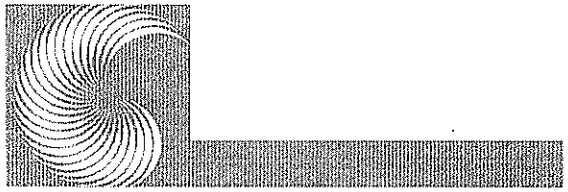
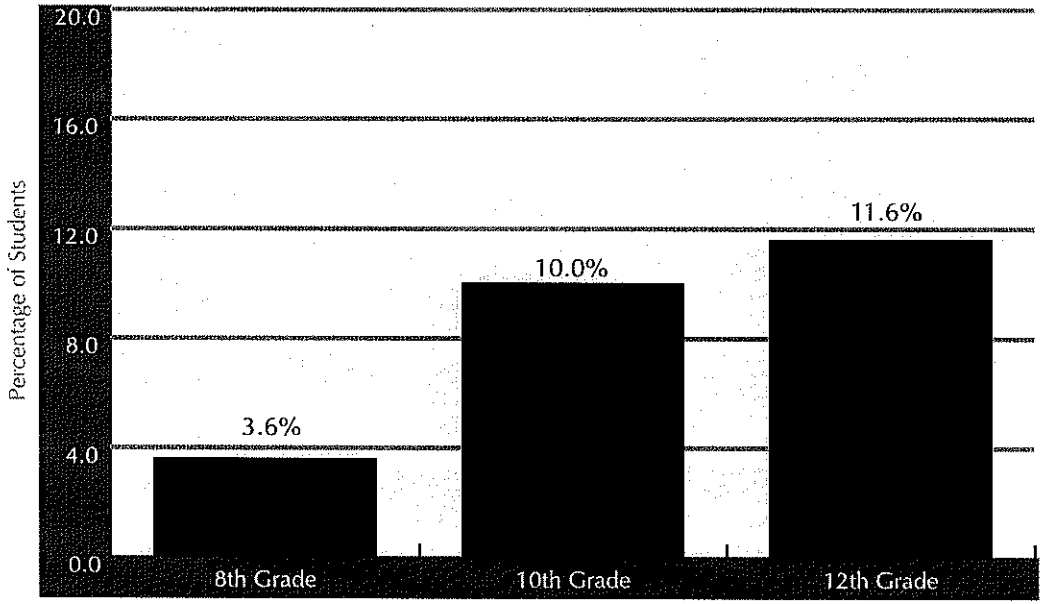


More than One in Ten Washington State 10th and 12th Graders Used Prescription Pain Medications to Get High in the Past 30 Days.*



Source: Washington State Office of Superintendent of Public Instruction, Departments of Health, Social and Health Services, Community, Trade and Economic Development, and Family Policy Council, *Healthy Youth Survey - 2006.*

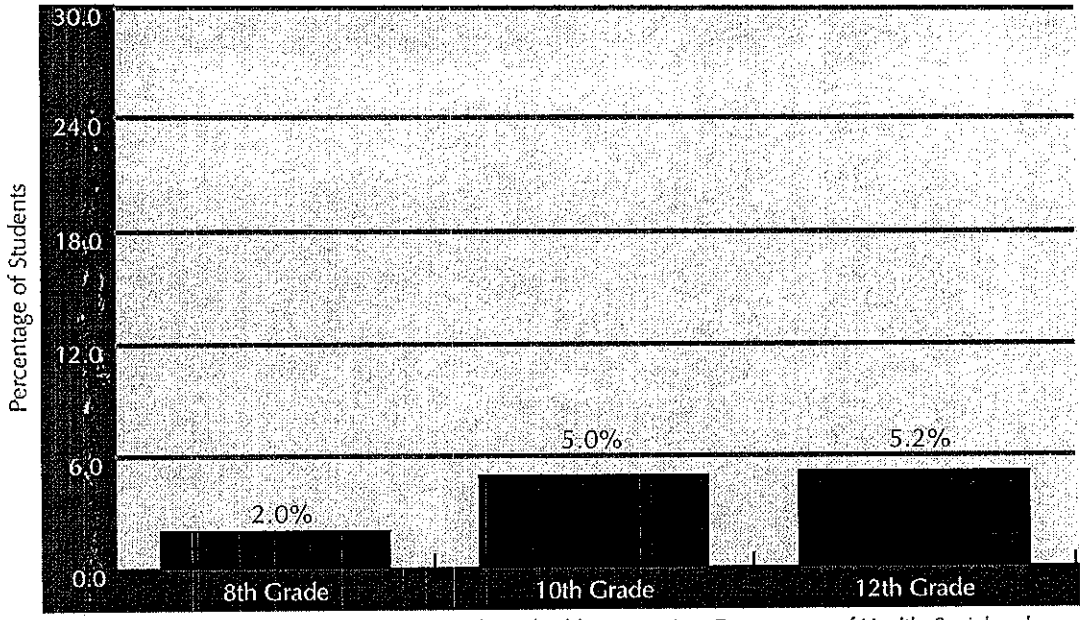
In 2006, students were asked if they had used pain medications "to get high" during the past 30 days. The results were significantly elevated, higher, for example, than youth methamphetamine use.

