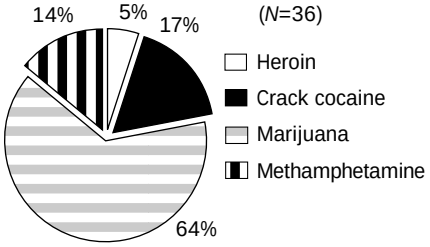
SEATTLE PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 2,414,616
- Median age: . . . . . 35.5 years
- Race (alone):
  - White . . . . . 78.6 %
  - Black. . . . . 4.4 %
  - American Indian/ Alaska Native 1.0%
  - Asian/Pacific Islander 9.9%
  - Other race 2.4%
  - Two or more races 3.9%
- Hispanic (of any race):. . . 5.2%
- Unemployment rate: 3.2%
- Median household income: $58,395
- Families below poverty level with children <18 years: 12%

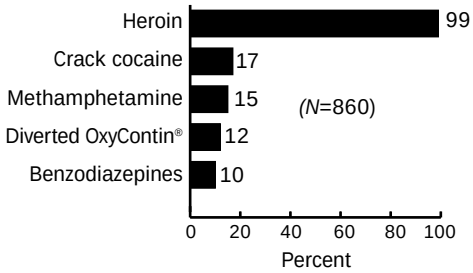
*Source: U.S. Census 2000**

What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)



Source: Non-methadone treatment respondent

What drugs do clients in a methadone program use?+ (Fall 2002)



Source: Methadone treatment respondent
+Includes any use, whether as a primary, secondary, or tertiary drug; no clients reportedly use powder cocaine; marijuana use is not recorded.

THE BIG PICTURE: WHAT'S CHANGED? (SPRING 2002 VS FALL 2002)

Three *Pulse Check* sources[L,E,M] believe the city's overall drug problem has remained stable; the non-methadone treatment source believes the drug problem has grown somewhat worse.

Some changes are reported:

- Task forces, particularly for methamphetamine, have been successful. A decline in meth labs may be due to precursor laws and law enforcement efforts.[L]
- Drug-related incarceration and recidivism have declined as a result of the proliferation of drug courts.
- Heroin has replaced crack as the second most widely abused drug in the city.[E]
- Crack use has increased among the non-methadone treatment population, while powder cocaine use may be decreasing.[N]
- Methamphetamine use continues to increase.[L,N] Ice (high quality, smokable methamphetamine), in particular, is emerging.[L]
- Diverted OxyContin® (oxycodone hydrochloride controlled-release) activity has increased.[L] It is considered an emerging drug of abuse by two sources.[E,M]

All four sources consider the city's drug problem very serious, with marijuana cited as the most widely abused drug by most sources. The drug related to the most serious consequences varies by source.

- *Marijuana remains the most common primary drug of abuse among non-methadone clients, followed by crack and methamphetamine.*
- *Prescription pills remain the most common secondary and tertiary drugs of abuse among heroin users in the methadone treatment program.*

Most widely abused drug:
- Marijuana[L,E,N]
- Heroin[M]

No reported changes between spring and fall 2002[L,E,N,M]

Second most widely abused drug:
- Crack[N,M]
- Methamphetamine[L]
- Heroin[E]

Changes between spring and fall 2002: Heroin replaced crack as the second most widely abused drug.[E]

Drug related to the most serious consequences:
- Heroin[E, M]
- Methamphetamine[L]
- Crack[N]

No reported changes between spring and fall 2002[L,E,N,M]

Drug related to the second most serious consequences:
- Heroin[L]
- Crack[E]
- Benzodiazepines[M]

No reported changes between spring and fall 2002[L,E,N,M]

New or emerging problems:
- Methamphetamine[L,N] (ice)
- Diverted OxyContin®[E,M]

Sources: [L]Law enforcement, [E]Epidemiologic/ethnographic, [N]Non-methadone treatment, and [M]Methadone treatment respondents
Note: These symbols appear throughout this city profile to indicate type of respondent.

