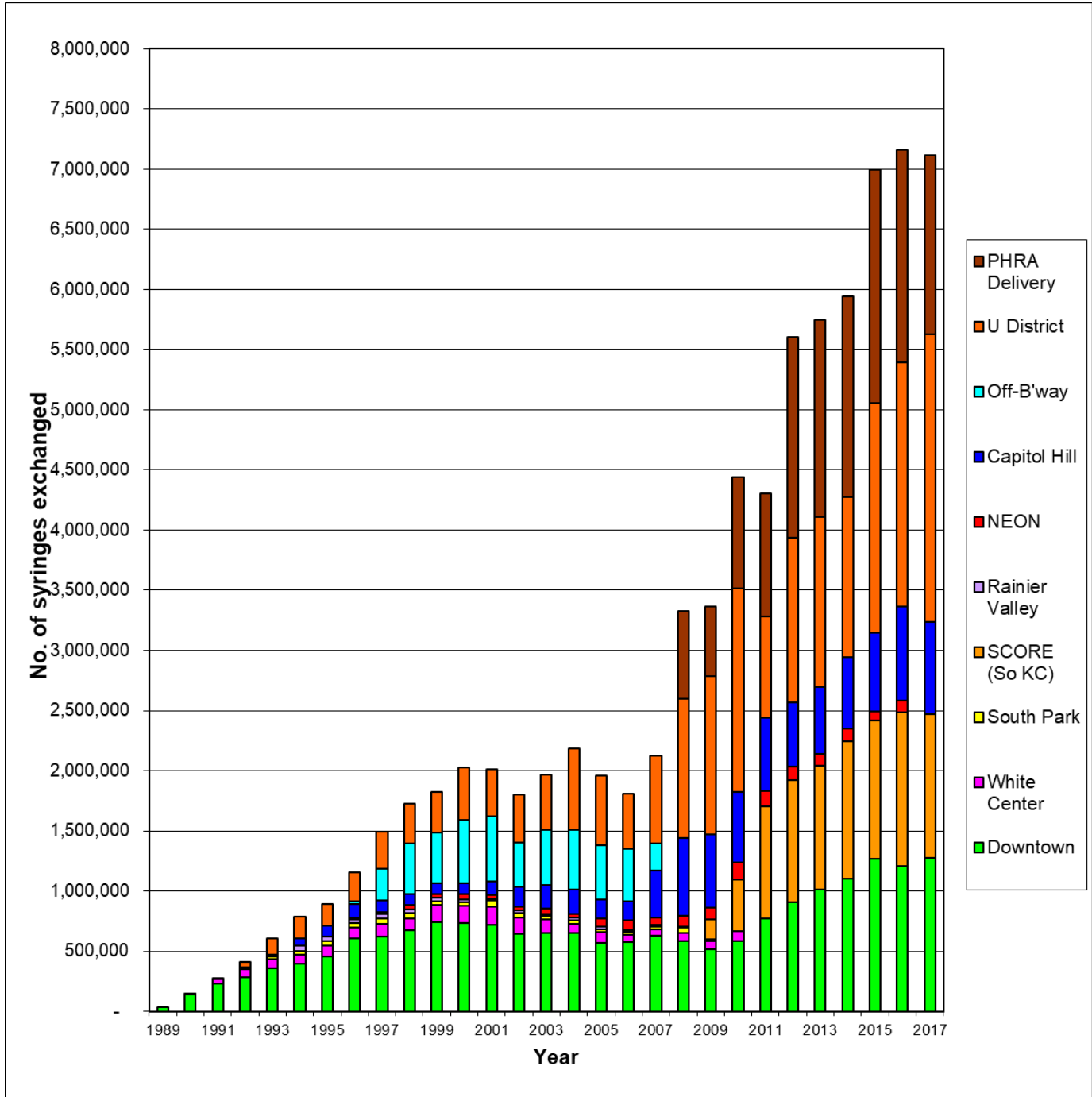
Figure 5. Drug Caused Deaths in King County



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
	#	#	#	#	#	#	#	#	#	#
Opioid	200	196	188	180	192	217	232	219	226	258
Prescription (Rx) Opioid	133	144	125	102	93	114	75	80	76	79
Rx Opioid & Heroin	9	9	4	3	8	18	28	24	26	15
Heroin	36	16	40	46	70	77	123	111	101	131
Any Fentanyl-Type Drugs	9	6	8	11	12	6	5	3	23	33
Unspecified Opioid	13	21	11	18	9	2	1	1	0	0
Methamphetamine	18	21	18	22	43	46	78	88	106	136
Cocaine	71	62	48	49	49	75	79	56	61	70
Benzodiazepine	70	72	67	75	73	66	66	64	82	81
Total # of Deaths Caused by Acute Drug or Alcohol Poisoning	273	269	261	248	279	318	330	331	348	379
Estimated Rate of Acute Drug or Alcohol Poisoning Deaths (# of deaths per 100,000 KC residents)	14.4	14.1	13.5	12.8	14.3	16.0	16.4	16.1	16.5	17.6

Source: King County Medical Examiner, Public Health-Seattle & King County

Figure 6. Syringe Exchange Volume



Source: Public Health-Seattle & King County, with data from the People’s Harm Reduction Alliance

Figure 7. Syringe exchange clients survey

CHARACTERISTIC	N=427 %	CHARACTERISTIC	N=427 %
DEMOGRAPHICS		HEALTH CONDITIONS, PAST 12 MONTHS	
Age, mean	37 years	Abscess	44%
Female	33%	Skin or tissue infection, <i>e.g. cellulitis, MRSA</i>	31%
Non-White race	23%	Infected blood clot or blood infection	11%
Homeless	43%	Endocarditis	3%
Unstably housed	26%	STI (not HIV or HCV)	5%
Jail or prison, past year	42%	HIV	6%
INJECTION-RELATED BEHAVIORS, PAST 3 MONTHS		OVERDOSE, PAST 12 MONTHS	
Primary drug		Self-reported opioid overdose	20%
Heroin or other opiate	64%	Had naloxone	62%
Methamphetamine	17%	Used naloxone	30%
Goofballs ¹	10%	Self-reported stimulant overamp/overdose	17%
Any heroin use	83%		
Any methamphetamine use	75%	SUBSTANCE USE TREATMENT	
Any goofball ¹ use	52%	Currently in treatment	28%
Any syringe sharing	22%	Interest in reducing/stopping opioid use	78%
Any fentanyl use	13%	Interest in reducing/stopping stimulant use	62%
Any equipment sharing	46%		
Femoral injection	16%	INTEREST IN SAFE INJECTION FACILITY	
Neck injection	36%	Would use, daily	39%
Ever inject in public	62%	Would use, at least weekly	20%
Ever inject alone	79%	Would use, less than weekly	21%
		Would never use	20%

¹Methamphetamine and heroin mixed together

Source: Public Health-Seattle & King County

Citation: Banta-Green, Caleb et al. 2017 Drug Trends for King County, Washington. Alcohol & Drug Abuse Institute, University of Washington, May 2018.

URL: <http://adai.uw.edu/pubs/pdf/2017drugusetrends.pdf>.

Contact: Caleb Banta-Green, MSW, MPH, PhD, calebbg@uw.edu

This report was produced with support from the Washington State DSHS Division of Behavioral Health and Recovery (DBHR).