

RACE AND DRUG LAW ENFORCEMENT IN SEATTLE

Prepared on behalf of the Defender Association's *Racial Disparity Project*
Seattle, Washington

by

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INTRODUCTION

Between 1980 and 2002, the number of people incarcerated in the United States increased from approximately 500,000 to over 2 million. This trend has sharply and disproportionately affected racial and ethnic minorities: over 60% of today's inmates are black and/or Latino (Sentencing Project, n.d).¹ Many analysts have suggested that the policies and practices associated with the war on drugs are an important cause of these developments (e.g. Blumstein 1993; Duster 1997; Tonry 1995).

The available evidence supports this contention. The number of annual drug arrests in the United States nearly tripled in recent decades, from 581,000 in 1980 to over 1.5 million in 1997, and has since stabilized at approximately 1.1 million per year (Sentencing Project 2001; Federal Bureau of Investigation 2002). At the same time, the national black drug arrest rate increased from roughly 650 to 2,907 per 100,000 persons in 2000. The drug abuse arrest rate for whites increased much less dramatically during this period, from approximately 350 to 463 per 100,000 persons (Donziger et al

¹ Throughout the report, the terms "black" and "Latino" will be used unless data collectors or survey respondents use other terms. In the context of Seattle, the term "black" (rather than "African-American") is preferable, for two reasons. First, it is the term used by SPD officers themselves in the Incident Reports analyzed. Second, Seattle is home to comparatively large African immigrant communities, significant Afro-Latino communities, as well as Asian or Pacific Islanders who are either labeled black or who self-identify as black but who are not African-American. Although used by the SPD, the term "Hispanic" typically means Spanish-speaking, a characteristic that is not and cannot be evaluated from any of the data in the report. The more inclusive term "Latino" refers more broadly to ethnic identity, and will be used except where referring to data sources that employ the term Hispanic.

1996; U.S. Department of Justice 2003). Thus, the black arrest rate grew by a comparatively large margin, and the disparity between the black and white drug arrest rates increased substantially.

These developments have clearly impacted the size and complexion of the prison and jail populations. Over the course of the 1990s, drug offenses accounted for 27% of the increase in the black state prison population, but only 14% of the increase in the white prison population (Kennedy 2003). The number of inmates serving time for drug offenses rose by over 1000% between 1980 and 1999, and nearly 80% of those serving time in state prison for drug offenses are black and/or Latino (King and Mauer 2002).

It is thus quite clear that the war on drugs has intensified racial disparities in the prison and jail populations. Exactly how and why this is the case is less obvious. Theoretically, the dramatic impact of the war on drugs on the black and Latino communities may be a consequence of higher rates of drug law violations, qualitative differences in offending behavior, selective enforcement of drug laws, and/or post-arrest practices and policies. Most analysts have directed their attention to the latter, examining whether prosecutorial discretion and/or judicial decision-making contribute to racially disparate rates of drug-related incarceration. Many of these studies have found that black drug defendants are treated more harshly than white drug defendants once in the justice system (see Austin & Allen 2000; Blumstein 1993; Spohn 2000; Tonry 1995). In Washington State, however, there is evidence that the differential impact of the war on drugs on black and Latino

communities is *not* a consequence of differential treatment after arrest (Minority & Justice Commission Report 1999).² Possible explanations of comparatively high rates of drug-related incarceration among blacks resident to the Seattle area therefore include higher rates of offense behavior, qualitative differences in offending behavior, and/or the selective enforcement of drug laws.

This report analyzes a wide range of data sources in order to assess whether blacks are over-represented among those arrested for delivering serious drugs in Seattle, and, if so, why. Doing so requires analyzing Seattle's drug markets and estimating the racial composition of Seattle's drug-delivering populations. This information can then be compared with Seattle Police Department arrest statistics to determine whether or not blacks are over-represented, and whites under-represented, among those arrested for narcotics delivery (or possession with intent to deliver narcotics).

This study was commissioned by the Defender Association's *Racial Disparity Project*, and will be submitted in the case of *State of Washington v. Johnson et al.* However, the conclusions reached are based on an independent review of the available evidence. The defendants in this case were charged

² This report examined the role of race and ethnicity in the processing and sentencing of felony drug offenders in King, Yakima, and Pierce counties. The authors found "no evidence that race and ethnicity are important factors affecting charging decisions for drug offenders (p.2) but also suggested "further study should be done of law enforcement practices" (p. 70). This conclusion was primarily based on the finding that arrest rates roughly correspond to conviction rates among various racial/ethnic groups. However, some have criticized the methodology used in this study (see Davies 2003).

under Washington’s Uniform Controlled Substances Act³ and have been arrested for delivery of heroin or cocaine. At the time of their arrest, delivery of heroin and cocaine (including both powder and crack cocaine) was classified by the state legislature at Level 8 of Washington’s felony sentencing grid. The report focuses on these two drugs. It also includes methamphetamine and ecstasy,⁴ delivery of which is considered by the state legislature to be of equal or greater seriousness than delivery of heroin or cocaine.⁵ Throughout the report, these drugs are referred to as “serious drugs.”

Part 1 of the report assesses the magnitude and characteristics of Seattle’s ecstasy, methamphetamine, heroin, crack cocaine, and powder cocaine markets.⁶ Evidence pertaining to the racial/ethnic composition of recent users and deliverers of serious drugs in the Seattle area is also analyzed. The picture of Seattle’s drug markets that emerges from this analysis is then compared with Seattle Police Department arrest outcomes. This comparison indicates that blacks are significantly over-represented, and whites under-represented, among those arrested for delivering serious drugs in Seattle. The subsequent analysis of SPD practices and arrest outcomes indicates that this disparity is the result of several inter-related factors. First,

³ Rev. Code Wash. (ARCW) § 69.50.401 (2003).

⁴ Ecstasy is included in the analysis because it is arguable that the legislature treats it comparably to cocaine and heroin. However, removing ecstasy from the analysis does not substantively alter the findings or conclusions.

⁵ Possession with intent to deliver any of these four substances is also considered to be of equal seriousness as actual delivery of these substances. The analysis of the arrest data will therefore include arrests for delivery and possession with intent to deliver (PWI). These two offenses are grouped together as “delivery” arrests.

⁶ Throughout the report, the term “cocaine” includes both powder and crack cocaine. Where appropriate, the type of cocaine involved is specified.

the SPD focuses overwhelmingly on racially diverse drug venues downtown where crack is more likely to be sold than on other markets, focuses on crack within those markets, and largely ignores predominantly white outdoor drug venues where heroin dominates. In addition, blacks are disproportionately arrested in both outdoor and indoor settings. As a result, blacks are significantly over-represented, and whites significantly under-represented, among heroin arrestees. The widespread and selective use of buy-bust operations, the concentration of resources in the West Precinct, and the focus on outdoor drug markets lead to large numbers of black arrests, but are not primary causes of racial disparity in drug delivery arrests.

Part II considers whether the disparity between the racial composition of those who deliver serious drugs in Seattle and the racial composition of those who are arrested for this crime can be explained in racially neutral terms. In particular, this section considers whether SPD arrest outcomes are a function of the concentration of drug law enforcement in high crime areas or reflect the distribution of citizen complaints. It also considers whether the focus on crack cocaine is explicable in racially neutral terms. On the basis of the evidence considered, the report concludes that there is no known racially neutral explanation for racially disparate drug delivery arrest rates.

SUMMARY OF KEY FINDINGS

This report addresses two questions. First, is there a racial disparity between those arrested for delivering serious drugs and the racial composition

of those actually delivering these controlled substances in Seattle? Specifically, are blacks over-represented, and whites under-represented, among those arrested for delivery of these substances given the rate at which blacks and whites engage in drug delivery? Key findings include:

- In Seattle, a majority of recent users of serious drugs, with the possible exception of crack cocaine, are white. All available data sources indicate that blacks comprise a smaller percentage of recent users of these drugs, again with the possible exception of crack.
- The majority of Seattle needle exchangers surveyed obtained their drugs (primarily heroin, methamphetamine, and cocaine) from a white person; much smaller percentages reported obtaining those substances (especially heroin and methamphetamine) from a black person.
- 64.2% of those purposefully arrested⁷ for delivery of serious drugs, including heroin, methamphetamine, powder cocaine, crack cocaine, and ecstasy, in Seattle from January 1999-April 2001 were black.
- Approximately one-third of Seattle's outdoor drug transactions involve crack cocaine.
- By contrast, the vast majority (over 74%) of purposeful drug delivery arrests involved crack cocaine, and 79% of those purposefully arrested for delivering crack cocaine were black. This focus on crack is thus a leading cause of racial disparity in drug delivery arrests.

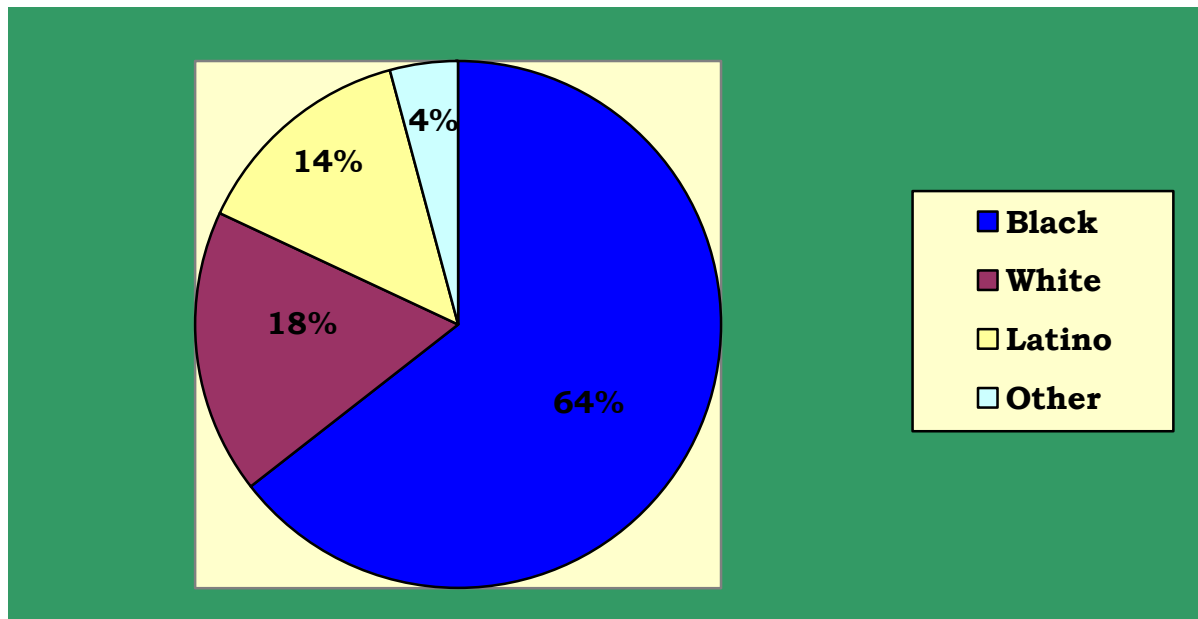
⁷ Arrests that were the result of buy-bust operations, reverse buy-bust operations, search warrants, and other narcotics investigations were classified as "purposeful." This classification is discussed in more detail in the methodology section.

- Blacks are also over-represented among heroin delivery arrestees given evidence regarding the rate at which blacks deliver that substance.

In sum, the available evidence indicates that the majority of those who deliver serious drugs in Seattle are white, and that a smaller percentage of those who do so are black. And yet, according to Seattle Police Department arrest records, 64.2% percent of those purposefully arrested for this crime from January 1999-April 2001 were black; 14.1% were Latino, and 17.6% were white (see Figure 1).⁸ This disparity assumes even greater significance in light of evidence that the Seattle Police Department conducts significantly more drug delivery arrests than comparably sized cities around the United States (see Appendix B).

⁸ These percentages are nearly identical if we include all (rather than just purposeful) arrests. Specifically, 64.2% of those arrested in all operations were black; 17.5% were white, and 14% were Latino.

Figure 1. Purposeful Seattle Drug Delivery Arrests by Race/Ethnicity 1999-2001



Note: Includes SPD arrests for delivery of (or possession with intent to deliver) crack cocaine, powder cocaine, heroin, ecstasy, and methamphetamine. “Other” includes Asian, Native American, and 22 arrests in which race/ethnicity is not recorded.

Analyses of arrest patterns indicate that the SPD’s concentration on racially diverse outdoor drug markets and on deliverers of crack cocaine, its lack of attention to predominantly white heroin markets and to whites involved in heroin delivery, and its targeting of black individuals in a variety of settings are the primary causes of racial disparity in delivery arrests.

Part II considers whether racially disparate arrest outcomes can be explained in a racially neutral way. In particular, it considers whether racially disparate arrest outcomes are a function of either crime rates or community complaints. The evidence indicates that neither of these arguably racially neutral factors explains racially disparate arrest rates.

Part II also considers whether the SPD's focus on those involved in the crack cocaine market can be explained in racially neutral ways. Race-neutral explanations of the focus on crack might include the comparative frequency and location of crack transactions, any unique association of the crack trade with violence, and public health considerations. The evidence indicates that none of these factors explain or justify the SPD focus on crack cocaine. It therefore appears that neither the focus on crack nor the over-representation of blacks among arrestees more generally can be explained in racially neutral terms.

METHODOLOGY

Determining whether or not the laws prohibiting the delivery of illegal narcotics are enforced in a selective manner requires assessing the size and nature of the various drug markets in Seattle, and comparing the race of those arrested for delivery of serious drugs with the race of those delivering these same substances. Because of the illicit nature of the activity and the associated difficulty of gaining access to all sites where the activity occurs, it is not possible to observe a representative sample of all drug transactions in Seattle and to identify the drugs and race/ethnicity of the persons involved. This does not mean, however, that the nature of each drug market and the demographic profile of those who deliver serious drugs in Seattle cannot be reliably assessed.

Using multiple indicators of phenomena (like drug delivery) that are not directly observable to estimate characteristics of those phenomena is quite common in the social sciences. Such estimates often serve as the basis for important public policy and funding decisions. For example, multiple indicators are used to estimate rates of illegal immigration, the volume of illegal drugs produced, the incidence of underage drinking, the prevalence of certain diseases, and many other phenomena that escape direct measurement. In such cases, it is desirable that estimates be based on a wide range of data sources and methodologies. Often referred to as “triangulation”, the combining of data sources and methodologies allows researchers to be more confident of their findings and conclusions. The results that accrue from this kind of process are considered more reliable when the data sources are consistent with each other (Jick 1979; Schutt 1996).

Toward this end, this report considers a wide range of data sources in order to assess the nature of Seattle’s drug markets and to estimate the racial composition of those who deliver serious drugs in Seattle. First, the relative size of each drug market is assessed and the frequency with which each drug is obtained is estimated. A variety of data sources are then used to estimate the racial composition of Seattle’s recent users of serious drugs. Next, survey results regarding the race/ethnicity of Seattle’s deliverers of cocaine, heroin, and methamphetamine are considered. These data indicate that a majority of those delivering these substances are white and that there is a significant

degree of correspondence between the racial composition of the drug-using and drug-delivering populations.

To ascertain the racial composition of those arrested for delivery of the serious drugs under consideration here, SPD arrest records were coded along numerous dimensions, including race of person arrested, the drug involved, crime of arrest, type of operation, precinct, type of location, and other relevant factors. Because police officers are not asked to record the ethnicity of arrestees on their Incident Reports, the percent of the arrestees who are Latino was estimated using a method called Hispanic surname analysis.⁹ A numeric value between 0 and 1 was assigned to all arrestees initially coded as white in each sub-category (for example, delivery arrestees citywide, cocaine delivery arrestees in the West Precinct, etc). These numeric values are provided by the U.S. Census Department, and represent the probability that a given surname corresponds to persons who identified as Hispanic/Latino in the 1990 U.S. Census. For each analysis, the mean of these numeric values (e.g. .18, or 18%) was used to estimate the percent of whites that are Latino. This percentage was then subtracted from the white category and added to a separate Latino category.¹⁰

⁹ This method is described in detail in “Building a Spanish Surname List for the 1990’s—A New Approach to an Old Problem”, by Word and Perkins (1996), and is now widely used by social scientists and policy analysts.

¹⁰ This methodology was applied only to those coded as white in order to avoid double-counting people of color, i.e. counting a black Latino as black and Latino. As a result, black Latinos are included in the black category, but not the Latino category. Although SPD officers are asked not to record the ethnicity of suspects, some did identify the suspect in their Incident Report as “Hispanic.” The percent Latino that resulted from the surname analysis was added to those identified as Hispanic by SPD officers.

In what follows, analyses of “purposeful” narcotics delivery (and possession with intent to deliver) arrests are presented in the text, tables, and figures. Arrests that were the result of buy-bust operations, reverse buy-bust operations, search warrants, and other narcotics investigations were classified as “purposeful.” Arrests that were the result of other types of operations—“see-pops” (police observations), traffic stops, and other criminal investigations—may include some purposeful arrests, but the data coders were not asked to make this potentially complex determination. Thus, to be cautious, arrests that resulted from these latter operation types were not classified as “purposeful.” Separate analyses based on all arrests are also presented, usually in an adjacent footnote.

**PART 1. ASSESSING SEATTLE'S DRUG
MARKET CHARACTERISTICS**

Estimating the Distribution of Drug Transactions

Assessing the size and characteristics of Seattle's drug markets involves estimating the number of recent users of each substance. Unfortunately, Seattle-specific, drug use prevalence data are not available. However, National Substance Abuse and Mental Health Services Administration (SAMHSA) estimates of the number of users of each substance nation-wide can be used to estimate the number of recent drug users in Seattle. When divided by the number of U.S. residents aged 12 and older¹¹, these data indicate that in the year 2000, .416% of the U.S. population aged 12 and older used hallucinogens in the past month; .406% used powder cocaine; .337% used stimulants; .166% used methamphetamine, .113% used crack cocaine; and .056% used heroin (SAMHSA 2001a, Table F1).¹² National estimates of past-month ecstasy use were not available until 2002, at which time .3% of the U.S. population aged 12 or older reported using ecstasy in the past month (SAMHSA 2003). In 2000, only 1.8% of the nation's recent illicit drug users had used crack in the past month (SAMHSA 2001a).

