

King County (Seattle Area)
Sentinel Community Site (SCS)
Drug Use Patterns and Trends, 2018

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NDEWS Coordinating Center

NDEWS *National Drug Early Warning System*

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Sentinel Community Epidemiologists (SCEs)

Atlanta Metro

Brian J. Dew, PhD
Dept of Counseling and Psychological Svcs
Georgia State University
Phone: 404-413-8168
bdew@gsu.edu

Chicago Metro

Lawrence J. Ouellet, PhD
School of Public Health
University of Illinois at Chicago
Phone: 312-355-0145
ljo@uic.edu

Denver Metro

Marion Rorke, MPH
Dept of Public Health and Environment
City and County of Denver
Phone: 720-865-5453
marion.rorke@denvergov.org

Wayne County (Detroit Area)

Cynthia L. Arfken, PhD
Dept of Psychiatry and Behavioral
Neurosciences
Wayne State University
Phone: 313-993-3490
cynthia.arfken@wayne.edu

Los Angeles County

Mary-Lynn Brecht, PhD
Integrated Substance Abuse Programs
University of California at Los Angeles
Phone: 310-983-1196
lbrecht@ucla.edu

Maine

Marcella H. Sorg, PhD, RN
Rural Drug and Alcohol Research Program
University of Maine
Phone: 207-581-2596
mhsorg@maine.edu

Southeastern Florida (Miami Area)

James N. Hall, BA
Center for Applied Research on Substance Use
and Health Disparities
Nova Southeastern University
Phone: 786-547-7249
upfrontin@aol.com

New York City

Denise Paone, EdD
Bureau of Alcohol and Drug Use
Prevention, Care and Treatment
New York City Dept of Health & Mental
Hygiene
Phone: 347-396-7015
dpaone@health.nyc.gov

Philadelphia

Suet T. Lim, PhD
City of Philadelphia
Dept of Behavioral Health and Intellectual
disAbility Services
Community Behavioral Health
Phone: 215-413-7165
suet.lim@phila.gov

San Francisco

Phillip O. Coffin, MD, MIA
San Francisco Dept of Public Health
Phone: 415-437-6282
phillip.coffin@sfdph.org

King County (Seattle Area)

Caleb Banta-Green, PhD, MSW, MPH
Alcohol and Drug Abuse Institute
University of Washington
Phone: 206-685-3919
calebbg@u.washington.edu

Texas

Jane C. Maxwell, PhD
School of Social Work
The University of Texas at Austin
Phone: 512-656-3361
jcmaxwell@austin.utexas.edu

National Drug Early Warning System (NDEWS) Seattle Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018

Caleb Banta-Green, Ph.D., M.P.H., M.S.W.
Alcohol & Drug Abuse Institute, University of Washington

Highlights

- Law enforcement drug seizure testing for **marijuana** is at an all-time low with 53 cases in 2017 compared with 729 in 2005.
- The number of treatment admissions for **cocaine** has dropped by 50% from 2011 to 2017.
- **Heroin** treatment admissions have more than doubled over the past 7 years to 3,400 in 2017.
- **Fentanyl**-involved deaths totaled 33 in 2017, which was up from 23 in 2016.
- Deaths involving **pharmaceutical opioids** continued to steadily decline to 94 in 2017, which was down from the peak of 153 in 2009.
- Deaths involving **methamphetamine** continued to increase substantially to 136 in 2017, which was up from the then typical 22 in 2011.
- The 2017 **syringe exchange survey** found that the primary drugs were reported to be heroin or another opioid (64%), methamphetamine (17%), or a combination of heroin and methamphetamine (10%).
- Public Health—Seattle & 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 as much as two hours before opening to receive care.

NDEWS Priority Substances

COCAINE/CRACK

Key Findings

Cocaine-related calls to the Washington State Recovery Help Line were at their lowest level in at least 6 years with 239 calls in 2017, which was 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 with 1,578 in 2005 and is likely influenced by several 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 with 2017 when just 18 participants indicated it was a 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 was involved totaled 70 in 2017, which was up slightly from 2015 and 2016 but in a similar range as that of the past decade (Exhibit 5).