Maintaining a balance between providing adequate pain management and preventing misuse of prescription opiates presents a challenge for policymakers. Approximately 19% of U.S. adults received a prescription for opiates in 2005. Sales of prescription opiates - especially oxycodone, hydrocodone, and methadone - have grown rapidly in the past decade, as have related emergency department visits, and drug-caused deaths in which prescription opiates are present.[1] It is thought that the general household availability of prescription opiates is a factor in abuse of these drugs by youth. In 2005-2006, Washington State ranked sixth in the nation in the percentage of individuals ages 12 and older using prescription pain relievers for non-medical purposes (6.13%).[2]

**Prescription opiates include codeine, fentanyl, oxycodone, hydromorphone, hydrocodone, meperidene, methadone, propoxyphene, and morphine.*

[1] Banta-Green, C., et al. *The Use & Abuse of Prescription-Type Opiates in Washington State (ADAI Research Brief).* Seattle, WA: University of Washington, Alcohol and Drug Abuse Institute, March 30, 2007.
[2] Office of Applied Studies. *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2008.

In 2006, More than 5% of Washington State 10th and 12th Graders Reported Using Ritalin Illicitly in the Past 30 Days.

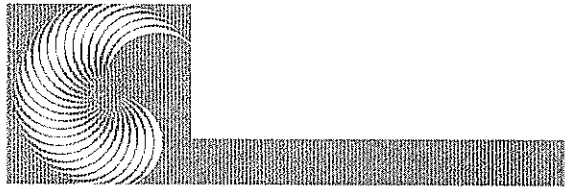


Source: Washington State Office of Superintendent of Public Instruction, Departments of Health, Social and Health Services, Community, Trade and Economic Development, and Family Policy Council, *Healthy Youth Survey - 2006.*

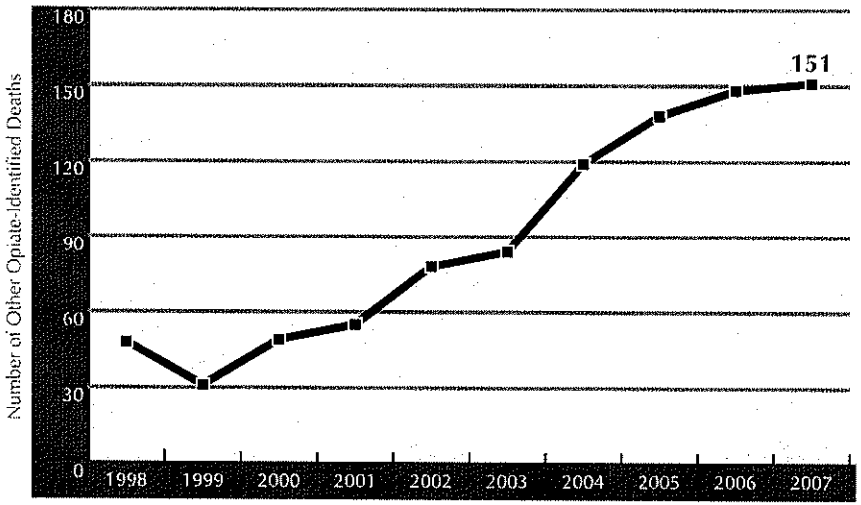
Illicit use of Ritalin by high school students nationwide appears to be on the increase. A recent study found that 10% of youth ages 12-17 had abused Ritalin (and Adderall) at least once. The euphoria produced by excessive, intranasal, or intravenous use of Ritalin is similar to that produced by cocaine and other amphetamines. High doses can lead to delirium, hallucination, and toxic psychosis.[1]

