

King County (Seattle Area)  
Sentinel Community Site (SCS)  
Drug Use Patterns and Trends, 2020

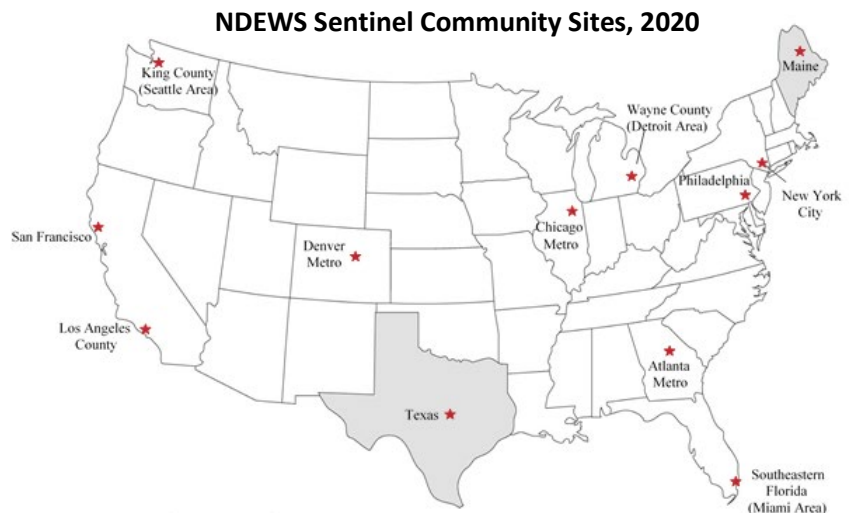
August 2020

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 2020, 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 2020 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, 2020

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## Highlights

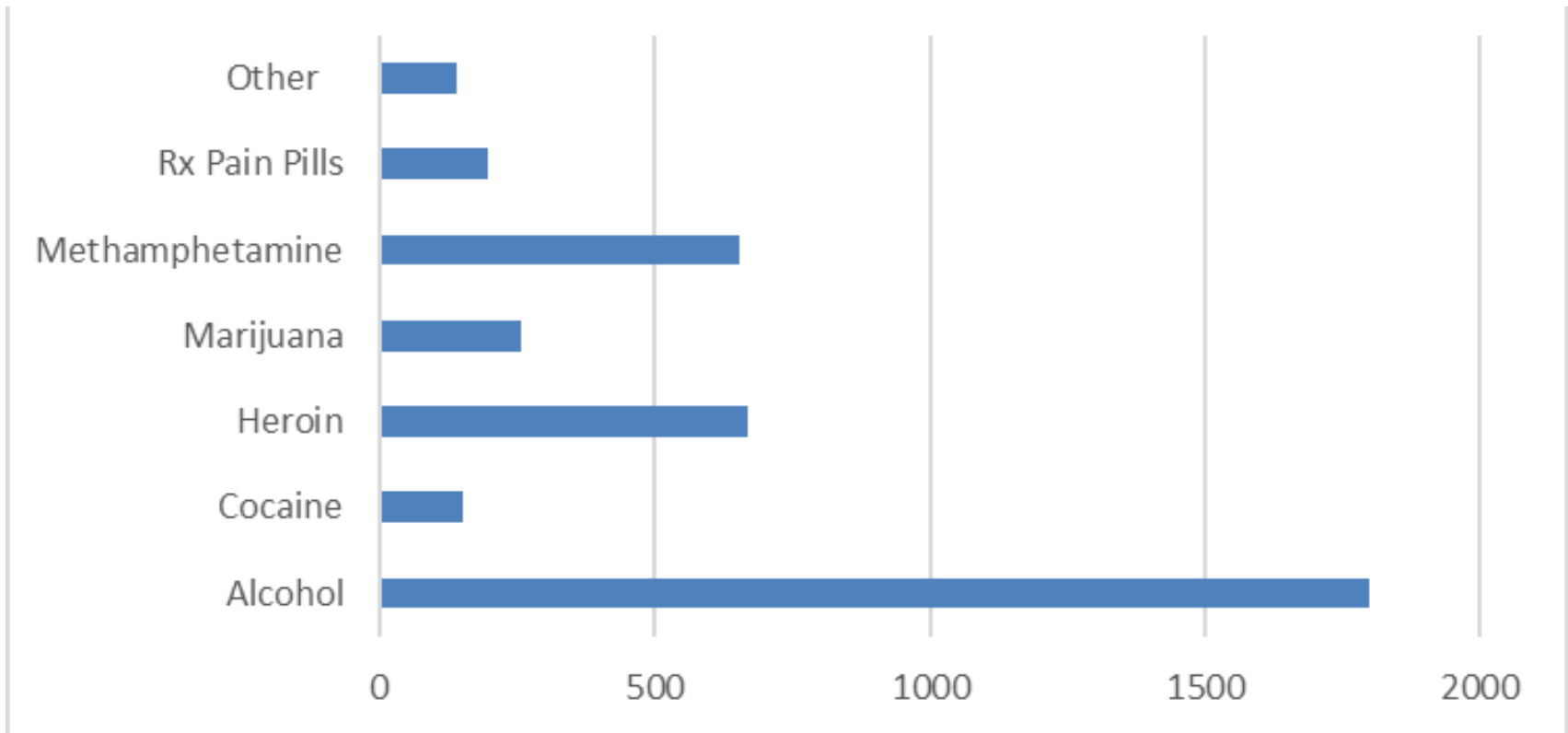
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- Callers to the recovery helpline most often mentioned **methamphetamine** and **heroin**. There were more than 500 calls each in 2019, with **marijuana**, **cocaine** and **prescription-type opioids** at less than half that level.
- Police evidence testing has most commonly detected **methamphetamine** from 2016-2019 followed closely by **heroin**. Among non-heroin opioids, **oxycodone** has decreased dramatically over the past decade while **fentanyl** started to increase in 2016 and increased dramatically from 2018-2019. In 2019 and the several years preceding, crime lab chemists indicate most fentanyl was detected in fake oxycodone tablets. Fentanyl in a product appearing to be black tar heroin was reported in Spring 2020 in two deaths and one mid-size police evidence testing case.
- Statewide analyses of quarterly crime testing data indicate substantial increases in **fentanyl** and **non-prescription benzodiazepine** cases in the fourth quarter of 2019 in King County as well as several other counties in Washington State.
- Annual treatment authorizations (both new admissions and ongoing treatment) were most common for **alcohol** which increased in 2018 and 2019. **Heroin** is the most common illicit substance reported and was relatively constant in recent years. The number of **methamphetamine** treatment authorizations increased from 2017 onward, at levels lower than for heroin. Cannabis treatment

authorizations decreased in 2016 and have stayed relatively constant since (cannabis is legal in Washington State). **Pharmaceutical opioids** and **cocaine** are at similar, lower, constant levels.