Indicators of drug use from the Seattle area suggest that drug use is comparatively widespread in Seattle, and that local drug use patterns diverge somewhat from the national pattern somewhat. For example, according to

¹¹ U.S. Census data indicate that there were 233,519,590 persons aged 12 and older residing in the United States in the year 2000. This number was calculated by subtracting the number of persons aged 9 and under, as well as 40% of the number of persons aged 10 to 14 years, from the total number of U.S. residents (U.S. Census Bureau, Census 2000 Summary File 4, Table QT-P1, "Age Groups and Sex: 2000").

¹² These data are available online at <http://www.samhsa.gov/oas/NHSDA/2kNHSDA/appendixf1.htm>

Washington State 1998 Household Survey (DASA) data, 6,531 King County adults reported using cocaine (powder or crack) in the past 30 days, but 10,661 reported using stimulants (including methamphetamine and amphetamines) in the same time period (DASA 1998).¹³ Given evidence that past-month powder cocaine users outnumber past month crack users by approximately 4 to 1, the Washington Household Survey (DASA) data indicate that stimulant users outnumber crack users in the Seattle area by an even larger margin than suggested by the national data. Similarly, in the year 2000, the Seattle metropolitan area had the fourth highest rate of Emergency Department methamphetamine mentions in the country and the seventh highest rate of Emergency Department cocaine mentions (SAMHSA 2001b).

Seattle has also gained notoriety for the severity of its heroin and ecstasy problems. In 2000, Seattle (and New York City) had the fifth highest rates of Emergency Department heroin mentions (SAMHSA 2001b). Similarly, in 2001, Seattle had the second highest rate of emergency room reports of ecstasy use (*Seattle Times*, November 20, 2002; see also Morris 2001).

The NIJ's ADAM data provide further evidence of comparatively widespread cocaine, heroin and methamphetamine use in King County. The ADAM data include the results of urinalysis tests and interviews with a sample

¹³ In 1993-4, the Division of Alcohol and Substance Abuse (DASA) at the Washington State Department of Social and Human Services conducted the Washington Needs Assessment Household Survey to determine the prevalence of drug and alcohol use and abuse in the state of Washington. Since that time, researchers at the University of Texas have extrapolated the original results to estimate the prevalence of drug use and abuse among various racial/ethnic groups in the state and each of its counties for subsequent years. The 1998 data are based on these extrapolations.

of male arrestees in metropolitan areas around the country regarding their drug use and drug market participation (see Taylor et al 2001). Those tested and interviewed in the ADAM studies were arrested for a variety of offenses, including violent crimes, property crimes, DUIs, and drug offenses. According to these data, King County arrestees have higher rates of drug use than most other metropolitan areas studied; King County is therefore classified as one of the four most active drug market sites in the country. Specifically, in 2000, male King County arrestees were 1.4 times more likely to report obtaining powder cocaine in the past month than male arrestees from all jurisdictions surveyed; 1.5 times more likely to report obtaining crack cocaine; 2.3 times as likely to report obtaining heroin; and 3.5 times as likely to report acquiring methamphetamine. In the analysis that follows, SAMHSA's national prevalence estimates are applied to the Seattle population and then adjusted by these figures to reflect the particularities of Seattle-area drug markets.¹⁴

¹⁴ The drug market participation of *Seattle* (as opposed to King County) arrestees would provide a more direct measure of the particularities of the Seattle drug market, and ADAM survey results for King County arrestees arrested by the Seattle Police Department are available. This subset is used in many of the analyses below. However, when adjusting the estimated number of users, it is more appropriate to use the differences between King County arrestees and the national results because the other jurisdictions surveyed by ADAM are metropolitan areas rather than cities. Comparing only SPD arrestees with the national results would therefore be akin to comparing apples and oranges. Using the King County data does, however, introduce some biases. In particular, SPD arrestees are 1.2 times as likely to report acquiring powder cocaine, 1.3 times as likely to report obtaining crack cocaine, and 1.5 times as likely to report acquiring heroin in the past month as all King County arrestees. On the other hand, King County arrestees as a group were 1.2 times more likely to report obtaining methamphetamine than were King County respondents who were arrested by the Seattle Police Department. Because the results for King County arrestees as a whole are used to adjust the estimated number of users of each substance in Seattle, the estimated number of users shown in Table 1 likely overestimates the number of methamphetamine users and underestimates the number of users of the other substances, especially heroin.

Obtaining information regarding rates of drug use (i.e. prevalence) is only a first step toward an assessment of drug market characteristics. Some drugs tend to be used more frequently than others, and some are more likely to be purchased outdoors. In particular, there is evidence that crack users obtain that drug more frequently than users of some other drugs, and are more likely to obtain that drug outdoors (see Sterling 1997; Riley 1997). Estimating the distribution of drug offenses by drug type requires combining information regarding the prevalence of drug use with information regarding the frequency and location of crack transactions. That is, the distribution of outdoor transactions involving various drugs is a function of the number of users as well as the frequency with which those users acquire each substance and the likelihood that they do so outdoors.

Table 1 combines such information to estimate the number of monthly transactions involving heroin, methamphetamine, powder cocaine, and crack cocaine in Seattle. The number of all transactions and outdoor transactions involving each drug are estimated. Unfortunately, information regarding the frequency and location of transactions involving ecstasy is not available.

In the first column of Table 1, SAMHSA data regarding the percentages of the U.S. population aged 12 or older that used each substance in the past 30 days are multiplied by the number of Seattle residents aged 12 and older to

estimate the number of recent drug users in Seattle.¹⁵ These numbers are then adjusted by the difference between the King County and national ADAM data. For example, the estimated number of current powder cocaine users derived from national prevalence data is multiplied by 1.4 to reflect the higher rates of powder cocaine use in the Seattle/King County area.¹⁶

Data regarding the frequency with which users of each substance obtain each drug and the likelihood that these acquisitions are made outdoors are taken from the NIJ's ADAM survey of adult males arrested in King County by the Seattle Police Department between January 2000 and September 2001. It is possible that arrestees who use illegal drugs obtain them more frequently than persons who are not arrested. However, there is no evidence that this is more or less true for particular drugs. These data therefore allow us to compare the relative frequency with which each drug is obtained.

The estimated number of transactions is calculated by multiplying the number of recent users by the number of times Seattle arrestees obtained each drug in the past month. The number of outdoor transactions is then calculated by multiplying the number of monthly transactions by the proportion of King County ADAM respondents arrested by the SPD who reported making their last transaction outdoors.

¹⁵ According to Seattle census data, there were 503,050 persons aged 12 and older residing in Seattle in the year 2000. Seattle census population estimates for the year 2000 are available online at <http://www.census.gov/population/www/index.html>. The American Factfinder tool was used to generate a two-by-two table of the Seattle population by race and age. Data are on file with the author.

¹⁶ See Appendix A for the results obtained if the number of current Seattle users is not adjusted by the difference between the King County and national ADAM results and national data regarding the frequency and location of drug acquisitions are used.

Table 1. Drug Market Characteristics and Estimated Number of Monthly Transactions

	# of Users	# of Times Acquired in Past Month	% of All Transactions	% Who Last Obtained Outdoors	% of Outdoor Transactions
Powder Cocaine	2,859 (2,042 x 1.4)	4	24.7% (11,436)	48.2%	22.7% (5,512)
Meth	2,923 (835 x 3.5)	3	18.9% (8,769)	29.7%	10.7% (2,604)
Crack Cocaine	852 (568 x 1.5)	15	27.6% (12,780)	63.2%	33.3% (8,077)
Heroin	649 (282 x 2.3)	20.5	28.7% (13,305)	60.8%	33.3% (8,089)
All of above	7,283	NA	100% (46,290)	NA	(100%) (24,282)

Note: Number of users was estimated by multiplying national prevalence data by the number of Seattle residents aged 12 and older in 2000 (503,050). These numbers were then adjusted to reflect the relative size of each drug market in King County. Data regarding the number of past-month acquisitions and location of last drug transaction are based on the results of ADAM surveys with King County respondents arrested by the SPD between January 2000 and September 2001. (Ad-hoc analysis of Seattle ADAM data by Joe Kabel, Ph.D., Seattle ADAM Site Director, *Looking Glass Analytics*, and Michael Gilson, Ph.D., Research Analyst, *Looking Glass Analytics*). The median number of past month acquisitions is presented above. Slightly different results were presented in a March 2004 version of this report. Previously, the number of users of each substance was calculated by multiplying national population prevalence estimates rounded to the first decimal point to the number of Seattle residents aged 12 and older. However, rounding to the first decimal point masked meaningful differences in the number of users of each substance. The results presented above are based on national prevalence estimates rounded to the third decimal point. Thanks to Tod Bergstrom for calling this issue to my attention.

According to these calculations, 24.7% of all drug transactions in Seattle, and 22.7% of all outdoor drug transactions, involving one of these four serious drugs involved powder cocaine. Methamphetamine is estimated to be involved in 18.9% of all and 10.7% of the outdoor drug transactions involving one of these four drugs. Crack cocaine is estimated to be involved in 27.6% of all, and

33.3% of the outdoor, drug transactions that involve one of these four drugs. Heroin transactions comprised 28.7% of all and 33.3% of the outdoor drug transactions involving one these four substances. The omission of ecstasy from this analysis means that all of these estimates are inflated by an unknown margin.

In short, although crack is purchased more frequently and is more likely to be obtained outdoors than powder cocaine and methamphetamine, this does not mean that the majority of all outdoor drug transactions involve crack cocaine. According to the evidence presented here—which also includes information about the number of users of each substance—one-third of all outdoor drug transactions in Seattle involve crack cocaine. The overwhelming representation of crack deliverers among delivery arrestees is thus not simply a function of the frequency with which that drug is bought and sold outdoors. The next sections analyze data pertaining to the race/ethnicity of Seattle's recent users of serious drugs.

Race/Ethnicity of Recent Drug Users

An extensive body of ethnographic and survey research suggests that there is an association between levels of drug use among racial/ethnic groups and the degree to which those groups are involved in delivery of the drugs used. As a result, identifying the racial/ethnic composition of recent drug users is a first step in assessing the race/ethnicity of those involved in delivery of those drugs. A variety of data sources provide information about the

racial/ethnic composition of drug users in the Seattle area. In what follows, the strengths and limitations of each data source are described, and a table summarizing the results of each is presented.

DASA Household Survey Data

In 1993-4, the Division of Alcohol and Substance Abuse (DASA) at the Washington State Department of Social and Human Services conducted the Washington Needs Assessment Household Survey to determine the prevalence of drug and alcohol use and abuse in the state of Washington. The survey was used to estimate the prevalence of lifetime, past year, and past month drug use; past and present drug or alcohol disorder; and “need for treatment” among various demographic groups. Over 7,000 adults statewide were surveyed; members of minority racial and ethnic groups were over-sampled to facilitate demographic analysis. Since that time, researchers at the University of Texas have extrapolated the original results to estimate the prevalence of drug use and abuse among various racial/ethnic groups in the state and each of its counties for subsequent years.¹⁷ The data shown below are based on these extrapolations.

Several of the survey questions measure the prevalence of recent and frequent drug use among various racial/ethnic groups in King County. Estimates of past 30-day use are the primary indicator of recent drug use;

¹⁷ A more detailed account of the methodology used in these extrapolations is available at: <http://psy.utmb.edu/estimation/dasa99/report/cntyrep/wa033/page02.htm>

estimates of past 18-month drug use disorder and current need for substance abuse treatment provide limited information about those who use drugs frequently, as these data are not broken down by drug. Of the serious drugs considered in this report, detailed information is provided only about cocaine (powder and crack) and “stimulants,” which primarily include methamphetamine and amphetamines.

A few issues should be kept in mind when interpreting these data. First, although the extrapolations of the original 1993-4 data do take population growth and demographic changes into account, they do not reflect the spread of increasingly popular drugs (such as methamphetamine and ecstasy) since 1993-4. This flaw probably leads to an undercount of the white drug-using population, as the available evidence suggests that whites are most likely to use these substances.¹⁸ On the other hand, the DASA data pertain to King County, but the jurisdiction in question in *State v. Washington et al* is Seattle. Because whites make up a slightly larger share of the King County population than the Seattle population,¹⁹ these data probably overestimate the proportion

¹⁸ In King County, 92.3% of those who died of methamphetamine related causes and 100% of those who died from ecstasy/MDMA-related causes were white (see Table 3 of this report). This pattern exists across much of the United States (see, for example, SAMHSA's recent report on ecstasy (available online at <http://www.samhsa.gov/oas/2k3/ecstasy/ecstasy.htm>) and methamphetamine (<http://www.samhsa.gov/oas/NHSDA/Treatan/treana13.htm>) (see especially Table 2). It is also clear that the use of these drugs increased in the Seattle area during the period in question. For example, between 1994 and 2000, the annual number of MDMA-related Emergency Department episodes in Seattle increased from 2 to 124. The number of methamphetamine-related ED episodes increased from 309 to 540 during the same period. See (<http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>, Table 2.4.20).

¹⁹ Census data indicate that King County's population was 73.4% white and 5.3% black in 2000; Seattle's residents that year were 67.9% white and 8.3% black (Klement and Siggins 2001).

of Seattle drug users who are white by a few percentage points. Also, because household surveys tend to miss the institutionalized, transient, and homeless populations, they tend to underestimate the prevalence of drug use. To the extent that people of color are more likely than white people to be homeless, institutionalized, or transient, this bias leads to an underestimate of the prevalence of drug use among people of color.²⁰

Mortality Data

The Office of the King County Medical Examiner estimates the number of drug-caused deaths in King County. These data record deaths directly caused by drug overdose; they do not include those caused by poison. Table 2 identifies the race/ethnicity of those who were identified as having each of the substances in their bloodstream at the time of death. Many individuals who die of an overdose have more than one drug in their bloodstream. An individual may therefore be counted in more than one drug category. Because the results are based on blood tests, the results for cocaine include both powder and crack cocaine.

Mortality data are typically thought to provide information about the most serious drug abusers (e.g. Goode 2002), although it is possible that those

²⁰ According to U.S. Census data, 6.2% of King County whites, but 19.9% of King County blacks, had incomes that fell below the poverty line in 2000 (U.S. Bureau of the Census 2000). Thus, rates of poverty are roughly three times higher among blacks than whites. However, it is worth noting that in an overwhelmingly white (and, secondarily, Asian) jurisdiction such as King County, the majority of poor people are white. Specifically, census data indicate that in 1999, 79,906 whites, 21,197 Asians, and 17,670 blacks had incomes that fell below the poverty line.

who die of an overdose are not frequent drug users. Unlike the DASA household survey data, mortality data do not suffer from clear race/class biases. However, the fact that these are King County rather than Seattle data likely leads to an over-estimation of the relative size of the white drug-using population.

Emergency Department (DAWN) Data

SAMHSA's Drug Abuse Warning Network (DAWN) provides a third source of information regarding the race/ethnicity of Seattle's drug users. These data track the number of times drugs are "mentioned" by patients in hospital emergency rooms (SAMHSA 2002). These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous United States. The results from participating Seattle hospitals are included here. The drug(s) "mentioned" by patients may or may not be the reason for the hospital visit. Many patients mention more than one drug.²¹ Insofar as the poor and under-insured are more likely to rely on hospital emergency rooms to obtain health care, these data likely over-represent the poor and, therefore, people of color (see Morgan and Zimmer 1998; Wishner et al 1991). Crack and powder cocaine are not distinguished in these data.

²¹ Heroin is the only major drug for which the majority of Emergency Department visits are related to the use of a single drug (Banta-Green et al 2002, p. 5).

Seattle Needle Exchange Study

The Seattle Needle Exchange Survey was designed in consultation with Dr. John Lamberth of Temple University and Kris Nyrop, Director of Street Outreach Services, and was administered by persons hired on a short-term basis by the Racial Disparity Project. Over a two-week period in April 2002, surveyors were present at five needle exchange sites in Seattle during all hours of operation: Capitol Hill, Downtown Seattle, South Center, the University District, and White Center. An additional 17 surveys were collected by surveyors traveling in the public health van.²² The two-week sampling period was selected because, according to public health experts, the majority of exchangers utilize the needle exchange services within that time frame (Kris Nyrop, personal communication, 2003). Surveyors offered needle exchange clients a piece of chocolate whether or not they completed a survey. Needle exchangers were asked whether they had already completed the survey; because exchangers were given chocolate even if they had already been surveyed, exchangers had no incentive to complete more than one survey.

Needle exchangers were asked to report, among other things, their race/ethnicity, the drug(s) present in the needle(s) just exchanged, whether or not they obtained (each of) those drugs in Seattle, and the race/ethnicity of the person from whom they had obtained those drugs. Respondents were also asked about “other drugs” (i.e. other than the drugs in the needles they

²² The Rainier Valley site was not included because a substantially smaller number of people (i.e. 1-2 per week) exchange needles there (Kris Nyrop, personal communication 2003.)

exchanged) they had obtained. Five hundred eighty-nine surveys were completed by individuals who obtained at least one drug in Seattle.

This survey provides important information regarding injection drug users and their Seattle drug sources. In particular, the survey provides information about users and deliverers of commonly injected drugs, including heroin, cocaine, and methamphetamine. The inclusion of questions about other drugs (i.e. not in the needle(s) just exchanged) means that the survey also provides more limited information about needle exchangers' use of other drugs.

Injection drug users are often thought to represent some of the most serious drug abusers. To the extent that this is the case, injecting drug users are not representative of the general drug-using population. However, the majority (more than 70%) of Seattle IDUs are believed to utilize needle exchange services (Kris Nyrop, personal communication, 2003). The survey therefore probably captures much of Seattle's IDU population. Because non-prescription pharmacy sale of needles is legal in Washington State, it is likely that Seattle IDUs who are able to purchase their needles do not exchange needles. As a result, the survey probably under-counts middle and upper income injecting drug users (who can afford to purchase needles) and, therefore, white injecting drug users.²³

Approximately 47% of those exchanging needles agreed to complete a survey. The majority of needle exchangers who completed a survey reported

²³ In addition, several needle exchange surveyors noted that some injecting drug users with "reputable" jobs hired other injecting users to exchange needles for them at needle exchange sites. To the extent that it exists, this practice introduces further class and race biases.

that the needles they exchanged contained heroin, methamphetamine, cocaine, or some combination of these substances. Crack can be and sometimes is injected; the distribution of powder and crack cocaine users in this sample is therefore unknown. The responses of those who listed heroin, cocaine, and methamphetamine as an “other” drug were combined with those who listed these drugs as present in the needles just exchanged. Those who obtained their drugs outside of Seattle, or whose responses were not legible were not included, leaving a sample of 553 exchangers.