METHAMPHETAMINE

Key Findings

Methamphetamine is the second most common drug (excluding alcohol) mentioned by callers to the Washington State Recovery Help Line in 2017 with 861 calls, which was 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, which was also 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), which was 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 were at their highest levels in 2016 and 2017. Deaths involving methamphetamine continued to increase substantially to 136 in 2017, which was up from the then typical 22 in 2011.

HEROIN

Key Findings

Calls to the Washington State Recovery Help Line 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, which was more than the 287 in 2016 or any previous year. Heroin-positive police evidence testing results were down from the peak of 355 in 2015 to 240 in 2017 (Exhibit 2b). Heroin is the most common drug of choice for drug court participants, with 70 in 2017, which was similar to the prior 7 years. Heroin treatment admissions have more than doubled over the past 7 years to 3,400 in 2017 (this does not include buprenorphine

prescribed to patients in a medical office). Deaths involving heroin totaled 146 in 2017, which was up from 2016 but at a similar level as 2014, and is a substantial increase from a decade ago. These numbers are the sum of heroin-involved deaths plus heroin with other opioid-involved deaths from Exhibit 5.¹

PRESCRIPTION OPIOIDS

Key Findings

Pharmaceutical-type, opioid-related calls to the Washington State Recovery Help Line totaled 499, which was down somewhat from the recorded peak in 2012 of 642. Police evidence testing positive for pharmaceutical-type opioids totaled just 29, which was 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 whether it was pharmaceutically or illicitly manufactured. The 6 oxycodone cases were the next most common, which was 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 have 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, which was down from the peak of 153 in 2009.

FENTANYL AND OTHER NONPRESCRIPTION SYNTHETIC OPIOIDS

Key Findings

Fentanyl-positive police evidence testing results totaled 9 in 2017, which was the same as in 2012 (it is unknown whether these are 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 such as pills appearing to be an opioid or benzodiazepine product. The most commonly mentioned bogus pharmaceutical is a blue or green tablet appearing to be a 30-mg oxycodone tablet, with the quality of the pill pressing varying 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. Fentanyl-involved deaths totaled 33 in 2017, which was up from 23 in 2016. They are also up from prior years, although improved analytic capacity in 2016 precludes temporal comparisons.

¹ 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.

Other Priority Substances in King County (Seattle Area)

MARIJUANA/CANNABIS

Key Findings

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

Infectious Diseases Related to Substance Use

Services provided and service needs for people who inject drugs are discussed in this section. Syringe exchange programs exchanged 7,112,962 syringes in 2017, which was more than double the number in 2008 (Exhibit 6). The 2017 syringe exchange survey collected extensive information at Public Health—Seattle & King County run exchanges (Exhibit 7). Primary drugs were reported to be heroin or another opioid (64%), methamphetamine (17%), and a combination of heroin and methamphetamine (10%). More than 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 interest in a safe injection facility, and overall 39% said they would use it daily. Public Health—Seattle & 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 as much as two hours before opening to receive care.

Exhibits

Exhibit 1. Washington State Recovery Help Line Calls from King County, Reported by Drug of Choice