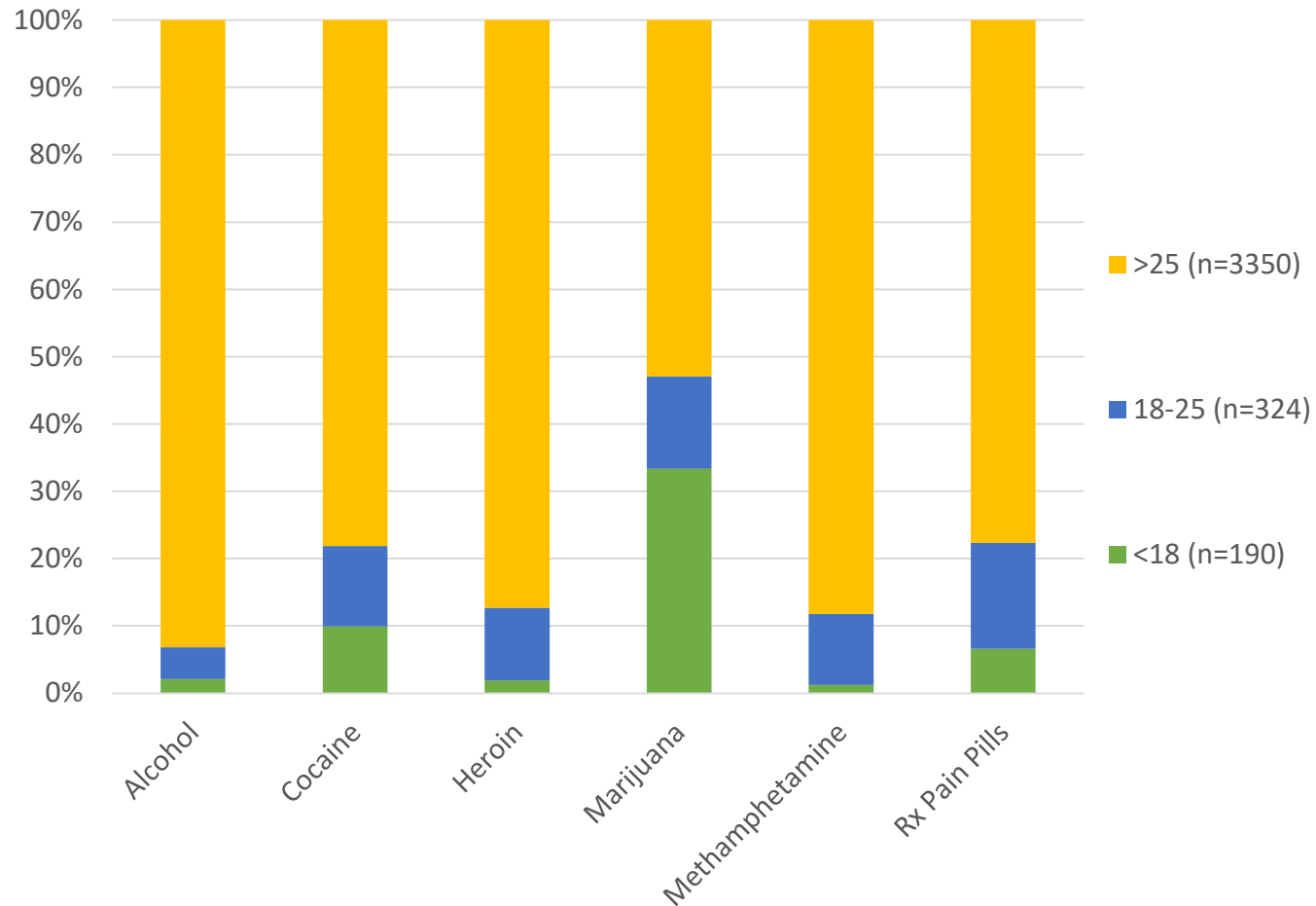
- Medicaid claims for **buprenorphine**, which is indicated for the treatment of opioid use disorder, have increased continually since 2014 with over 3,000 unique claims in each half year period in 2019. **Naltrexone** also increased steadily over this period of time, though at lower levels, with more than 1,000 Medicaid claims in each half year period in 2019; it is indicated for alcohol and opioid use disorder.
- **Methamphetamine**-involved deaths continued a rapid increase first evident in 2012, with 201 deaths in 2019, among 426 total drug involved deaths. **Heroin** was the next most common drug detected in deaths with 151 in 2019, similar to the prior 5 years. **Fentanyl** is now the third most commonly detected substance with 112 involved deaths in 2019, a rapid increase since 2016. Pharmaceutical opioid-involved deaths totaled 102 in 2019, very similar to levels seen since 2014. Cocaine-involved deaths totaled 89 in 2019 continuing a slow, steady increase since 2016.
- The 2019 syringe services program survey conducted by Public Health-Seattle & King County with 432 clients indicates that 50% identified **heroin** as their main drug, followed by **methamphetamine and heroin used together** (18%), and **methamphetamine used alone** by 17%.

