

Drug Abuse Patterns and Trends in Seattle, Washington—Update: January 2010

Caleb Banta-Green, T. Ron Jackson, Pat Knox, Steve Freng, Michael Hanrahan, David H. Albert, John Ohta, Ann Forbes, Robyn Smith, Steve Reid, Mary Taylor and Richard Harruff

For inquiries concerning this report, please contact Caleb Banta-Green, M.P.H., M.S.W., Ph.D., Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, 1107 N.E. 45th Street, Suite 120, Seattle, WA 98105, Phone: 206-685-3919, Fax: 206-543-5473, [E-Mail: calebbg@u.washington.edu](mailto:calebbg@u.washington.edu).

Overview of Findings: Overall, the 6 months worth of data reported on for the first half of 2009 were inadequate for trend analyses. Cocaine, marijuana, heroin, pharmaceutical opioids, and methamphetamine all persisted as major drugs of abuse. A range of other drugs were used at lower levels.

Updated Drug Abuse Trends and Emerging Patterns: The number and types of drugs of involved in drug-caused deaths remained fairly steady from 2008 to the first half of 2009 overall. **Cocaine** was the most common illegal drug, identified in 24 of 116 drug-caused deaths; however, it was identified in fewer deaths than were pharmaceutical opioids, alcohol, and benzodiazepines. For adults, treatment admissions overall have increased 55 percent since 1999. Admissions for cocaine peaked in 2008 and declined in 2009 and further in the first half of 2010, likely related to policy changes which have increased the amount of cocaine needed for the county prosecutor to consider taking the case. Arrests for cocaine possession appear to have declined as a result. **Heroin** treatment admissions have been steady since 2006 while overdose deaths have declined over this same period. Heroin purity appears to the lowest it has been since at least 1992 with a median purity of just 2% in the first quarter of 2010. Drug-caused deaths involving **pharmaceutical opioids** continue to be the most common type of overdose in the first half of 2010 and represented 53% of overdose deaths. The most common pharmaceutical opioids continued to be methadone and oxycodone. The number and proportion of pharmaceutical opioid treatment admissions increased continuously from 2003 to the first half of 2010, although they remained somewhat less common than admissions for the other major drugs of abuse. **Benzodiazepines** were present in 22% of drug-caused deaths and are almost always detected in combination with other drugs. The number of drug treatment admissions for youth has remained steady overall since 1999, with **marijuana** continuing to represent the majority of admissions; alcohol was second. The number and proportion of marijuana primary drug treatment admissions for adults are up substantially since 1999 and appeared to level off in the first half of 2010. Reasons for this increase are not clear. **Methamphetamine** treatment admissions have held fairly steady since 2005. Statewide data for methamphetamine indicated its presence in deaths for samples tested by State forensic laboratories, all causes and manners, increased from 221 to 236 for the 12 month periods ending in June 2009 and June 2010 respectively. Over this same period, DUIs (Driving Under the Influence) in which methamphetamine was detected increased substantially to 499, and total clandestine laboratories remained steady at a low level, with 31. **Other drugs** are most likely to be identified by chemical testing of law enforcement seizures, the overall number of pieces of evidence has declined substantially since 2007. Substances that continue to be occasionally detected in the first half of 2010 include **MDMA** (n=34)(3,4-methylenedioxymethamphetamine), **BZP** (n=7), **PCP** (n=9).

Data Sources: **Drug overdose data** were obtained from the King County Medical Examiner, Public Health—Seattle & King County for the first half of 2010. **Data on seized drug samples submitted for analysis** were obtained from the National Forensic Laboratory Information System (NFLIS), DEA, for January–June 2010. Drug testing results for law enforcement seizures in King County were reported by the county where the drug was seized. **Drug treatment data** were provided by Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, Treatment Report and Generation Tool, from 1999 through June 2010. Treatment

modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions were included. Methamphetamine incident, DUI, and fatality data were provided by the Washington State Patrol Forensic Laboratory Services Bureau. Heroin purity were provided by the Drug Enforcement Administration based upon their Domestic Monitoring Program and include heroin obtained in the larger Seattle area.