# NDEWS National Drug Early Warning System

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

# King County (Seattle Area) Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

November 2019

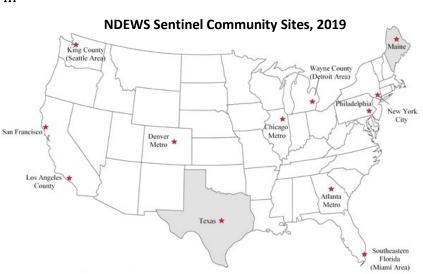
**NDEWS Coordinating Center** 

# NDEWS National Drug Early Warning System

# Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in

12 Sentinel Community Sites (SCSs) across the U.S. Emerging drugs and changing drug trends are monitored by each local SCE utilizing indicators such as drug overdose deaths, treatment admissions, hospital cases, poison center exposure calls, and law enforcement seizures. In May 2019, each SCE was asked to review available indicators and identify up to five drugs they considered most important to summarize for their site and include in their 2019 annual *Drug Use Patterns and Trends Report*.



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# National Drug Early Warning System (NDEWS) Seattle Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

Caleb Banta-Green, Ph.D., M.P.H., M.S.W.
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&

Julia Hood, Ph.D.

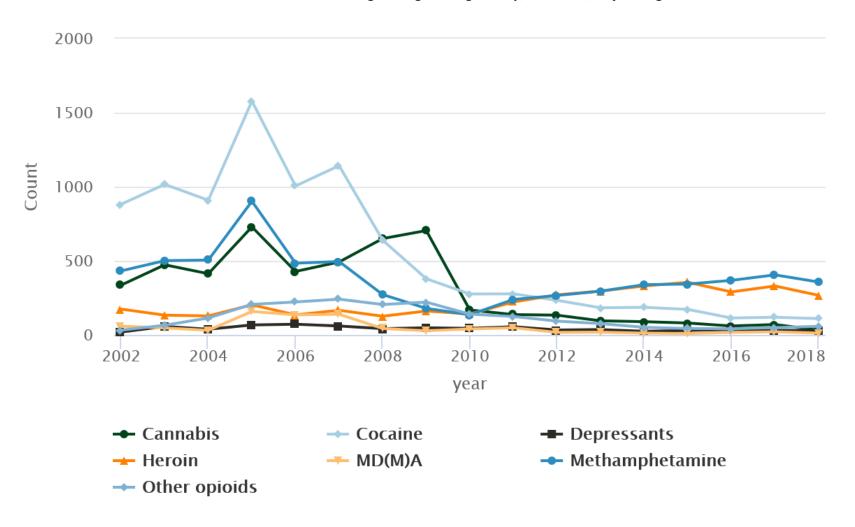
Public Health-Seattle & King County

# **Highlights**

- Methamphetamine-involved overdose deaths continued to increase in 2018 to 164, a
  continuous annual increase since 2011 when there 22 such deaths. Methamphetamine deaths
  with opioids are up over this period as are methamphetamine deaths without other illicit drugs
  or opioids drugs.
- Opioid-involved deaths not involving a stimulant have been steady since 2008. All heroin-involved deaths totaled 156 in 2018, pharmaceutical opioid-involved deaths totaled 100 in 2018, with numbers steady for each drug since 2014. Fentanyl-involved deaths totaled 66 in 2018, up from 23 in 2016 when directly comparable data were first collected, and up substantially from previous years.
- Police evidence data indicates substantial increases for fentanyl and fentanyl-analog cases beginning in 2017, though the absolute numbers are low compared to other drugs.
- Publicly-funded treatment admissions have been steady for pharmaceutical opioids, and have
  increased for methamphetamine and heroin as primary drugs between 2014 and 2018.
   Medicaid claims for buprenorphine (for opioid use disorder) and naltrexone (for opioid or
  alcohol use disorder) are up substantially beginning in 2014, the same year that expanded
  Medicaid coverage was implemented.
- The volume of syringes exchanged via King County providers increased in 2018 to nearly 8
  million. An HIV outbreak occurred in 2018, with 14 people diagnosed with HIV who identified as
  heterosexual, were living homeless, and mostly injected drugs.