## Recovery Helpline Calls, 2019, King County



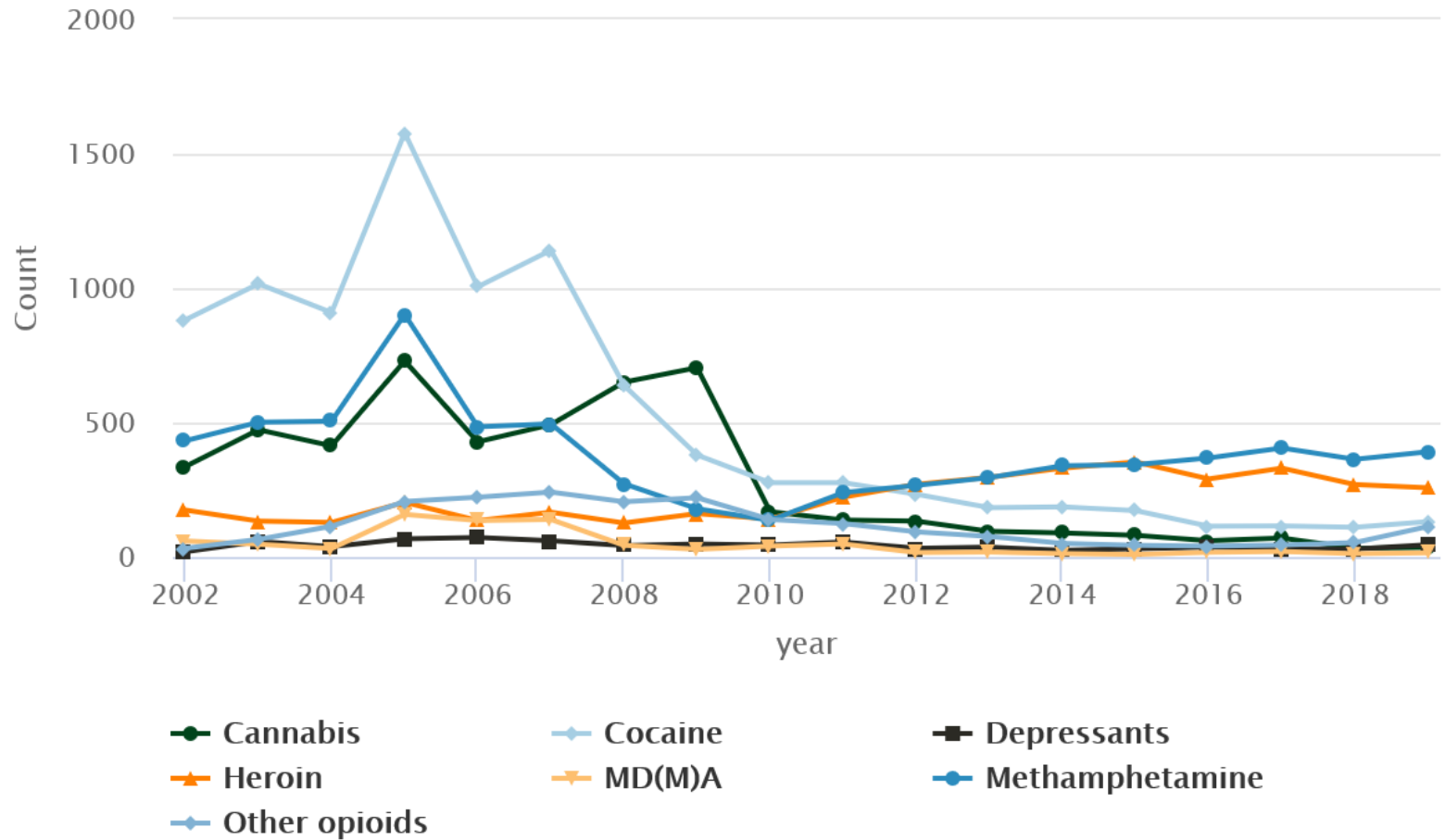
Note: Data are preliminary.

## Recovery Helpline Calls, 2019, King County, by Age



Note: Data are preliminary.

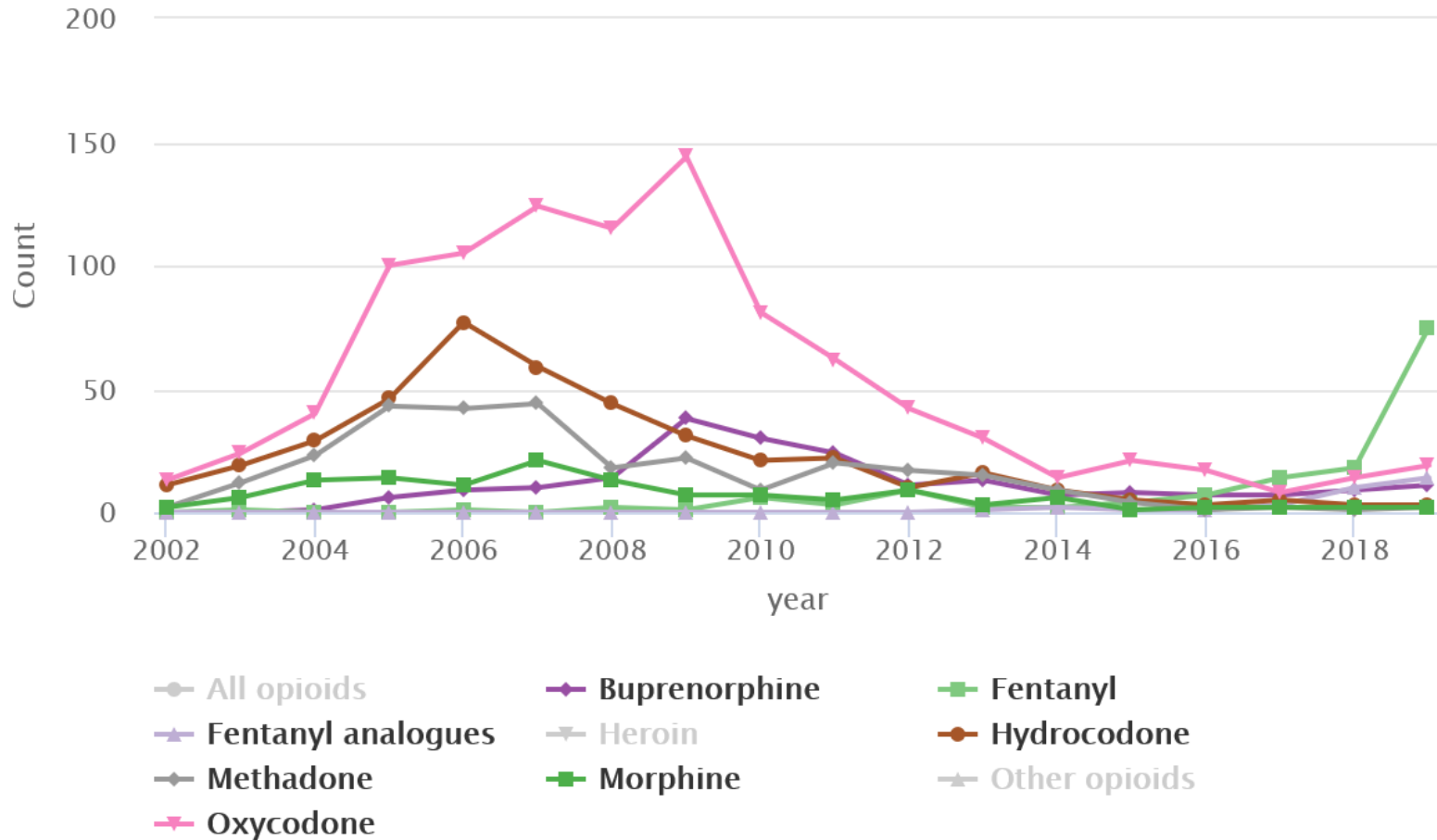
## Police Evidence Testing, King County, WA



