2018 Drug Trends Report, King County, Washington

Contributions from the King County Drug Trends Workgroup

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE

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Overview

Indicators of drug use, and morbidity and mortality remain high in King County. The number of drug overdose deaths reached a new high with 415 in 2018. Intervention services continue to expand in terms of service volume and new models of care with more access points.

Methamphetamine indicators are at high levels with overdoses continuing to increase, totaling 163 in 2018, up steadily from a then typical 22 in 2011.

Illicit opioids, heroin and illicitly manufactured fentanyls are up as a combined category. Police evidence testing and overdose deaths are relatively steady for heroin in recent years, while fentanyl has increased notably beginning in 2016. Indicators for pharmaceutical opioids are steady for the past few years, down from previous highs. In 2018, there 277 overdose deaths involving at least one type of opioid; the majority also involved other drugs.

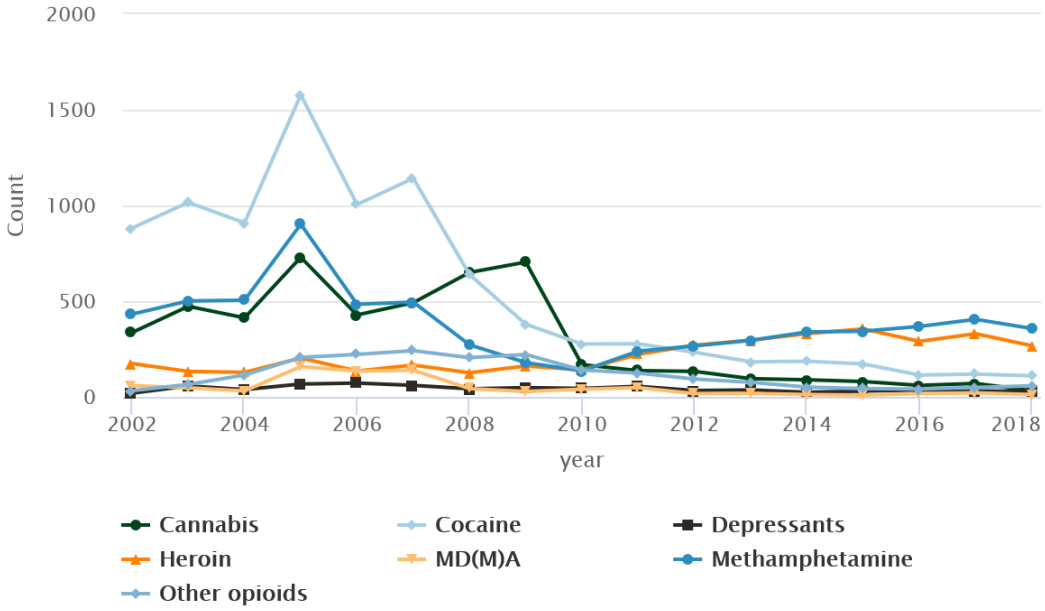
Cocaine indicators remain at moderate levels across data sources with 86 cocaine-involved overdose deaths in 2018.

Marijuana indictors are moderate with slight recent increases in treatment admissions and declines in police evidence testing. In 2018, 13.8% (+/- 2.3%) of King County high school 10th graders reported past month use of marijuana, statistically unchanged from 2012 and 2006 according to the Healthy Youth Survey.

Police evidence testing—a measure of illicit sales of controlled substances

Methamphetamine was the most common drug detected in police evidence sent to the WA State Patrol Crime Lab for testing, down slightly from the previous year. Heroin was the next most common drug detected, also down slightly. Cocaine has declined substantially since a peak in 2005, presumably due to changes in supply. Cannabis has declined substantially, presumably due to changes in law enforcement priorities, given legalization for those 21 and older.