Concern regarding the abuse of Ritalin is part of a larger concern about the growing abuse of prescription drugs, especially by teens, which tripled between 1992 and 2003.[2] There have been substantial increases in past-30-day illicit Ritalin use among Washington 10th and 12th grade students. Among 10th graders, past-30-day use increased from 4.2% in 2004 to 5.0% in 2006; among 12th graders, from 3.6% in 2004 to 5.2% in 2006.

[1] The National Center on Addiction and Substance Abuse at Columbia University (CASA). *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the United States.* New York, NY: CASA, July 2005.
[2] Ibid.



The Number of Drug-Caused Deaths in Seattle-King County in Which Prescription-Type Opiates* are Involved is Substantially Higher than a Decade Ago.



Source: King County Medical Examiner.

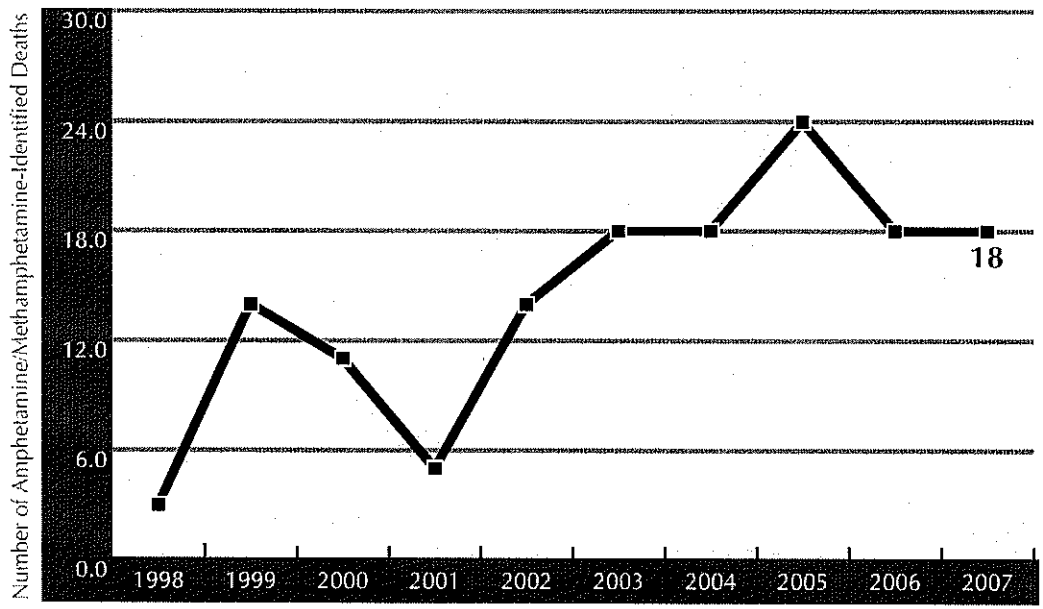
The rise in prescriptions for opiates to treat pain has been very rapid. In Washington State, the number of doses of prescription opiates legally dispensed almost tripled between 1997-2007. In the same time period, the number of grams of active ingredient prescribed of methadone (for pain only) rose 1,042%; Oycodone (including OxyContin) - 500%; Morphine - 223%; and Hydrocodone -166%.[1]