**The census data in this table are provided as a frame of reference for the information given by* Pulse Check *sources. When possible, the data given by the law enforcement and epidemiologic/ethnographic sources reflect the metropolitan area.*

HEROIN

The heroin problem remained relatively stable between spring and fall 2002:

- Injectable Mexican black tar heroin remains the most available form of the drug and is relatively easy to purchase.[L,E]
- Heroin remains the drug related to the most serious consequences according to two sources[E,N] and has replaced crack as the second most widely abused drug according to one source.[E]

COCAINE

The two forms of the drug show opposite trends:

- Crack is cited as the drug related to the most serious consequences by one source. That source reports that the percentage of primary crack users has increased between fall and spring 2002.[N]
- Powder cocaine use remains low and may be decreasing.[N]

MARIJUANA

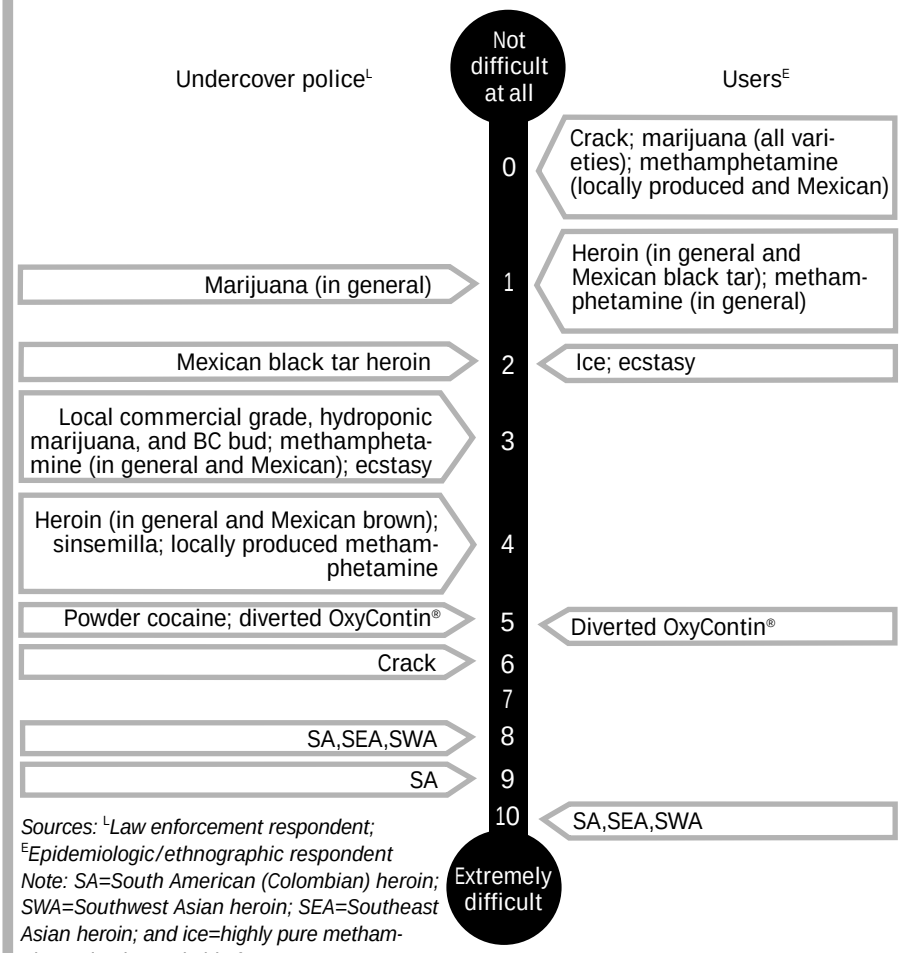
Most sources[L,E,N] consider marijuana the most widely used drug in the city. It is easier for undercover officers to purchase than in the past, especially British Columbian marijuana (BC bud), which comes from Canada.[L]

METHAMPHETAMINE

Methamphetamine use and activity have increased according to several Pulse Check *sources:*

- The law enforcement source believes that the drug is related to the most serious consequences.
- Two sources claim that methamphetamine—particularly ice—is easier to purchase than in the past.[L,E] Two sources consider methamphetamine—particularly ice—as increasing or emerging.[L,N]
- Methamphetamine is related to high-risk behaviors associated with HIV/AIDS among males who have sex with males.[E]

How difficult is it for undercover police and users to buy drugs? (Fall 2002)



Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent
Note: SA=South American (Colombian) heroin; SWA=Southwest Asian heroin; SEA=Southeast Asian heroin; and ice=highly pure methamphetamine in smokable form

