

Table 15. Statistical Significance of White Under-Representation among Purposeful Drug Delivery Arrestees by Drug

	% Arrestees	% Sources	% Arrestees - % Sources	Z-score
Heroin	22.5% (37/163)	55.1% (256/464)	-32.6%	-8.1*
Meth	33.7% (9/27)	81.5% (66/81)	-47.8%	-4.8*
Cocaine 1	17.3% (143/825)	34.6% (88/254)	-17.3%	-5.3*
Cocaine 2	17.3% (143/825)	38.9% (122/339)	-21.6%	-7.3*
Cocaine 3	17.3% (143/825)	26% (88/339)	-8.7 %	-3.2*

*Indicates a statistically significant disparity.

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 arrestees given what is known about their comparative levels of involvement in drug delivery. This is true across all drug categories, and remains true when we limit the analysis to those purposefully arrested and when we assume that 100% of all crack deliverers are black. The findings presented in this report thus reach high levels of statistical significance and are quite robust.

Table 14. Statistical Significance of Black Over-Representation among Purposeful Delivery Arrestees by Drug

	% Arrestees	% Sources	% Arrestees - % Sources	Z-score
Heroin	58.3% (95/163)	7.5% (35/464)	50.8%	12.5*
Meth	29.6% (8/27)	7.4% (6/81)	22.2%	2.4*
Cocaine 1	64.8% (535/825)	29.5% (75/254)	35.3%	10.7*
Cocaine 2	64.8% (535/825)	31.6% (107/339)	33.2%	11.0*
Cocaine 3	64.8% (535/825)	47.2% (160/339)	17.6%	5.6*

*Indicates a statistically significant disparity.

The only meaningful change produced by excluding those “non-purposefully” arrested is the decline in the Z-score reflecting the significance of the over-representation of blacks among methamphetamine arrestees (the Z-score drops from 8.8 to 2.4). However, even with this change, the over-representation of blacks among arrestees is statistically significant in every drug category and in each cocaine scenario. Tests of the significance of white under-representation among delivery arrestees also change very little when the analysis includes only those “purposefully” arrested.

Table 13. Statistical Significance of White Under-Representation among All Drug Delivery Arrestees by Drug

	% Arrestees	% Sources	% Arrestees - % Sources	Z-score
Heroin	20% (61/305)	55.1% (256/464)	-35.1%	-10.8*
Meth	21.4% (21/97)	81.5% (66/81)	-60.1%	-10*
Cocaine 1	18.8% (298/1585)	34.6% (88/254)	-15.8%	-5*
Cocaine 2	18.8% (298/1585)	38.9% (122/339)	-20.1%	-7.1*
Cocaine	18.8% (298/1585)	26% (88/339)	-7.2	-2.8*

*Indicates a statistically significant disparity.

White under-representation among drug delivery arrestees as suggested by this comparison of drug delivery and delivery arrest rates is thus statistically significant across all drug categories. If only those “purposefully” arrested for drug delivery are included in the assessment of the statistical significance of black over-representation and white under-representation among arrestees, the results change only slightly.

Table 12. Statistical Significance of Black Overrepresentation among All Delivery Arrestees by Drug

	% Arrestees	% Sources	% Arrestees - % Sources	Z-score
Heroin	61.6% (188/305)	7.5% (35/464)	54.1%	17.8*
Meth	58.2% (58/97)	7.4% (6/81)	50.8%	8.8*
Cocaine 1	63.1% (1000/1585)	29.5% (75/254)	33.6%	10.8*
Cocaine 2	63.1% (1000/1585)	31.6% (107/339)	31.5%	11.3*
Cocaine 3	63.1% (1000/1585)	47.2% (160/339)	15.9%	5.4*

*Indicates a statistically significant disparity.

According to these results, the over-representation of blacks among delivery arrestees is statistically significant in every drug category. Even in cocaine scenario 3, which assumes that all crack deliverers are black, the disparity between the rate at which blacks are arrested for cocaine delivery and their level of involvement in cocaine delivery is statistically significant, that is, extremely unlikely to be the product of chance. A Z-score of 5 or more indicates that this finding would occur by chance less than one in a million times.

Conversely, whites are statistically significantly *under-represented* among drug delivery arrestees for every drug category.

likelihood is 2 out of a thousand and a .01 percent chance means that that the likelihood is one out of ten thousand.⁴⁸

Table 12 shows that the likelihood that blacks are equally likely to be dealers and arrestees is extremely low. Specifically, it shows that 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.⁴⁹

⁴⁸ 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 proportion of arrestees estimated to be black (or white) and $\hat{\pi}_1$ is the proportion of drug sources estimated to be black (or white). The standard error shown in the denominator is the pooled estimate of the two samples (arrestees and sources), and is calculated by:

$$\hat{\sigma}_{\hat{\pi}_2 - \hat{\pi}_1} = \sqrt{\frac{\pi_2(1 - \pi_2)}{n_2} + \frac{\pi_1(1 - \pi_1)}{n_1} + \dots}$$

⁴⁹ Because tests of the significance of the difference between two proportions are influenced by the size of the population samples from which they derive, this analysis may generate slightly different results than the absolute disparities and probability estimates would lead us to expect.