- Cocaine predominated 15 years ago, followed by methamphetamine, which declined and now is the most common drug detected.
- Heroin increased in the early 2010's, leveled off, and declined more recently.
- Fentanyl has been increasing.

Source: Washington State Patrol, Crime Laboratory Division.

## Police Evidence Testing, King County, WA



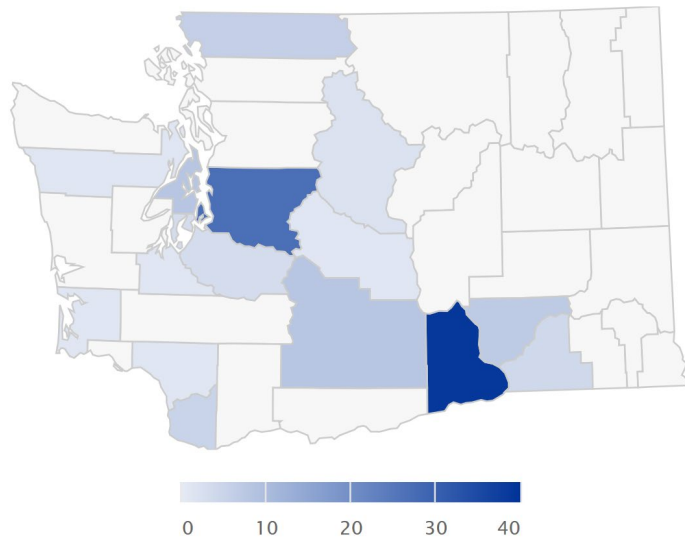
- Oxycodone used to predominate. OxyContin was reformulated in 2010.
- Fentanyl has increased in the past few years, really jumped in 2019 and continues in 2020. Most appears to be bogus oxycodone pills (M30s).

Source: Washington State Patrol, Crime Laboratory Division

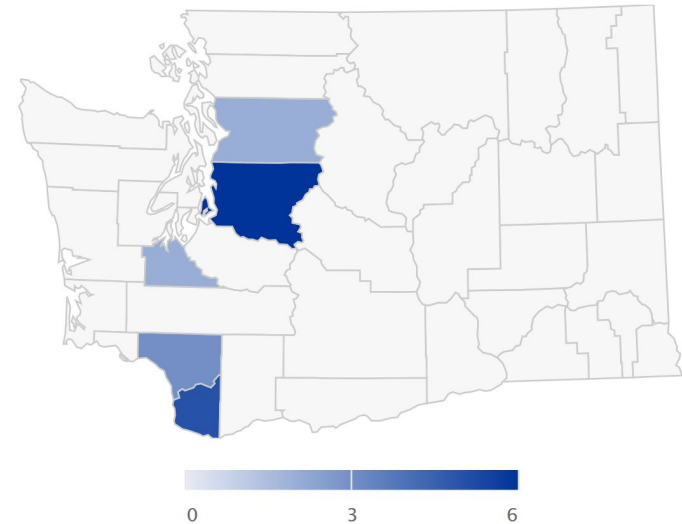


## New and Emerging Drugs in State Crime Lab Evidence: Quarter 4 2019 and Quarter 1 2020

Fentanyl cases more than doubling in Q4 2019 versus average quarter in prior 3 years