The expanded prescriptive use of opiates has created new opportunities for diversion and illicit use. In Seattle-King County in 2006, 54% of the emergency department drug reports for prescription-type opiates were drug-abuse related, with 18% for overmedication and 13% for adverse reactions.[2] In 2005-2006, Washington State ranked sixth in the nation in the percentage of individuals ages 12 and older using prescription pain relievers for non-medical purposes (6.13%).[3] Highest concentration of illicit use was in Seattle-King County.[4] The number of drug-caused deaths in Seattle-King County in which prescription-type opiates were involved rose from 22 in 1997 to 151 in 2007. It should be noted that among the 844 deaths between 1998-2007 in which prescription opiates were detected in the decedent by the Medical Examiner, 96% had more than one drug (including alcohol) detected, making it very difficult to determine the role that any single drug played in the deaths.[5]

**Defined as opiates other than heroin or morphine. These include: codeine, dihydrocodeine, fentanyl, hydrocodone, methadone, oxycodone, and propoxyphene.*

[1] Drug Enforcement Administration, 2007.
[2] Banta-Green, C. et al. "Recent Drug Abuse Trends in the Seattle-King County Area, June 2007," *Epidemiologic Trends in Drug Abuse*, June 2007.
[3] Office of Applied Studies. *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2008.
[4] Office of Applied Studies. *THE NSDUH Report: Nonmedical Use of Pain Relievers in Substate Regions: 2004 to 2006*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2008
[5] Banta-Green, C., et al. "Recent Drug Abuse Trends in the Seattle-King County Area 2007." *Epidemiologic Trends in Drug Abuse*, 2008.

The Number of Drug-Caused Deaths in Seattle-King County in Which Methamphetamine is Involved Has Risen Rapidly in the Past Decade.*



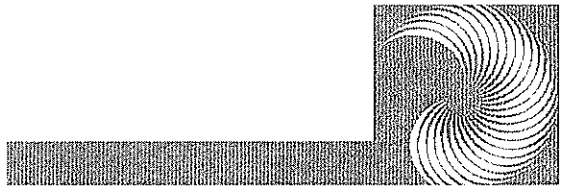
Source: King County Medical Examiner

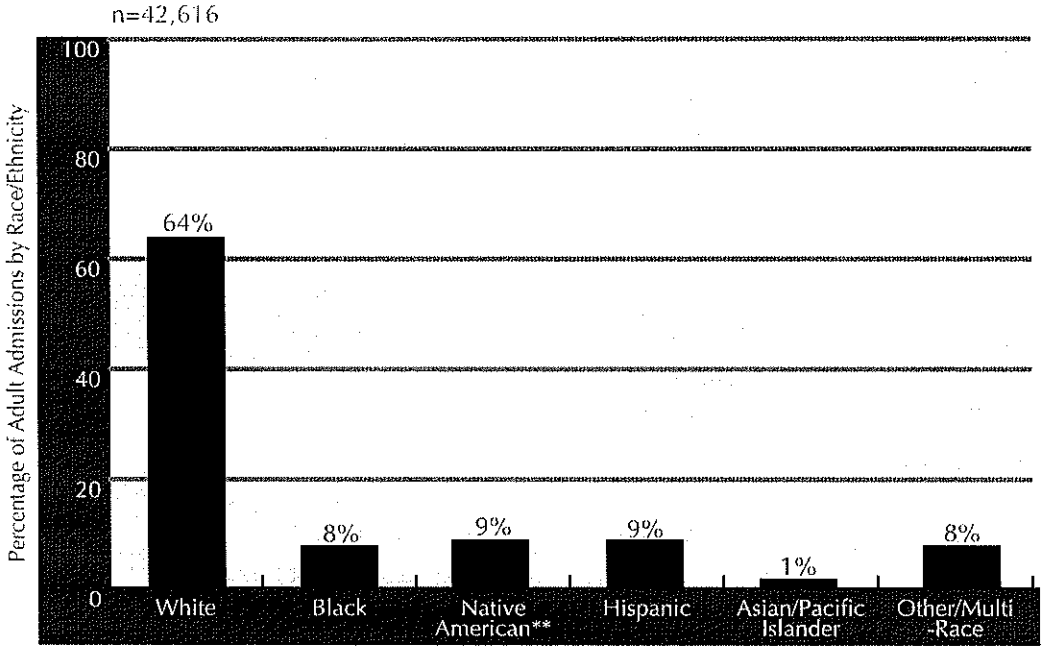
The number of drug-caused deaths in Seattle-King County in which methamphetamine was involved rose from 3 in 1998 to 18 in 2007. The number of treatment admissions among King County residents whose primary drug of abuse is methamphetamine has also risen dramatically in that timeframe. At the same time, there are fewer methamphetamine laboratories/dumpsites reported. Federal law enforcement sources report that less methamphetamine is being manufactured in Washington, but that the growing demand is being met by an increasing supply from Mexico and California[1], as well as precursor chemicals being imported from Canada.[2] It should be noted that in the 18 Seattle-King County deaths in 2007 in which methamphetamine was detected in the decedent by the Medical Examiner, 10 (56%) had more than one drug (including alcohol) detected, making it very difficult to determine the role that any single drug played in the deaths.[3]

