WA State Drug Trends

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• This call is being recorded
• Mute when not speaking
• Audio & video controls in lower left corner

Chat technical issues or questions anytime.
I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.
Outline

• Introduce Center for Community-Engaged Drug Education, Epidemiology, and Research
• Overview of available drug trend data sources
  • Focus on opioids, stimulants, and novel drugs/adulterants (i.e. not alcohol or THC)
• Drugs
  • Crime Lab
  • Community Drug Checking Network (CDCN)
• Surveys/Interviews - contexts of use
• Service utilization
  • Harm reduction – naloxone, safer use equipment, CDCN
  • Treatment
• Morbidity - Hospitalization
• Mortality - Death certificates
• Xylazine
• Resources
• Q&A
Our Team

- Caleb Banta-Green, PhD, MPH, MSW
- Ben Biamonte
- Leilani Dawn, CPC, MA-P
- Anthony Floyd, PhD
- Susan Kingston
- Ali Lenox
- Rieanna McPhie

Graduate students

- Adam Palayew, MSc, doctoral student
- Saul Petersky, MSW practicum student
- Samyukta Singh, MPH, doctoral student

https://adai.uw.edu/cedeer/
People use drugs for many reasons-
  • Initially
  • Ongoing

Drugs are used to *feel good* and/or *not feel bad*

Understanding the context of use is essential for prevention, treatment, & harm reduction

Substance use and use disorder are not “solved” by simply removing drugs
Drugs and people who use drugs are highly stigmatized and criminalized.

General population surveys for drug use are problematic.

We rely on multiple data sources to understand what is happening with drugs and drug use.

Each source has its biases and limitations.

Different data sources show different things & can be correct.

Careful consideration of the data sources, the data, and our understanding of substances, substance use, use disorder, and health impacts can yield reliable and valid findings.
• Drugs tested at harm reduction agencies in WA State
• Results for secondary GCMS testing from Q2 ‘22- Oct. ‘23
• Biases: non-licit drugs that people are concerned about

N=1,124

https://adai.uw.edu/WAdata/DrugChecking/
Community Drug Checking Network

Sold as vs. actual

Fentanyl pills: 47/48 contained fentanyl, 2 with xylazine

Fentanyl powder: 43/36 contained fentanyl, 6 with xylazine

Cocaine: 16/17 contained cocaine, 3 fentanyls, 1 levamisole

Methamphetamine: 86/89 contained meth, 4 fentanyl, 0 xylazine

https://adai.uw.edu/WAdata/DrugChecking/
**DEA analysis of King County samples**

**Drug Product ID:** DEA-2022-738-220414-WA-98133-003-T1  
**Description:** Blue tablet with “M” and “30” markings.  
**TOTAL WEIGHT OF EXHIBIT:** 107.6mg tablet  

### Analytical Results:

<table>
<thead>
<tr>
<th>Confirmed Drug</th>
<th>Percentage within Drug Product</th>
<th>Actual Amount within Drug Product</th>
<th>Total Weight of Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>38.9% (389mg/g)</td>
<td>42mg</td>
<td>107.6mg</td>
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<tr>
<td>Fentanyl</td>
<td>1.4% (14mg/g)</td>
<td>1.5mg</td>
<td></td>
</tr>
<tr>
<td>4-ANPP</td>
<td>0.39% (3.9mg/g)</td>
<td>0.42mg</td>
<td></td>
</tr>
<tr>
<td>Acetyl Fentanyl</td>
<td>0.0013% (0.013 mg/g)</td>
<td>0.0014mg</td>
<td></td>
</tr>
</tbody>
</table>
DEA analysis of King County samples