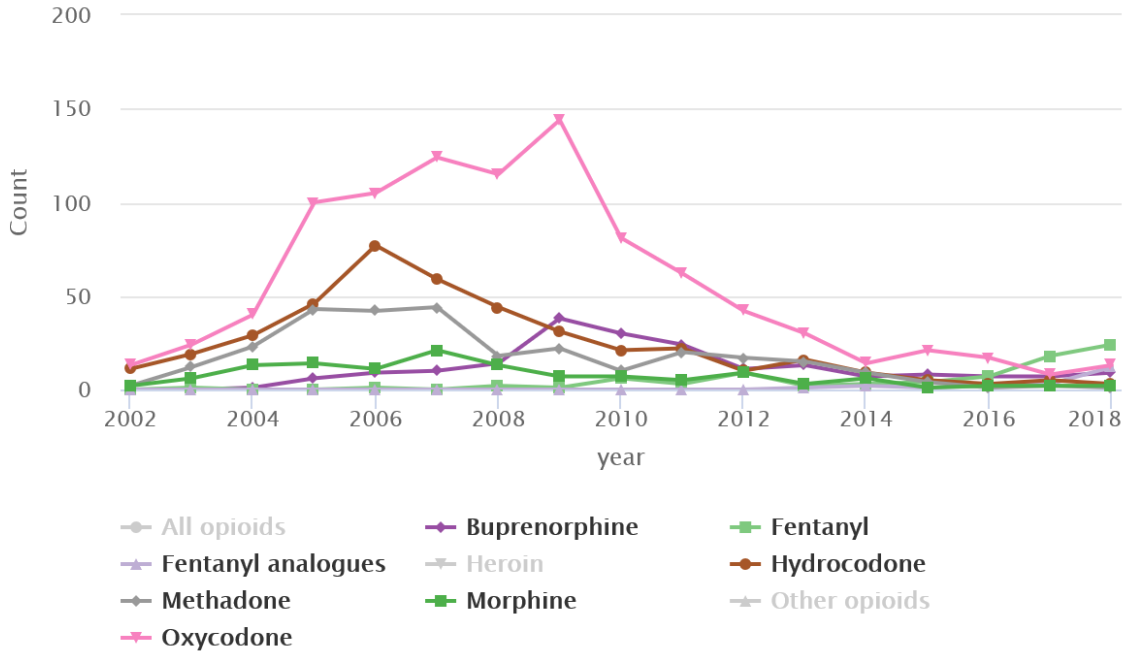
Police evidence testing—Major drug categories



Data Source: Washington State Patrol, Forensic Laboratory Services, Crime Laboratory Division
Data Analysis and Visualization: Alcohol and Drug Abuse Institute, University of Washington

Police evidence testing for other opioids indicates significant declines in oxycodone and hydrocodone, which are commonly prescribed medications. The decline is much more rapid then the slight decline in prescribing for these substances seen in recent years.

Police evidence testing—Opioids, excluding heroin



Data Source: Washington State Patrol, Forensic Laboratory Services, Crime Laboratory Division
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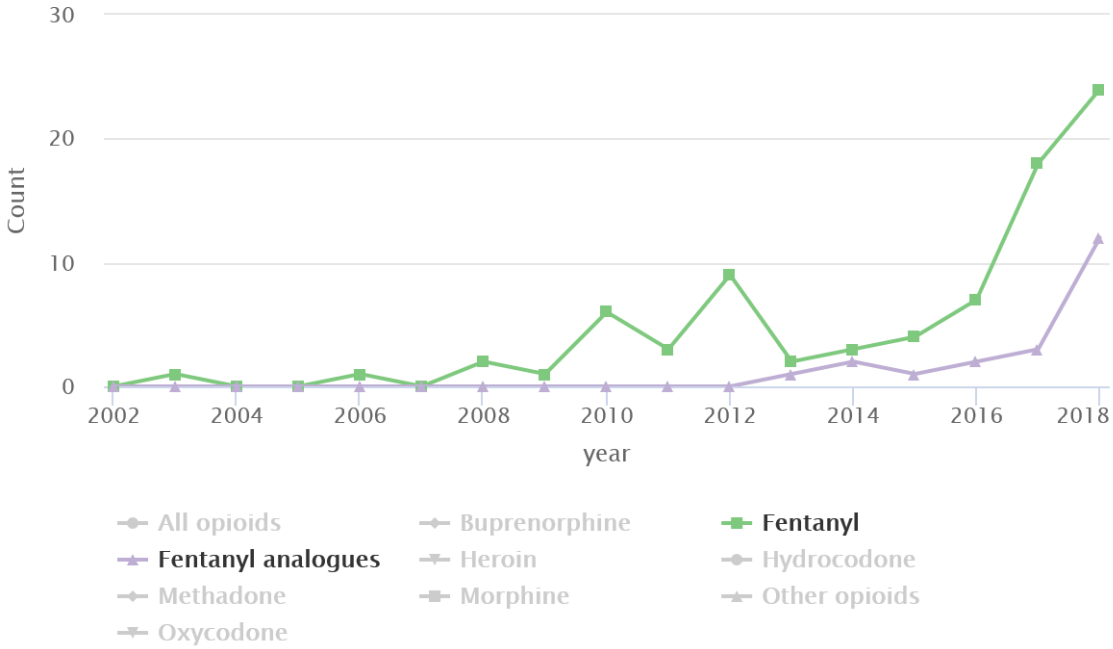
2018 saw the highest count of cases for fentanyl and fentanyl analogues. Fentanyl analogues are generally not prescription drugs in the U.S. so are likely illicitly manufactured. Fentanyl is also likely predominately illicitly manufactured, rather than pharmaceutical, based on forensic evidence, including that collected by medical examiners during death investigations.