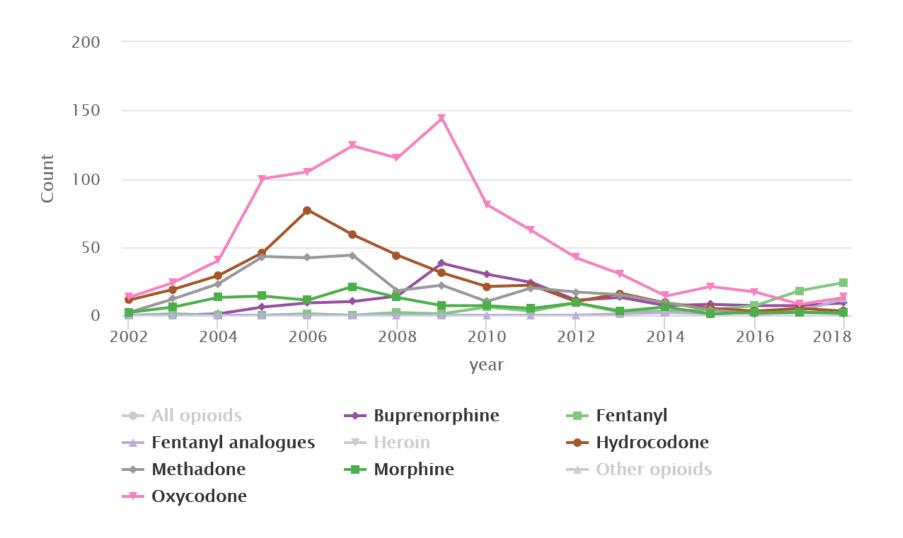
# **Major Drugs: Drug-Positive Cases (Count), King County**

Local Law Enforcement Drug Testing for King County, WA Cases, Major Drugs



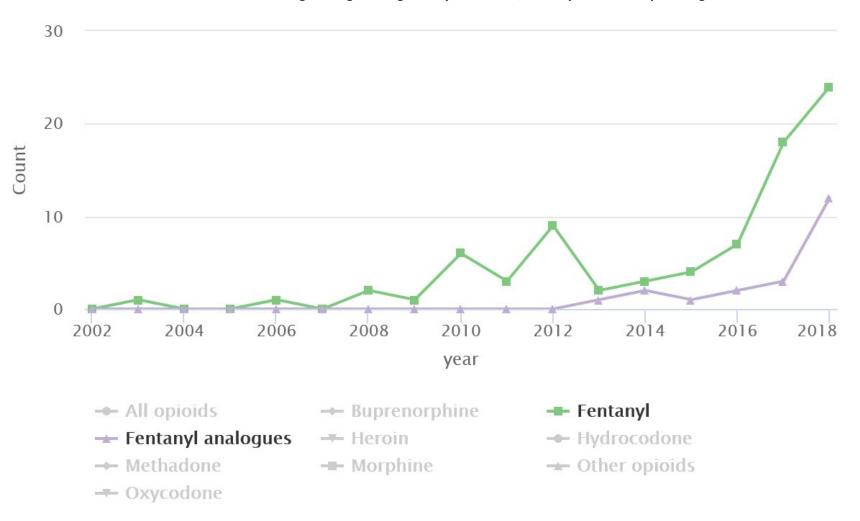
# **Opioids: Drug-Positive Cases (Count), King County**

Local Law Enforcement Drug Testing for King County, WA Cases, Opioids

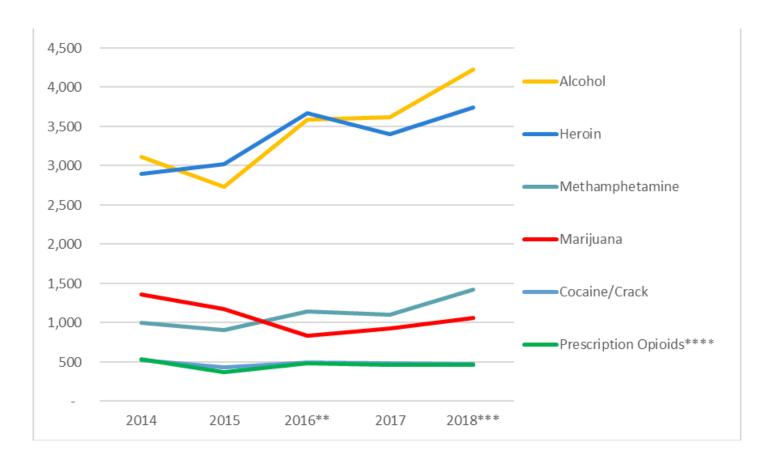


# **Opioids: Drug-Positive Cases (Count), King County**

Local Law Enforcement Drug Testing for King County, WA Cases, Fentanyl and Fentanyl Analogues