Of the exchangers whose surveys were included, 70.3% were white, 13% were black, and 5.4% were Latino. As with all survey research, it is possible that those who agreed to complete a survey differ in important respects from those who decline to do so. In order to assess this possibility, surveyors also recorded the perceived race/ethnicity of those who did not complete a survey. Of the 677 exchangers recorded as non-respondents, 449 (66.3%) were identified as white; 132 (19.5%) as black, and 62 (9.2%) as Latino. Black and Latino/a exchangers were thus less likely than white exchangers to complete a survey. If these non-respondents are combined with the respondents, the proportion of white needle exchangers decreases from 70.3% to 68.1%, while the proportion of black exchangers increases from 13% to 16.6% (see Table 2). The black share of all needle exchangers is thus 128% of the black share of respondents; the white share of needle exchangers is 97% of the white share of

all needle exchangers.²⁴ However, because some repeat exchangers may have been counted as non-respondents multiple times over the two week period, the racial composition of non-respondents cannot be precisely known.²⁵

Table 2. Racial Composition of Needle Exchange Survey Respondents and Non-Respondents

	Respondents	Non-respondents	All Needle Exchangers	Difference between All Exchangers and Respondents
Black	13% (n=72)	19.5% (n=132)	16.6% (n=204)	128%
Latino	5.4% (n=30)	9.2% (n=62)	7.5% (n=92)	139%
Other	11.2% (n=62)	5% (n=34)	7.8% (n=96)	70%
White	70.3% (n=389)	66.3% (n=449)	68.1% (n=838)	97%
Total	100% (n=553)	100% (n=677)	100% (n=1230)	NA

In sum, the available data indicate that there are some racial differences between the respondents and the needle exchange population as a whole. In particular, whites were slightly more likely to complete a survey than blacks. However, given the absence of information regarding racial differences in the

²⁴ .166 is 1.28 times greater than .13; .681 is .97 times less than .703.

²⁵ If there are no meaningful racial/ethnic differences in the frequency with which needle exchangers exchange needles, the difference between respondents and all needle exchangers depicted in Table 2 would not change in a meaningful way. If, however, blacks who utilize needle exchange services do so more frequently than their white counterparts, then blacks are more likely to be counted as non-respondents multiple times, and the difference between the black share of respondents and the black share of non-respondents shown in Table 2 is over-estimated. Conversely, if whites who utilize needle exchange services do so more frequently than their black counterparts, then the difference between the racial composition of respondents and non-respondents is under-estimated in Table 2.

frequency of needle exchange utilization, the magnitude of this difference cannot be precisely known. The data shown below are based on those exchangers who completed a survey. The results for each of these data sources regarding the race/ethnicity of Seattle's drug users are presented in Table 3.

Table 3. Race/Ethnicity of Seattle Drug Users

Drug	Race/ Ethnicity	DASA Survey	Mortality	Emergency Department	Needle Exchange
Meth/ Stimulants*	White	79.2%	92.3%	92.7%	86.6%
	Black	5.8%	3.8%	3.5%	0%
	Latino	3.6%	0%	2.4%	2.2%
	Asian	10.2%	3.8%	NA	6.6%
Heroin	White	NA	84.7%	73.3%	68.5%
	Black	NA	7.6%	19.1%	14.2%
	Latino	NA	2.2%	4.7%	6.2%
	Asian	NA	.7%	NA	2%
Cocaine	White	77%	74.2%	57.1%	60.9%
	Black	8.3%	17.7%	34.4%	21.7%
	Latino	4.2%	1%	5.1%	0
	Asian	10.9%	1.9%	NA	11.4%
Ecstasy	White	NA	100%	82.8%	NA
	Black	NA	0%	7.7%	NA
	Latino	NA	0%	2.0%	NA
	Asian	NA	0%	NA	NA

Notes: DASA data based on Washington State Department of Health and Human Services, Division of Alcohol and Substance Abuse (DASA), "County Profile of Substance Use and Need for Treatment Services in King County." Mortality data are collected by the King County Medical Examiners Office, and were provided to the author by Caleb Banta-Green, Research Consultant at the Alcohol & Drug Abuse Institute, University of Washington. Because heroin breaks down quickly, many heroin overdose deaths classified as morphine-related. Emergency Department data are published in the Drug Abuse Warning Network (DAWN) series by SAMHSA. Percentages may not add to 100 due to rounding.

* The DASA and Needle Exchange data include methamphetamine and other stimulants; the mortality and ED data include only methamphetamine.

Although there are some differences across data sources, the general pattern of results shown in Table 3 is clear. All of these data sources indicate that a majority of those who recently used any of the serious drugs listed are white. This is especially true for methamphetamine and heroin, and is even true according to the Emergency Department (DAWN) and Needle Exchange Survey data, both of which over-represent the poor (and, therefore, people of color).

Interpreting the results for cocaine is complex, as none of the data sources consistently differentiate between powder and crack cocaine. It is likely that many of the Emergency Department mentions involve crack and/or injected cocaine. Still, the results indicate that there are more white than black users of cocaine in Seattle. Although limited, data from the Needle Exchange Survey provide further evidence of extensive crack use among whites. Of the 32 needle exchangers who reported acquiring crack in Seattle, 67.7% were white; 16.1% were black; and 16.1% defined their race/ethnicity as “other.”²⁶ Although crack has often been depicted in the media as a “black” drug, national data also indicate that the majority of recent crack users are white. For example, according to the U.S. Sentencing Commission (1997: 8), more than half of U.S. crack cocaine users in 1995 were white; fewer than half were black. Similarly, if we apply SAMHSA estimates of the prevalence of past-month crack use to the number of Seattle residents aged 12 and older, the

²⁶ Two needle exchangers listed specified that crack was in a needle exchanged; 30 others listed crack as an “other drug” they had recently purchased in Seattle.

results indicate that there are nearly identical numbers of white and black recent crack users in Seattle.²⁷

In sum, although none of these data sources is a perfect measure of the prevalence of serious drug use, collectively, they provide very strong evidence that a significant majority of Seattle's recent users of serious drugs are white, and that a much smaller percentage of that population is black.

Race/Ethnicity of Seattle's Drug Deliverers

In Washington State, drug delivery includes any knowing physical transfer of a controlled substance to another party (such as sharing or selling drugs) or the facilitation of any knowing transfer of these substances.²⁸ As a result, drug delivery is a broader category than drug selling/distribution, and the number of people engaged in drug delivery can be assumed to be much larger than those engaged in drug sales. Research on those who deliver drugs for all of these purposes is summarized below.

²⁷ Census data indicate that in the year 2000 there were 361,649 whites and 39,602 blacks aged 12 or older living in Seattle. SAMHSA (1999) data indicate that .1% of the white population and .9% of the black population aged 12 and older had used crack in the past month (see Tables 5b and 5c). Applying these rates to the Seattle population aged 12 and older indicates that there were 361 white and 356 black recent crack users in Seattle. Because the SAMHSA Household survey tends to miss transient populations, the actual numbers of both white and black crack users in Seattle is likely higher. (SAMSHA now includes homeless and some institutionalized populations in its survey sample).

²⁸ Behaviors that constitute facilitation are included in the definition of delivery by principles of accomplice liability.

Drug Delivery among Drug Users

Ethnographic and survey research suggest that behaviors that meet the legal definition of delivery are quite common among drug users, especially those who use drugs frequently. Researchers have consistently found that many frequent drug users participate in some aspect of the drug distribution system in order to support their drug habit and/or generate income (Bourgois 1995; Dunlap, Johnson and Maher 1997; Hagedorn 1994; Maher and Daly 1996; Preble and Casey 1998; Sterk 1999). Such services include working as a runner, courier, or lookout for drug dealers;²⁹ selling small amounts of drugs; injecting others; preparing drugs for sale on the street, and so forth. Users who participate in the drug distribution system to support their drug habit are especially likely to participate in the lower end of the distribution system, especially street sales.

Active involvement in the lower end of the drug distribution system among addicts and frequent drug users is consistently reported in the research literature. Based on her comprehensive survey of the ethnographic literature on the subject, Hunt (1990) concludes that many frequent drug users distribute or sell drugs or provide “drug services,” and therefore that drug dealing is “endemic” among frequent users (pp. 174-9). In Seattle, too, local health experts and police officers have observed that many drug users obtain

²⁹ Many of those arrested by the SPD for delivering drugs were serving as a courier or runner at the time of their arrest.

their drugs by providing services for drug dealers or selling small amounts of drugs (Klement and Siggins 2001: 17).

In addition, an extensive body of survey and ethnographic research indicates that, independent of their potential involvement in the drug distribution system, most drug users knowingly transfer (i.e. deliver) drugs in the course of their using activities (see Adler 1985; Murphy and Waldorf 1998; Murphy and Rosenbaum 1997; Rosenbaum, Morgan and Beck 1998; Sifaneck and Neaigus 2001; Waldorf, Reinerman and Murphy 1991; Waldorf 1998). In this case, these behaviors are not aimed at securing compensation, but rather are part of drug-using cultures as described by researchers who have observed those settings. Behaviors that involve drug delivery include “treating” others to drugs, passing drugs between friends, making collective purchases that are then divided amongst purchasing parties, and so forth. In her review of the ethnographic research on drug users and markets, Hunt concluded that “... persons at almost all levels of drug use distribute drugs, that is, sell or share them.” This tendency is particularly pronounced among frequent drug users, although “occasional users may distribute small amounts as part of sharing drugs or obtaining them for their own use and often do not classify their activities as dealing or selling” (1990: 166).

In sum, the ethnographic and survey research just described suggests that most frequent drug users knowingly transfer—i.e. deliver—illegal drugs in the course of their drug-using activities; many also engage in or facilitate drug sales or distribution. Although not all of this research is specific to Seattle,

these findings are consistent across a wide range of locales, and it is unlikely that the behavior of frequent drug users in Seattle is markedly different than that of users in other cities. Given evidence that the majority of those who use serious drugs in Seattle are white, and that a much smaller share of that population is black, the research just described suggests that the majority of those who deliver drugs in Seattle are white, and that a much smaller share of that population is black.

Drug Purchasing Patterns

Studies of drug purchasing patterns also provide reason to suspect that the majority of drug deliverers in Seattle are white. This body of research indicates that drug users tend to purchase their drugs from someone of their own race/ethnicity, a conjecture that will be referred to as the “racial congruity thesis.” One implication of this thesis is that racial and ethnic drug use patterns tend to correspond to racial/ethnic involvement in drug delivery. This thesis suggests, for example, that if whites are more likely to use methamphetamine than crack, it is likely that whites are also more likely to deliver methamphetamine than crack.

One of the best known examples of research supporting the racial congruity thesis is a 1997 NIJ study of drug use and purchase patterns in six U.S. cities: Portland (Oregon), Chicago, Manhattan, San Antonio, San Diego, and Washington D.C. This study was based on interviews with over 2000 drug-using arrestees, and focused on powder cocaine, crack cocaine, and heroin.

The researchers found that among those who reported using a main (single) source of drugs, “Respondents were most likely to report using a main [drug] source of their own racial or ethnic background, regardless of the drug considered” (Riley 1997: 9). Although a significant proportion of drug users did not have a main (single) source of drugs, the report nonetheless found that “a tendency to buy disproportionately from a person of the same race existed in most sites for most racial groups” (p.1). Exceptions to this pattern existed in a few instances where the number of cases was small. Although Seattle was not one of the six cities included in this NIJ study, racial congruity between drug purchasers and drug dealers was found to exist in all six of the cities examined. As mentioned above, one of these was Portland, Oregon, which is demographically similar to Seattle.³⁰

Studies consistently report racial/ethnic congruity between sellers and buyers. For example, a follow-up study by the NIJ that focused on methamphetamine use and distribution (not included in the study described above) in five western U.S. cities also found that “meth users tended to buy from individuals within their own ethnic group, with the exception of 45% of blacks who were more likely to use a Hispanic source for meth” (Pennell et al 1999: 27). Similarly, in her review of the ethnographic literature on drug dealing, Hunt found that “dealers with direct contact with their customers...

³⁰ According to 2000 census data, Portland’s population is 81.3% white; 7.9% black, 6.8% Latino, and 7.5% Asian (available online at <http://www.upa.pdx.edu/CPRC/publications/2000census/1604159000.pdf>). According to 2000 census data, 70.1% of Seattle’s population is white; 8.4% is black, 5.3% is Latino, and 13.1% Asian.

are likely to look like the customers, and in fact *be* the customers, at other points in time. Therefore, the cocaine seller in a Wall Street building is likely to be a white male in his twenties...; a cocaine dealer working Southern California beach towns looks like, and often is, a surfer...; and the inner city Washington D.C. cocaine dealer is likely to be a young black or Hispanic man” (1990: 172).

Nyrop’s (2003) observations of two open-air markets in Seattle suggest that racial congruity also exists in those contexts. In this ethnographic study, Nyrop compared the Capitol Hill drug market (located along the Broadway corridor) with the downtown market (concentrated in the 2nd and Pike area). Nyrop and his assistants observed drug transactions for a total of 100 hours at the two sites and recorded the race/ethnicity of those involved in the observed transaction. Contrary to police perceptions (as reported in Klement and Siggins 2001: 24), street drug sales were frequent and easily observed in the Capitol Hill/Broadway area.³¹ Nyrop noted several other similarities between the Capitol Hill and downtown markets. Specifically, both are dominated by heroin, but contain other “mini-markets,” and the majority of those involved in both sales and purchasing in the two areas are resident to that area.

Consistent with the racial congruity thesis, this study found that in both markets, there was a correspondence between each racial/ethnic group’s involvement in drug purchasing and that group’s involvement in drug delivery (Nyrop 2003: 9). That is, where whites were the clear majority of drug purchasers (i.e. in Capitol Hill), whites were also the clear majority of drug

³¹ Nyrop observed 394 drug transactions in 40 hours in the Broadway area (Nyrop 2003).

sellers/deliverers. Where blacks and Latinos were more likely to be purchasing drugs (i.e. downtown), blacks and Latinos were also more likely to be delivering and/or selling drugs (although whites were the largest group purchasing and delivering drugs downtown). As Nyrop concludes, “it appears that each group participated in purchases and delivery roughly proportionally to their percentage in the overall population engaged in drug transactions of any kind. This is not only true from the aggregate data, but holds up across most observed time blocks and days as well” (2003: 9). In short, there is a wide body of evidence indicating that in Seattle and elsewhere, the racial/ethnic composition of users of particular drugs tends to correspond to the racial/ethnic composition of those who deliver those substances. Given evidence that the majority of serious drug users in Seattle are white, this body of research supports the hypothesis that the majority of those who deliver these substances are also white.

Seattle Needle Exchange Study

The Seattle Needle Exchange Survey provides a unique opportunity to assess whether, in fact, most deliverers of serious drugs in Seattle are white, as the research studies just reviewed imply. Because this survey was conducted in five needle exchange sites around the city, the data derived from this survey are more comprehensive than Nyrop's (2003) observations of two open-air markets. As was discussed previously, most of the exchangers reported injecting heroin, methamphetamine, cocaine, or some combination of these.

Typically, each of these drugs is purchased in non-liquid form; injecting drug users then liquefy and inject them (Murphy and Waldorf 1998). Thus, while injecting drug users may differ in important respects from non-injecting drug users, it is likely that those who supply these individuals with heroin, cocaine, and meth cater to both injecting and non-injecting users.

Drug purchases that occurred outside Seattle or did not involve heroin, cocaine, or methamphetamine were not included in the analysis. Some of the respondents exchanged more than one needle, and each needle might contain more than one drug. Exchangers were therefore asked to identify the drug(s) and the race/ethnicity of the source of the drug(s) in each needle exchanged (up to 3). Respondents were also asked about “other drugs’ (i.e. not in the needles exchanged) they had obtained. As a result, the number of transactions and drug deliverers identified exceeds the number of needle exchangers surveyed. Specifically, the 553 exchangers whose surveys were included described 909 instances of heroin, cocaine (unspecified), methamphetamine, crack, or ecstasy delivery. Most (59%) of these transactions involved heroin; another 27.9% involved cocaine (of an unspecified form), 9.1% involved methamphetamine, 3.5% involved crack, and .7% involved ecstasy. In the analyses that follow, all acquisitions of these drugs (whether in needles or not) were combined.³² Results regarding crack cocaine and ecstasy will be

³² Most of the drugs identified by respondents were described as having been in a needle that was exchanged. Specifically, heroin was identified as present in 510 needles; there were 24 additional reports of “other” heroin transactions. Similarly, meth/speed was identified as present in 51 needles; respondents provided 32 reports of “other” meth/speed transactions.

presented separately.

Some social scientists have argued that, for socio-economic reasons, poorer people who deliver drugs will do so more frequently than wealthier people who deliver drugs. Insofar as rates of poverty are higher among blacks than whites, this generalization implies that as a group, blacks who deliver drugs do so more frequently than whites who deliver drugs (see Goode 2002, p. 43). Because the unit of analysis in the transactions reported by exchangers is *deliveries* rather than *deliverers*, the needle exchange survey results presented below capture information about frequency of delivery. That is, the needle exchange survey results provide information about 909 drug transactions, some of which probably involved the same drug deliverer. If black drug dealers were delivering drugs more frequently than white dealers, this would be reflected in the survey results regarding the race/ethnicity of the drug deliverer involved in the drug transactions described. Because it provides information about the deliverers involved in 909 drug transactions/deliveries rather than about 909 drug-delivering individuals, the results of the needle exchange survey reflect and capture any racial differences in frequency of delivery that may (or may not) exist. In the analyses that follow, the focus is on the race/ethnicity of the drug deliverers involved in these transactions. As is shown in Table 4, whites were the largest group of heroin, cocaine, and methamphetamine deliverers.

However, the pattern was the opposite for cocaine. Cocaine was identified as present in 80 needles exchanged; respondents reported an additional 174 cocaine transactions.