- *Although ease-of-purchase ratings for various drugs differ according to source, marijuana is considered one of the easiest drugs to purchase.*[L,E]
- *Marijuana (in general and BC bud) is considered less difficult for undercover officers to purchase than in the past.*[L] *Only three other sources in* Pulse Check *cities report similar increases in BC bud (Minneapolis/St. Paul,*[L] *St. Louis,*[E] *and Portland, OR*[L]*).*
- *Mexican black tar heroin is also considered relatively easy to purchase.*[L,E]
- *Ice (mostly imported from Canada) is considered less difficult to purchase during these 6 months than during the previous 6 months.*[L,E]
- *Ecstasy and diverted OxyContin® are less difficult for undercover officers to purchase than in the previous 6 months.*[L,E]

MDMA (ECSTASY)

Although its use and activity have leveled off in the past 6 months, ecstasy is still considered an emerging drug of abuse by Pulse Check *sources.*

- Ecstasy (methylenedioxymethamphetamine or MDMA) use is stable, but as reported in spring 2002, the drug is increasingly used in streets and schools in addition to raves and nightclubs.
- Ecstasy continues to be related to high-risk behaviors associated with HIV/AIDS among men who have sex with men.[E]
- Treatment clients who use ecstasy continue to be few. Between spring and fall 2002, use among clients has decreased somewhat.[N]

OTHER DRUGS

- Diverted OxyContin®:
  - Two sources consider diverted OxyContin® an emerging drug of abuse.[E,M]
  - Both treatment sources report an increasing percentage of users since spring 2002.[N,M]
  - Injecting diverted OxyContin® has increased between spring and fall 2002, and deaths related to the drug have increased dramatically.[E]
  - Diversion activity has increased between spring and fall 2002, but activity is still at a relatively low level.[L]
- Phencyclidine (PCP):
  - PCP seizures and emergency department visits related to PCP increased between spring and fall 2002.[L]
  - Possession of PCP is more commonly involved in arrests than in the past.

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* non-methadone treatment respondent, whose 43-slot program operates at nearly full capacity, reports marijuana as the primary drug of abuse among more than half of that program's clients *(see pie chart on the first page of this chapter)*. Treatment percentages for primary crack, methamphetamine, and OxyContin® abusers increased somewhat, and percentages for primary powder cocaine and ecstasy users decreased somewhat between spring and fall 2002.
- The methadone treatment respondent is with a facility operating at nearly full capacity (860 of 875 treatment slots). Prescription pills are commonly abused by clients in the program *(see bar chart on the first page of this chapter)*.
- Methadone maintenance treatment is available throughout the area. Public treatment availability increased between spring and fall 2002, but a 24-month waiting list is standard. Private methadone treatment availability has remained relatively stable between spring and fall 2002 and appears to be underutilized.[E]
- The non-methadone treatment respondent reports an increase in clients with HIV/AIDS, most likely due to a new referral source to treatment: a nearby HIV/AIDS shelter. High-risk pregnancies among clients in that program have decreased recently, most likely due to more prevention education.[N]
- Common comorbid disorders among non-methadone treatment clients include antisocial, conduct, and mood disorders, all of which have remained relatively stable between spring and fall 2002.[N]

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	>30	>30
Gender	Male	Female	Split evenly
Race/ethnicity	White	White	White
Socioeconomic status	Low	NR	Low
Residence	Central city	NR	Central city
Referral source	N/A	NR	Individual followed by criminal justice
Level of education completed	N/A	NR	High school
Employment at intake	N/A	NR	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *According to* Pulse Check *sources, heroin users tend to be older than 30, White non-Hispanics who live in the central city and are of low socioeconomic status.*
- *Fewer heroin clients are employed in fall 2002 than during the previous spring.[M] No other changes in heroin user characteristics are reported.[E,N,M]*

- Among non-methadone clients, limited slot capacity, a common barrier to treatment, has increased within the last 6 months due to cuts in State funding for treatment. Lack of parental involvement with youth in treatment is also a relatively common, yet stable, problem within the non-methadone treatment population. Lack of trained staff to treat comorbidity has decreased as a problem in the last 6 months because staff are increasingly attending training and workshops to address comorbidity.[N]

- In the methadone treatment program, limited slot capacity remains the most common barrier to treatment. Lack of money for transportation remains a problem for private payees who are unemployed.[M]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, ecstasy, and diverted OxyContin®. They were also asked to describe any emerging user groups and to report on how the drugs are used. As shown on the following pages, user characteristics vary by drug. Further, because of the different perspective each brings, the three sources sometimes describe quite different populations and use patterns for each drug. For example, all methadone clients are primary opiate users who may use drugs other than opiates in a secondary or tertiary manner.