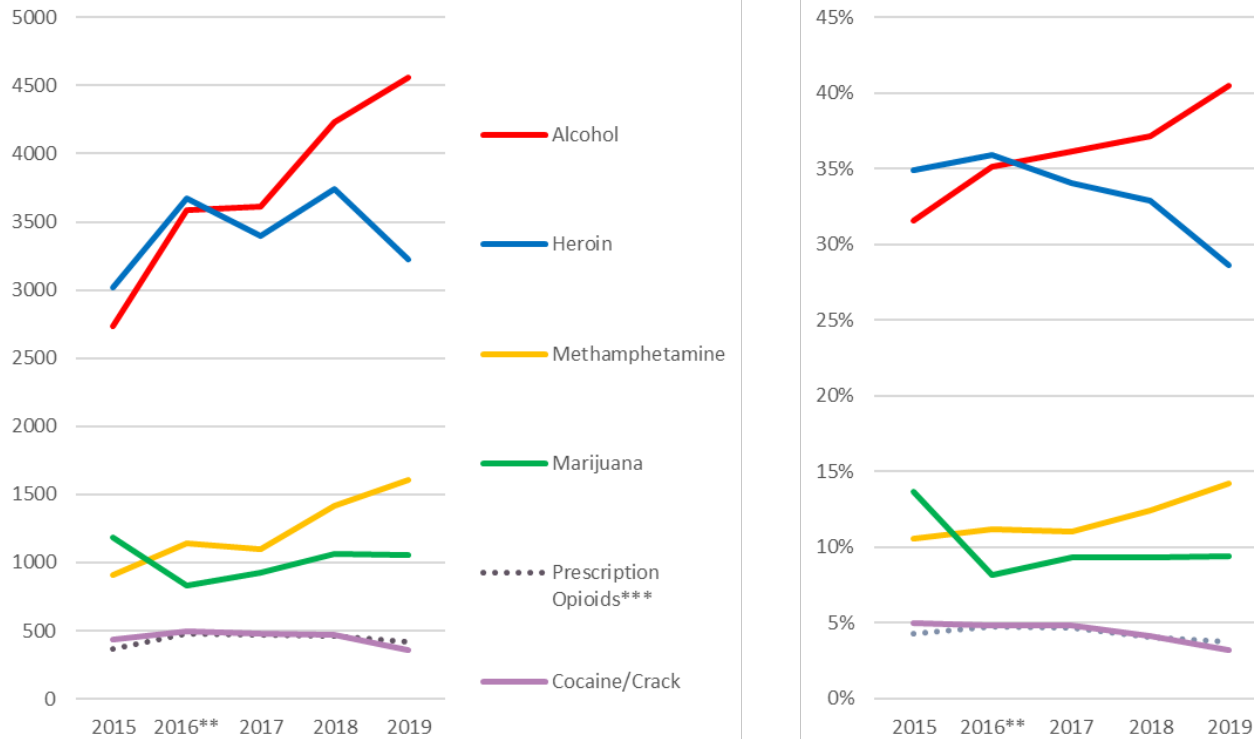
Non-prescription benzodiazepine cases more than doubling in Q4 2019 versus average quarter in prior 3 years



Note: Preliminary Data.

Source: Forensic Laboratory Services Bureau, Washington State Patrol, as found on <https://adai.uw.edu/wadata/>

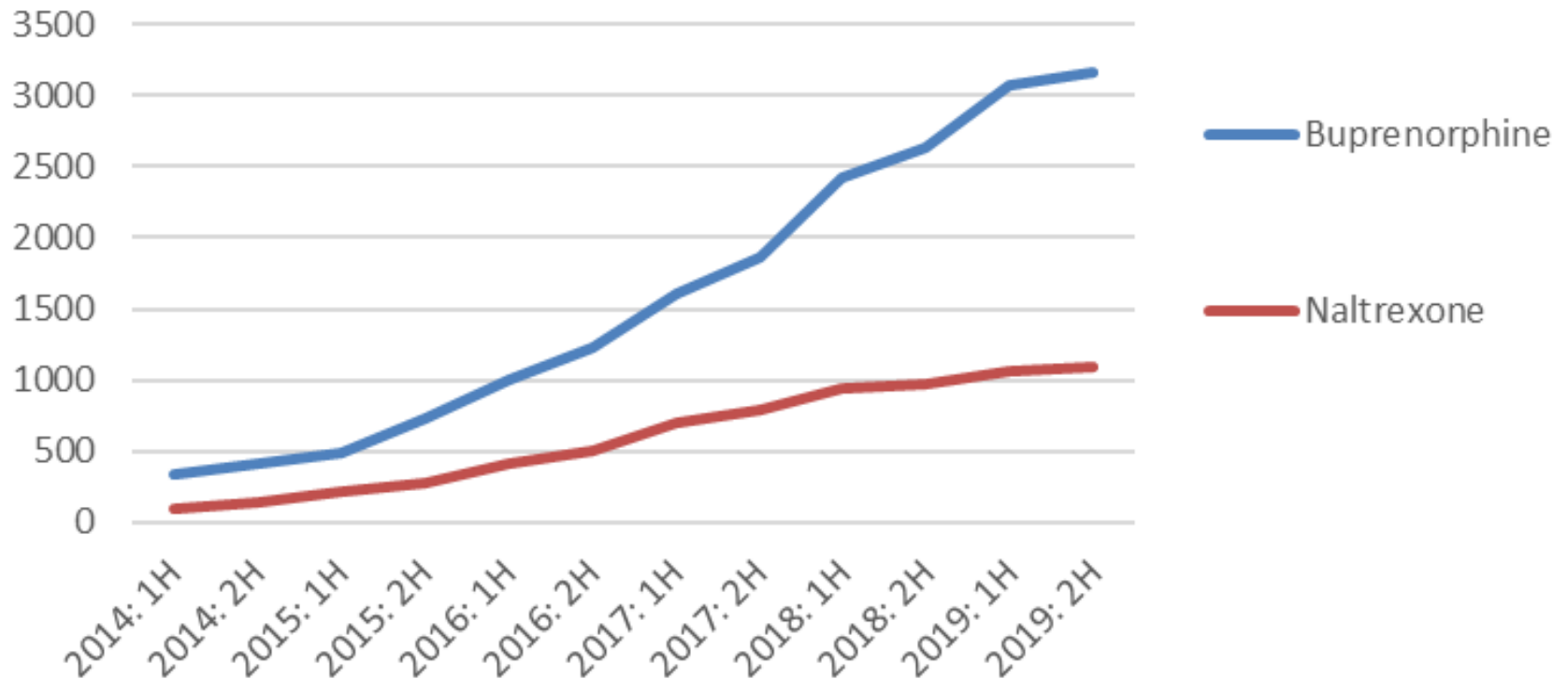
## Treatment Admissions, Publicly Funded, King County, WA



- Overall the number of treatment admissions is up.
- Heroin treatment admissions are down, however much is in opioid treatment programs, aka methadone clinics, that have relatively long episodes of care.
- As shown on the next slide, the use of prescribed treatment medications, often in primary admissions, are up substantially.
- Methamphetamine treatment admissions continue to increase.
- Marijuana, cocaine and prescription opioids are pretty flat.