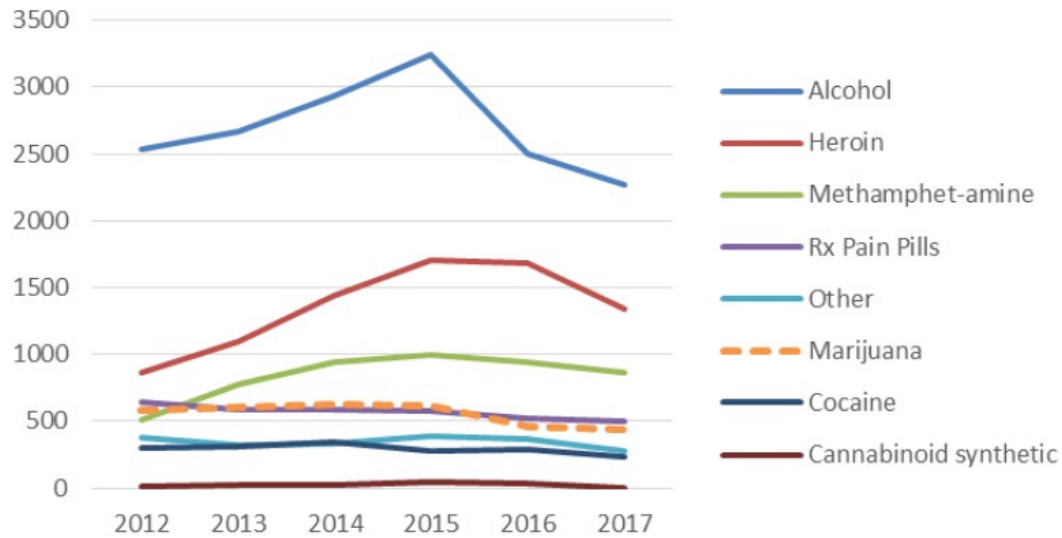
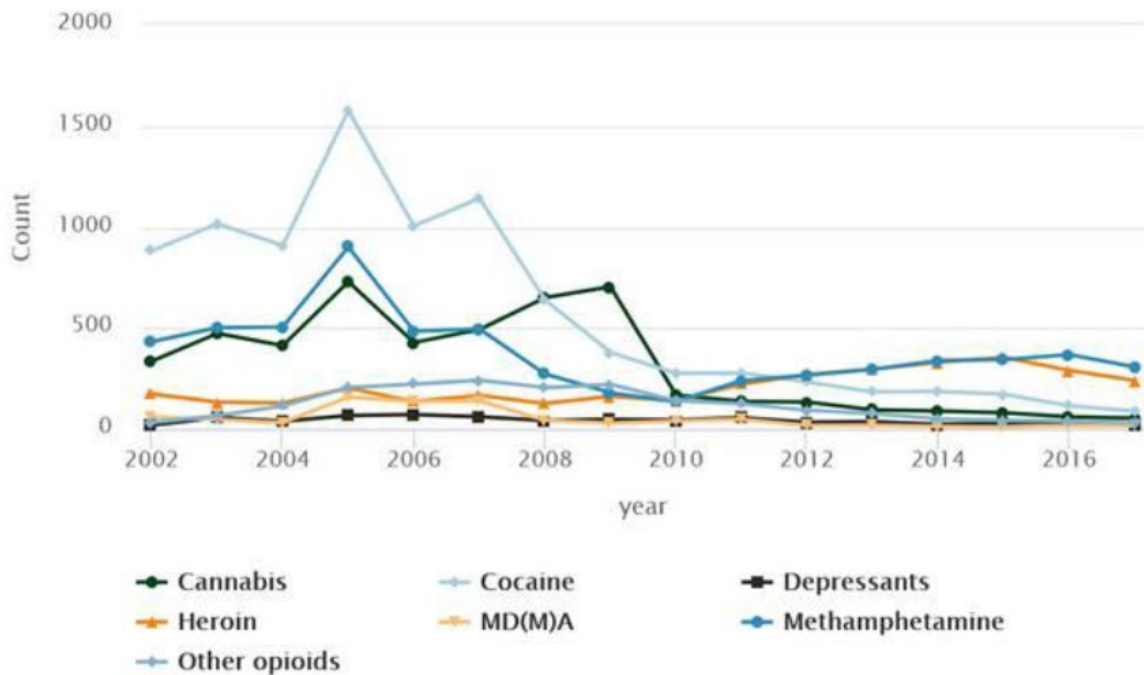