How do users take heroin?

Characteristic	E	M
Primary route of administration	Injecting	Injecting
Other drugs taken	Powder cocaine (speedball)	Powder cocaine (speedball)
Publicly or privately?	Both	Privately
Alone or in groups?	Both	Alone

Note: Due to the low percentage of primary heroin users in the non-methadone treatment program, that source did not provide responses to these questions.

Sources: [E]Epidemiologic/ethnographic respondent; [M]Methadone treatment respondent

- *Use patterns appear stable between spring and fall 2002.*
- *Most heroin is injected. Injecting powder cocaine in combination with heroin (speedball) remains common.*[E,N]

Who's most likely to use cocaine?

	Crack cocaine			Powder cocaine
Characteristic	E	N	M	E
Age group (years)	>30	>18	>18	>30
Gender	NR	Male	Split evenly	NR
Race/ethnicity	White	White	White	White
Socioeconomic status	Low	Low	Low	Low
Residence	Central city	Suburbs	Central city	Central city
Referral source	N/A	Criminal justice	Individual followed by criminal justice	N/A
Level of education completed	N/A	High school	High school	N/A
Employment at intake	N/A	Unemployed	Unemployed	N/A

Note: The characteristics cited by the methadone treatment source are for those who use heroin as a primary drug and crack as a tertiary or secondary drug. No powder cocaine use was reported by the methadone treatment source. Very low powder cocaine use was reported by the non-methadone treatment source, and use characteristics were not reported.

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

Characteristics remain stable among the predominant user groups. However, some changes in general percentages and among users new to treatment were reported:

- *Primary crack use has increased somewhat since spring 2002.*[N]
- *According to the non-methadone treatment source, powder cocaine use is low and has decreased since spring 2002. However, according to the epidemiologic source, powder cocaine use among users new to treatment has increased, and these users are increasingly younger.*

Who's most likely to use marijuana?

Characteristic	E	N	M
Age group (years)	All	13–30	>18
Gender	70% male	Male	Male
Race/ethnicity	White	White	White
Socioeconomic status	All	Low	Low
Residence	All	Suburbs	Central city
Referral source	N/A	Criminal justice (among adults); School (among youth)	NR
Level of education completed	N/A	Junior high and high school	High school
Employment at intake	N/A	Unemployed (among adults); Full-time students (among youth)	NR

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Marijuana users tend to be White, non-Hispanic males of all age groups.*
- *Marijuana user characteristics have remained relatively stable between spring and fall 2002.*[E,N,M]

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Respondents associate marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

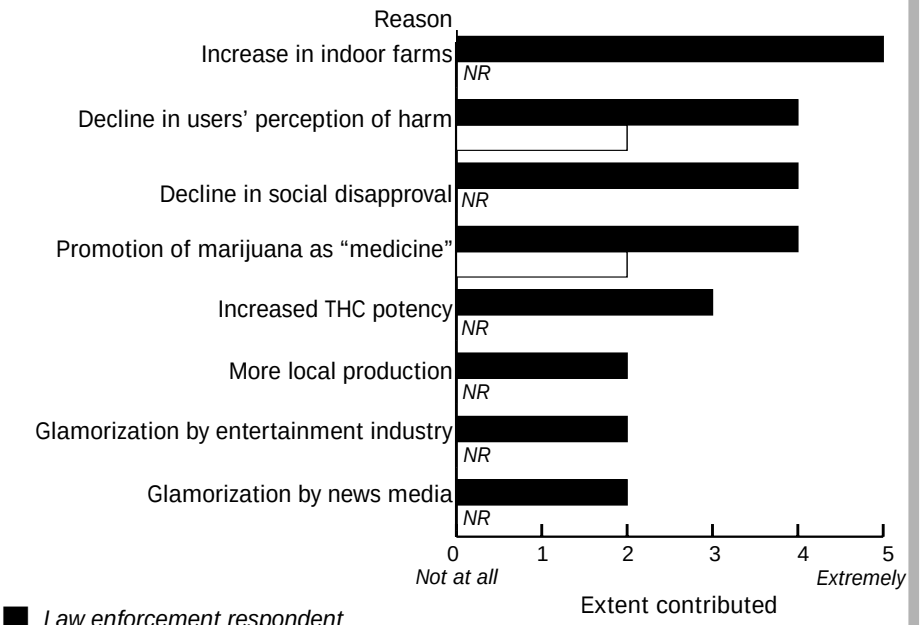
- Drug-related emergency room visits[E]
- Drug-related arrests[E,N,M]
- Short-term memory loss[N,M]
- Deteriorating family/social relationships[N]
- Poor academic performance[N]
- School absenteeism or truancy[N]
- Poor workplace performance[M]
- Unemployment rates[N]
- Workplace absenteeism[M]

Marijuana-using clients: To what extent have changes in the following problems complicated their treatment in the past 10 years?