Table 4. Race/Ethnicity of Seattle Drug Deliverers Involved in Recent Transactions by Drug, 2002

	White	Black	Latino	Other	Total
Heroin	55.1%	7.3%	34.7%	2.6%	100%
Cocaine	34.6%	29.5%	34.3%	1.6%	100%
Meth/ Speed	81.5%	7.4%	4.9%	6.2%	100%
Any Drug*	51.4%	14.5%	31.2%	2.7%	100%

*Any drug refers to those listed above.

Note: Percentages may not add to 100 due to rounding.

Theoretically, it is possible that the racial and ethnic differences between the survey respondents and non-respondents could be reducing apparent levels of black involvement in heroin delivery. Specifically, the fact that blacks were less likely than whites to complete a survey could reduce the proportion of heroin deliverers identified as black. However, if the number of black, white, Latino and “other” heroin users is adjusted to reflect the racial composition of all needle exchangers (not just those who completed a survey), the proportion of heroin deliveries that involve a black heroin source actually declines.

Higher rates of survey non-participation among blacks and Latinos are understandable given the perception that law enforcement’s attention is directed at those populations. However, there is no apparent reason to suspect that the race/ethnicity of the exchanger’s *drug source* would influence exchangers’ willingness to complete a survey. It is therefore reasonable to assume that the same user-dealer relationships exist among respondents and

non-respondents. If non-respondents (whose race/ethnicity was recorded) are included in the analysis, and we assume that the same user-dealer relationships that existed for respondents exist for all exchangers, the proportion of deliveries estimated to involve blacks increases by approximately two-tenths of one percent.³³ The fact that the black share of heroin deliverers increases by only a fraction of a percentage point even when the relative proportion of black heroin users increases is a consequence of the fact that black heroin users were far more likely to acquire their heroin from a white (or Latino) person than from a black person. The comparatively low level of black involvement in heroin delivery thus appears not to be a function of lower survey response rates among blacks. Put differently, even if the composition of surveyors is adjusted to match those of all needle exchangers, the results regarding race of deliver are affected very *slightly*. This is also true for meth.

Two patterns of results from the Needle Exchange Survey are especially noteworthy. First, whites comprise the largest group of deliverers of each substance; a substantial share of exchangers also identified their heroin and cocaine source as Latino. Given that these findings are based on a geographically comprehensive sample of Seattle's needle exchangers, they

³³ This result was obtained by multiplying the number of black, Latino, white, and "other" heroin users by the difference between the share of each group in the respondent population and total needle exchanger population (shown in Table 2). For example, the number of black heroin respondents was multiplied by 1.28, the number of Latino heroin users by 1.39, and so forth. The newly estimated numbers of black, Latino, white and "other" heroin users were multiplied by the proportion of deliveries reported by persons of that racial/ethnic group who acquired their heroin from members of each racial/ethnic group. This was done for each racial/ethnic group, and the proportion of heroin delivers described as black was re-calculated on the basis of the adjusted user populations.

provide compelling evidence that in Seattle, whites comprise the largest group of those delivering heroin and methamphetamine. A comparatively small share of the deliverers of each of these substances is black.

Second, the results of the needle exchange survey provide additional evidence of a general association between racial patterns of drug use and drug delivery. For example, according to the survey, whites use and deliver methamphetamine at similarly high rates; blacks are more likely to use and deliver cocaine than heroin or methamphetamine. Although this correlation is much weaker for Latinos, information regarding the racial (as opposed to ethnic) composition of the drug-using population usually tells us a good deal about those who deliver that drug, particularly in the case of heroin and methamphetamine (see Table 5).

Table 5. Racial Composition of Needle Exchangers and Drug Deliverers by Drug and Race

Race	Heroin	Cocaine	Meth/Speed	Combo	Any Drug*
White Users	66.5%	60.9%	86.6%	73.4%	70.3%
White Deliverers	55.1%	34.6%	81.5%	NA	51.4%
Black Users	14.2%	21.7%	0%	11.4%	13%
Black Deliverers	7.5%	29.5%	7.4%	NA	14.5%

*Any drug refers to those listed above: heroin, cocaine, and methamphetamine/speed.

The needle exchange survey also provides very limited information about ecstasy users and their sources. In particular, six needle exchangers reported obtaining ecstasy. All six of these respondents were white; five of their six sources were identified as white and one as “other.” Local mortality and Emergency Department data (as well as national survey data) also indicate that a significant majority of ecstasy users are white.³⁴ Given the general association between the race of the users and deliverers of particular substances, as well as research describing the social worlds in which ecstasy is exchanged and consumed (see Arria et al 2002; Rosenbaum, Morgan and Beck 1998; Millman and Beeder 1998), it appears quite likely that most ecstasy deliverers are white.

Information about the racial composition of those who deliver crack cocaine specifically (as opposed to an unspecified form of cocaine) is limited but nonetheless suggestive. According to the 32 exchangers who reported acquiring crack cocaine, 40.6% of these crack cocaine transactions involved a white crack deliverer; 46.9% involved a black crack deliverer. Although based on a comparatively small sample, this finding is consistent with the research literature that reports a high degree of racial congruity between users and deliverers of illicit substances.

³⁴ See Table 3 of this report. According to a recent SAMHSA (2003) survey, 8.2% of whites but 3.5% of blacks nationwide aged 18-25 reported having used ecstasy in the past year in 2001.

In sum, the analyses of Seattle's drug markets indicate that drug transactions in Seattle are most likely to involve heroin. If we focus exclusively on outdoor drug transactions, heroin and crack cocaine are each estimated to be involved in one-third of the outdoor drug transactions involving serious drugs (other than ecstasy); the remainder involve powder cocaine and methamphetamine. Multiple data sources indicate that most users of these serious drugs are white. Less is known about the race/ethnicity of recent users of crack cocaine, although there is evidence of significant white crack use.

Consistent with previous research reporting a high degree of overlap between the racial composition of drug users and drug deliverers, the results of the Needle Exchange Survey indicate that whites comprise the largest group of deliverers of cocaine, methamphetamine, and heroin in Seattle. If the survey results for blacks and whites are converted to ratios, this data source indicates that heroin transactions involving a white drug deliverer outnumber heroin transactions involving a black deliverer by a ratio of 7.3 to 1; for methamphetamine, by 11 to 1; and for cocaine, by 1.2 to 1. When the form of cocaine is specified to be crack, black deliverers outnumber white delivers by a ratio of 1.2 to 1.

These ratios derive from information that captures frequency of delivery, strongly suggesting that a significant majority of Seattle's heroin and methamphetamine transactions involve white drug deliverers. It is also quite likely that ecstasy deliveries involving white deliverers also outnumber ecstasy deliveries involving black deliverers by a significant margin.

Thus, for all serious drugs with the possible exception of crack cocaine, the available evidence indicates that the majority of transactions involving these substances involve white drug deliverers. As is shown below, however, those arrested for delivery of serious drugs in Seattle are predominantly black.

Drug Delivery Arrests in Seattle

From January 1999-April 2001, the Seattle Police Department made 2,146 purposeful arrests for delivery of the serious drugs under consideration in this report. Of these, 64.2% involved black suspects; another 14% involved Latino suspects (see Table 6). Despite evidence that a clear majority of those who deliver serious drugs in Seattle are white, only 17.6% of those arrested for delivery of serious drugs were non-Hispanic whites. These numbers translate to a white drug delivery arrest rate of 120 per 100,000 and a black rate of 3,750 per 100,000 population. The black drug delivery arrest rate in Seattle is thus 31 times the white drug delivery arrest rate.

Given evidence of the widespread nature of the heroin and methamphetamine markets in Seattle, and of substantial white involvement in the distribution of these drugs (as well as ecstasy and cocaine), the disproportionate representation of black drug deliverers among arrestees is, at first glance, puzzling.

Table 6. Racial/Ethnic Composition of Persons Purposefully Arrested for Drug Delivery in Seattle, January 1999-April 2001

	White	Black	Latino	Other
Heroin	45% (n=160)	16% (n=57)	34% (n=121)	5.1% (n=18)
Meth	64% (n=7)	9.1% (n=1)	26.9% (n=3)	0% (n=0)
Ecstasy	51.3% (n=4)	12.5% (n=1)	23.8% (n=2)	12.5% (n=1)
Powder Cocaine	42.3% (n=30)	15.7% (n=11)	37.7% (n=26)	4.3% (n=3)
Cocaine (Unclassifiable)	11.1% (n=1)	33.3% (n=3)	55.5% (n=5)	0% (n=0)
Crack Cocaine	8.7% (n=139)	79% (n=1259)	8.4% (n=133)	4.1% (n=63)
Multiple Drugs Including Crack	30.4% (n=19)	60.3% (n=38)	7.7% (n=5)	1.6% (n=1)
Multiple Drugs Not Including Crack	50.9% (n=18)	22.9% (n=8)	20.5% (n=7)	5.7% (n=2)
Any of above	17.6% (n=376)	64.2% (n=1378)	14.1% (n=302)	4.1% (n=88)

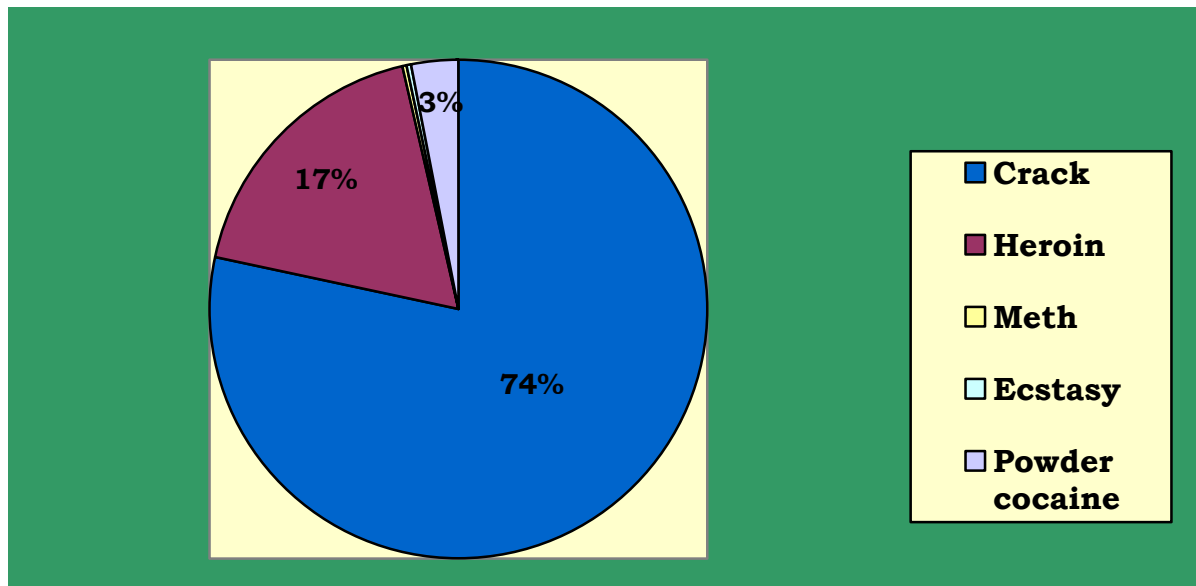
Note: Percentages may not add to 100 due to rounding.

As shown in Table 6, the race/ethnicity of drug delivery arrestees varies widely across drug categories. Most of those arrested for delivery of heroin, methamphetamine, ecstasy and powder cocaine were white or Latino. The only drug for which there were more black than white arrestees is crack cocaine.³⁵ How, then, to explain the disproportionate representation of blacks among those arrested for delivering serious drugs? The mystery is solved once we

³⁵ This pattern does not change if we include all (not just purposeful) delivery and PWI arrests. For example, 43.2% of all heroin delivery arrestees were white; 15.5% were black, and 36.1% were Latino. For crack, 9.4% of all delivery arrestees were white; 8% were Latino, and 78.4% were black.

analyze SPD drug delivery arrests by drug category. As Figure 2 shows, the vast majority of the arrests during this period involved crack cocaine.³⁶

Figure 2. Purposeful Drug Delivery Arrests by Drug, 1999-2001



Note: Includes SPD arrests for delivery or possession with intent to deliver. Arrests for delivery of multiple drugs that include crack cocaine (2.9%) or drugs other than crack cocaine (1.6%) are not included in this figure.

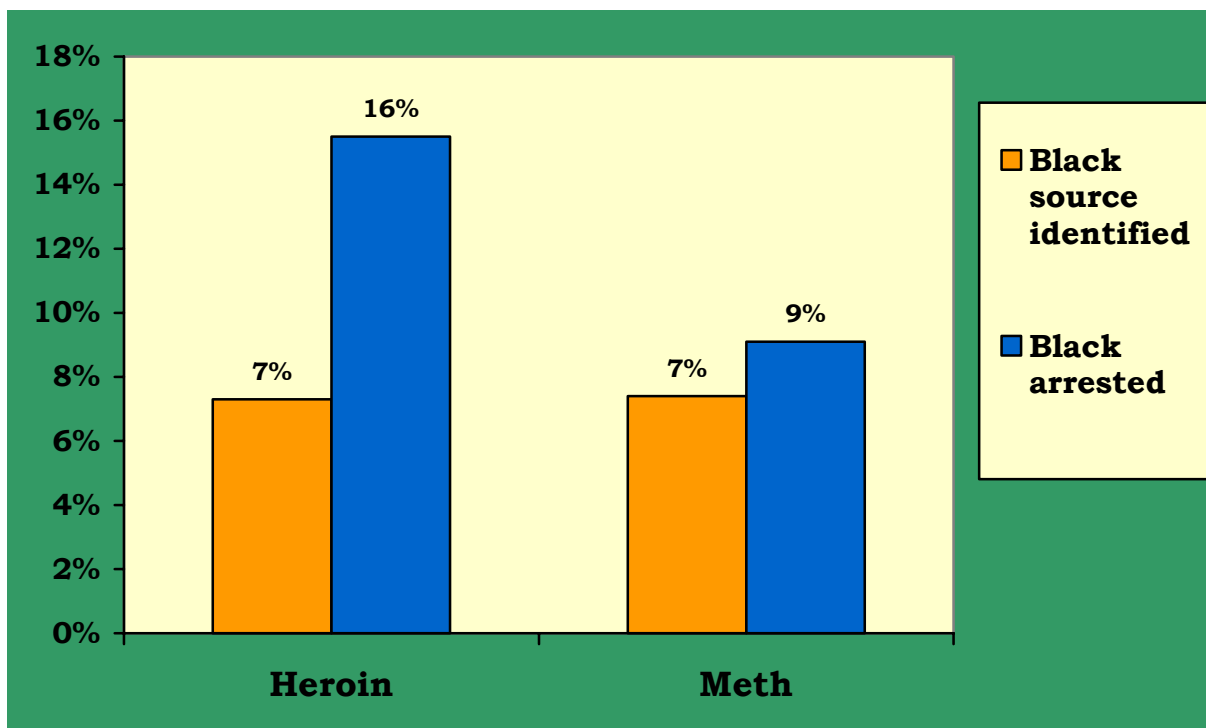
Blacks are far more likely to be arrested for delivery of crack cocaine than any other drug. By contrast, whites are least likely to be arrested for delivery of crack as compared with other drugs. The SPD made 1,657 purposeful arrests for crack delivery,³⁷ but only 89 for methamphetamine, ecstasy, and powder cocaine *combined* during the period in question. The SPD's overwhelming focus on crack cocaine is thus a primary cause of racially

³⁶ The pattern is similar if all (not just purposeful) arrests are included: 76.6% of all delivery arrests involved crack; 15.1% heroin; 3.5% powder cocaine; 1% methamphetamine; and .4% ecstasy.

³⁷ This includes 1,594 for crack alone and 63 arrests for crack and other drugs.

disparate arrest rates in Seattle. In addition, blacks are over-represented among heroin arrestees as compared with their level of involvement in heroin delivery. Specifically, just over 7% of the deliveries reported by needle exchangers involved a black heroin source, yet 16% of those purposefully arrested for delivery of heroin were black. Blacks are over-represented among methamphetamine arrestees by a smaller margin.³⁸

Figure 3. Black Drug Deliverers Compared with Purposeful Black Delivery Arrestees

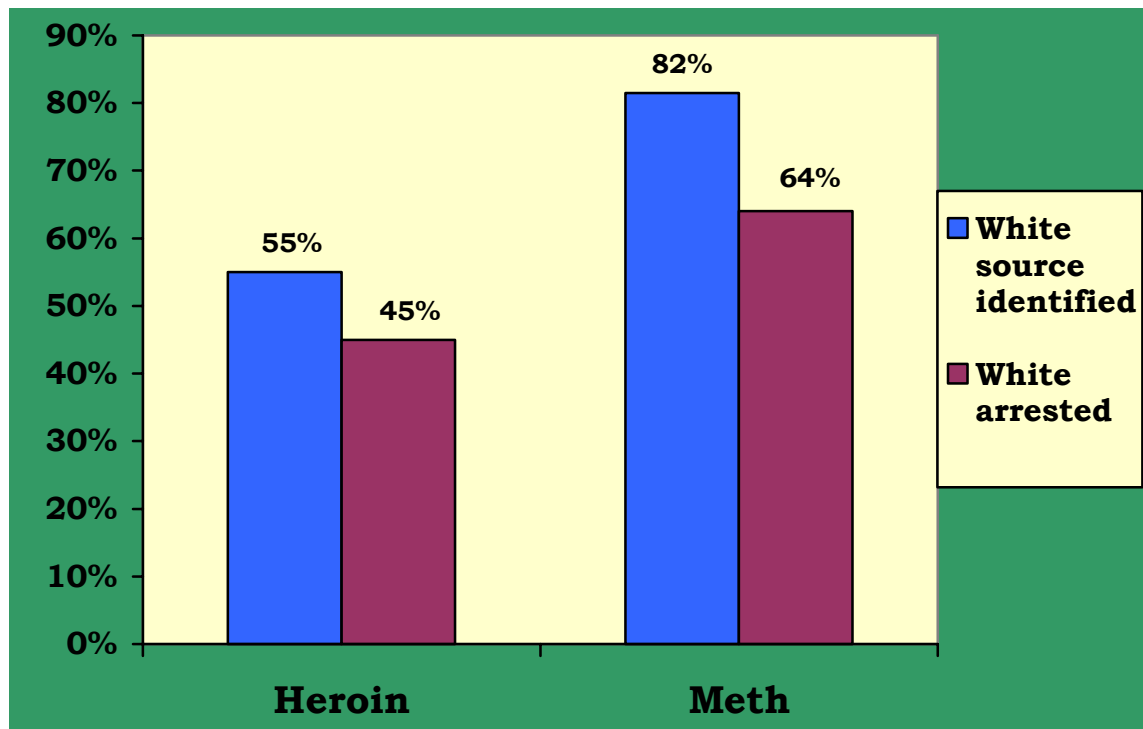


Note: The percentages of transactions involving black drug deliverers are based on Seattle Needle Exchange Survey responses. Numbers are rounded to the nearest percentage.