**Includes other amphetamines.*

[1] Banta-Green, C. et al. "Recent Drug Abuse Trends in the Seattle-King County Area, January 2006," *Proceedings of the Community Epidemiology Workgroup*, March 2006.
[2] U.S. Drug Enforcement Agency. Fact Sheet - June 2006.
[3] Banta-Green, C., et al. "Recent Drug Abuse Trends in the Seattle-King County Area 2007." *Epidemiologic Trends in Drug Abuse*, 2008.

In SFY 2007, Racial and Ethnic Minorities Comprised 36% of Adult Admissions to DASA-Funded Chemical Dependency Treatment Services.





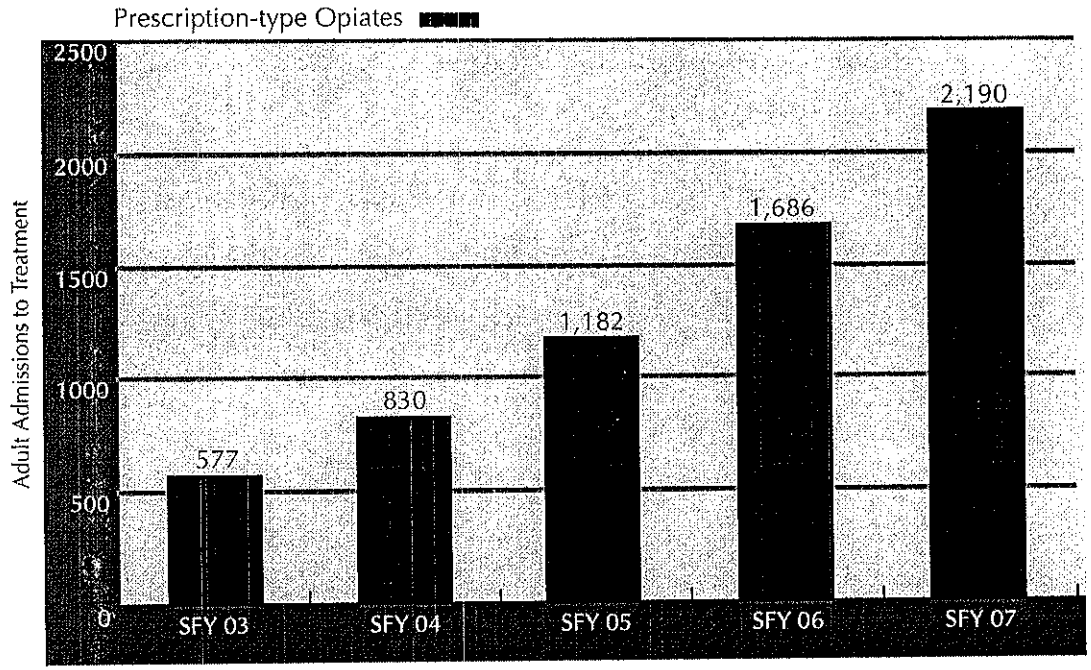
Source: Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services.