Appendix A. Testing the Statistical Significance of Racial Disparities in Drug Delivery Arrests

Another way to evaluate the racial disparity between the delivering and arrested populations assesses the likelihood that any observed race difference in samples from these two populations is due to chance. If an observed difference is unlikely to be the result of chance, researchers conclude that it is statistically significant. Behavioral scientists have adopted the five percent rule, meaning that the probability that an observed difference between two proportions could be due to chance is five percent or smaller. In the case at hand, we are dealing with samples that give us estimates of the proportion of deliverers who are black and the proportion of arrestees who are black. Now we want to answer the question: Could the fact that the proportion of arrestees who are black is greater than the proportion of deliverers who are black be due to the fact that we only have samples of these two groups?

To find this probability, researchers calculate a *Z*-score which can be translated into a probability. *Z*-scores of 2 or above mean that there is at most a five percent chance that a difference in proportions could be due to chance. *Z*-scores of 3 or above mean that there is at most a .2 percent chance that a difference in proportions could be due to chance. *Z*-scores of 4 or above mean that there is at most a .01 percent chance that a difference in proportions could be due to chance. To be concrete, a .2 percent chance means that the

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in a variety of contexts. Neither the SPD focus on cocaine, nor its concentration of resources in the West Precinct, nor the use of buy-bust operations explains racially disparate arrest outcomes. In short, racially disparate arrest outcomes cannot be explained in a racially neutral way. Remedying racial disparity in drug law enforcement will require a thorough re-thinking and reorientation of Seattle Police Department drug law enforcement practices.

groups engage in behaviors that constitute drug delivery. While the racial composition of those delivering drugs in Seattle cannot be known with precision, available data sources allow for the reliable estimation of the racial composition of those who deliver heroin, methamphetamine, and cocaine. These results are largely consistent with the racial congruity thesis, which predicts that most users obtain their drugs from someone of their own race/ethnicity, and therefore that there is a strong correlation between the racial composition of the drug-using and drug-delivering populations.

When we compare these estimates of the racial composition of those who deliver serious drugs in Seattle with the racial composition of those arrested for drug delivery, the results consistently indicate that blacks are significantly over-represented and whites significantly under-represented among drug delivery arrestees in Seattle. All three of the methods used to assess this disparity support this conclusion, even when we assume that 100% of those who deliver crack in Seattle are black and add these hypothetical crack dealers to our powder cocaine sample. Thus, by any reasonable measure of disparity, including statistical tests of the significance of this difference, it is clear that the laws prohibiting drug delivery are being enforced in a racially disparate fashion.

This dramatic disparity is largely a consequence of the confluence of several police practices and policies: the concentration of resources and attention on racially heterogeneous outdoor drug markets, the lack of attention to predominantly white outdoor markets, and the targeting of black individuals

Table 11. Seattle Arrests by Type of Operation and Race 1999-2001.

	White	Black	Latino	Other	All
Buy-Bust	17%	66%	12%	6%	100%
Reverse Buy-Bust	33%	56%	6%	6%	100%
Search Warrant	18%	66%	13%	4%	100%
Other Investigation	22%	61%	17%	2%	100%
Traffic Stop	17%	66%	14%	5%	100%
See-Pop	18%	67%	14%	4%	100%

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

In short, it appears that the disparity between who delivers serious drugs in Seattle and who is arrested for doing so cannot be attributed to the SPD focus on cocaine, its concentration of resources and narcotics enforcement activity in the West Precinct, or to buy-bust operations.

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 in Seattle given the rate at which each of those

same result is obtained if we average the black share of purposeful arrestees.

delivery arrests had been equally distributed among the four precincts, 61% rather than 63% of SPD arrestees would have been black.⁴⁷ Given the magnitude of the disparity between the delivering and arrested populations, this represents a very marginal contribution to racial disparity. It therefore appears that redistributing organizational resources more equitably across precincts would not significantly alter arrest outcomes unless enforcement practices were also reformed in more fundamental ways.