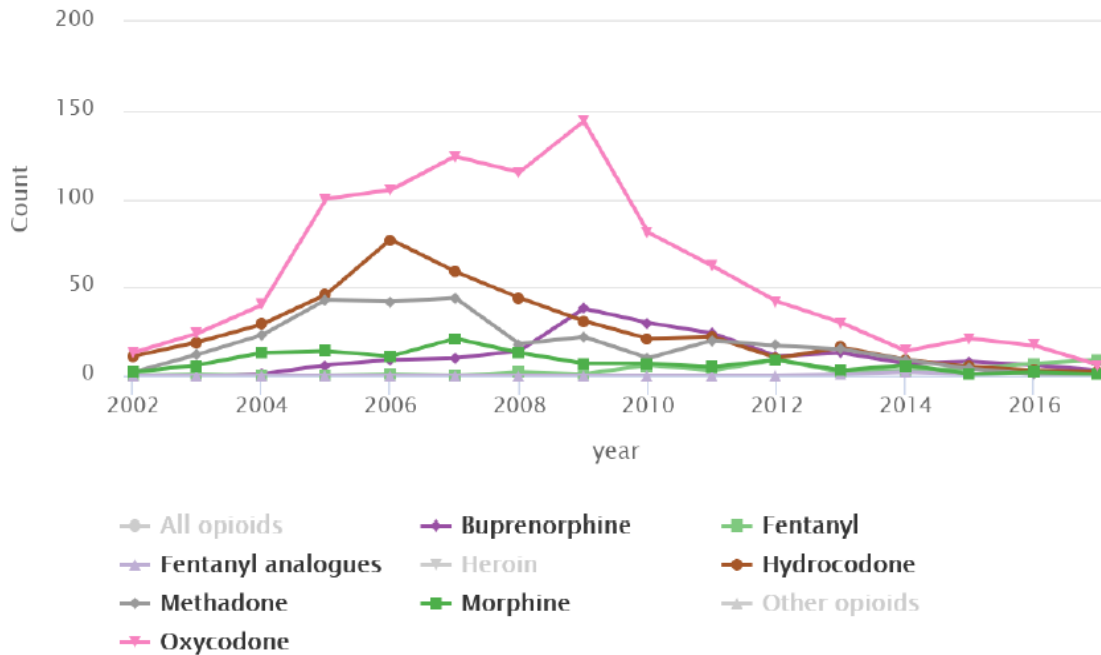
Exhibit 2a. Local Law Enforcement Drug Testing for King County, WA Cases, Major Drugs



Analysis by UW ADAL. For data sources, see text or adal.uw.edu/WAdata

Source: Washington State Patrol Crime Lab.

Exhibit 2b. Local Law Enforcement Drug Testing for King County, WA Cases, Opioids Not Including Heroin



Analysis by UW ADAL. For data sources, see text or adal.uw.edu/WAdat

Source: Washington State Patrol Crime Lab.

Exhibit 3. Drug of Choice, King County Drug Court, Among Those Who Completed an Intake