The non-methadone treatment source reports several problems that have increased complications in treating marijuana-using clients in the past 10 years:

- Increased severity of addiction among clients
- Increased THC potency of marijuana
- Earlier initiation of marijuana use
- Increased progression to use of other drugs: The non-methadone treatment source states that many marijuana users seem to branch off to prescription drug abuse (including OxyContin®) and methamphetamine use.
- Decline in users' perception of harm
- Decline in social disapproval (e.g., peers, parents, etc.)
- Glamorization by entertainment industry

Widespread marijuana availability and use over the past 10 years: To what extent have the following contributed?



What they have to say...

The increase in indoor farms is the number-one contributor to marijuana use and activity.[L] *By contrast, sources in other* Pulse Check *cities tend to attribute somewhat lesser importance to this change.*

Who's most likely to use methamphetamine?

Characteristic	E	N	M
Age group (years)	>18	>30	18–30
Gender	Split evenly	Male	Split evenly
Race/ethnicity	White	White	White
Socioeconomic status	Low	Low	Low
Residence	All	Suburbs	Suburbs
Referral source	N/A	Criminal justice	Criminal justice and individual
Level of education completed	N/A	Junior high	High school
Employment at intake	N/A	Unemployed	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Methamphetamine users tend to be White non-Hispanics of low socioeconomic status who live in the suburbs.*[N,M]
- *Smoking and injecting are the most common routes of administration for methamphetamine use. Smoking has increased over the past several years.*[E]
- *No changes in characteristics are reported.*[E,N,M]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Streets and open-air markets where buyers can purchase heroin, powder and crack cocaine, marijuana, and sometimes methamphetamine, still exist in certain neighborhoods in the central city. But the law enforcement source states that they are relatively confined and limited in number. Other sales settings for heroin, cocaine, marijuana, and methamphetamine include the following:[L]

- Private residences
- Public housing developments
- College campuses (excluding crack)
- Nightclubs and bars
- Playgrounds and parks
- Hotels and motels
- Inside cars

Methamphetamine and marijuana are additionally sold around schools, at raves, and at concerts. Crack is additionally sold in crack houses. Ecstasy is sold in private residences, schools, nightclubs, and bars; on college campuses; and at private parties, raves, and concerts.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