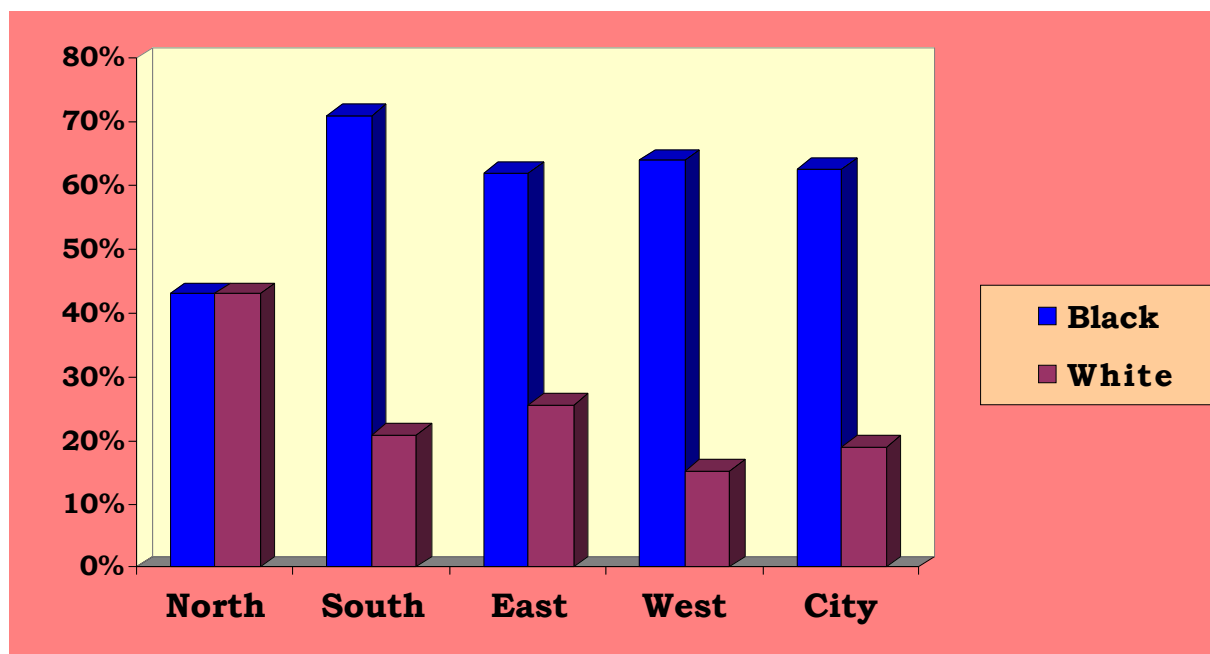
Buy-Bust Operations

Buy-bust operations involve a great deal of police discretion and are widely used, particularly in the West Precinct. Thus, it seems possible that the use of these operations accounts for racially disparate consequences. If blacks are more likely to be arrested through buy-bust operations than other types of operations, we might conclude that the extensive (and especially selective) use of buy-busts is a cause of racially disparate arrest outcomes. However, this is not the case (see Table 11). While blacks are over-represented among those arrested through a buy-bust operation, they are over-represented among those arrested *in all types of operations*. Conversely, whites are under-represented in all types of operations.

⁴⁷ This figure (61%) is the average of the black share of arrestees in the four precincts. The

A clear majority (74%) 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. However, this is not the case, as arrests in all precincts disproportionately involved blacks. In fact, blacks comprise a larger share of those arrested for drug delivery in the South Precinct than in the West Precinct, and are a very similar percentage of those arrested in the East Precinct.

Figure 11. Seattle Drug Delivery Arrests by Precinct and Race 1999-2001



Overall, 59% of those arrested outside the West Precinct, and 65% of those arrested in the West Precinct, were black. If the same number of drug