Police evidence testing—Fentanyl and analogues



Data Source: Washington State Patrol, Forensic Laboratory Services, Crime Laboratory Division
Data Analysis and Visualization: Alcohol and Drug Abuse Institute, University of Washington

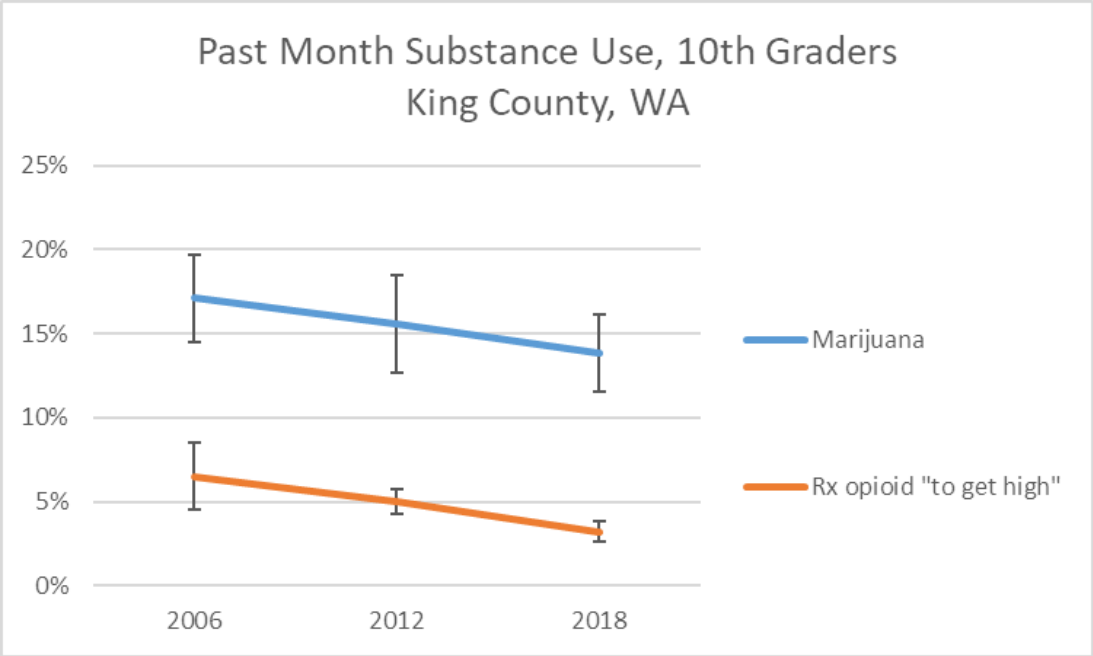
Wastewater drug testing—an indirect measure of drug consumption

Daily composite wastewater samples are collected one week out of each year, with chemical analyses performed by Professor Dan Burgard at the University of Puget Sound and summary data sent to SCORE in Europe for inclusion in international reporting. Learn more about the international effort at http://score-cost.eu/ and see all data slides at http://adai.uw.edu/pubs/pdf/2018wastewaterSeattle.pdf. Note that these data to not report complete confidence intervals, so it is not possible to definitively identify significant trends within a place or directly compare levels across cities.