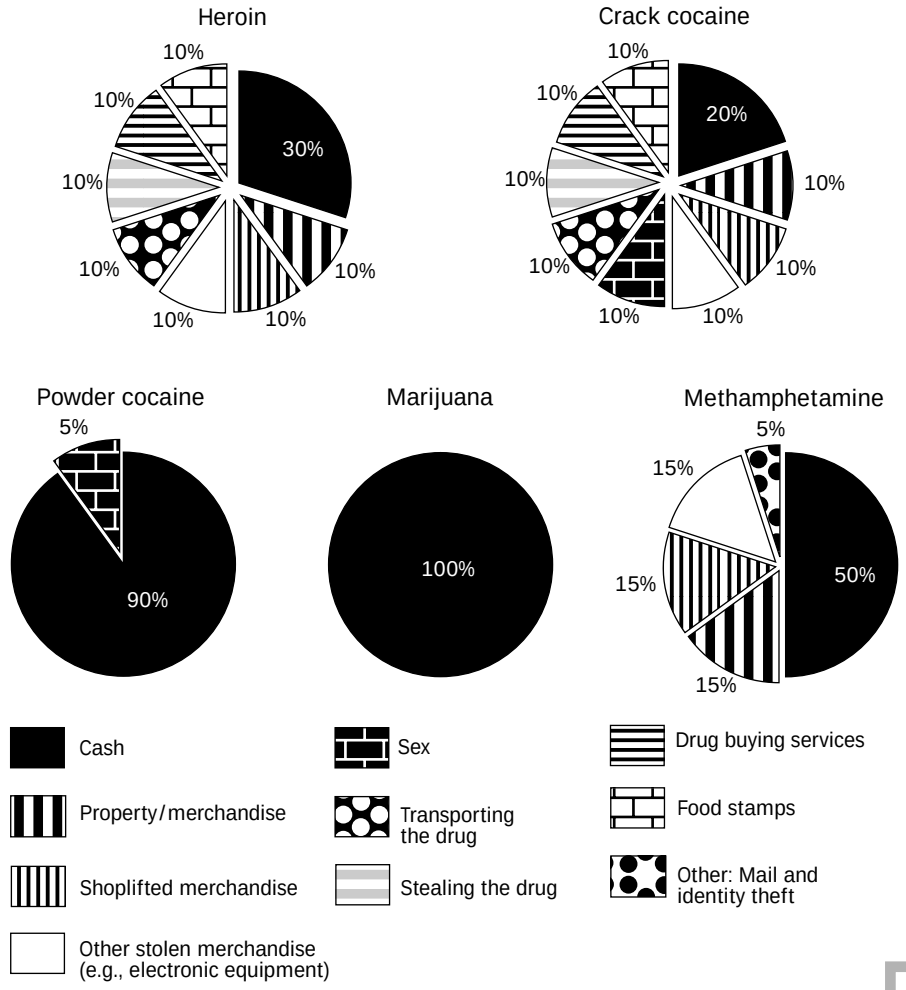
Other than obtaining drugs via open-air markets, buyers can purchase heroin and cocaine by setting up a meeting with dealers via cell phone or through a person who serves as a "go-between" (an intermediary between a dealer and a buyer). Marijuana is exchanged similarly, but the exchanges seem to be more interpersonal than for other drugs.[L]

Methamphetamine sales involve acquaintance networks: buyers "must know someone who knows someone" to set up meetings for hand-to-hand transactions, typically outside meth labs.[L] Dealers communicate with buyers via land line phones and face to face and often also sell marijuana. Many local manufacturers of methamphetamine make small batches of the drug for themselves and for acquaintances.[E]

Similar to methamphetamine sales, ecstasy sales tend to occur through acquaintance networks, and the drug is exchanged hand to hand. Additionally, the sales are often venue oriented: buyers often ask the person at the door to a party or nightclub about drug sales, and that person directs a buyer to a dealer; furthermore, sometimes sellers simply approach buyers at venues. Ecstasy dealers often also sell gamma hydroxybutyrate (GHB), marijuana, and sometimes methamphetamine.

Diverted from doctors offices and through prescription forgeries, OxyContin® is often purchased illegally, with sellers and buyers communicating face to face and by cell phones and land line phones.[L]

Beyond cash: What else is accepted in exchange for drugs?



What they have to say...

- *Cash remains the most common means of transactions.*[L]
- *However, compared with other* Pulse Check *cities overall, other items and services are more likely to be exchanged for crack, heroin, and methamphetamine.*
- *On the other hand, marijuana transactions appear to be all cash—compared with about 85 percent average across all* Pulse Check *cities.*
- *The law enforcement source explains that often methamphetamine users loot neighborhood mailboxes for paychecks and other forms of currency in order to buy methamphetamine.*[L]

Source: Mean of response ratings given by law enforcement and epidemiologic/ethnographic respondents. The epidemiologic/ethnographic respondent did not provide information for crack cocaine exchanges.

WHO SELLS ILLEGAL DRUGS?

Heroin and cocaine sellers tend to be organized, and two types of street sellers exist: (1) go-between addicts who act as liaisons between buyers and the dealer who possesses the drugs, and (2) the actual drug dealers who possess the drugs. Heroin and powder cocaine dealers tend to be 18–30 years old, and crack dealers tend to be adolescents.[L]

Unlike heroin and cocaine dealers, marijuana dealers are both independent and organized. A recent influx of Southeast Asian gangs based in Canada is involved in BC bud sales in Seattle. These sellers are more associated with violent criminal acts and street gang activity than other marijuana sellers. They also import ice from Canada for sale in Seattle.[L]

Ecstasy dealers tend to be independent youth (13–18 years). Diverted OxyContin® sellers are also independent, but they are more likely to be older than 30 years.[L]

Which drug sellers are associated with which crimes?