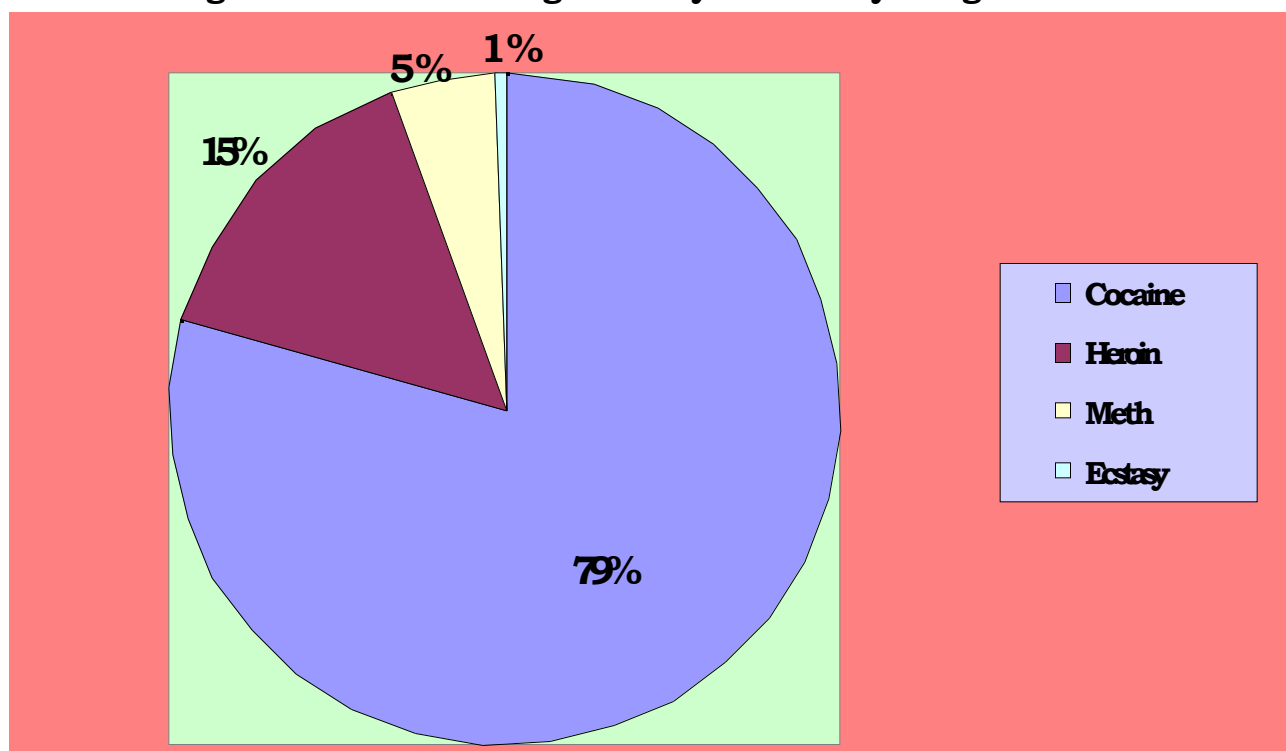
Given this pattern, and the fact that blacks are more likely to deliver cocaine than other serious drugs in Seattle, it seems plausible that the Seattle Police Department's focus on cocaine contributes to the disproportionate arrest of blacks. However, this does not appear to be the case, as the racial composition of delivery arrestees is remarkably consistent across drug categories (see Table 8 of this report). In other words, there appears to be very little correspondence between levels of involvement in drug delivery and arrest rates. That is, fewer blacks engage in heroin delivery than cocaine delivery, but a nearly identical share of heroin and cocaine arrestees are black (61.8% and 63.1% respectively). Similarly, whites appear to be significantly more involved in methamphetamine delivery than cocaine delivery, but the white share of delivery arrestees for these two drugs is remarkably similar (21.4% and 18.8% respectively). It thus appears that a racial group's involvement in drug delivery is nearly irrelevant to their representation among delivery arrestees for that drug. As a result, if the SPD de-emphasized cocaine but kept its other tactics and priorities constant, the racial composition of those arrested for drug delivery would likely not change in a meaningful way. In short, although blacks are over-represented among cocaine delivery arrestees, the SPD focus on cocaine does not explain racially disparate arrest outcomes.

Prioritizing the West Precinct

1998). Furthermore, the public health consequences of intravenous drug use—which is most likely to involve heroin—are arguably far greater than those posed by cocaine use.

As has been discussed, the available evidence indicates that blacks are more likely to deliver cocaine than other serious drugs in Seattle. As is shown in Figure 10, over 79% of the arrests for delivery of one of the four substances considered here involved cocaine.⁴⁵

Figure 10. Seattle Drug Delivery Arrests by Drug 1999-2001



Thus, it appears that the Seattle Police Department focuses on the cocaine market—and virtually ignores those who deliver methamphetamines and ecstasy.⁴⁶

⁴⁵ 75.2% of purposeful arrests of the drugs under consideration in this report involved cocaine.

⁴⁶ Although the SPD focus on cocaine does not explain racially disparate arrest outcomes, it is puzzling. In King County in 1998, 6,531 adults reported using cocaine in the past 30 days, but 10,661 (mostly white and Asian people) reported using stimulants in the past 30 days (DASA