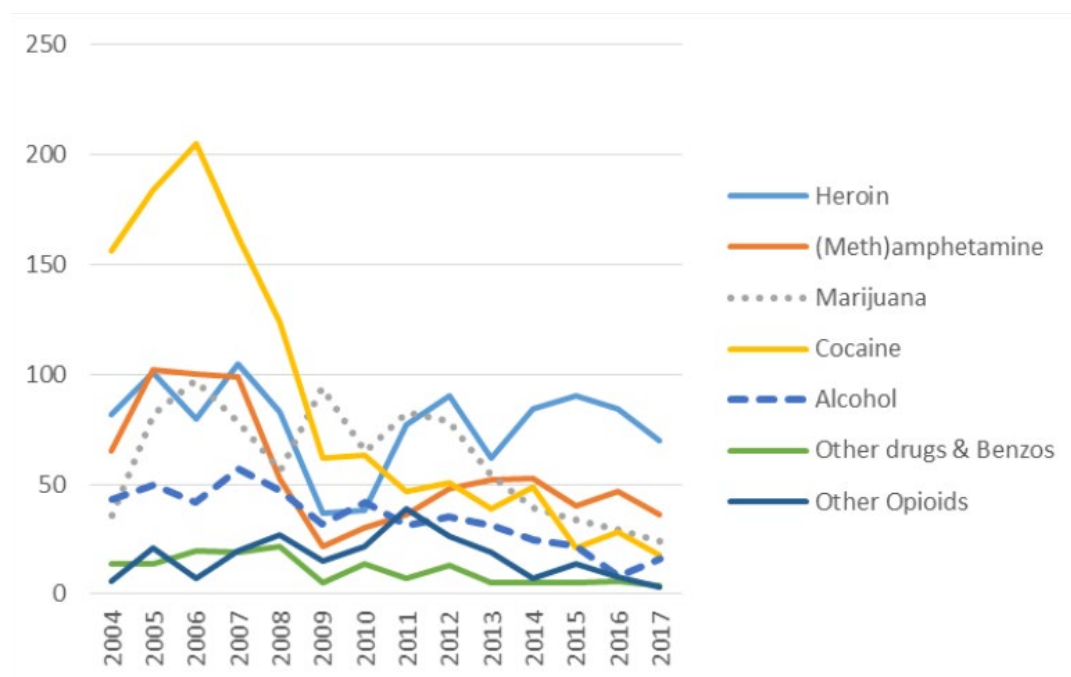
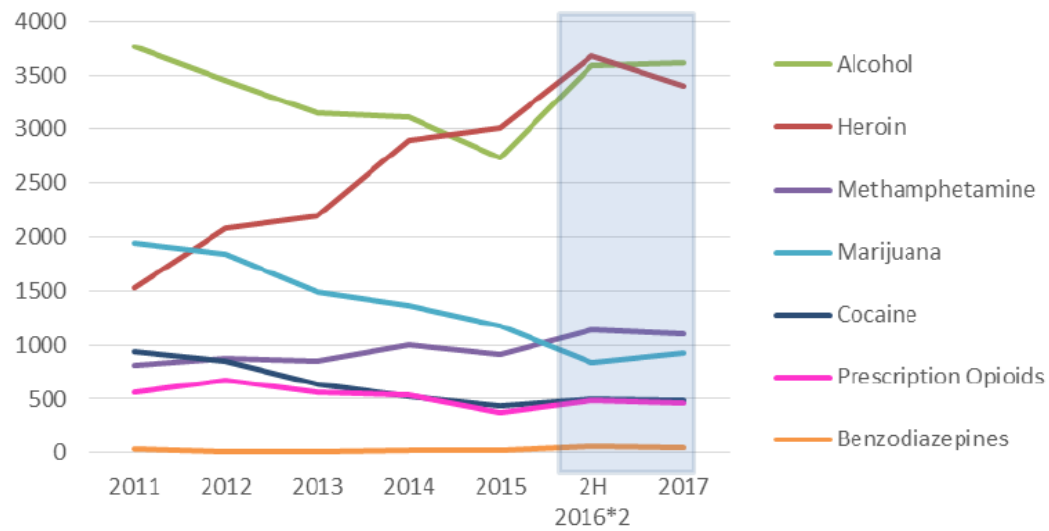
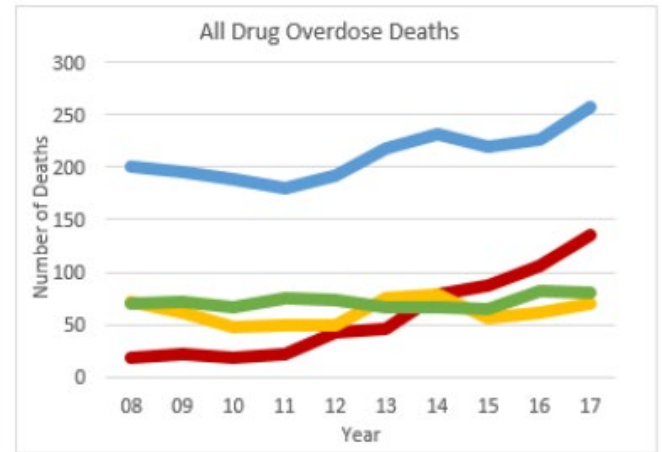
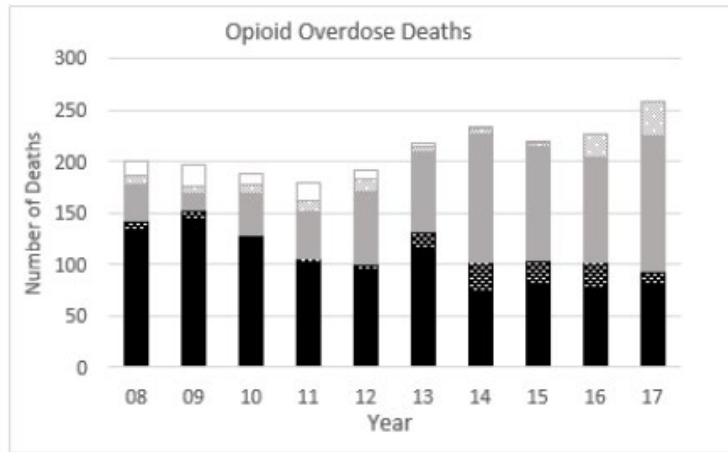


Exhibit 4. Drug Treatment Admissions in King County, Primary Drug, Publicly Funded



Source: King County Behavioral Health and Recovery Division.