Cocaine is measured in wastewater as one of its metabolites, benzoylecgonine. In 2018, the level was 452 mg/1,000 people/day, which continues to be in the top third of measured levels internationally. MDMA is consistently detected, though at relatively low levels compared to other international cities. Methamphetamine levels averaged 608 mg/1,000 people/day during the testing period in 2018, similar to 2017, and approximately twice that of 2015 and 2016, the most recent data appear to rank Seattle the highest among any city; note that no other cities in the U.S. participate in this project. Amphetamine levels appear quite high as well, though this may be largely due to its presence as a metabolite of methamphetamine rather than consumption of amphetamine itself.

Health youth survey—10th graders past month use of substances

A high school based survey is conducted in even years. Data here are for 10th graders because there is the potential for those most heavily substance involved to have dropped out of school by 12th grade. Data can be accessed online at www.askhys.net. In 2018, 13.8% (+/- 2.3%) of King County high school 10th graders reported past month use of marijuana, statistically unchanged from 2012 and 2006 according to the Healthy Youth Survey. Use of prescription-type opioids "to get high" was reported by 3.2% (+/- 0.6%) of 10th graders in the past month in 2018 a steady decline from the 6.5% (+/- 2.0%) in 2006.

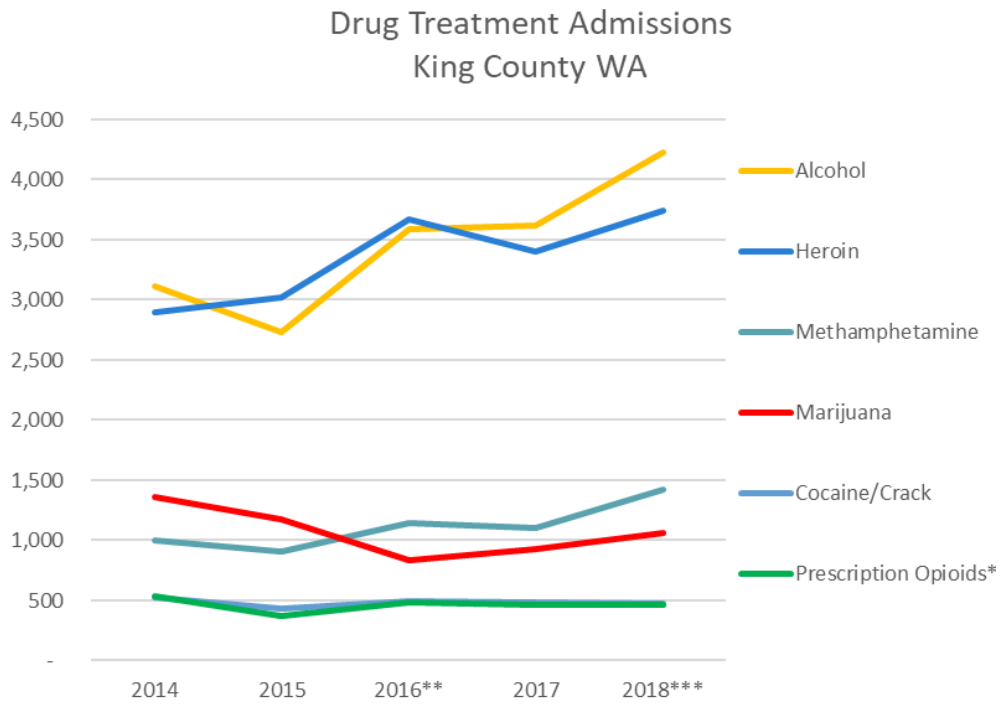


Data Source: Washington Healthy Youth Survey, data downloaded from www.askhys.net
Data Visualization: Alcohol and Drug Abuse Institute, University of Washington

Drug treatment admissions—a measure of initiation of publicly funded treatment

Drug treatment admissions for publicly funded clients are a crude measure of treatment utilization. They can be duplicated for an individual within and across years. Note important changes in the data system in recent years, detailed in the footnote to the graph below. Data are included for inpatient, outpatient and opioid treatment programs.

Alcohol was the most common substance reported as the primary drug of concern at admission, followed by heroin. Much less common were cocaine, marijuana and pharmaceutical opioids.