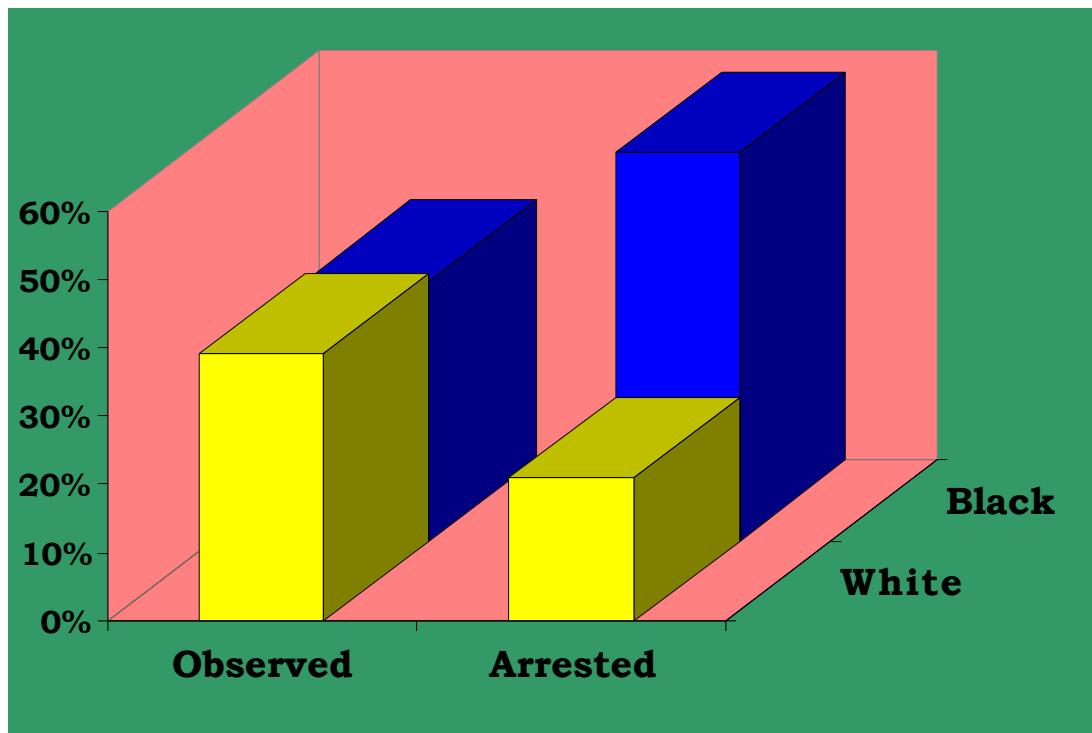
encompass the University District market for delivery of serious drugs were white. Conversely, 1.5% of the drug sources identified by University District needle exchangers were black, but 15 of the 25 (60%) of those arrested for drug delivery in the census tracts encompassing the University District market were black.

In sum, the evidence indicates that the concentration of resources and attention on racially heterogeneous outdoor markets to the exclusion of predominantly white markets and the targeting of black individuals contribute to racially disparate arrest outcomes in Seattle. In the section that follows, the possibility that other factors also help to explain these outcomes is considered. These possible contributors include the Seattle Police Department's focus on cocaine, its extensive use of buy-bust operations, and the concentration of narcotics resources and enforcement activity in the West Precinct. As is shown below, the evidence indicates that none of these factors can explain racially disparate arrest outcomes.

SECTION V: FACTORS NOT RESPONSIBLE FOR RACIAL DISPARITY IN DRUG DELIVERY ARRESTS

The Focus on Cocaine

⁴⁴ 71.4% of those “purposefully” arrested in Capitol Hill were white.



Blacks were also over-represented among the (24) suspected deliverers arrested in the Capitol Hill area. According to Nyrop’s observations, fewer than 4% of those delivering drugs in Capitol Hill were black, yet 7 of the 24 (29.2%) persons arrested for delivery of serious drugs in that area (i.e. census tracts 74-5) were black.⁴³ Conversely, although 94% of those observed engaged in drug transactions in Capitol Hill were white, 17 (roughly 70%) of the 24 persons arrested for delivery of these substances in that location were white.⁴⁴

Blacks also appear to be over-represented, and whites under-represented, among the 25 University District arrestees. Despite the fact that 90% of the drug sources identified by University District needle exchangers were white, only 8 of the 25 persons (24%) arrested in the census tracts that

⁴³ 19% of those “purposefully” arrested in Capitol Hill were black.

Targeting Black Individuals

As noted previously, blacks appear to be over-represented among those arrested indoors as well as those arrested outdoors. As was also discussed, blacks are over-represented in the arrested population in part because the SPD does not accord predominantly white outdoor markets the same attention and resources as racially heterogeneous markets. By comparing Nyrop's observations of the downtown market with arrest records from that area, the possibility that blacks are over-represented among those arrested in racially heterogeneous outdoor markets can also be assessed.

Based on 60 hours of observation, Nyrop (2003) concluded that 38% of those delivering drugs in the downtown drug market concentrated around 2nd and Pike were black.⁴¹ By contrast, 57% of those arrested for delivery in census tract 81 (which encompasses this market) from 1999-2001 were black.⁴² Conversely, 39% of those Nyrop observed engaging in drug delivery downtown were white, but only 21% of those arrested for delivery in census tract 81 were white.

Figure 9. Racial Composition of Drug Deliverers Observed and Arrested, Downtown Seattle

⁴¹ This figure includes those selling any illicit drugs, and will be compared with the racial breakdown of those arrested for delivery of any illegal substance.

⁴² 59.3% of those "purposefully" arrested for delivery of any drug in this census tract were black; 21.1% of those purposefully arrested were white.

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 observed more drug activity downtown than in Capitol Hill, this difference cannot explain the difference between the arrest rates in the two areas. In 40 hours of observations in the Capitol Hill area, Nyrop observed 102 individuals involved in drug delivery—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, downtown delivery arrests outnumbered Capitol Hill delivery arrests by over 20 to 1.⁴⁰

Although ethnographic observations of the University District area are not available, the available evidence suggests that this predominantly white market also receives little police attention. Based on the needle exchange data, the University District market appears to be approximately two-thirds of the size of the Capitol Hill market. As in the Capitol Hill area, the overwhelming majority of the drug sources identified by University District needle exchangers (90.7%) were white; only 1.5% of these sources were black. Despite significant drug activity in the area, the SPD made only 25 drug delivery arrests in the University District during the period in question. It is thus clear that predominantly white outdoor drug markets are treated quite differently by the Seattle Police Department than racially diverse outdoor markets.