³⁸ If all arrests are included, the black share of heroin delivery arrestees changes very slightly, to 15.5%, but the black share of methamphetamine delivery arrestees increases to 17.2%.

Conversely, whites are under-represented among delivery arrestees as compared with their involvement in delivery of heroin and methamphetamine (see Figure 4).³⁹

Figure 4. White Drug Deliverers Compared with White Purposeful Delivery Arrestees



Note: The percent of transactions involving white drug deliverers are based on the results of Seattle Needle Exchange Survey responses. Numbers are rounded to the nearest percentage.

In what follows, the statistical significance of these disparities between the needle exchange survey results and heroin and methamphetamine delivery arrest rates is evaluated. If an observed difference is unlikely to be the result of

³⁹ If we include all arrests, the white share of heroin arrestees drops slightly to 43.2%, while the white share of methamphetamine arrestees increases to 69%.

chance, researchers conclude that it is statistically significant. By convention, if the probability that an observed difference between two proportions could be due to chance is 5% or less it is considered by social scientists to be statistically significant. In the case at hand, we are dealing with samples that give us estimates of the proportion of deliverers who are black (or white) and the proportion of arrestees who are black (or white). Tests of statistical significance allow us to assess whether, for example, the fact that the proportion of arrestees who are black is greater than the proportion of deliverers who are black could be due to the fact that we only have samples of these two groups. To find this probability, researchers calculate a Z-score that can be translated into a probability.⁴⁰

Z-scores with an absolute value of 2 mean that there is at most a 5% chance of observing a given difference in sample proportions if in fact there is no difference between the population proportions. Z-scores with an absolute value of 4 or above mean that there is at most a .01% chance of observing a given difference in sample proportions if, in fact, there is no difference between the population proportions. To be concrete, a .01% chance means that the likelihood is 1 out of 10,000. Table 7 shows that the likelihood that blacks are

⁴⁰ The z score for each comparison is calculated according to the following formula:

$$z = \frac{(\hat{\pi}_2 - \hat{\pi}_1)}{\hat{\sigma}_{\hat{\pi}_2 - \hat{\pi}_1}}$$

where $\hat{\pi}_2$ is the black (or white) proportion of arrestees and $\hat{\pi}_1$ is the black (or white) proportion of drug deliverers. The standard error shown in the denominator is the pooled estimate of the two samples (arrestees and sources).

equally likely to be dealers and arrestees of heroin is extremely low.

Specifically, it shows that the absolute value of the Z-scores for the difference between black deliverer proportions and black arrestee proportions are so high that the likelihood that they could be due to chance is negligible.

Table 7. Statistical Significance of Black Over-Representation among Delivery Arrestees by Drug

	% Arrestees	% Deliverers	% Arrestees - % Deliverers	Z-score
Heroin- All Arrests	15.5% (65/420)	7.5% (35/464)	8%	3.69*
Meth- All Arrests	17.2% (5/29)	7.4% (6/81)	9.8%	1.29
Heroin- Purposeful Arrests	16% (57/356)	7.5% (35/464)	8.5%	3.69*
Meth- Purposeful Arrests	9.1% (1/11)	7.4% (6/81)	1.7%	.18

*Indicates a statistically significant disparity ($Z > 2$).

According to these results, the over-representation of blacks among heroin delivery arrestees is statistically significant. This is the case for both all arrestees and purposeful arrestees. Although in the expected direction, black over-representation among methamphetamine arrestees does not achieve statistical significance.

Conversely, whites are significantly under-represented among heroin delivery arrestees (see Table 8). Like black over-representation, white under-

representation among heroin delivery arrestees is statistically significant for both all arrestees and those arrested in operations considered purposeful.

Table 8. Statistical Significance of White Under-Representation among Delivery Arrestees by Drug

	% Arrestees	% Deliverers	% Arrestees - % Deliverers	Z-score
Heroin- All Arrests	43% (160/356)	55.1% (256/464)	-12.1%	-3.61*
Meth- All Arrests	68.9% (20/29)	81.5% (66/81)	-12.6%	-1.3
Heroin- Purposeful Arrests	44.9% (160/356)	55.1% (256/464)	-10.2%	-2.92*
Meth- Purposeful Arrests	63.6% (7/11)	81.5% (66/81)	17.9%	-1.18

*Indicates a statistically significant disparity ($Z > 2$).

In sum, tests of the statistical significance of the differences between the delivering and arrested populations indicate that blacks are significantly over-represented, and whites significantly under-represented, among heroin delivery arrestees. Put differently, blacks who deliver heroin are 2.8 times more likely than whites who deliver heroin to be arrested for doing so.⁴¹ This dynamic is particularly important given evidence that the majority of outdoor drug

⁴¹ This comparative probability is identified by calculating the ratio of arrestees to deliverers for blacks and whites, then dividing the black arrestee/deliverer ratio by the white arrestee/deliverer ratio.

transactions in Seattle involve heroin and of widespread white involvement in the outdoor heroin trade.

The neglect of heroin deliverers, and especially white deliverers of heroin, is the flip side of the SPD's concentration on those involved in the crack cocaine market. The predominance of blacks among crack arrestees may or may not be indicative of actual levels of black involvement in the crack market. However, it is clear that the predominance of blacks among those arrested for delivery of serious drugs (including heroin, methamphetamine, powder cocaine, crack cocaine, and ecstasy) does not reflect the extent of black involvement in the distribution of all of those substances.

These disparities assume even greater significance in light of evidence that the Seattle Police Department conducts significantly more drug delivery arrests than comparably sized cities around the country. Specifically, in 2000, the SPD conducted 187 delivery arrests per 100,000 population; the average (median) rate of drug delivery arrests from a sample of nine mid-size cities was 42.5 per 100,000. Seattle's rate of drug delivery arrests was the highest of all these cities, and tests of statistical significance indicate that the rate of drug delivery arrests in Seattle is significantly higher than the average rate for these cities (see Appendix B). Although racial disparity may also exist in cities that conduct much smaller numbers of drug delivery arrests, the issue assumes particular importance in Seattle, where the number of drug delivery arrests is comparatively large. In what follows, the contribution of several other police practices to racial disparity is assessed.

Buy-Bust Operations

In a buy-bust operation, law enforcement officers pose as drug buyers and make contact with individuals they suspect are involved in the delivery of narcotics. Buy-busts involve a great deal of police discretion and are widely used, particularly in the West Precinct: 67.2% of all narcotics delivery arrests, and 72.6% of those in the West Precinct, were the results of buy-bust operations. In 72.4% of these operations, the persons arrested delivered crack; in 15.1%, the persons arrested delivered heroin.

If blacks are more likely to be arrested through buy-busts than other types of operations, the use of buy-busts could be considered a cause of racially disparate arrest outcomes. Table 9 shows the racial/ethnic composition of those arrested for drug delivery by type of operation. (Operation types that appear in italics are considered “purposeful.”) Although the black share of those arrested in buy-busts is quite large, it is notable that blacks comprise an even larger share of those arrested as a result of “see-pops” (police observations). In fact, the only type of operation for which the black share of arrestees is substantially lower—and the white share of arrestees is considerably higher—is “reverse buy-busts”, of which the Seattle Police Department conducted only 11 during the period in question.

Table 9. Seattle Arrests by Type of Operation and Race 1999-2001

	White	Black	Latino	Other	All
<i>Buy-Bust</i>	16.2% n=304	65.4% n=1225	14.1% n=263	4.3% n=82	100% n=1874
<i>Reverse Buy-Bust</i>	63.6% n=7	33.4% n=4	0% n=0	0% n=0	100% n=11
<i>Search Warrant</i>	30.2% n=31	49.8% n=50	18.8% n=19	2% n=2	100% n=102
<i>Other Narcotics Investigation</i>	23.1% n=37	62.3% n=99	12.1% n=19	2.5% n=4	100% n=159
Traffic Stop	32.1% n=34	53.3% n=56	12.6% n=13	1.9% n=2	100% n=105
See-Pop	13.3% n=57	67.4% n=288	13.4% n=57	3.1% n=25	100% n=427
Other Criminal Investigation	18.9% n=20	63% n=68	15.3% n=17	2.8% n=3	100% n=108

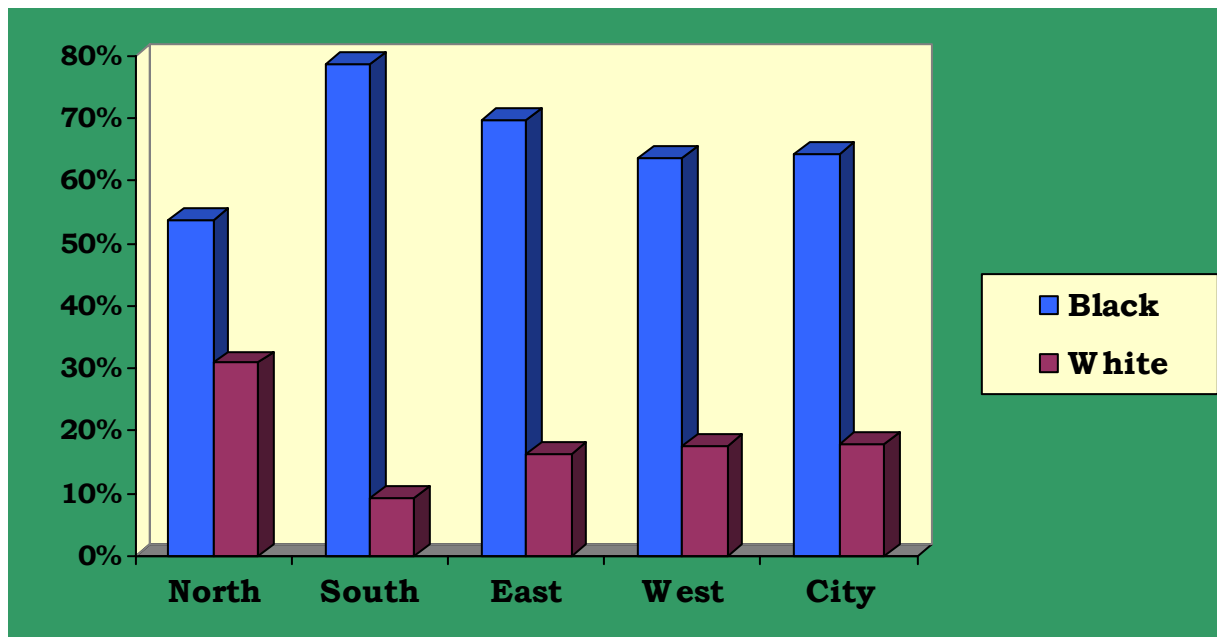
Note: Percentages may not add to 100 due to rounding. Operations considered purposeful appear in italics.

Numerically, buy-busts and, secondarily, see-pops, are the primary mechanisms for obtaining narcotics delivery arrests, and the black share of those arrested through each of these operation types is higher than the black share of those arrested in other kinds of operations. Yet it is not clear whether racial disparity would decrease if the SPD conducted fewer, or no, buy-bust operations. If these operations were replaced by see-pops, and other SPD practices and priorities remained constant, racial disparity in drug arrests would not decrease. If, however, the Department did not replace buy-bust operations with see-pops or other operations that disproportionately target blacks, racial disparity in drug delivery arrests would likely decrease somewhat.

Prioritizing the West Precinct

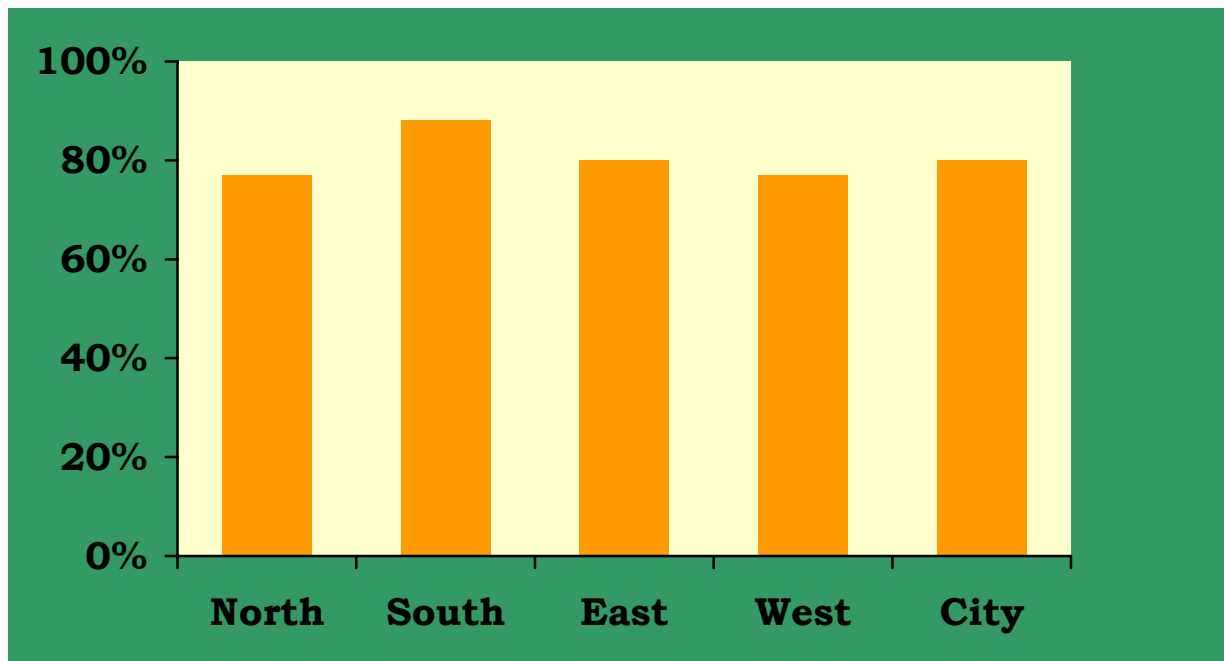
SPD narcotics resources are concentrated in the West Precinct, and a majority (75.6%) of all delivery arrests took place in the West Precinct. If blacks comprise a larger share of those arrested in the West Precinct than in the other precincts, the concentration of narcotics resources and activity in the West Precinct could be said to be a cause of racially disparate arrest outcomes. This is not the case, however, as arrests in all precincts disproportionately involved blacks. In fact, blacks comprise a larger share of those arrested for drug delivery in the South and East Precincts than in the West Precinct (see Figure 5).

Figure 5. Purposeful Drug Delivery Arrests by Precinct and Race 1999-2001



Overall, 67.4% of those purposefully arrested outside the West Precinct, and 64.5% of those purposefully arrested in the West Precinct, were black.⁴² Similarly, all precincts focused overwhelmingly on crack (see Figure 6).

Figure 6. Percent of Purposeful Delivery Arrests Involving Crack by Precinct, 1999-2001



In short, most blacks were arrested in the West Precinct during the period under investigation. However, if an identical number of drug delivery arrests were equally distributed among the four precincts, and all other practices and priorities remained constant, racial disparity would not diminish. Redistributing organizational resources across precincts would neither change

⁴² This figure (67.4%) is the average of the black share of arrestees in the other three precincts. These results change only minimally if all arrests are included.

the concentration on crack nor the racial distribution of arrestees unless enforcement practices and priorities were also altered in more fundamental ways.

The Focus on Outdoor Drug Markets

In their report, Klement and Siggins (2001) identified the SPD's focus on outdoor drug venues as an important cause of racially disparate arrest rates. The idea that differential access to private space (in the context of law enforcement's tendency to conduct narcotics and vice operations in outdoor settings) introduces race and class biases in arrests has a long pedigree in the sociological literature (see Chambliss and Seidman 1971; Goode 2002; Stinchcombe 1963). According to this literature, access to private spaces is differentially distributed across socio-economic (and hence racial) groups; those who engage in illicit conduct in public places are more visible to the police and therefore more likely to be arrested.

In these discussions, law enforcement's tendency to focus on outdoor venues is often treated as a (racially neutral) organizational and/or legal necessity. This assumption is not warranted. Although the need to obtain a search warrant is often cited as an obstacle to indoor narcotics operations, warrants are not required for entry to commercial establishments. Furthermore, it is not clear why obtaining a search warrant is an insurmountable barrier, particularly in light of the tremendous effort and resources expended to conduct outdoor narcotics operations that yield

relatively small amounts of drugs.⁴³ Although some outdoor drug arrests are the incidental consequence of other criminal investigations and traffic stops, most are the result of proactive efforts to locate and arrest drug deliverers and buyers. These efforts—mainly buy-bust operations—consume enormous organizational resources, resources that could be deployed in other ways. In short, the police focus on outdoor venues is better understood as an organizational and policy choice than an institutional or legal necessity—one that has important racial consequences.