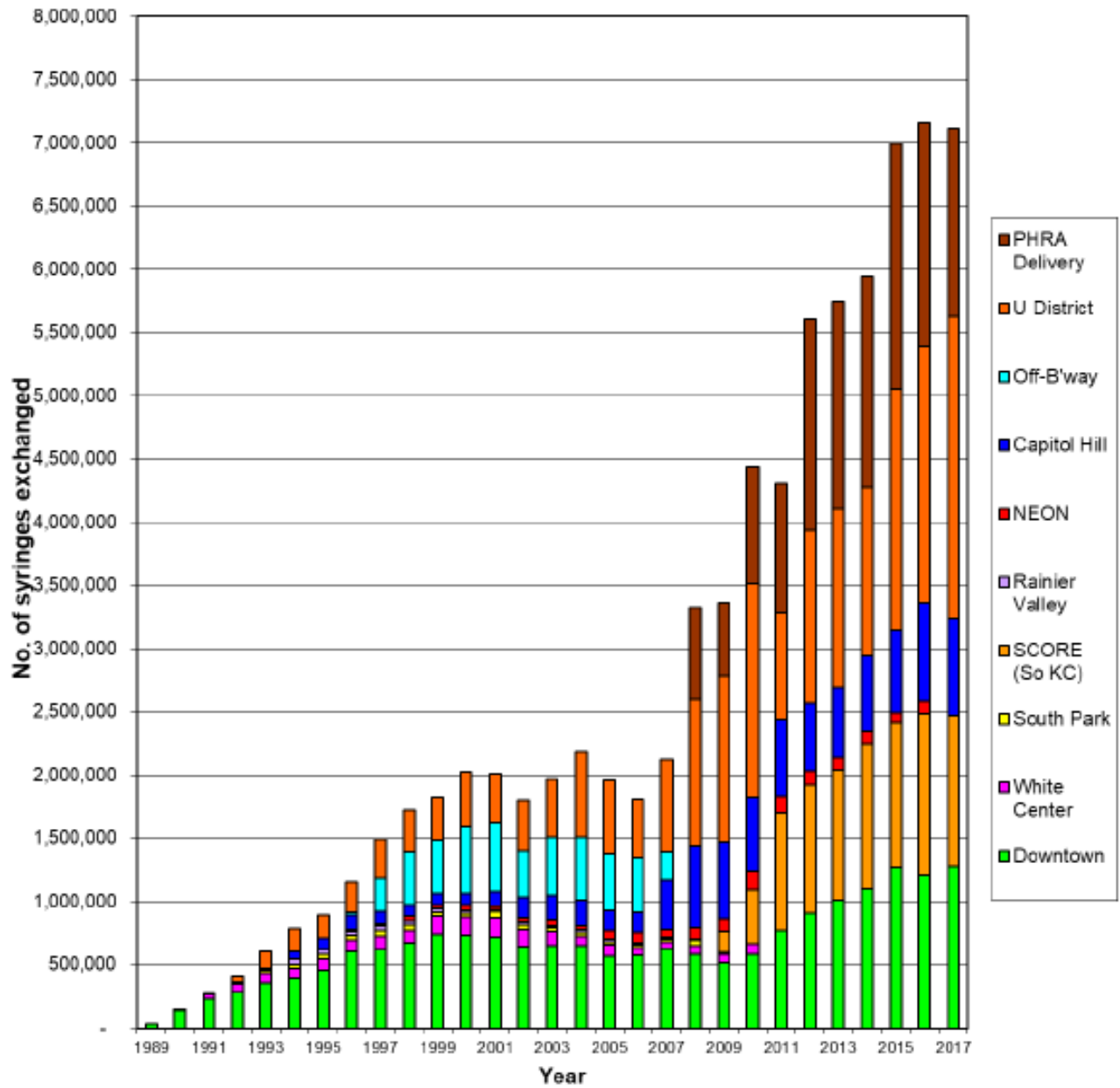
Exhibit 5. Drug-Caused Deaths in King County



	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.