# **Drug Treatment Admissions, King County, WA**

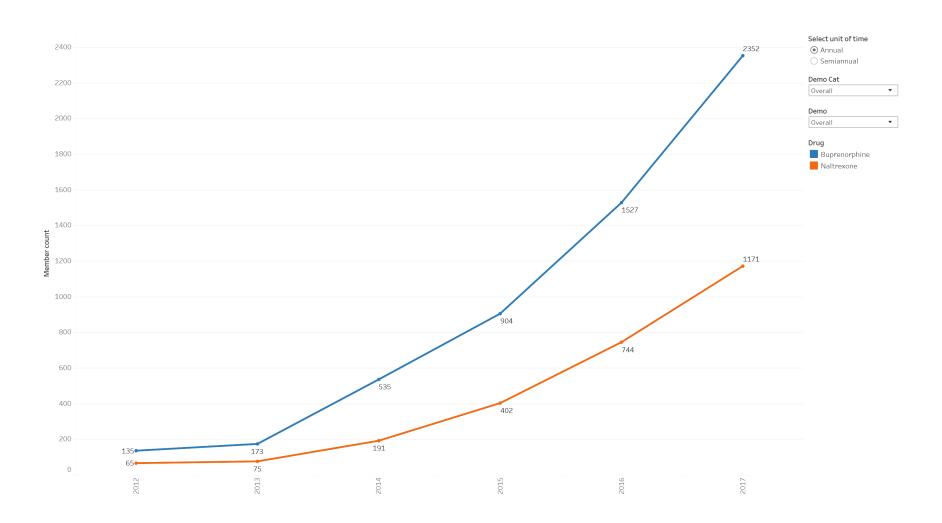


<sup>\*\*2016</sup> Estimates: 2016 figures are estimates based on doubling preliminary numbers reported for July-December 2016.

<sup>\*\*\*2018</sup> are preliminary data

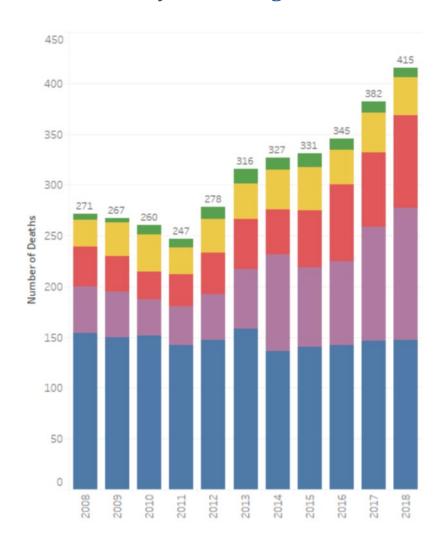
<sup>\*\*\*\*</sup>Prescription Opioids: Includes hydromorphone, other opiates and synthetics, and oxycodone.

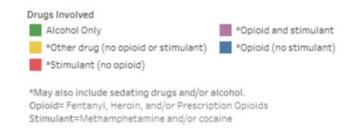
# **Buprenorphine and Naltrexone Medicaid Claims, King County, WA**



Source: Medicaid claims data, 2012-2018, WA State Health Care Authority (HCA). This figure has not been reviewed or approved by HCA.

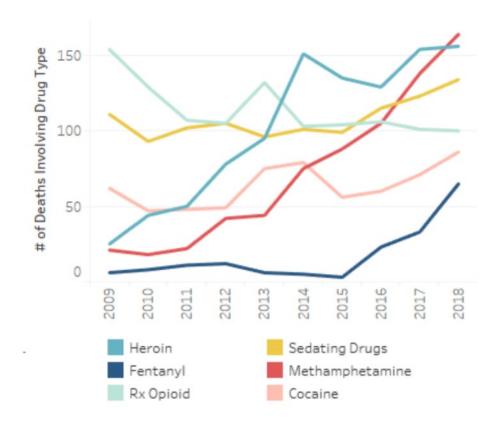
# Deaths Caused by Acute Drug or Alcohol Poisoning, King County, WA, 2008-2018