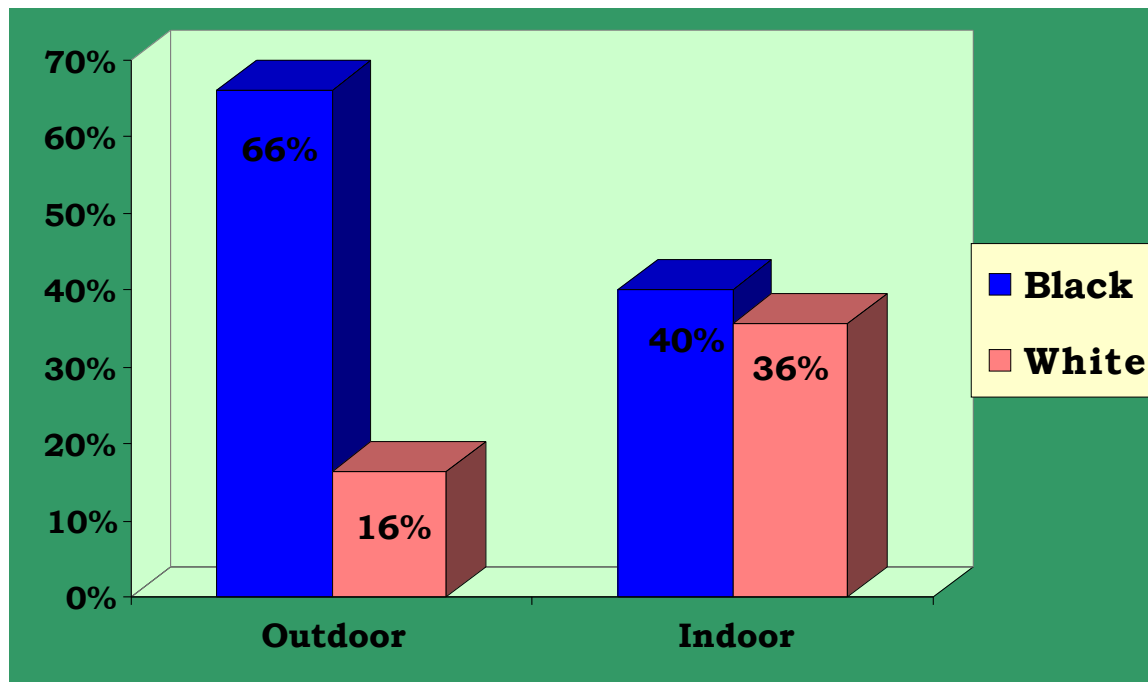
⁴⁰ There were over 17 times as many purposeful arrests downtown as in Capitol Hill.

shown below, outdoor drug markets are not treated alike. In particular, outdoor drug markets dominated by whites receive significantly less police attention than do racially heterogeneous and predominantly minority markets.

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 drug transactions in the Capitol Hill area, and reported that 95% of these drug transactions involved only white people. Only 4% of the drug deliverers observed were black. Nyrop's observations are consistent with the results of the needle exchange survey: 87% of the drug sources identified by those who exchanged needles in Capitol Hill were white; 5% were black. Nyrop also noted the near-complete absence of police activity and patrol in the Capitol Hill area. By contrast, he and his colleagues observed a good deal of police activity in the downtown market in which both whites and non-whites participate.

The arrest data confirm these observations. From 1999-2001, only 24 persons were arrested for delivery of serious drugs in census tracts 74-75 (which encompass the main Capitol Hill drug market). By contrast, 486 delivery arrests were made in census tract 81, which contains the drug market concentrated around 2nd and Pike.³⁹ That is, *the SPD arrested more than 20 times more drug deliverers in the census tract encompassing the downtown market than in the tracts encompassing the Capitol Hill market.* Clearly, the