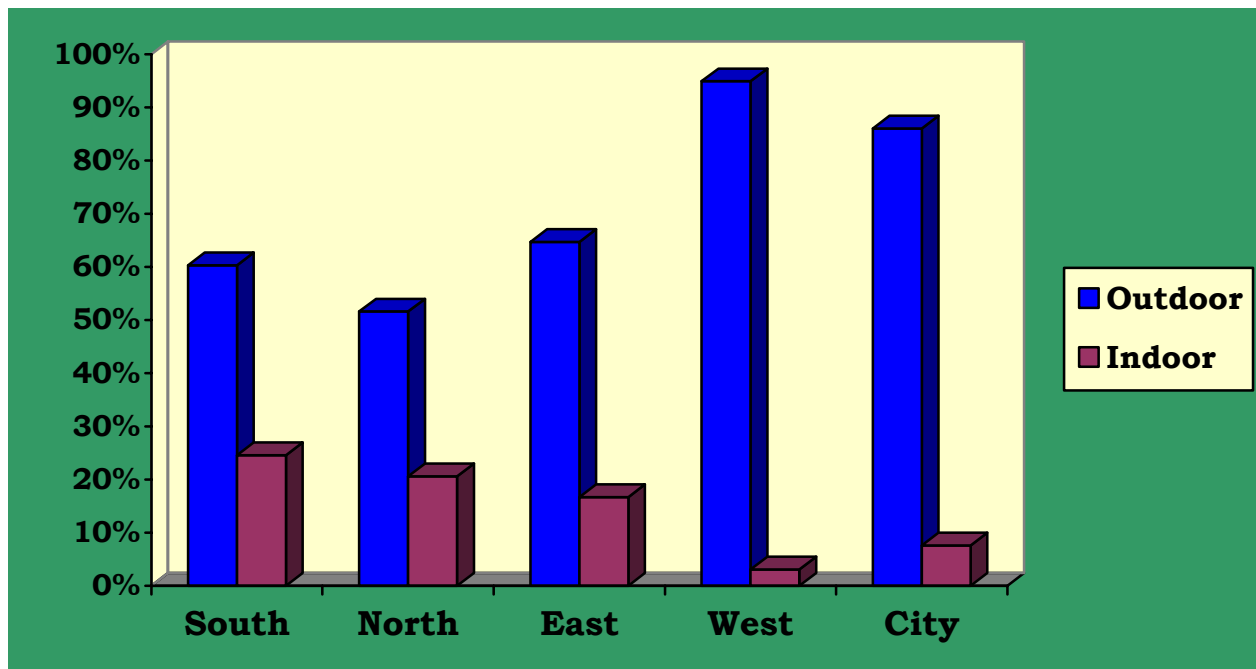
Regardless of whether law enforcement's focus on outdoor drug venues is understood as racially neutral, the question addressed below is whether the SPD's focus on outdoor drug venues explains racially disparate arrest rates. Over 89.5% of the SPD's purposeful drug arrests occurred outdoors; only 7.8% took place indoors (in public or private buildings).⁴⁴ In the North Precinct, 61.5% of purposeful arrests occurred outdoors, 23.8% indoors. In the South Precinct, 66.5% of purposeful arrests occurred outdoors, 29.1% indoors. In the East Precinct, 77.7% of purposeful arrests occurred outdoors, 15.1% indoors. Finally, in the West Precinct, 96.1% of purposeful arrests occurred outdoors; only 3% took place indoors. Thus, although this pattern existed across the city,

⁴³ Records of West Precinct ACT operations indicate that buy-bust operations involved an average of 13.3 officers and 76.6 officer hours (49.5 on-duty hours and 27.1 over-time hours). On average, these operations resulted in of 5.6 arrests and the seizure of 6.4 grams of drugs.

⁴⁴ Another 3.8% of drug delivery arrests occurred in or near cars as a result of traffic stops; the location of the remaining 2.4% was not identified. These results change negligibly if all arrests are included. Citywide, 89.5% of all delivery and PWI arrests involving serious drugs occurred outdoors; 7.6% indoors. The pattern also remains constant across precincts.

it was most pronounced in the West Precinct, where the vast majority of all arrests occurred (see Figure 7).

Figure 7. Purposeful Seattle Drug Delivery Arrests by Location and Precinct, 1999-2001

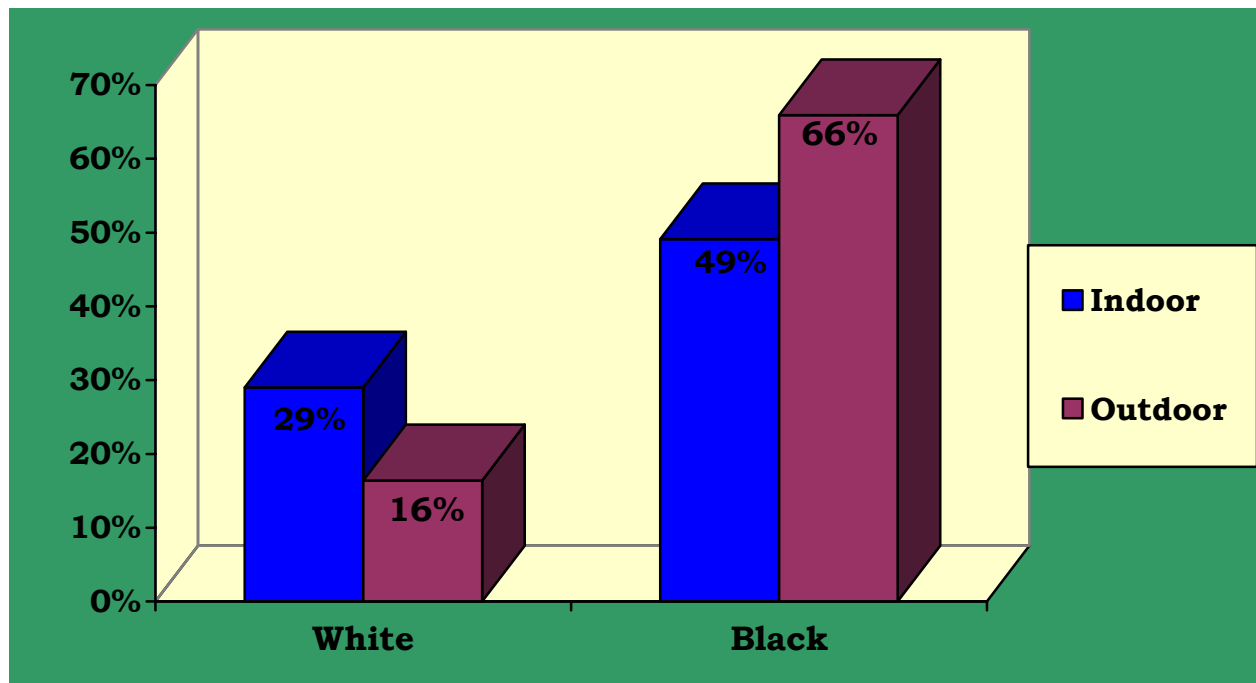


In Seattle, law enforcement's focus on outdoor drug venues does contribute to the over-representation of blacks among drug delivery arrestees. Whereas 16.4% of purposeful outdoor delivery arrestees were white, 29% of all purposeful indoor arrestees were white. Conversely, 65.9% of purposeful outdoor delivery arrestees, but 49.1% of purposeful indoor arrestees, were black.⁴⁵ That is, whites comprise a larger share of those arrested indoors than

⁴⁵ If all arrests are included, the results are similar: outdoor arrestees are 66.2% black and 15.8% white; indoor arrestees are 26.4% white and 51.8% black.

outdoors; blacks comprise a larger share of those arrested outdoors than indoors. Were SPD resources allocated differently to enable more indoor arrests, it is likely that the racial disparity between those who deliver narcotics and those who are arrested for this crime would decrease a bit.

Figure 8. Purposeful Seattle Drug Delivery Arrests by Race and Type of Location, 1999-2001



Nonetheless, the idea that the focus on outdoor markets causes racial disparity in drug arrests must be qualified, for several reasons. First, blacks are also over-represented (and whites are under-represented) *among indoor*

arrestees compared to their involvement in the delivery of serious drugs.⁴⁶

Perhaps not coincidentally, 53.3% of those arrested indoors were arrested for delivering crack. This is pattern is especially puzzling given crack's reputation as a drug that is primarily bought and sold outdoors. In fact, if the estimated number of monthly purchases presented in Table 1 is multiplied by the percent of ADAM respondents who made their last drug purchase *indoors*, the results indicate that only 17% of the *indoor* drug transactions involving one of the four drugs for which these data are available involved crack cocaine. It thus appears that blacks, and crack, are over-represented in indoor delivery arrests.

Second, all outdoor drug markets are not treated alike. In particular, outdoor drug markets dominated by white buyers and sellers of heroin and methamphetamine receive significantly less police attention than racially diverse markets where crack is more likely to be sold. For example, in the comparison of the Capitol Hill and downtown markets discussed previously (e.g. Nyrop 2003), researchers were able to observe hundreds of outdoor drug transactions in the Capitol Hill area, and reported that the vast majority of these transactions involved only white people. These observations are consistent with the results of the needle exchange survey: 87% of the drug transactions described by those who exchanged needles in Capitol Hill involved a white drug deliverer; only 5% involved a black deliverer.

⁴⁶ The magnitude of these disparities cannot be reliably assessed by drug category given the small number of indoor arrestees.

Nyrop also noted the near-complete absence of police activity and patrol in Capitol Hill. By contrast, he and his colleagues observed a good deal of police activity in the downtown market in which both whites and people of color participate. The arrest data confirm these observations. From January 1999-April 2001, only 18 persons were purposefully arrested for delivery of serious drugs in census tracts 74-75 (which encompass the Broadway corridor in Capitol Hill). By contrast, 548 such arrests occurred in census tract 81, in which the drug market concentrated around 2nd and Pike is located. That is, *the SPD arrested over 30 times more deliverers of serious drugs in the census tract encompassing the downtown market at 2nd and Pike than in the two tracts encompassing the Capitol Hill market.* Clearly, this racially diverse downtown market is accorded a good deal more police attention and resources than the predominantly white, outdoor market in Capitol Hill.

Although Nyrop did observe more drug activity downtown than in Capitol Hill, this difference cannot explain the magnitude of the difference between the arrest rates in the two areas. In 40 hours of observations in the Capitol Hill area, Nyrop observed 102 drug deliveries—roughly 2.6 deliveries observed per hour. Downtown, Nyrop observed 690 deliveries in 60 hours, or 11.5 deliveries per hour. Thus, observed drug deliveries in the downtown market outnumbered observed drug deliveries in Capitol Hill by a ratio of 4.4 to 1.

However, purposeful downtown delivery arrests outnumbered Capitol Hill delivery arrests by over 30 to 1.⁴⁷

The concentration of law enforcement activity in racially diverse or predominantly black drug markets where crack is more likely to be sold to the exclusion of predominantly white outdoor drug markets appears not to be confined to these two areas. For example, in their Incident Reports, police officers indicate that sections of University Avenue in the University District are characterized by significant narcotics activity. (Based on the needle exchange data, the University District market appears to be two-thirds of the size of the Capitol Hill market.) As in the Capitol Hill area, the overwhelming majority (90.7%) of the drug transactions reported by University District needle exchangers involved white drug deliverers; only 1.5% of these transactions involved a black deliverer.) Nonetheless, the SPD made only 13 purposeful arrests for delivery of serious drugs in census tracts 53(01) and 53(02), the tracts that encompass the University District, during the period in question. By contrast, the SPD made 305 purposeful arrests for delivery of serious drugs in census tract 92, the tract that encompasses the Pioneer Square market, widely perceived as a racially diverse or predominantly black drug market. This comparison thus provides further evidence that predominantly white outdoor drug markets are treated quite differently by the Seattle Police Department than the racially diverse or predominantly black drug markets.

⁴⁷ Similarly, there were 724 delivery arrests involving serious drugs downtown, but 28 in the Capitol Hill area—a ratio of over 25 to 1.

Finally, there is evidence that blacks are over-represented among those arrested in predominantly white and racially diverse outdoor markets. For example, based on 60 hours of observation, Nyrop (2003) concluded that there were slightly more whites than blacks delivering drugs in the 2nd and Pike vicinity. However, 52.4% of those purposefully arrested for delivery in census tract 81 (which encompasses this area) from 1999-2001 were black, and 38.2% of those purposefully arrested were white.⁴⁸ Blacks also appear to be over-represented among the suspected drug deliverers arrested in the Capitol Hill area. According to Nyrop's observations, the vast majority of drug transactions in Capitol Hill involved only whites. However, 44.4% of the small number of persons purposefully arrested for delivery of drugs in that area (i.e. census tracts 74-5) were black; only 36.4% of those purposefully arrested for delivery of these substances in that location were white.

In sum, racial disparity in drug delivery arrests is primarily a function of the SPD's concentration on racially diverse and predominantly black outdoor drug venues downtown where crack is more likely to be sold, its targeting of blacks in those and other venues, and comparative lack of attention to the heroin trade, and especially to whites who deliver heroin. The next section considers whether these priorities, and the resulting racial disparity in drug delivery arrests, can be explained in a racially neutral way.

⁴⁸ Because they are being compared with Nyrop's figures, which were not broken down by drug, these figures include those arrested for delivering any illegal drug. If we include only serious drugs, those purposefully arrested in census tract 81 (downtown) were 56.6% black and 22.6% white. The figures for the University District include only those arrested for serious drugs.

PART II. EXPLAINING RACIAL DISPARITY IN DRUG DELIVERY ARRESTS

Assessing Racially Neutral Explanations of Racial Disparity

Theoretically, racially disparate drug delivery arrest rates could be an unintentional by-product of racially neutral practices and priorities. In what follows, the contribution of two racially neutral factors—community complaints and crime rates—to racially disparate arrest outcomes is assessed. In addition, this section considers whether the SPD concentration on crack cocaine can be explained or justified in racially neutral terms.

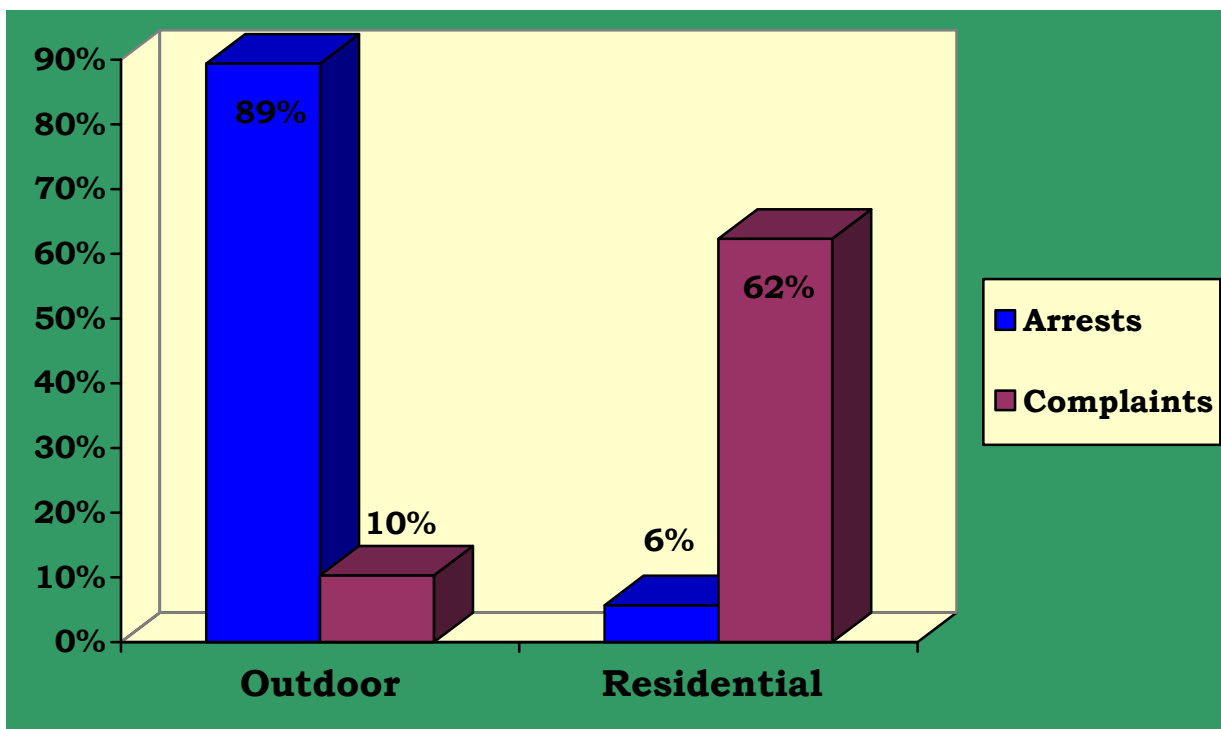
Community Complaints

Many officials have suggested that SPD arrest patterns are a response to community concern (see Klement and Siggins 2001). The Seattle Police Department keeps records of citizen complaints regarding suspected narcotics activities in its Narcotics Activity Reports (NARs), and these data can be used to assess whether or not arrest outcomes are a response to citizen concern regarding narcotics activity in Seattle. The race/ethnicity of the suspect is unknown or unidentified in 36% of the reports, and the drug involved is unknown or unidentified in 58.5% of the records. As a result, these data do not shed much light on the racial composition of those suspected of delivering serious illegal drugs, or the particular drugs involved in these activities. However, data about some of the descriptors (especially type of location and

precinct in which the suspected narcotics activity is occurring) is more systematically reported.⁴⁹

Analysis of these data indicates that arrest outcomes are not consistent with citizen concern as reflected in the NAR data. In particular, citizen complainants are much more likely to complain about suspected narcotics activity in residences (63%) than in open-air markets (10%)⁵⁰ (see Figure 9).