Source: https://www.kingcounty.gov/depts/health/examiner/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

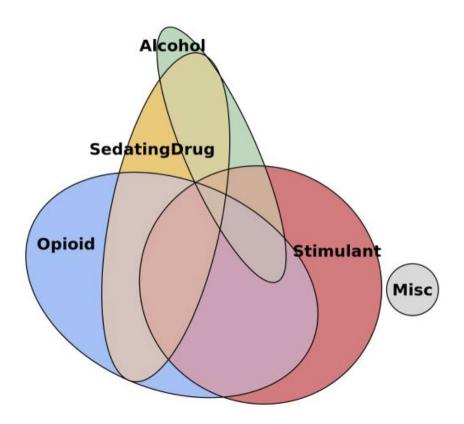
# Drugs Involved in Confirmed Overdose Deaths, King County, WA, 2009-2018



Notes: Decedent may be represented in multiple lines. Across the years, 20-25% of drug overdose deaths also involve alcohol.

Source: https://www.kingcounty.gov/depts/health/examiner/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

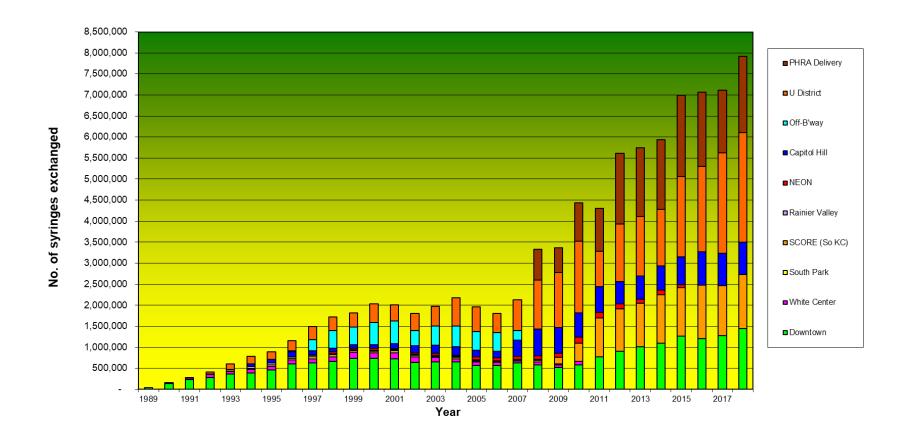
# Drugs Involved in Confirmed Overdose Deaths, King County, WA, 2018



- Of drug or alcohol caused deaths in 2018, 77% involved multiple substances.
- In this Venn diagram, the ovals and overlapping areas are proportionate to the number of overdoses attributed to the type of drug(s) present at time of death.

Source: https://www.kingcounty.gov/depts/health/examiner/ $^{\sim}$ /media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

# **Needle Exchange Volumes, King County, WA**





Search

# **HIV Outbreak**

Outbreak of Human Immunodeficiency Virus Infection Among Heterosexual Persons Who Are Living Homeless and Inject Drugs – Seattle, Washington, 2018

Weekly / April 19, 2019 / 68(15);344-349

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- "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%."
- Services expanded in area- mobile syringe exchange, buprenorphine access

# **Treatment Tables**

Table 1: Trends in Admissions\*to Programs Treating Substance Use Disorders, King County (Seattle Area) Residents, 2014-2018

Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year													
	20	14	20	15	201	6**	20	17	2018***					
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)				
Total Admissions (#)	9,428	100%	8,637	100%	10,218	100%	9,993	100%	11,387	100%				
Primary Substance of Abuse (%)														
Alcohol	3,112	33.0%	2,730	31.6%	3590	35.1%	3614	36.2%	4,230	37.1%				
Cocaine/Crack	521	5.5%	432	5.0%	496	4.9%	481	4.8%	471	4.1%				
Heroin	2,897	30.7%	3,016	34.9%	3672	35.9%	3400	34.0%	3,744	32.9%				
Prescription Opioids <sup>±</sup>	532	5.6%	368	4.3%	482	4.7%	468	4.7%	462	4.1%				
Methamphetamine	1,001	10.6%	911	10.5%	1144	11.2%	1101	11.0%	1,418	12.5%				
Marijuana	1,365	14.5%	1,180	13.7%	834	8.2%	929	9.3%	1,062	9.3%				
Benzodiazepines	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail				
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail				
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail				
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail				
Other Drugs/Unknown	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail				

#### NOTES:

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.