This graph indicates that racial/ethnic minorities comprise approximately 36% of adult admissions to DASA-funded chemical dependency treatment. Percentages of adults from different groups receiving DASA-funded treatment vary across modalities.

** Includes Eskimo/Alaskan Native/Aleut*

NEW/CHANGING TREND

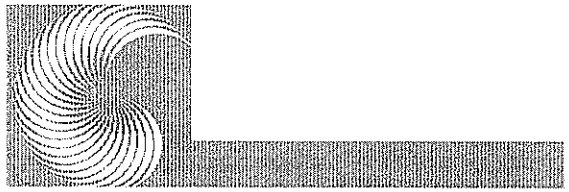
Adult Admissions to DASA-Funded Treatment for Prescription-Type Opiates Have Almost Quadrupled Since SFY 2003.



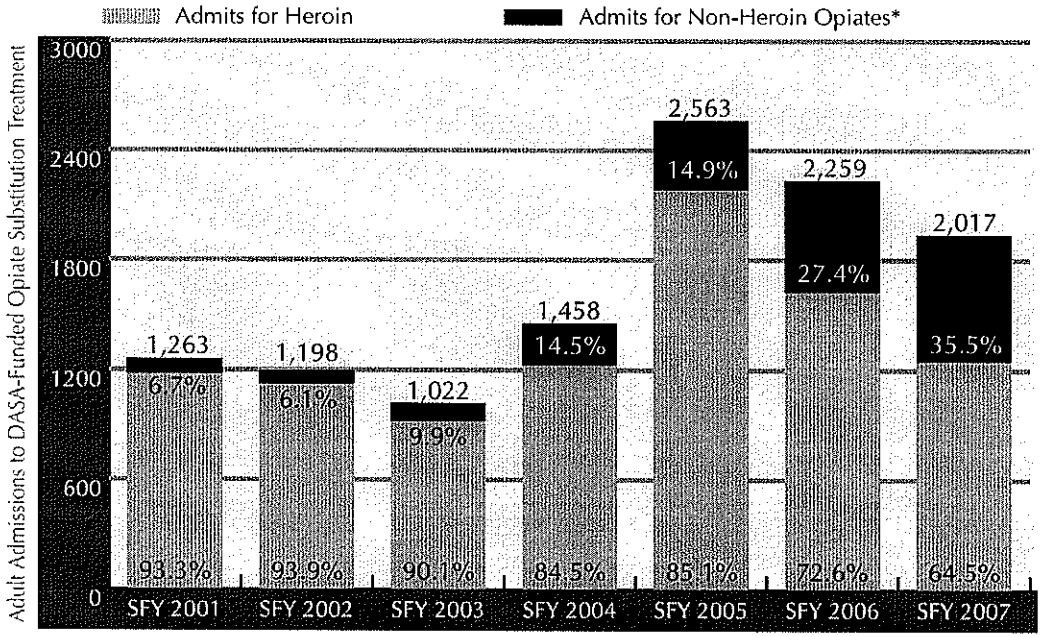
Source: Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services.

The number of DASA-funded treatment admissions where prescription-type opiates (non-heroin opiates and synthetics, oxycodone/hydrocodone, prescribed opiate substitute) are the primary substance of abuse has risen precipitously in this decade. The rise in prescriptions for opiates to treat pain has been very rapid. In Washington State, the number of doses of prescription opiates legally dispensed almost tripled between 1997-2007.[1] The expanded prescriptive use of opiates has created new opportunities for diversion, illicit use, and subsequent addiction. In 2005-2006, Washington State ranked sixth in the nation in the percentage of individuals ages 12 and older using prescription pain relievers for non-medical purposes (6.13%).[2]

[1] Drug Enforcement Administration, 2007.
[2] Office of Applied Studies. *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2008.