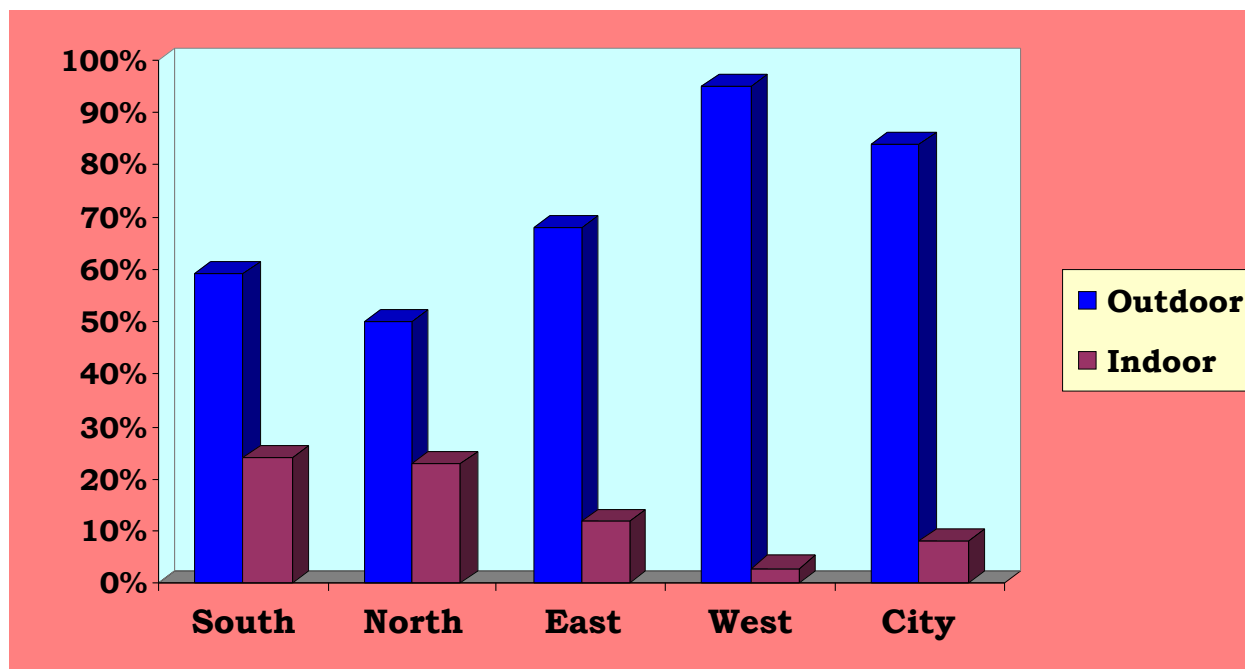
³⁹ Similarly, there were 366 purposeful arrests downtown, but 21 in the Capitol Hill area.



The SPD focus on outdoor drug markets thus contributes to racial disparities in arrest patterns. 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.³⁸

Although the general focus on outdoor markets contributes to racial disparity, it is by no means the sole cause of racial disparity in drug delivery arrests. As has been noted, the evidence indicates that blacks comprise a smaller share of those who deliver serious drugs in Seattle than whites, yet more blacks than whites were arrested indoors by the SPD. Furthermore, as is

³⁸ This conjecture is based on the assumption that indoor spaces targeted by law enforcement would be targeted in a racially neutral fashion. However, the racial composition of indoor arrestees documented in this report does not suggest that racially neutral enforcement would, in fact, occur.



The majorities of those arrested both outdoors and indoors were black, and blacks appear to be over-represented in indoor arrests compared to their involvement in drug delivery. (The magnitude of the over-representation of blacks among indoor arrestees cannot be meaningfully assessed by drug category given the small number of indoor arrestees). However, indoor arrests were more likely to involve whites than were outdoor arrests. Thus, whereas whites comprised 16% of all outdoor arrestees, they comprised 36% of all indoor arrestees. Conversely, blacks comprised 66% of all outdoor arrestees, but 40% of all indoor arrestees.³⁷

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

³⁷ If we limit the analysis to purposeful arrests, the results are similar: outdoor arrestees are 65.9% black and 16% white; indoor arrestees are 33.3% white and 37.9% black.

The disproportionate arrest of blacks and under-representation of whites among arrestees appears to be the result of the confluence of several Seattle Police Department policies and practices. These include the SPD’s focus on racially heterogeneous and predominantly minority open-air drug markets, the near absence of drug enforcement in predominantly white outdoor markets, and its targeting of blacks in variety of contexts. Although these factors are analytically separated for the purposes of discussion, it is their combination that explains racially disparate arrest outcomes.

Focus on Racially Heterogeneous Outdoor Markets

Most Seattle drug arrests occur outdoors. This is quite evident in the arrest statistics: over 84% of all drug delivery arrests occurred in the open, whereas roughly 8% occurred indoors (in public or private buildings).³⁶ Although this pattern exists across the city, it was most pronounced in the West Precinct—where the vast majority (79%) of all arrests occur (see Figure 7).

**Figure 7. Seattle Drug Delivery Arrests by Precinct
1999-2001**

³⁶ The remaining 10% of arrests took place in automobiles or the location was not identified. The results change only slightly if we include only purposeful arrests: citywide, 84.9% of purposeful arrests occurred outdoors, whereas 8.5% occurred indoors. In the North Precinct, 50% of purposeful arrests occurred outdoors, 25% indoors. In the South Precinct, 54.7% of purposeful arrests occurred outdoors, 29.4% indoors. In the East Precinct, 68% of purposeful arrests occurred outdoors, 12.5% indoors. Finally, in the West Precinct, 95.4% of purposeful arrests occurred outdoors, 2.7% took place indoors.

statistically significant even when 100% of the added crack deliverers are assumed to be black. The disparities also remain significant across drug categories when those not “purposefully” arrested are included.