<sup>\*</sup>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.

<sup>\*\*2016: 2016</sup> figures are estimates based on doubling preliminary numbers reported for July-December 2016.

<sup>\*\*\*2018:</sup> Preliminary data.

**<sup>\*</sup>Prescription Opioids:** Includes hydromorphone, other opiates and synthetics, and oxycodone.

Table 2: Demographic and Drug Use Characteristics of Treament Admissions\* for Select Primary Substances, King County (Seattle Area) Residents, 2018

Number of Admissions, by Primary Substance and Percentage of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance**																		
	Ald	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids***		Methamphetamine		Marijuana		Benzo- diazepines		Synthetic Stiumlants		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Number of Admissions (#)***	3,322	100%	400	100%	2,747	100%	337	100%	1,208	100%	1,020	100%	unavail	unavail	unavail	unavail	unavail	unavail	
Sex (%)																			
Male	2,249	67.5%	258	64.3%	1,659	60.3%	167	49.4%	805	66.0%	724	70.2%	unavail	unavail	unavail	unavail	unavail	unavail	
Female	1,073	32.2%	142	35.4%	1,088	39.6%	170	50.3%	403	33.4%	296	28.7%	unavail	unavail	unavail	unavail	unavail	unavail	
Race/Ethnicity (%)																			
White, Non-Hisp.	1,756	52.7%	104	25.9%	1,948	70.9%	222	65.7%	692	57.3%	351	34.0%	unavail	unavail	unavail	unavail	unavail	unavail	
African-Am/Black, Non-Hisp	453	13.6%	159	39.7%	180	6.5%	37	10.9%	115	9.5%	169	16.4%	unavail	unavail	unavail	unavail	unavail	unavail	
Hispanic/Latino	427	12.8%	15	3.7%	185	6.7%	21	6.2%	136	11.3%	212	20.6%	unavail	unavail	unavail	unavail	unavail	unavail	
Asian/Pacific Islander	185	5.6%	29	7.2%	66	2.4%	12	3.6%	64	5.3%	63	6.1%	unavail	unavail	unavail	unavail	unavail	unavail	
Other/unknown	469	14.1%	93	23.2%	334	12.1%	44	13.0%	197	16.3%	230	22.3%	unavail	unavail	unavail	unavail	unavail	unavail	
Age Group (%)																			
Under 18	102	3.1%	5	1.2%	4	0.1%	4	1.2%	5	0.4%	293	28.4%	unavail	unavail	unavail	unavail	unavail	unavail	
18-25	255	7.7%	20	5.0%	321	11.7%	25	7.4%	152	12.6%	275	26.7%	unavail	unavail	unavail	unavail	unavail	unavail	
26-44	1,513	45.4%	105	26.2%	1,936	70.4%	217	64.2%	780	64.6%	357	34.6%	unavail	unavail	unavail	unavail	unavail	unavail	
45+	1,463	43.9%	271	67.6%	488	17.8%	92	27.2%	282	23.3%	107	10.4%	unavail	unavail	unavail	unavail	unavail	unavail	
Route of Administration (%)																			
Smoked	12	0.4%	311	77.6%	886	32.2%	39	11.5%	789	65.3%	975	94.6%	unavail	unavail	unavail	unavail	unavail	unavail	
Inhaled	4	0.1%	54	13.5%	67	2.4%	28	8.3%	57	4.7%	27	2.6%	unavail	unavail	unavail	unavail	unavail	unavail	
Injected	4	0.1%	4	1.0%	1760	64.0%	16	4.7%	316	26.2%	1	0.1%	unavail	unavail	unavail	unavail	unavail	unavail	
Oral/Other/Unknown	3311	99.3%	31	7.7%	36	1.3%	255	75.4%	56	4.6%	28	2.7%	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 Stiumlants	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:

**n/a:** Not applicable; **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.

<sup>\*</sup>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.

<sup>\*\*</sup>Number of Admissions, by Primary Drug may not match the numbers of admissions reported in Table 1 because cases with small cell sizes are suppressed.

<sup>\*\*\*</sup>Prescription Opioids: Includes hydromorphone, other opiates and synthetics, and oxycodone.

# **Sources**

### DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

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

**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 2018 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.

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: calebba@uw.edu.