### Drug Product ID: DEA-2022-741-220324-WA-98001-006-P1

**Description:** Blue Powder

**TOTAL WEIGHT OF EXHIBIT:** 303.1mg powder

### Analytical Results:

<table>
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<th>Confirmed Drug</th>
<th>Percentage within Drug Product</th>
<th>Actual Amount within Drug Product</th>
<th>Total Weight of Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>7.5% (75mg/g)</td>
<td>23mg</td>
<td>23mg</td>
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<tr>
<td>Fentanyl</td>
<td>4.3% (43mg/g)</td>
<td>13mg</td>
<td>13mg</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1.9% (19mg/g)</td>
<td>5.8mg</td>
<td>5.8mg</td>
</tr>
<tr>
<td>4F-ABUTINACA®</td>
<td>0.37% (3.7mg/g)</td>
<td>1.1mg</td>
<td>1.1mg</td>
</tr>
<tr>
<td>Etizolam</td>
<td>0.17% (1.7mg/g)</td>
<td>0.52mg</td>
<td>0.52mg</td>
</tr>
<tr>
<td>4-ANPP</td>
<td>0.069% (0.69mg/g)</td>
<td>0.21mg</td>
<td>0.21mg</td>
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<tr>
<td>para-Flurofentanyl</td>
<td>0.066% (0.66mg/g)</td>
<td>0.20mg</td>
<td>0.20mg</td>
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<tr>
<td>Fluromazolam</td>
<td>0.024% (0.24mg/g)</td>
<td>0.073mg</td>
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<tr>
<td>Lidocaine</td>
<td>0.016% (0.16mg/g)</td>
<td>0.048mg</td>
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<tr>
<td>Tramadol</td>
<td>0.0076% (0.076mg/g)</td>
<td>0.023mg</td>
<td>0.023mg</td>
</tr>
<tr>
<td>Acetyl Fentanyl</td>
<td>0.0061% (0.061mg/g)</td>
<td>0.018mg</td>
<td>0.018mg</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.0038% (0.038mg/g)</td>
<td>0.012mg</td>
<td>0.012mg</td>
</tr>
<tr>
<td>Despropionyl-para-Flurofentanyl</td>
<td>0.0007% (0.007mg/g)</td>
<td>0.002mg</td>
<td>0.002mg</td>
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</tbody>
</table>
Major drugs: Drug-positive crime lab cases (count), statewide

Analysis by UW ADAI. For data sources, see text at adai.uw.edu/WAdata
Cases involving given drug type, by quarter

- Fentanyl
- Fentanyl analogues
- Non-prescription benzodiazepines
- Total cases

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata
Qualitative interviews

Unmet Needs, Complex Motivations, and Ideal Care for People Using Fentanyl in Washington State: A Qualitative Study

Teresa Winstead, PhD, MA; Alison Newman, MPH; Everett Maroon, MPH; Caleb Banta-Green, PhD, MPH, MSW

Key Findings

- In our interviews (n=30) with people who use fentanyl at four Washington State (WA) syringe services programs (SSPs), participants discussed the rapid change in the drug supply from heroin to fentanyl and how this affected their substance use.
- Almost all interview participants smoked fentanyl, and a few also injected it. Many interview respondents had previously injected heroin and switched to smoking fentanyl due to fentanyl’s potency and the perceived lower overdose risk from smoking.
- Participants reported complex motivations for using fentanyl including physical pain, mental health issues, trauma, homelessness, opioid use disorder, and easy availability of fentanyl. The majority of respondents were unhoused and said meeting basic needs like housing, food, and employment was a priority.

Your ‘give a damn’ just really stops giving a damn”: Perspectives of people who use methamphetamine on reducing or stopping their use.

Sierra Teadt, MPH(c); Alison Newman, MPH

Key Themes

- Most participants saw both benefit and harm from their methamphetamine use. Almost two-thirds had interest in stopping their methamphetamine use while others were interested in reducing their use or changing how they used methamphetamine.
- Many participants lacked stable housing, employment, or other practical needs such as transportation, childcare, and primary health care.
- Self-reported level of interest was not always static, revealing the ambivalence most felt about their methamphetamine use.
- Regardless of their level of interest in reducing or stopping their methamphetamine use, participants wanted an array of social and health care services beyond substance use disorder treatment to help them reduce or stop their methamphetamine use.
2023 - Perspectives of People Who Use Fentanyl in WA State

• Number of participants: 30 syringe services program (SSP) participants in WA State who reported recent fentanyl use

Key findings

• People had complex reasons for using fentanyl including: physical pain, mental health issues, withdrawal, and availability of fentanyl.