Figure 9. Purposeful Seattle Drug Delivery Arrests versus Citizen Complaints by Type of Location, 1999-2001

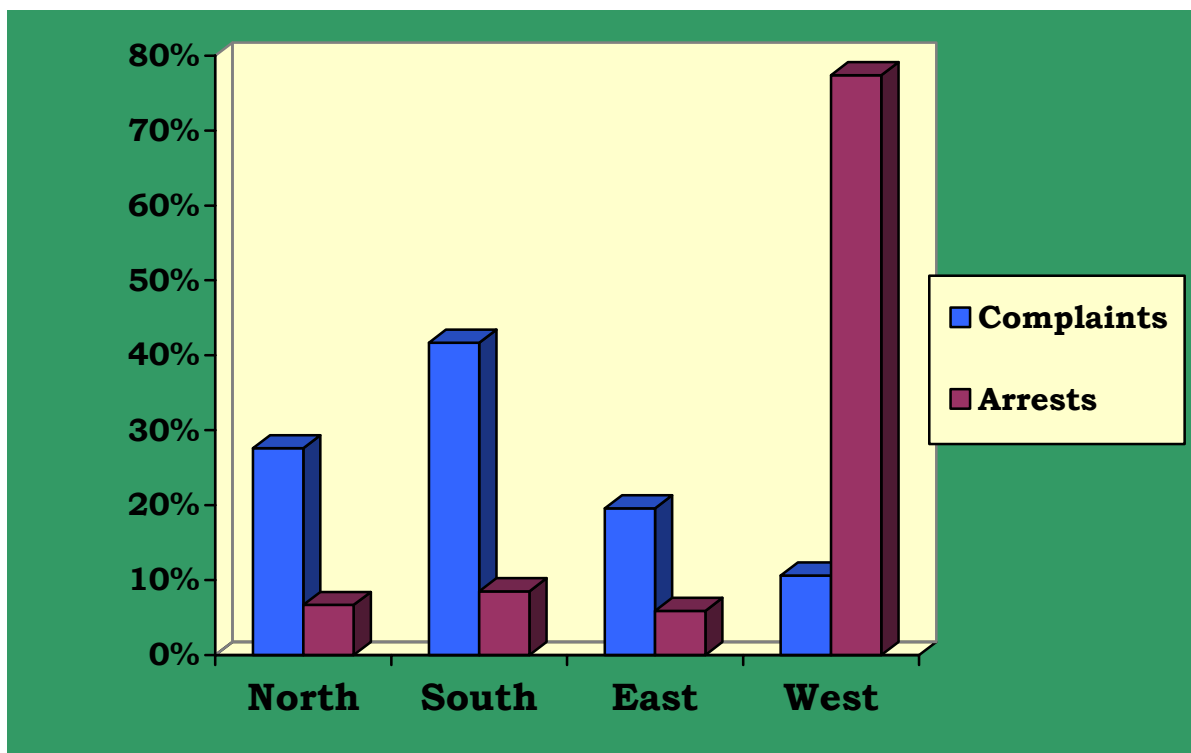


⁴⁹ Type of location was specified in 80.3% of the complaint records; precinct was identified in over 99% of the reports. The NARs were coded by the King County Prosecutor's Office.

⁵⁰ Although the majority of citizen complaints in which a drug is identified were suspected to involve cocaine, it is overwhelmingly suspected cocaine activity *in residences* (69.3%) rather than open-air markets (5.3%) that bothers citizens.

In addition, the geographic distribution of arrests is not consistent with citizen concern as expressed in the NARs. That is, the precinct that is the *least* likely to be identified by citizen complainants (the West Precinct) conducts significantly more arrests than the other precincts. The concentration of organizational resources that enable the SPD to conduct so many narcotics operations in the West Precinct is not a response to citizen concern (see Figure 10).

Figure 10. Purposeful Drug Delivery Arrests versus Citizen Complaints by Precinct, 1999-2001



In short, the available data indicate that the SPD's focus on outdoor drug markets and the concentration of narcotics resources and activity in the West

Precinct are not a function of the citizen concern. In fact, these practices are in direct contrast to citizen concern as expressed in the NAR data.

Crime Rates

Another possible race-neutral explanation for the uneven nature of drug law enforcement emphasizes the link between drug markets and crime, and suggests that particular areas are targeted for drug law enforcement because they are more crime-ridden than other areas.⁵¹ A regression analysis of the correlation between crimes known to the police and purposeful drug arrests partially supports this hypothesis, but shows that this association is quite weak in the census tracts in which the vast majority of drug arrests occur.

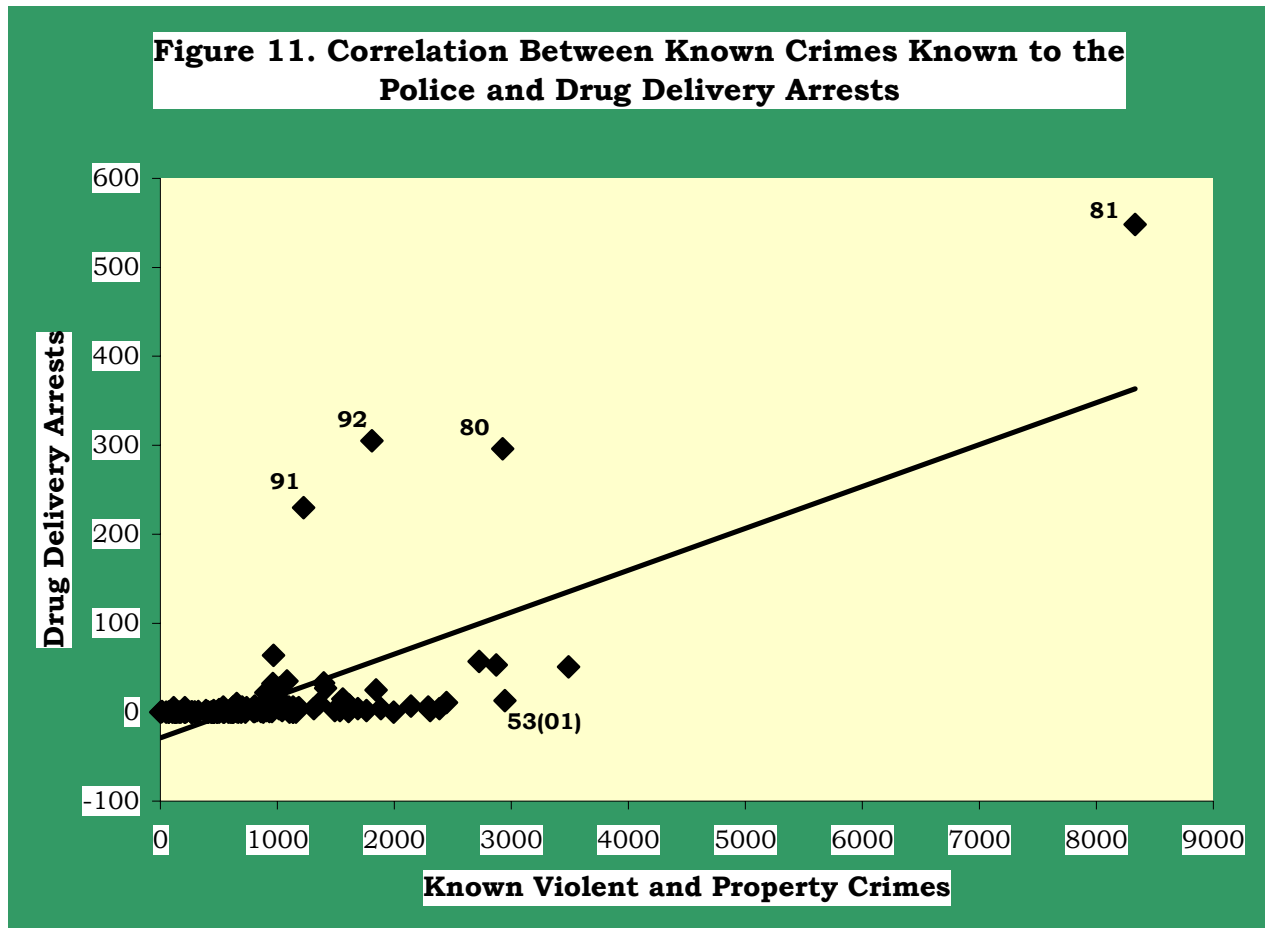
Social scientists use regression analysis to assess the strength of an association (or correlation) between two or more variables. Put differently, regression analysis allows us to assess how well one variable predicts another. In this case, we are interested in the correlation between the number of violent and property crimes known to the police and the number of purposeful drug delivery arrests.

In this instance, Ordinary Least Squares (OLS) regression techniques were used to assess the relationship between these two variables. The least squares regression line in the scatter plot diagram below (Figure 11) shows that

⁵¹ This approach rests on the assumption that arresting drug sellers and users will decrease crime in those areas. This assumption may not be warranted. In New York, heightened drug law enforcement appears to increase rather than decrease levels of crime (Shepard and Blackley 2003). Others have also noted that disrupting drug markets can actually stimulate competition over turf and thereby increase the violence associated with drug markets (see Blumstein 1995; Taylor and Brownstein 2003.)

there is a strong association between the number of crimes known to the police and the number of purposeful drug delivery arrests, as most observations (census tracts) fall on or near the line. Analysis of this relationship indicates that the number of crimes known to the police explains 48.8% of the variation in the number of purposeful drug delivery arrests across census tracts ($r^2=.488$). However, the line does a poor job of predicting the relationship between crimes known to the police and drug delivery arrests in census tracts 80, 81, 91, 92, and 53(01). For example, the slope of the regression line suggests that when there are approximately 3000 crimes known to police, we would expect approximately 100 arrests for drug delivery. Yet in census tract 80, where there were approximately 3000 known crimes to police, there were approximately 300 arrests—3 times what we would expect given the patterns in arrests across the city as a whole.

In some cases, the number of drug delivery arrests is much higher than what would be predicted based on crimes known to the police in that tract. In others, the number of drug delivery arrests is lower than would be predicted on the basis of the crimes known to the police. The difference between the predicted number of arrests and the actual number of arrests is referred to as the residual. The tracts with the largest residuals are called outliers (in this case, census tracts 80, 81, 91, 92, and 53(01)), and are identified in the scatter plot below.

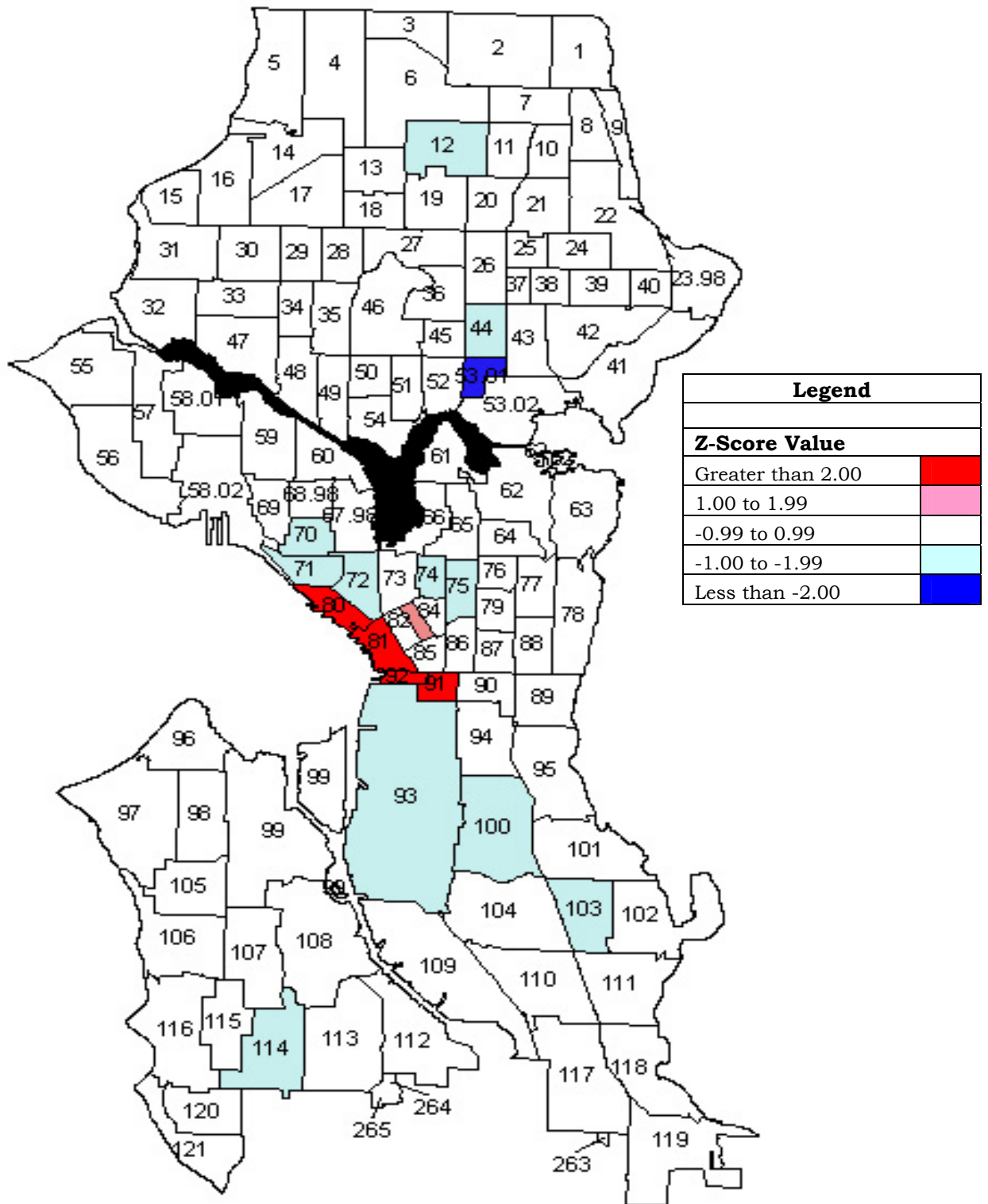


To measure whether an outlier is significantly different from its predicted value, the residuals can be standardized by calculating a Z-score. The Z-score assesses how many standard deviations the outlier falls from the predicted value on the regression line. A Z-score of 2 or more indicates that an area is significantly over-policed as compared with what would be predicted on the basis of crime rates. These areas are shown in red on the scatter plot above and on the map below. Significantly over-policed census tracts include those that encompass the racially diverse downtown market (80 and 81) and the

markets in Pioneer Square (91 and 92). Census tract 83, shaded pink on the map below, is comparatively over-policed, although the Z-score for this tract does not reach conventional levels of statistical significance.

Conversely, a Z-score of less than -2 indicates that an area is significantly under-policed given the number of crimes known to the police. Under-policing only reaches conventional levels of statistical significance in census tract 53(01), the University District, shaded bright blue in the map below. However, several other tracts, including those that encompass the predominantly white Capitol Hill drug market (74-5), are also comparatively under-policed. These tracts are shaded pale blue on the map below (see Figure 12).

Figure 12. Seattle Census Tracts with High and Low Numbers of Purposeful Drug Delivery Arrests



In short, census tracts 80 and 81 downtown and the Pioneer Square area experience a significantly greater number of purposeful drug delivery arrests than would be predicted on the basis of the number of crimes known to the police in those areas. Although only four census tracts that are significantly over-policed, the majority—64.3%—of purposeful delivery arrests involving serious drugs occur in these tracts. Conversely, significantly fewer purposeful drug delivery arrests take place in the University District than would be predicted on the basis of the number of crimes known to the police; Capitol Hill and several census tracts in the South Precinct are also somewhat under-policed. Thus, although there is a general correlation between the number of crimes known to the police and the number of purposeful drug delivery arrests across the city as a whole, this relationship is quite weak in the downtown areas where the vast majority of purposeful drug delivery arrests occur. The overwhelming concentration of narcotics activity in these areas is thus not a function of the number of crimes known to the police in those areas.

This section considered whether SPD practices and arrest outcomes are a function of two racially neutral factors—community complaints and crime rates. The evidence presented indicates that neither of these factors explains racially disparate arrest outcomes. The remainder of the report considers whether the SPD’s focus on crack cocaine can be explained or justified in racially neutral terms.

Understanding the Focus on Crack

In the 1970s and early 1980s, many cocaine users smoked a relatively pure form of cocaine called freebase. Because freebase was relatively expensive, its use was limited to predominantly white, middle and upper class cocaine users. Although of some concern to public health experts, freebase (smoked cocaine) was not the subject of much public discussion, and free-basers were not singled out for more punitive treatment. Despite the fact that an estimated 10-20% of the nation's cocaine users smoked their cocaine, the typical cocaine-related news media story focused on white recreational cocaine users who snorted the drug in its powder form. These stories frequently relied on experts associated with the drug treatment industry and emphasized the possibility of recovery (Reeves and Campbell 1994; Beckett and Sasson 1998).

The situation changed rapidly with the arrival of crack, a new and less expensive form of smokable cocaine, to urban centers of the United States in the 1980s. By late 1985, a new "siege paradigm" depicting transgressors as poor and overwhelmingly black users and dealers of crack cocaine dominated news coverage of the drug problem. At the same time, law enforcement officials took the place of the medical and treatment experts previously identified as drug authorities. As the eighties progressed, camera crews began using hand-held cameras to cover crack house raids from the vantage point of the police (Reeves and Campbell 1994; see also Beckett and Sasson 1998; Reinerman and Levine 1998). Since that time, crack cocaine has been the subject of an extraordinary amount of media and political attention, and in

many jurisdictions, those who use and sell it are subject to more severe penalties than are those involved with other drugs. It was also during this time when the national black drug arrest rate began to ascend rapidly.

Those who support policies and practices that treat those who use or sell crack more harshly than other serious drugs argue that these policies are appropriate given the greater harm associated with crack market than other serious drugs (see United States Sentencing Commission 2002). In particular, the comparative violence of the crack trade is often cited as justification for policies that target crack offenders for particularly severe penalties. Those focusing on drug arrests have suggested that the characteristics of the crack market—particularly the frequency with which it is bought and sold and the propensity of those who buy or sell it to do so outdoors—explain comparatively high rates of arrest among crack users and sellers.

By contrast, critics argue that although crack is a powerful and potentially harmful substance, the charges against crack have been overstated (see especially Morgan and Zimmer 1998; Reinerman and Levine 1997). From this perspective, it appears that the association of crack with urban blacks, rather than the characteristics of crack or the crack market, accounts for the extraordinary cultural, political, and policy response to those who use or sell crack cocaine.

Indeed, it is difficult to discern whether the SPD's focus on crack is a cause or consequence of its concentration on geographic areas in which blacks are present and on black individuals more generally. There are two

possibilities. Either the SPD is targeting blacks and therefore mostly arresting those involved in the crack market, or it is targeting crack, and therefore mostly arresting blacks. Assuming the latter, the following analyses consider whether the overwhelming concentration of SPD resources and attention on the crack market can be explained in a racially neutral way.