Source: King County Behavioral Health and Recovery Division

**Prescription Opioids: Includes hydromorphone, other opiates and synthetics, and oxycodone.*

***2016 Estimates: 2016 figures are estimates based on doubling preliminary numbers reported for July-December 2016.*

****Preliminary data*

Buprenorphine sales and prescribing—Measures of increased treatment for opioid use disorder

Prescribed buprenorphine is another important indicator of treatment of opioid use disorder. Buprenorphine prescriptions are not included in the treatment data above, a very small amount of buprenorphine dispensing from opioid treatment programs is incorporated into the opioid treatment admissions data above. Current data for buprenorphine prescriptions King County are not available at this time and this document will be updated when they become available. Existing data for Washington State from the Drug Enforcement Administration sales data show enormous increases from 2005 through 2017 (line graph below).

Data source: DEA ARCOS https://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html
Data Visualization: Alcohol and Drug Abuse Institute, University of Washington

Also available are Washington State data for buprenorphine prescribing for Medicaid clients. The bar chart below shows the substantial increases from 2013 through 2017.

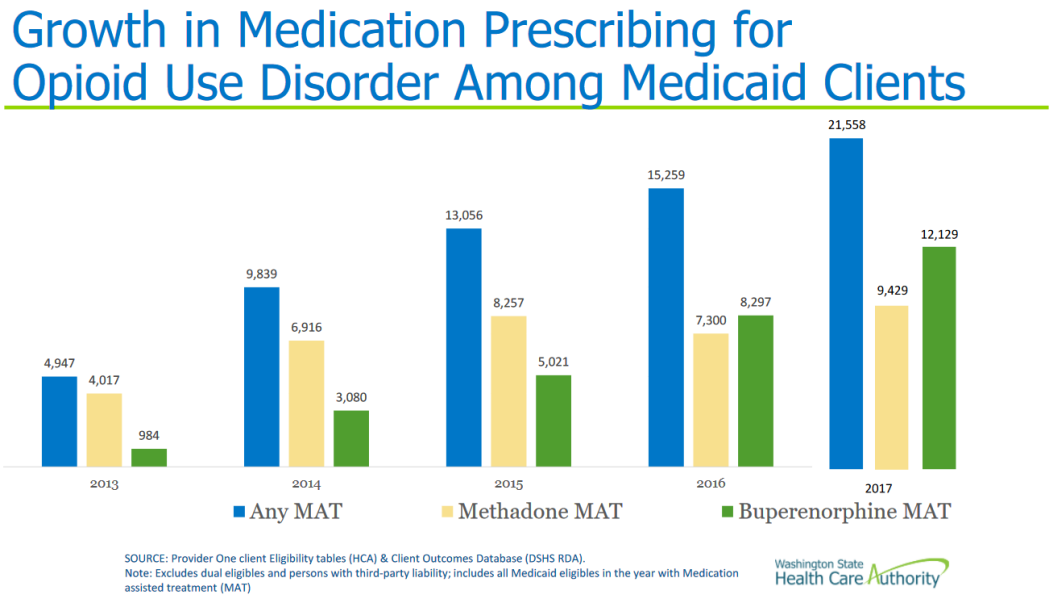
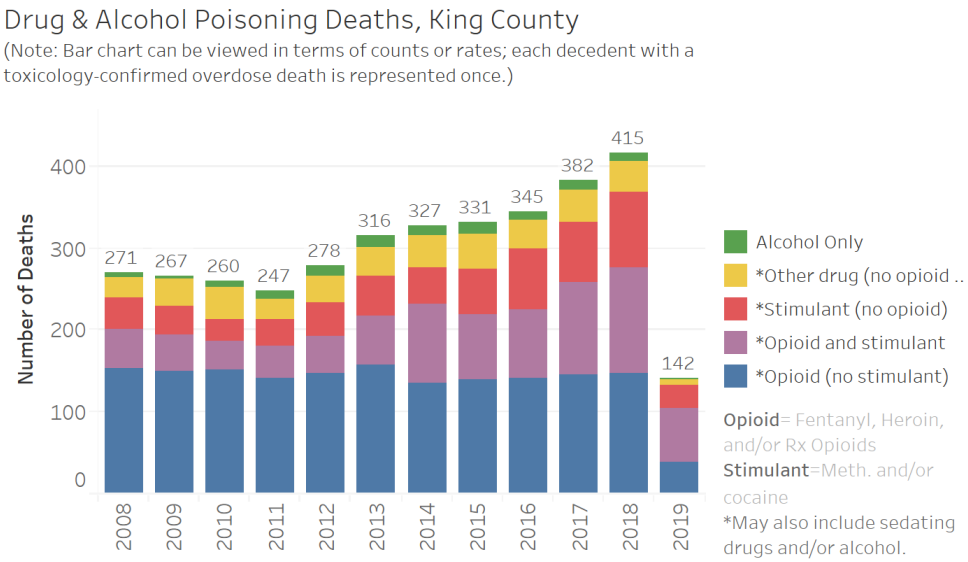