Exhibit 6. Syringe Exchange Volume



Source: Public Health—Seattle & King County, with Data from the People’s Harm Reduction Alliance.

Exhibit 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%	SUBSTANCE USE TREATMENT	
Any methamphetamine use	75%	Currently in treatment	28%
Any goofball ¹ use	52%	Interest in reducing/stopping opioid use	78%
Any syringe sharing	22%	Interest in reducing/stopping stimulant use	62%
Any fentanyl use	13%	INTEREST IN SAFE INJECTION FACILITY	
Any equipment sharing	46%	Would use, daily	39%
Femoral injection	16%	Would use, at least weekly	20%
Neck injection	36%	Would use, less than weekly	21%
Ever inject in public	62%	Would never use	20%
Ever inject alone	79%		

¹ Methamphetamine and heroin mixed together

Source: Public Health—Seattle & King County.

Treatment Tables

Table 1: Trends in Admissions*to Programs Treating Substance Use Disorders, King County (Seattle Area) Residents, 2013-2017
Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year									
	2013		2014		2015		2016** (Estimates)		2017	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	9,285	100%	9,802	100%	8,928	100%	9,056	100%	10,258	100%
Primary Substance of Abuse (%)										
Alcohol	3,145	33.9%	3,112	31.7%	2,730	30.6%	2,750	30.4%	3,614	35.2%
Cocaine/Crack	642	6.9%	521	5.3%	432	4.8%	472	5.2%	481	4.7%
Heroin	2,192	23.6%	2,897	29.6%	3,016	33.8%	2,842	31.4%	3,400	33.1%
Prescription Opioids***	559	6.0%	532	5.4%	368	4.1%	432	4.8%	468	4.6%
Methamphetamine	854	9.2%	1,001	10.2%	911	10.2%	1,094	12.1%	1,101	10.7%
Marijuana	1,498	16.1%	1,365	13.9%	1,180	13.2%	818	9.0%	929	9.1%
Benzodiazepines	16	0.2%	19	0.2%	21	0.2%	unavail	unavail	49	0.5%
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	0	0.0%	unavail	unavail
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	0	0.0%	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	0	0.0%	unavail	unavail
Other Drugs/Unknown	379	4.1%	355	3.6%	270	3.0%	152	1.7%	216	2.1%

NOTES:

***Treatment Authorizations:** Includes admissions to outpatient, opioid treatment programs and residential modalities of care in publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

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

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

unavail: Data not available; **Percentages** may not sum to 100 due to either rounding, missing data and/or because not all possible categories are presented in the table.

SOURCE: Data provided to the King County (Seattle Area) NDEWS SCE by the King County Behavioral Health and Recovery Division from July 2016-December 2017 and from the Washington State Division of Behavioral Health and Recovery for previous years.