Crime	H	P	Cr	MJ	Meth	X
Gang- related activity	✓		✓	✓		
Violent criminal acts: assaults			✓	✓		
Nonviolent criminal acts: fraud and theft	✓		✓	✓		
No crimes associated		✓				✓

Source: Law enforcement respondent
H=Heroin; P=Powder cocaine; Cr=Crack cocaine; MJ=Marijuana; Meth=Methamphetamine; X=Ecstasy

BC bud sellers are more associated with violent crime and gang action than other marijuana sellers.

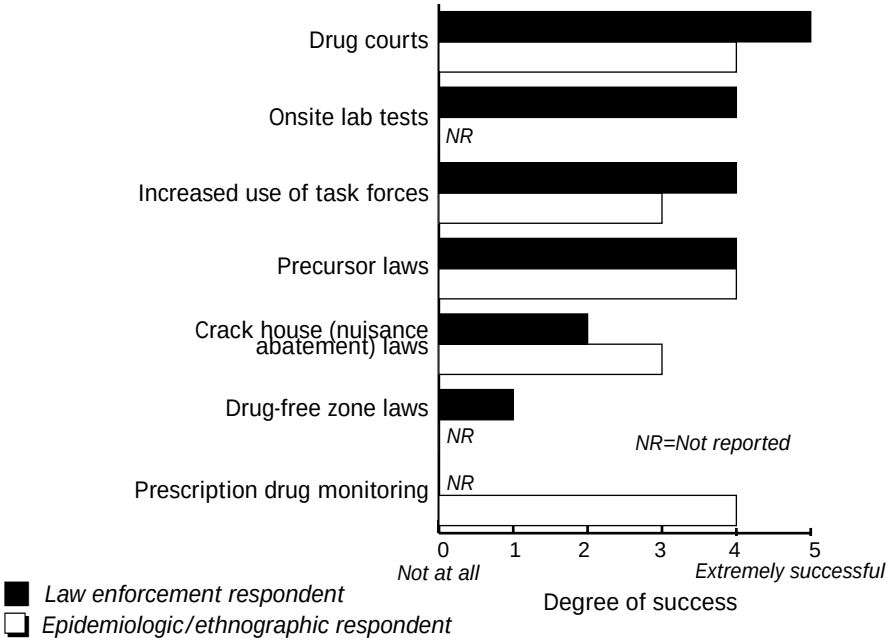
How pure are illegal drugs and how much do they cost?

Drug	Unit	Purity	Price
Mexican black tar heroin	1/10 g 1 oz	14–58%	$90–120 $600–$1,300
Crack cocaine	1 g	40–85%	$100
Powder cocaine	1 g	57–68%	$80–$100
Mexican commercial grade marijuana	1 lb	2–3%	$500–$700
Hydroponic marijuana	1 lb	12–18%	$2,400–$3,200
BC bud	1 lb	NR	$2,800–$4,000
"Nazi method" methamphetamine	1 g	95%	$20–$60
"Red phosphorus" methamphetamine	1 g	75%	$20–$60
Ecstasy	150–250-mg pill	NR	$20–$30

Source: Law enforcement respondent

- *Between spring and fall 2002, drug purity and prices remained relatively stable.*[L]
- *Ecstasy adulterants are less toxic than they were in spring 2002. Dealers now substitute other pills for ecstasy and sell them as ecstasy. Ecstasy pills are cheaper at raves ($10–$20 per pill) than they are in the community ($20–$30 per pill).*[L]

Community innovations and tools over the past 10 years: How successful have they been?



- Task forces: *Like in most other* Pulse Check *cities, task forces, particularly those for methamphetamine, have been successful in the Seattle area. Furthermore, a decline in local meth labs may be due to stringent precursor laws and successful law enforcement efforts.*[E]
- Drug courts: *The proliferation of drug courts seems to be having a positive effect on the community by reducing drug-related incarceration and recidivism.*[L]

THE MARKET PERSPECTIVE: A 10-YEAR VIEW

Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt drug activity in Seattle?

According to the law enforcement source, dealers have used the following drug marketing innovations:

- Increased communications via Internet
- More organized networks
- Throwaway cell phones
- Polydrug dealers
- Expansion of drug sales beyond the central city

By contrast, disruption and detection efforts have not been hampered by increases or decreases in network organization or the number of brand names. Also, like in most other *Pulse Check* cities, these efforts have not been hampered by unique packaging.

SEPTEMBER 11 FOLLOWUP

None of the four Seattle *Pulse Check* sources believes that the September 11 attacks and their aftermath have had any long-term effects on the drug abuse problem.