• Most participants were interested in stopping or reducing their fentanyl use, but saw significant barriers to doing so.

• What does ideal care look like: accessible, non-judgmental, holistic.

• Many participants lacked stable housing, employment, transportation, childcare, and primary health care and programs should work to address these needs

https://adai.uw.edu/ideal-care-fentanyl-2023/
2021 - Perspectives of People Who Use Methamphetamine on Reducing or Stopping Their Use

• Number of participants: 27 Eastern Washington SSP participants who use methamphetamine

Key findings

• Most participants saw both benefit and harm from their methamphetamine use.
• Interest in stopping or reducing methamphetamine use was fluid throughout the interviews.
• Many participants lacked stable housing, employment, transportation, childcare, and primary health care.
Harm reduction services and supplies

- Injecting supply requests are down sharply in recent years
- Smoking supplies are available at more sites and distribution is increasing
- Naloxone distribution continues to increase, with people returning for multiple kits over time.
- Fentanyl and other drug test strips are increasingly distributed
- Community drug checking network clients #’s increase and more sites are being added (Webinar 12/5/23)
Primarily methadone, some buprenorphine

Crude measure, slow to change, but this reflects research data and provider reports
Buprenorphine

In 2022, very approximately, 7,000 person annual capacity @ 8mg/day

Data source: DEA ARCOS, Data analysis ADAI
Statewide drug hospitalization rates

- All overdose hospitalizations
- Any opioid
- Any stimulant
- Heroin
- Cocaine
- Opioids other than heroin
- Stimulants besides cocaine
Nationally, OD deaths involving synthetic opioids (fentanyl, fentanyl analogs, tramadol, etc.) increased sharply starting in 2013-2014, while in WA this rate started increasing in 2016 and continues to increase sharply.

Source: WA DOH death certificates
CDC Wonder

2022 WA data are finalized.
*2022 data for USA have not been released yet.
Fatal drug ODs involving cocaine remained low and relatively stable for decades, but in recent years the rate has been increasing in WA and nationally.

In WA, OD deaths involving psychostimulants (like meth) have increased starting in 2011-2012, and this trend is seen nationally as well (though at a lower level).

Source: WA DOH death certificates

CDC Wonder

2022 WA data are finalized.
*2022 data for USA have not been released yet.
WA State- All drug poisonings

Data source: WA DOH Death Certificates, Data analysis and visualization ADAI UW
Drug overdose death rates by race/ethnicity

Source: WA DOH death certificates

2022 data are finalized.
- 26% involved meth & fentanyl
- 16% involved only fentanyl
- 10% fentanyl and alcohol
Deaths involving any opioid, per 100,000 residents, 2002-2004

State: 5.71

State: 21.18

Death rates per 100,000 state residents, opioid deaths detail

- Cocaine & Methamphetamine & Opioids
- Cocaine & Opioids
- Methamphetamine & Opioids
- Opioids & Alcohol or Benzos or Barbiturates (no M or C)
- Opioids (no M or C or ABB)
Statewide opioid death rates

Analysis by UW ADAl. For data sources, see text or adai.uw.edu/WAdata.
Opioid-involved drug deaths in Washington, per 100,000 residents in age group

Deaths per 100,000

- Fentanyl & other synthetic opioids, 30 & over
- Fentanyl & other synthetic opioids, under 30
- Heroin, 30 & over
- Heroin, under 30

Death rates per 100,000 state residents, methamphetamine deaths detail

- Methamphetamine & Alcohol or Benzos or Barbiturates (no C or O)
- Methamphetamine & Cocaine
- Methamphetamine (no C or O or ABB)
- Opioids & Cocaine & Methamphetamine
- Opioids & Methamphetamine