The Number of Individuals Addicted to Non-Heroin Opiates Entering DASA-Funded Opiate Substitution Treatment is Rising Rapidly.

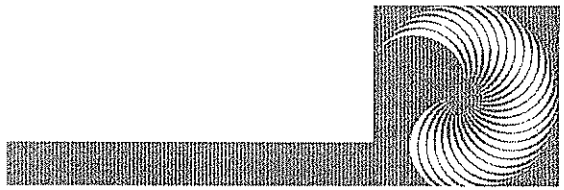


Source: Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services.

In recent years, there has been a substantial shift in admissions to DASA-funded opiate substitution treatment. Both the number and percentage of those being admitted whose primary substances of abuse are non-heroin opiates have been rising rapidly, with a more than eight-fold increase in patients since SFY 2001. Almost none of these individuals (fewer than 2%) are injection drug users.

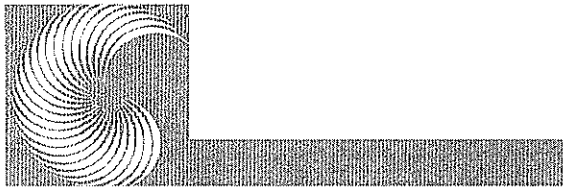
**Less than 2% are for drugs other than opiates. Non-heroin opiates include: codeine, dihydrocodeine, fentanyl, hydrocodone, methadone, oyxcodone, and propoxyphene. Morphine is classed with heroin.*

Comparison of Adults Addicted to Heroin and Non-Heroin Opiates Admitted to DASA-Funded Opiate Substitution Treatment, 2005-2006



	Heroin	Non-Heroin Opiates*
Number of Individuals	2,890 (78.8% of total)	776 (21.2% of total)
Median Age	42	34
Gender	54% male/46% female	37% male/63% female
Employment Status	7% employed full- or part-time	18% employed full- or part-time
Race	Caucasian – 77%; African-American – 12%; Asian/Pacific Islander – 1%; American Indian – 4%; Other/Multi-Race – 6%. Hispanic Origin – 6%.	Caucasian – 78%; African-American – 4%; Asian-Pacific Islander – 2%; American Indian – 11%; Other/Multi-Race – 5%. Hispanic Origin – 5%.
% with Previous Admission	51%	30%
% with Treatment Readmission	22%	12%
Criminal Justice Involvement	43% arrested at least once in previous year	32% arrested at least once in previous year
% with Children in the Home	17%	45%
Housing Status	20% homeless**	5% homeless**
% Injection Drug Users	100%	2%
% in Treatment 1-90 days	20%	21%
% in Treatment 91-180 days	16%	13%
% in Treatment 181-270 days	12%	8%
% in Treatment 271-365 days	9%	7%
% in Treatment > 365 days	43%	54%

**Less than 1% are for drugs other than opiates. Non-heroin opiates include: codeine, dihydrocodeine, fentanyl, hydrocodone, methadone, oyxcodone, and propoxyphene. Morphine is classed with heroin.*
***Includes homeless shelter/mission, on the street, transient quarters, no stable arrangement categories.*



Profile of Patients Receiving Publicly Funded Opiate Substitution Treatment in Washington State

A profile of patients admitted to publicly funded opiate substitution treatment in Washington State in SFY 2007 reveals the following characteristics at time of admission:[1]

Number of Individuals Admitted:	1,841
Median Age:	39
Gender:	49% Male; 51% Female
Employment Status:	Employed (full- or part-time or temporary) – 12%; Unemployed – 88%
Primary Drug:	Heroin – 66%; Other – 34%
% with Previous Admission:	54%
Criminal Justice Involvement:	39% arrested at least once in previous year
% with Children in the Home:	27%
Housing Status:	17% homeless*

**Includes homeless shelter/mission, on the street, transient quarters, no stable arrangement categories.*

[1] Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services, June 2008. Data include unduplicated admissions to treatment. Detoxification, transitional housing, and private-pay and Department of Corrections patients are excluded.