Source: King County Behavioral Health & Recovery Division

## Addiction Treatment Medications, King County, WA Medicaid Claims, Unique Within Half Year

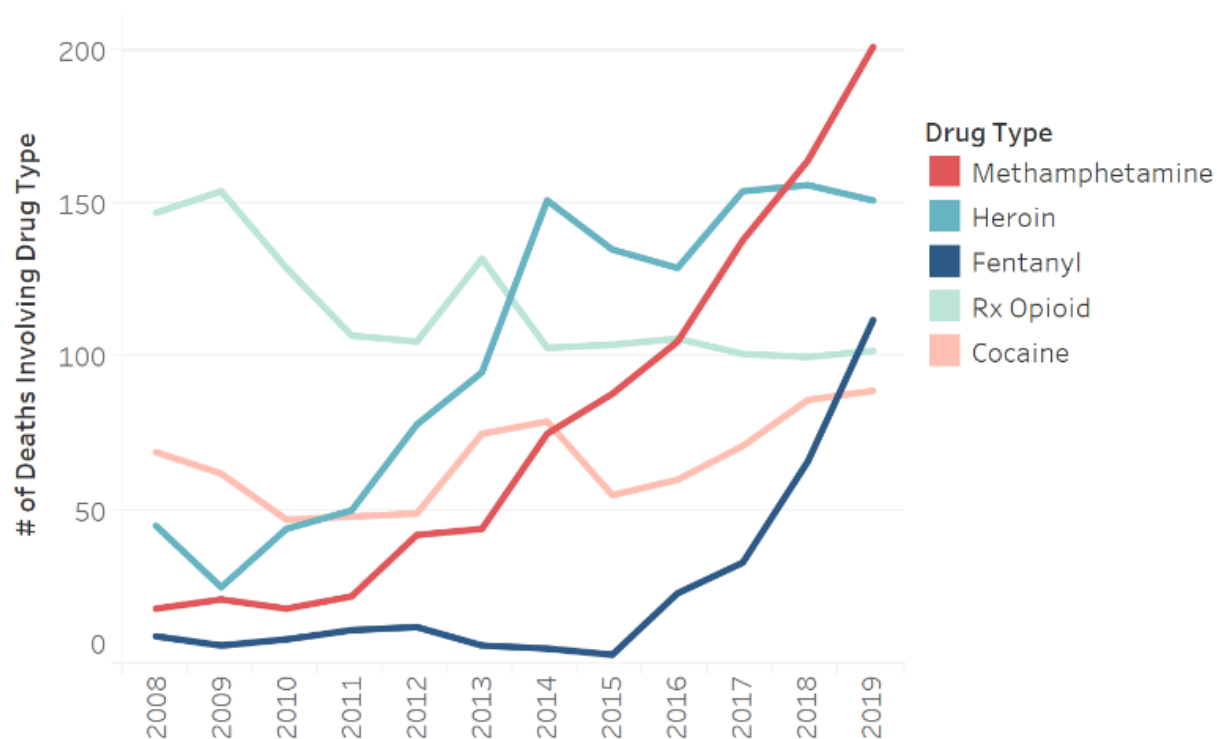


- There have been large increase for both medications.
- For opioid use disorder, episodes of care are generally much longer than for naltrexone, so a one day census (vs any prescription in a half year) would likely show a much larger percentage on buprenorphine.

Notes: Buprenorphine is for opioid use disorder; naltrexone is for opioid or alcohol use disorder.