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, King County (Seattle Area) Residents, 2017
Number of Admissions, by Primary Substance and Percentage of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids**		Methamphetamine		Marijuana		Benzo-diazepines		Synthetic Stimulants		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)***	3,525	100%	412	100%	2,717	100%	335	100%	943	100%	881	100%	unavail	unavail	unavail	unavail	unavail	unavail
Sex (%)																		
Male	2,445	69.4%	275	66.7%	1,562	57.5%	143	42.7%	638	67.7%	655	74.3%	unavail	unavail	unavail	unavail	unavail	unavail
Female	1,080	30.6%	137	33.3%	1,155	42.5%	192	57.3%	305	32.3%	226	25.7%	unavail	unavail	unavail	unavail	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	1,776	50.4%	115	27.9%	1,944	71.5%	237	70.7%	588	62.4%	310	35.2%	unavail	unavail	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	656	18.6%	215	52.2%	250	9.2%	41	12.2%	100	10.6%	244	27.7%	unavail	unavail	unavail	unavail	unavail	unavail
Hispanic/Latino	506	14.4%	13	3.2%	167	6.1%	15	4.5%	103	10.9%	181	20.5%	unavail	unavail	unavail	unavail	unavail	unavail
Asian/Pacific Islander	214	6.1%	35	8.5%	76	2.8%		0.0%	59	6.3%	42	4.8%	unavail	unavail	unavail	unavail	unavail	unavail
Other/unknown	385	10.9%	31	7.5%	280	10.3%	28	8.4%	103	10.9%	108	12.3%	unavail	unavail	unavail	unavail	unavail	unavail
Age Group (%)																		
Under 18	150	4.3%		0.0%	13	0.5%		0.0%	11	1.2%	241	27.4%	unavail	unavail	unavail	unavail	unavail	unavail
18-25	293	8.3%	17	4.1%	382	14.1%	21	6.3%	119	12.6%	230	26.1%	unavail	unavail	unavail	unavail	unavail	unavail
26-44	1,649	46.8%	121	29.4%	1,790	65.9%	230	68.7%	619	65.6%	314	35.6%	unavail	unavail	unavail	unavail	unavail	unavail
45+	1,445	41.0%	274	66.5%	532	19.6%	84	25.1%	204	21.6%	109	12.4%	unavail	unavail	unavail	unavail	unavail	unavail
Route of Administration (%)																		
Smoked	186	5.3%	323	78.4%	913	33.6%	42	12.5%	597	63.3%	840	95.3%	unavail	unavail	unavail	unavail	unavail	unavail
Inhaled	25	<0.1%	57	13.8%	39	1.4%	23	6.9%	53	5.6%	24	2.7%	unavail	unavail	unavail	unavail	unavail	unavail
Injected	48	<0.1%		0.0%	1,673	61.6%	30	9.0%	267	28.3%		0.0%	unavail	unavail	unavail	unavail	unavail	unavail
Oral/Other/Unknown	3,274	92.9%	26	6.3%	88	3.2%	240	71.6%	36	3.8%	29	3.3%	unavail	unavail	unavail	unavail	unavail	unavail
Secondary Substance (%)																		
None	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Alcohol	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Cocaine/Crack	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Heroin	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Prescription Opioids**	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Methamphetamine	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Marijuana	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Benzodiazepines	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

NOTES:
***Treatment Authorizations:** Includes admissions to outpatient, opioid treatment programs and residential modalities of care in publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.
****Prescription Opioids:** Includes hydromorphone, other opiates and synthetics, and oxycodone.
*****Number of Admissions, by Drug** may not match the numbers of admissions reported in Table 1 because cases with small cell sizes are suppressed.
unavail: Data not available. **Percentages** may not sum to 100 due to missing data, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data and/or not all possible categories are presented in the table.

SOURCE: Data provided to the King County (Seattle Area) NDEWS SCE by the King County Behavioral Health and Recovery Division.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Washington State Recovery Help Line provides information on **drug of choice among recovery helpline callers** residing in King County, WA.

The Washington State Patrol Crime Lab provides **local law enforcement drug testing** for King County, WA.

King County Drug Court provides data on **drug court participants' drug use** as reported at intake.

Drug treatment admissions for King County residents who receive public funding are provided by the King County Behavioral Health and Recovery Division from July 2016 to December 2017 and from the Washington State Division of Behavioral Health and Recovery for previous years.

Drug caused deaths are reported by the King County Medical Examiner with data analyses conducted by Public Health—Seattle & King County.

Data on the **number of syringes distributed** are provided by Public Health—Seattle & King County, with data from the People's Harm Reduction Alliance.

King County syringe exchange clients survey data were provided by Public Health—Seattle & King County.

ADDITIONAL INFORMATION ON SUBSTANCE USE IN THIS SCS:

WA State Syringe Exchange Survey: <http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

For additional information about the substances and substance use patterns discussed in this report, please contact Caleb Banta-Green, Ph.D., M.P.H., M.S.W., Principal Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, Phone: 206-543-0937, E-mail: calebbg@uw.edu.