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/Wdata
• In less than 1% of fentanyl-involved overdose deaths Statewide ‘21-’22.
• King County Medical Examiner preliminary data indicate that between 1/1/2023 and 9/6/2023 there were three deaths involving xylazine in combination with the 733 fentanyl involved deaths (<1%).
• In 1% of police evidence that has also tested positive for fentanyl in between 1/1/2023 and 6/30/2023.
  • Note that xylazine is underreported in crime lab data.
• In drug testing among those in treatment for opioid addiction (OTP) in Vancouver WA between 1/1/22 and 6/20/23, less than 10% of those who tested positive for fentanyl tested positive for xylazine.
• Community based drug checking data to date indicate 8 cases of xylazine (5%) among 170 fentanyl positive results per secondary testing using GCMS chemical analysis from 7/22/2022 through 9/11/2023.

https://stopoverdose.org/basics/drug-market-risk/#xylazine
• Methamphetamine and fentanyl availability, use, and harmful impacts are up substantially
• Reasons for using these drugs have also increased
• Care models are *beginning* to be more accessible & engaging to better address the reasons people use & the impacts of use
  • Time/hours
  • Models e.g. drop in, wound care, behavioral health
  • Staff/volunteers- people with lived experience, care navigation
• Our drug use trends measures are getting richer e.g drug checking, qualitative work
• But, gaps persist, e.g. smaller communities, treatment and harm reduction service utilization...
Online resources

Washington State Opioid/Major Drug Interactive Data

This site offers a series of interactive data charts and maps featuring Washington state data related to overdose deaths, treatment admissions, statewide opioid sales, and police evidence testing data for opioids and other drugs.

Find data by:

- Geography
- Drug Type
- Indicator/Source

Acknowledgments

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We thank the following for data access:

- King County Medical Examiner
- Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery
- Center for Health Statistics, Washington State Department of Health
- Washington State Patrol Forensic Laboratory Services Bureau
- US Drug Enforcement Agency ARCOS database
- Washington State Office of Financial Management
- Washington State Department of Health Prescription Monitoring Program
- American Community Survey, US Census Bureau
- Looking Glass Analytics
- Washington State Liquor and Cannabis Board

https://adai.washington.edu/WAdata/index.htm  https://adai.uw.edu/cedeer/
Online Resources

**StopOverdose.org**: Learn about opioid and stimulant overdose and naloxone. Find information on where to get naloxone, how to get treatment for opioid use disorders, and resources for professionals like pharmacists and EMTs. Includes training videos, brochures, marketing materials for education campaigns, a personal risk assessment tool, and more.

**LearnAboutTreatment.org**: This resource provides information and tools related to treatment options for opioids and stimulants, with content for communities, people with a substance use disorder and their friends and family, and healthcare providers and other professionals. The goal of the page is to provide education so more people can find the treatment that will work best for them.

**Tribal Sovereignty and the Indian Health Care System series**: This 5-part series introduces essential history and information to strengthen your ability to partner with American Indian/Alaska Native (AIAN) providers/organizations and better serve AIAN people.

**Washington State Opioid/Major Drug Interactive Data**: These sites offer a series of interactive data charts and maps featuring Washington state data related to overdose deaths, treatment admissions, statewide opioid sales, and police evidence testing data for opioids and other drugs.

Community Engaged Projects

**Surveys and Interviews with People Who Use Drugs**: CEDEER regularly collects community-level data directly from people who use drugs to learn more about their needs to help shape relevant and impactful services and policies. Find reports based on these surveys and interviews here.

**Transforming Our Communities Annual Gathering**: This 2-day annual event aims to bring diverse participants together to understand the perspectives of people who use drugs, understand the importance of equitable access to care and services, build partnerships and connect people within their communities, and brainstorm new and fresh ideas.

The **WA State Community Drug Checking Network (CDCN)** is a partnership of organizations around WA State that provide community-level drug checking and related harm reduction services. ADAI provides technical assistance, training, and operational support to the network, in collaboration with Public Health – Seattle & King County. [Read the summary for the general public](https://adai.washington.edu/WAdata/index.htm). [Read the summary for drug checking participants](https://adai.uw.edu/cedeer/).
Upcoming ADAI Trainings

• Drug Checking in WA State
  • 10-11am PT December 5th
  • Registration: https://washington.zoom.us/webinar/register/WN_xzJzbPNvSJG7wKgjcJGU4g