Source: King County Behavioral Health & Recovery Division

## Drugs Involved in Confirmed Overdose Deaths

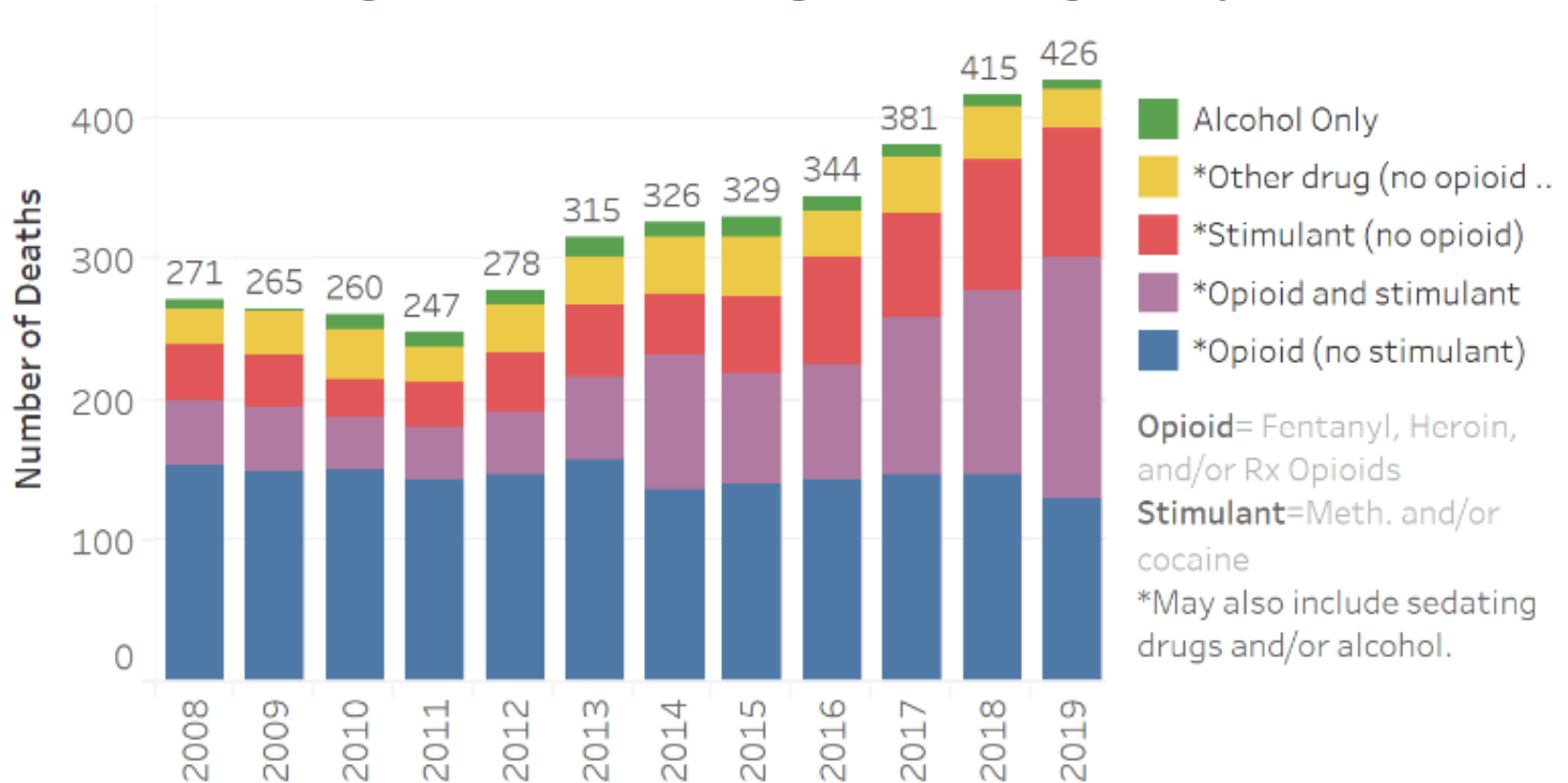


- Methamphetamine-involved deaths continue a rapid increase that started back in 2012.
- Fentanyl-involved deaths are up substantially. State lab testing became more sensitive and common starting in mid-2016, so increase in fentanyl likely somewhat under-counted prior to 2016.
- Cocaine up somewhat compared to recent years.
- Prescription opioids are quite flat.
- Heroin has been relatively flat for the past 6 years.

Note: Decedent may be represented in multiple lines.

Source: Public Health-Seattle & King County <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

## Drug & Alcohol Poisoning Deaths, King County



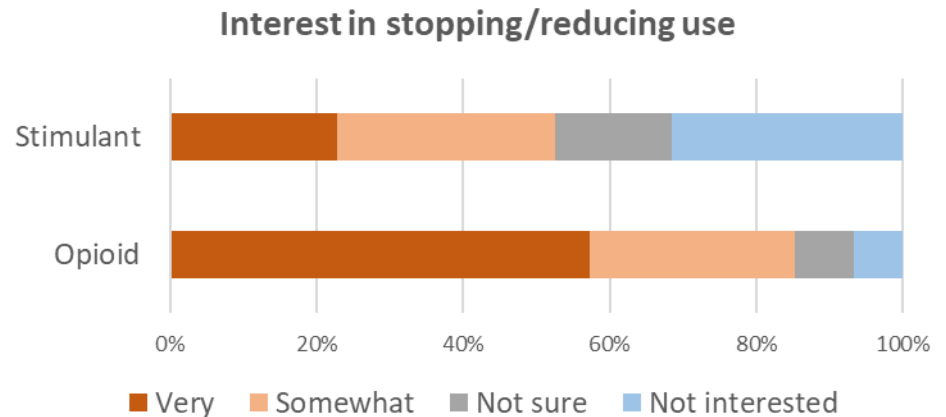
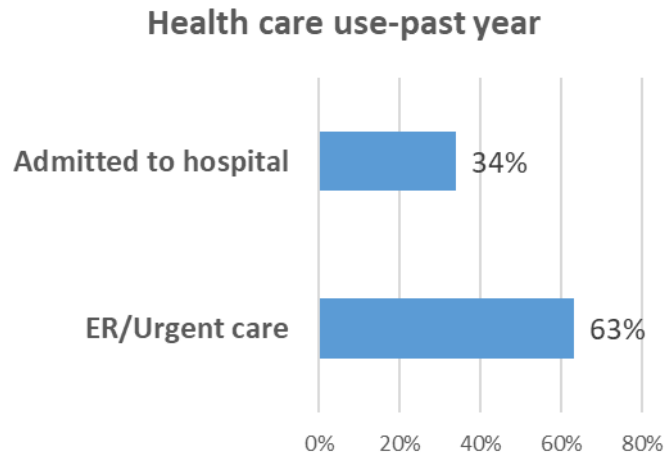
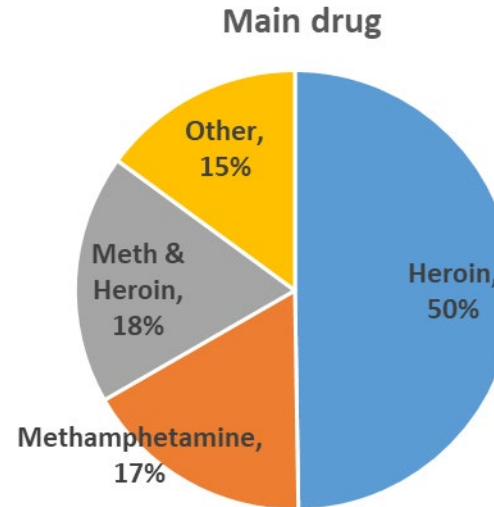
- Overall the drug overdose rate was 18.9 in 2019 compared to 12.7 in 2011.
- Opioid-involved deaths without stimulants is quite flat.
- Opioid + Stimulant has seen a large increase.
- Stimulants without opioid has seen a large increase.

Note: Each decedent is a toxicology-confirmed overdose death and is represented once.

Source: Public Health-Seattle & King County <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

# Syringe Service Program Clients 2019 Survey (n=432)

- Age: 38.3 (SD 11) mean; 36 median
- 34% female, 65% male, 1% transgender/other
- 46% homeless, 25% temporary, 29 permanent
- 35% incarcerated past year



Source: Public Health-Seattle & King County

Detailed statewide data: <https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>

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## Treatment Tables

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**Table 1: Trends in Authorizations\* to Programs Treating Substance Use Disorders, King County (Seattle Area) Residents, 2015-2019**  
Number of Authorizations and Percentage of Authorizations with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year									
	2015*		2016**		2017		2018		2019	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
<b>Total Authorizations (#)</b>	<b>8637</b>	<b>100%</b>	<b>10218</b>	<b>100%</b>	<b>9993</b>	<b>100%</b>	<b>11387</b>	<b>100%</b>	<b>11,260</b>	<b>100%</b>
<b>Primary Substance of Abuse (%)</b>										
Alcohol	2,730	31.6%	3590	35.1%	3614	36.2%	4,230	37.1%	4562	40.5%
Cocaine/Crack	432	5.0%	496	4.9%	481	4.8%	471	4.1%	360	3.2%
Heroin	3,016	34.9%	3672	35.9%	3400	34.0%	3,744	32.9%	3225	28.6%
Prescription Opioids***	368	4.3%	482	4.7%	468	4.7%	462	4.1%	421	3.7%
Methamphetamine	911	10.5%	1144	11.2%	1101	11.0%	1,418	12.5%	1603	14.2%
Marijuana	1,180	13.7%	834	8.2%	929	9.3%	1,062	9.3%	1055	9.4%
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:**