The Characteristics of the Crack Market

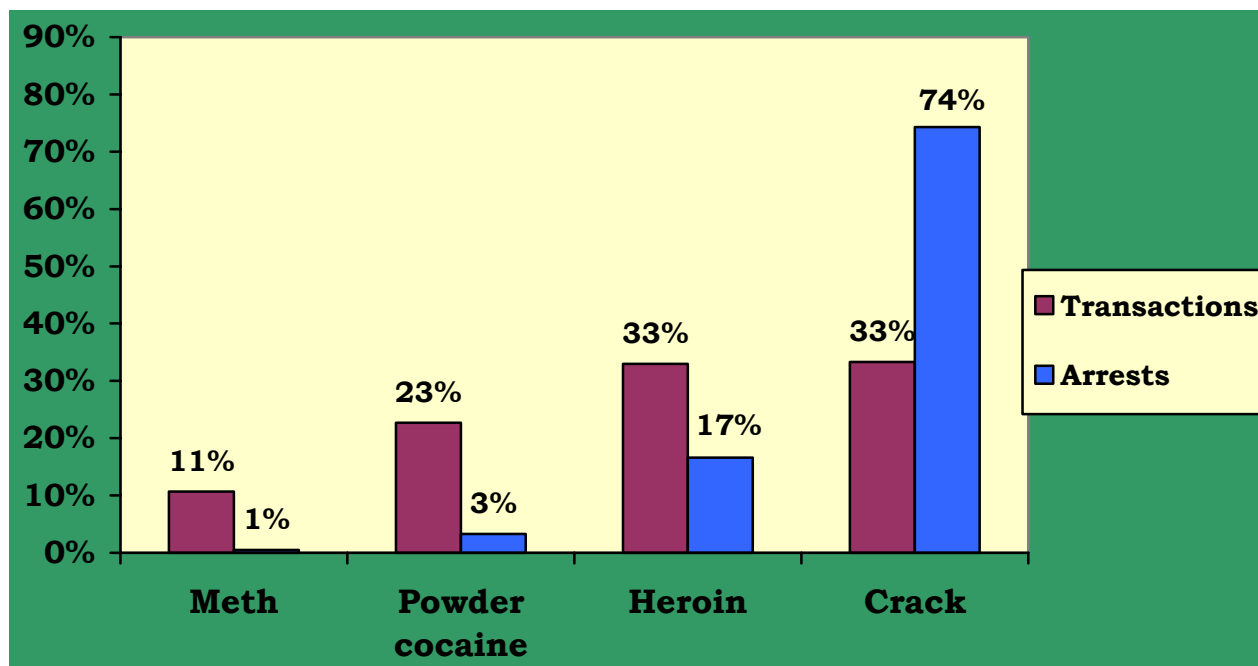
As noted previously, some analysts have suggested that racially disparate arrest rates are a consequence of the fact that crack is purchased more frequently, and is more likely to be obtained outdoors, than marijuana, methamphetamine, or powder cocaine (Riley 1997; Sterling 1997). According to this argument, it is not the race of those involved in the crack market, but rather the unique characteristics of the crack market that explains high rates of crack—and black—drug arrests.

As was discussed in Part I of this report, data regarding frequency and location of drug transactions must be combined with data regarding the number of users to determine whether arrests actually mirror the distribution of drug transactions. The evidence that accrues from this exercise indicates that the preponderance of crack offenders among delivery arrestees is not a function of the distribution of outdoor drug transactions. In particular, comparison of the estimated number of monthly transactions involving each drug with the arrest outcomes indicates that there is little correlation between the frequency of drug transactions and drug arrest patterns in Seattle. This

remains true when we compare the distribution of outdoor drug transactions and the drugs involved in SPD arrests.

The estimated number of monthly transactions shown below is based on the calculations presented in Table 1 of this report. The results of that analysis indicate that 27% of all drug transactions in Seattle involving one of the four serious drugs considered involved crack, yet the vast majority of purposeful delivery arrests involve crack. Even if we accept the SPD's focus on outdoor drug venues, the focus on crack is not explicable in terms of the frequency of crack transactions. That is, there is little correspondence between the representation of drugs in *outdoor* transactions and the representation of drugs in SPD arrests.

Figure 13. Distribution of Outdoor Monthly Exchanges Compared with Purposeful Drug Arrests, by Drug



Note: Estimated number of outdoor transactions refers to the number of transactions involving each drug in the past month. These results are based on the calculations shown in Table 1.

Specifically, these comparisons indicate that methamphetamine was involved in 10.7% of the outdoor transactions involving one of these drugs, yet only .05% of SPD purposeful drug delivery arrests from January 1999 to April 2001 involved methamphetamine. Similarly, powder cocaine is estimated to be involved in 22.7% of all outdoor drug transactions involving one of these substances, yet only 3.3% of all purposeful drug arrests during this period involved powder cocaine. Heroin was estimated to be involved in 33% of the outdoor transactions involving one these four drugs, yet only 16.6% of the purposeful arrests for delivery of serious drugs involved heroin. Thus, powder cocaine, methamphetamine, and heroin are all *under-represented* in delivery

arrests. By contrast, crack cocaine is dramatically over-represented in these arrests: although an estimated 33% of all outdoor drug transactions involving one of these four drugs involve crack, over 74% of the purposeful arrests for delivery of these serious drugs involved crack cocaine.

In short, the best available evidence indicates that the arrest of comparatively large numbers of crack deliverers is not a function of the frequency with which crack is delivered outdoors. This finding is further supported by evidence that the downtown drug market that is the source of so many SPD drug arrests is dominated by heroin rather than crack (Nyrop 2003).⁵² Nonetheless, of those purposefully arrested downtown for delivering the serious drugs considered in this report, 60% were arrested for crack delivery; 33.9% were arrested for delivering heroin. Thus, it does not appear that prevalence of crack use in the Seattle area, the frequency with which it is delivered outdoors, or even the geographic concentration of police attention to the downtown area can explain the preponderance of crack deliverers among arrestees.

⁵² The results of the needle exchange survey provide further evidence of widespread heroin use downtown. Historically, the downtown needle exchange site has served the largest numbers of clients; of the 368 needle exchangers surveyed downtown, 305 identified heroin as their primary drug. Of these heroin users, 43.7% report having acquired their heroin from a white person; 33.7% from Latino person; and 8.8% from someone who is black. However, over 15% of those arrested downtown for heroin delivery were black.

Violence and the Crack Market

The extent and nature of the violence associated with the crack trade is of particular concern to those debating sentencing laws that target crack users and deliverers for especially severe penalties. It is possible that any association of the crack market with an unusual degree of violence could also justify law enforcement's focus on crack.⁵³ However, the evidence indicates that Seattle's crack market is not more violent than other illegal drug markets.

Although the crack trade has been associated with high levels of systemic violence⁵⁴ in some cities during some periods of time (Blumstein 1995; Brownstein et al 1992; Goldstein et al 1989), police officials have noted that this association does not appear to exist in Seattle during the period in question (quoted in Klement and Siggins 2001: 37).⁵⁵ SPD Anti-Crime Teams (ACT) records identifying weapons seized in the course of narcotics operations

⁵³ This logic is contestable, however. First, even if there is more violence associated with the crack trade than with other drug markets, many of those involved in that trade do not resort to violence, and a more individualized approach to the problem of violence is therefore warranted. Second, insofar as most of the violence associated with illegal drugs is a function of the illegal and unregulated nature of the markets for those drugs, the violence may be better understood as a consequence of criminal law rather than the drugs themselves. Finally, there is evidence that drug arrests actually disrupt drug markets and increase violence rather than vice versa (Shepard and Blackley 2003).

⁵⁴ Systemic violence results from the illegal and unregulated nature of the drug trade rather than the psychotropic effects of the drug (see Goldstein et al 1989).

⁵⁵ There is evidence that the association between the crack market and systemic violence in the 1980s and early 1990s may have been a function of the novelty of the drug and resulting instability of the drug market (Blumstein 1995; Taylor and Brownstein 2003.) As the crack market has stabilized, the connection between the crack market and systemic violence, as well as the difference between the crack market and other drug markets, has diminished. For example, the Sentencing Commission reports that a minority of federal level crack offenders, and only a slightly smaller share of federal level powder cocaine offenders, possessed a weapon at the time of their arrest in 2000 (USSC 2002).

support this observation.⁵⁶ These records indicate that during the 28 month period under investigation, the East, South, and North ACT teams conducted over a thousand operations.⁵⁷ The majority of those that culminated in arrests involved crack violations. In the course of these operations, ACT officers seized 57 guns. Only 2.3% of all crack (only) arrests involved guns, whereas 25.9% of all heroin (only) arrests involved guns (see Table 10 below).

**Table 10. Guns Seized and Operations by ACT Teams, by Precinct
January 1999-April 2001**

	South Precinct		North Precinct		East Precinct		South, North & East Combined
	Guns/ Arrests	% of Arrests w/ Guns	Guns/ Arrests	% of Arrests w/ Guns	Guns/ Arrests	% of Arrests w/ Guns	% of Arrests w/ Guns
Crack Cocaine	3/103	2.9%	2/63	3.2%	4/177	2.3%	2.3% 9/343
Heroin	4/7	57.1%	3/13	23.1%	0/7	0%	25.9% 7/27
Powder Cocaine	3/60	5%	1/54	1.9%	2/12	16.6%	4.8% 6/126
Marijuana	3/33	9.1%	0/25	0%	0/6	0%	4.7% 3/64
Multiple Inc. Crack	13/48	27.1%	1/20	5%	0/20	0%	15.9% 14/88
Multiple not Inc. Crack	9/39	23.1%	0/20	0%	0/15	0%	12.2% 9/74
No Drugs	8/41	19.5%	1/83	1.2%	0/7	0%	6.9% 9/131
All of above	46/331	13.9%	8/278	2.9%	6/244	2.5%	7.3% 60/853

Note: A very small number of operations in which prescription drugs, ecstasy, methamphetamine, or other drugs were seized are not shown. None of these operations resulted in the seizure of a gun.

⁵⁶ The Anti-Crime Teams were created in the 1980s in response to the advent of crack cocaine, and conduct the majority of proactive efforts to identify and arrest street level drug dealers in Seattle (Klement and Siggins 2001: 21).

⁵⁷ Data regarding weapons seized by West Precinct ACT teams are unavailable at this time.

In short, the available evidence indicates that crack arrests are less, not more, to involve gun seizure by the SPD.

Crack and Public Health

A final, race-neutral explanation for law enforcement's focus on crack emphasizes the adverse health consequences of that particular substance. While such adverse health effects surely exist, the extent of the focus on crack cannot be justified in public health terms. As is now well known among social scientists, early claims regarding crack's propensity to cause addiction were wildly exaggerated (see Morgan and Zimmer 1998; Reinerman and Levine 1998; Reinerman, Murphy and Waldorf 1994; Waldorf, Murphy and Reinerman 1991). For example, the vast majority of those who try crack cocaine do not go on to be regular users of crack (Morgan and Zimmer 1998: 143-4). In fact, there is some evidence that those who use cocaine (in any form) are *less* likely to report being unable to stop using the drug than users of most other drugs (ibid: 146).

Similarly, the harm posed to fetal and infant health by crack use has been exaggerated. Researchers have found that more than two-thirds of crack-exposed infants suffer no adverse consequences at birth, and that both prenatal and postnatal interventions may prevent or ameliorate developmental problems for those infants who are harmed as a result of their prenatal exposure to drugs (Chasnoff et al 1992; Humphries 1993; Mathias 1992). A meta-analysis of the available research shows that the babies of women who

use crack have similar health outcomes as those born to women who use any drug (legal or illegal) during pregnancy (Lutiger et al 1991). Thus, while efforts to reduce drug use among pregnant women are warranted, there is no reason to single out those who use crack.

Local mortality data are also inconsistent with a public health rationale for the focus on crack. From 1999-2001, the Office of the King County Medical Examiner found that 279 narcotics overdose deaths involved heroin, and another 123 involved other opiates, whereas 213 overdose deaths involved cocaine (which may have been snorted, smoked, or injected).⁵⁸ Furthermore, the public health consequences of intravenous drug use—which is most likely to involve heroin—are arguably far greater than those posed by crack use. Of course, all of this begs the question of whether a public health problem can be effectively addressed through law enforcement, but the point here is that there is no clear public health rationale for law enforcement’s prioritization of crack cocaine over other serious drugs considered in this report.

⁵⁸ These data record deaths directly caused by drug overdose; they do not include those caused by poison. Many individuals who die of an overdose have more than one drug in their bloodstream. The numbers presented in the text represent the number of times each type of narcotic is listed as a cause of death. Data were provided to the author by Caleb Banta-Green, Research Consultant at the Alcohol & Drug Abuse Institute, University of Washington.

CONCLUSION

This report examines a wide range of data sources to assess whether blacks are over-represented, and whites under-represented, among those arrested for drug delivery given the racial composition of those who deliver heroin, methamphetamine, powder cocaine, crack cocaine, and ecstasy in Seattle. The evidence indicates that Seattle has comparatively high drug use rates, especially for heroin and methamphetamine. The available data further indicate that crack cocaine and heroin are each involved in approximately one-third of Seattle's outdoor drug transactions. A variety of data sources indicate that the majority of those using and delivering serious drugs, with the possible exception of crack cocaine, are white.

Comparison of these findings with the arrest outcomes indicates that blacks are significantly over-represented and whites under-represented among those arrested for delivering serious drugs in Seattle. Several inter-related police practices and priorities appear to account for this disparity. First, the Seattle Police department concentrates its narcotics enforcement activities overwhelmingly on areas that include racially diverse drug markets in which crack is more likely to be sold. By contrast, the SPD conducts very few operations in open-air drug markets where whites, and heroin, predominate. In addition, blacks are over-represented among those arrested indoors and among those arrested in racially diverse or predominantly white outdoor settings. Finally, blacks are significantly over-represented, and whites significantly

under-represented, among heroin delivery arrestees given their involvement in heroin delivery.

Although it is difficult to disentangle the SPD's focus on crack from its focus on blacks, it appears that the Seattle Police Department's overwhelming focus on those involved in the crack market is a leading cause of racially disparate arrest outcomes. This focus on crack cocaine is not explicable in terms of the frequency or location of crack transactions: although an estimated one-third of all outdoor drug transactions involving serious drugs involve crack, over 74% of those arrested for delivering these drugs in Seattle were arrested for delivery of crack cocaine. Nor is the focus on crack a consequence of any particular association of Seattle's crack trade with violence or public health considerations. More generally, SPD arrest patterns do not appear to be explicable in terms of crime rates or community complaints.

In short, neither racially disparate arrest outcomes, nor the focus on crack, appear to be explicable in a racially neutral way. Rather, these patterns appear to reflect a racialized conception of who and what comprises the drug problem in Seattle. This apparent racialization of the drug problem and of drug law enforcement is a particularly important problem given the comparatively high number of drug delivery arrests that take place in Seattle. Remedying racial disparity in drug law enforcement will require a thorough re-thinking and reorientation of Seattle Police Department drug law enforcement practices.

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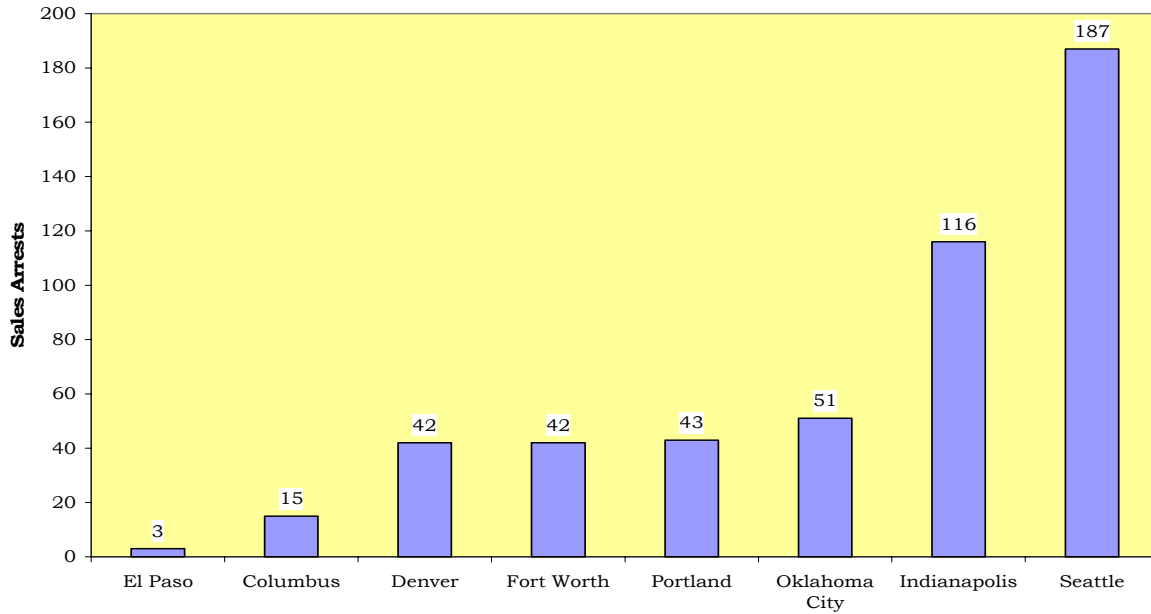
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Appendix A. Drug Market Characteristics and Estimated Distribution of Drug Transactions—Unadjusted Calculations

	# of Users	# of Times Acquired in Past Month	All Transactions	% Who Last Obtained Outdoors	Outdoor Transactions
Powder Cocaine	1,961	4	26.6% (7,844)	48.2%	23.4% (3,781)
Meth	1,006	3	10.2% (3,018)	29.7%	5.5% (896)
Crack Cocaine	553	15	28.1% (8,295)	63.2%	32.4% (5,242)
Heroin	503	20.5	35% (10,312)	60.8%	38.7% (6,270)

Note: Estimates of the number of current drug users are based on 2000 SAMHSA data indicating that 2.4% of the U.S. population aged 12 and older used marijuana, .4% used powder cocaine, .33% used stimulants, .13% used crack, and .1% used heroin in the past month. These prevalence estimates were then multiplied by the number of Seattle residents aged 12 and older to estimate the number of Seattle users. Unlike in Table 1, the estimated number of users that resulted was not adjusted by the figures suggested by the ADAM data.

Appendix B. Narcotics Sales Arrests per 100,000 Population, 2000



Statistical Significance of Drug Delivery Arrest Rates

	Sales Arrests per 100,000 Population	Z-Score
El Paso	3	-0.65
Columbus	15	-0.46
Denver	42	-0.01
Fort Worth	42	-0.01
Portland	43	0.01
Oklahoma City	51	0.14
Indianapolis	116	1.22
Seattle	187	2.39*
average (median)	42.5	

Note: The mean number of drug delivery arrests per 100,000 is 62.4. A Z-score with an absolute value of 2 or greater indicates statistical significance. The Z-score is calculated according to the formula shown on p. 49 of this report.