Figure downloaded from: https://www.hca.wa.gov/assets/house-hcw-opioids-9-12-18.pdf

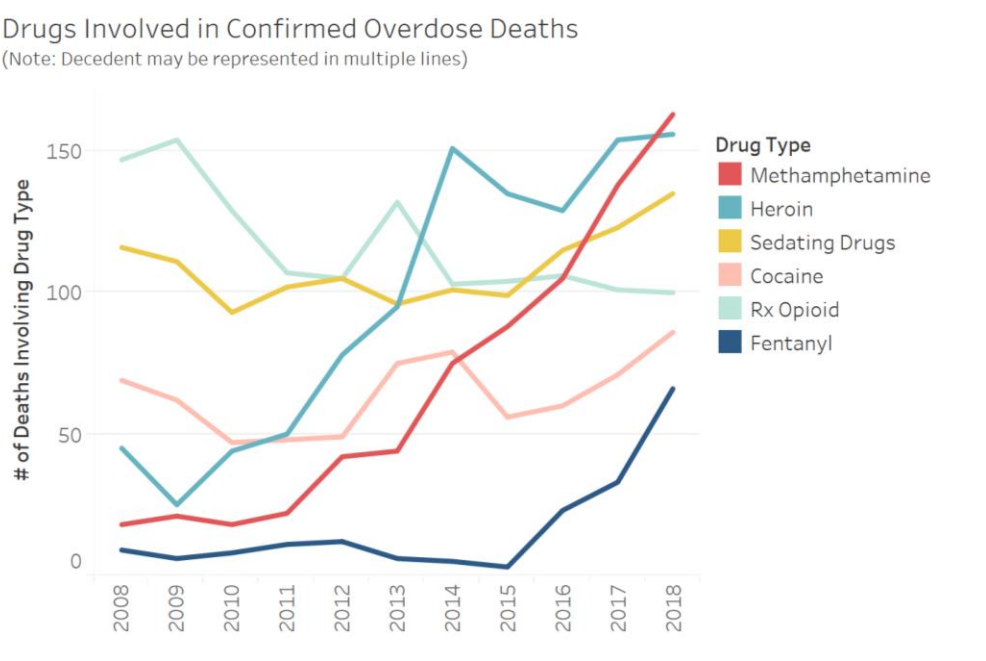
Overdose deaths—a measure of deaths due to the direct and immediate effects of drugs and alcohol

The King County Medical Examiner provides data to Public Health-Seattle & King County on drug and alcohol poisoning deaths, also known as drug overdoses. Data are available online. Overall, the total number of drug-caused deaths continued to increase in 2018, as it has since 2011. The bar graph below shows the total number of deaths per year. The number of deaths without the presence of a stimulant (but usually another substance, such as a sedative) has been quite stable over the past decade. Deaths with an opioid and a stimulant (often with additional substances) have increased substantially in recent years, as have deaths involving a stimulant without any opioids.