**\*July 2016-December 2019 Treatment Authorizations:** Includes authorizations (typically annual) for outpatient, opioid treatment programs and residential modalities of care in publicly-funded programs for King County residents. Each authorization does not necessarily represent a unique individual because some individuals are authorized for treatment more than once in a given period or may have long lengths of stay. **2015 Treatment Admissions:** Data are based on treatment admissions (one admission for each modality of care, people may have multiple entries over time based on care utilization) reported by the Washington State Division of Behavioral Health and Recovery.

**\*\*2016 Estimates:** 2016 figures are estimates based on doubling preliminary 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 2019 and from the Washington State Division of Behavioral Health and Recovery for 2015 data.



**Table 2: Demographic and Drug Use Characteristics of Treatment Authorizations\* for Select Primary Substances, King County (Seattle Area) Residents, 2019**  
Number of Authorizations, by Primary Substance and Percentage of Authorizations\* with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids**		Methamphetamine		Marijuana		Benzo-diazepines		Synthetic Stiumlants		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Authorizations (#)***	3,281	100%	276	100%	2,049	100%	273	100%	1,333	100%	983	100%	42	100%	unavail	unavail	unavail	unavail
Sex (%)																		
Male	2,179	66.4%	167	60.5%	1,226	59.8%	136	49.8%	859	64.4%	683	69.5%	27	64.3%	unavail	unavail	unavail	unavail
Female	1,083	33.0%	108	39.1%	819	40.0%	137	50.2%	464	34.8%	287	29.2%	15	35.7%	unavail	unavail	unavail	unavail
Other/Unknown	19	0.6%	unavail	unavail	unavail	unavail	unavail	unavail	10	0.8%	13	1.3%	unavail	unavail	unavail	unavail	unavail	unavail
Race/Ethnicity (%)																		
White, Non-Hisp.	1,592	48.5%	71	25.7%	1,357	66.2%	166	60.8%	765	57.4%	321	32.7%	15	35.7%	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	428	13.0%	105	38.0%	137	6.7%	22	8.1%	118	8.9%	170	17.3%	4	9.5%	unavail	unavail	unavail	unavail
Hispanic/Latino	392	11.9%	20	7.2%	167	8.2%	21	7.7%	132	9.9%	178	18.1%	11	26.2%	unavail	unavail	unavail	unavail
Asian/Pacific Islander	193	5.9%	24	8.7%	56	2.7%	12	4.4%	66	5.0%	49	5.0%	0	0.0%	unavail	unavail	unavail	unavail
Other/Unknown	677	20.6%	56	20.3%	332	16.2%	52	19.0%	252	18.9%	258	26.2%	12	28.6%	unavail	unavail	unavail	unavail
Age Group (%)																		
Under 18	88	2.7%	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	242	24.6%	3	7.1%	unavail	unavail	unavail	unavail
18-25	238	7.3%	14	5.1%	240	11.7%	42	15.4%	129	9.7%	250	25.4%	11	26.2%	unavail	unavail	unavail	unavail
26-44	1,608	49.0%	80	29.0%	1,490	72.7%	172	63.0%	894	67.1%	362	36.8%	18	42.9%	unavail	unavail	unavail	unavail
45+	1,347	41.1%	182	65.9%	315	15.4%	57	20.9%	305	22.9%	129	13.1%	10	23.8%	unavail	unavail	unavail	unavail
Route of Administration (%)																		
Smoked	13	0.4%	209	75.7%	804	39.2%	55	20.1%	922	69.2%	935	95.1%	7	16.7%	unavail	unavail	unavail	unavail
Inhaled	unavail	unavail	49	17.8%	45	2.2%	19	7.0%	53	4.0%	19	1.9%	1	2.4%	unavail	unavail	unavail	unavail
Injected	unavail	unavail	unavail	unavail	1,164	56.8%	15	5.5%	315	23.6%	unavail	unavail	3	7.1%	unavail	unavail	unavail	unavail
Oral/Other/Unknown	3,250	99.1%	17	6.2%	36	1.8%	184	67.4%	43	3.2%	29	3.0%	31	73.8%	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:**

**\*Treatment Authorizations:** Includes authorizations (typically annual) for outpatient, opioid treatment programs and residential modalities of care in publicly funded programs for King County residents. Each authorization does not necessarily represent a unique individual because some individuals are authorized for treatment more than once in a given period or may have long lengths of stay.

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

**\*\*\*Number of Authorizations, by Drug** may not match the numbers of authorizations reported in Table 1 because while demographic data are unduplicated within each year, many people have multiple authorizations. Thus, the number of authorizations exceeds the total number of unique people receiving services for a specific substance.

**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.

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## Sources

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### 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 authorizations** (typically annual, so may be repeated for people with long lengths of stay) for King County residents who receive public funding are provided by the King County Behavioral Health and Recovery Division from July 2016 to December 2019 and **treatment admissions** (one admission for each modality of care, people may have multiple entries over time based on care utilization) from the Washington State Division of Behavioral Health and Recovery for previous years. Note that while demographic data are unduplicated within each year, many people have multiple authorizations. Thus, the number of authorizations exceeds the total number of unique people receiving services for a specific substance.

**Addiction treatment medications** from Medicaid claims are reported by the King County Behavioral Health and Recovery Division.

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

Preliminary data on **recovery helpline callers** residing in King County, WA are provided by Washington State Recovery Help Line.

**Syringe service program client survey results** are from a survey developed by ADAI and Public Health—Seattle & King County and done in collaboration with programs across Washington State.

*For additional information about the 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: 206-685-3919, E-mail: calebbg@uw.edu.*