Source: Produced by Public Health-Seattle and King County

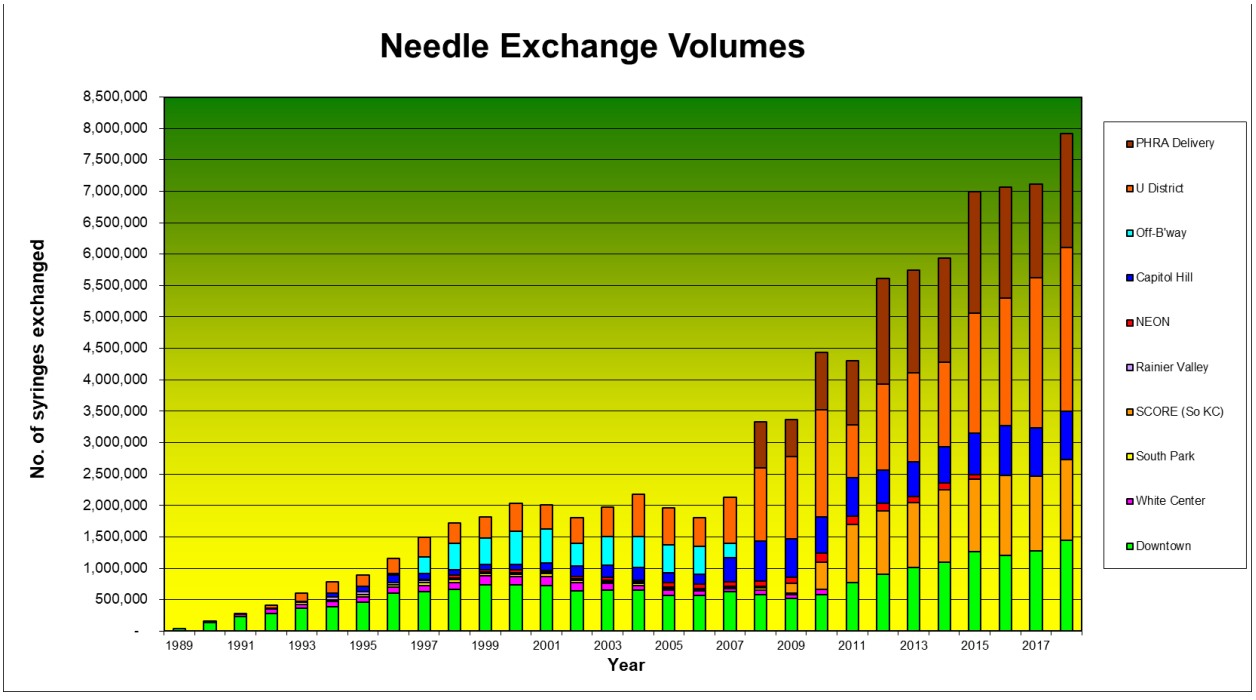
The presence of specific drugs is displayed in the line graph below; the numbers greatly exceed the number of deaths displayed above because most deaths involve multiple drugs. Methamphetamine-involved deaths have exceeded heroin for the first time. However, it is reasonable to consider a newer categorization of drugs, illicit opioids, that includes heroin and fentanyl-related compounds, because the sources and motivations for use are likely similar. This illicit opioid category still exceeds methamphetamine in terms of the count of drugs detected in deaths. Sedating drugs, most often benzodiazepines, are commonly identified in poly-drug-caused deaths. Pharmaceutical-type opioids have been involved in about 100 deaths per year over the past few years, down from the peak in 2009. Cocaine persists as a drug commonly identified in drug-caused deaths.



Source: Produced by Public Health-Seattle and King County

Syringe distribution—a measure of the volume of syringes distributed by syringe services programs

Multiple fixed site and mobile syringe exchange programs provide services in King County. The graph below provides the number of syringes distributed by location over time. In 2018, 7.9 million clean syringes were distributed, up from 7.1 million in 2017. More information on syringe exchange services is available in Public Health-Seattle & King County's 2018 HIV/AIDS Epidemiology Report. Note that syringe exchange services began in 1989 and are strongly associated with suppressed rates of HIV incidence and prevalence according to the Centers for Disease Control and Prevention.



HIV outbreak in 2018—Summary of a cluster of HIV in North Seattle

According to a CDC report released in April 2019 and authored by public health officials in King County, "In 2018, disease investigation and molecular HIV surveillance in Seattle, Washington, identified 14 related HIV diagnoses among heterosexuals who were living homeless, most of whom injected drugs. From 2017 to mid-November 2018, the number of HIV diagnoses among heterosexuals in King County, Washington, who inject drugs increased 286%." In response, multiple efforts are happening to improve access to clean syringes and opioid use disorder treatment medications in the impacted area.

Citation: King County Drug Trends Workgroup. 2018 Drug Trends for King County, Washington. Alcohol & Drug Abuse Institute, University of Washington, July 2019. http://adai.uw.edu/pubs/pdf/2018drugtrends.pdf

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