Although the needle exchange survey does not provide information regarding ecstasy users and deliverers, the available evidence indicates that whites use ecstasy at far higher rates than blacks (see footnote 12 and pp. 19-20 of this report.) The high degree of correspondence between the racial composition of the users and deliverers of drugs reported in the research literature and confirmed by the Seattle needle exchange data suggests that a significant majority of those who deliver ecstasy are white. Given that 61.5% of those arrested by the SPD for delivery of ecstasy during the period in question were black, and that only 7.7% were white, it appears that blacks are also significantly over-represented among ecstasy arrestees. While the lack of direct data regarding ecstasy deliverers means that we cannot have the same degree of confidence in this supposition as we can in the conclusion that there is significant racial disparity in cocaine, heroin, and methamphetamine delivery arrests, it appears that blacks are over-represented and whites under-represented among those arrested for delivery of all four of the drugs considered in this report. The next section analyzes the causes of these clear and dramatic disparities.

SECTION IV: PRACTICES CAUSING RACIAL DISPARITY IN DRUG DELIVERY ARRESTS

White Scenario 3	26%	18.8%	.72	
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*Black arrestee/deliverer ratio divided by white arrestee/deliverer ratio.

As shown in the first two rows, if we assess the probability of arrest based on the needle exchange survey data, it appears that black cocaine deliverers are 3.9 times more likely to be arrested than white cocaine deliverers. If we add the number of black and white crack dealers suggested by national data regarding the racial composition of crack users, the disparity between the black and white probabilities of arrest *increases* (these data indicate that there are more white than black crack users). In this scenario, black cocaine deliverers are more than four times more likely than white cocaine dealers to be arrested. Most striking, even if we assume that 100% of the crack deliverers added to the powder cocaine sample are black, black cocaine deliverers are 1.8 times more likely to be arrested than white cocaine deliverers.³⁵

In sum, the available evidence consistently indicates that blacks who deliver serious drugs are substantially more likely to be arrested than whites who deliver those same substances. These findings are robust and supported by all the available data sources and analyses. Statistical analyses presented in Appendix A show that these disparities achieve statistical significance for each drug category and in each scenario. That is, the disparity for cocaine arrests is

³⁵ If we recalculate these probabilities to reflect only “purposeful” arrests, these probabilities change as follows: in scenario 1, black cocaine deliverers are 4.4 times more likely to be arrested; in scenario 2, 4.7 more times more likely to be arrested; and scenario 3, 2.1 times more likely to be arrested.

These results indicate that black heroin deliverers are more than 22 times more likely than white heroin deliverers to be arrested; black methamphetamine deliverers are over 31 times more likely than white methamphetamine deliverers to be arrested. While these figures must be treated as estimates, their magnitude is nonetheless quite striking.³⁴

Table 10 assesses the comparative likelihood of arrest for black and white cocaine arrestees under three different scenarios. The first two rows shows the comparative likelihood of arrest as indicated in by the needle exchange survey (scenario 1). The third and fourth rows show the comparative likelihood of arrest if we add the number of white and black crack dealers suggested by national research to the powder cocaine sources identified by needle exchangers (scenario 2). The fifth and sixth rows assess the comparative likelihood of arrest if we assume that 100% of those added crack dealers are black (scenario 3).

Table 10. Comparative Risk of Arrest for Cocaine Deliverers by Race and Scenario

	Deliverers	Arrestees	Arrestees/Deliverers	Risk of Arrest*
Black Scenario 1	29.5%	63%	2.1	3.9
White Scenario 1	34.6%	18.8%	.54	
Black Scenario 2	31.6%	63%	2	4.2
White Scenario 2	38.9%	18.8%	.48	
Black Scenario 3	47.2%	63%	1.3	1.8

³⁴ If we base the comparative probabilities on those “purposefully” arrested, black heroin deliverers are an estimated 18.8 times more likely than white heroin deliverers to be arrested; black meth deliverers are 6.3 times more likely than white meth dealers to be arrested.

Another way to assess the meaning and significance of the racial disparities described above is to assess the comparative likelihood that a black and white deliverer will be arrested. This method of comparing probability/risk of arrest assumes that the delivering and arrested populations are non-overlapping, an assumption that may not be fully warranted.³³ As a result, these results should be treated as estimates of the comparative probability of arrest. These estimated comparative probabilities can be 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.

Table 9 compares the likelihood that a black heroin or methamphetamine deliverer will be arrested with the likelihood that a white heroin or methamphetamine deliverer will be arrested.

Table 9. Comparative Risk of Arrest for Heroin and Methamphetamine Deliverers by Race

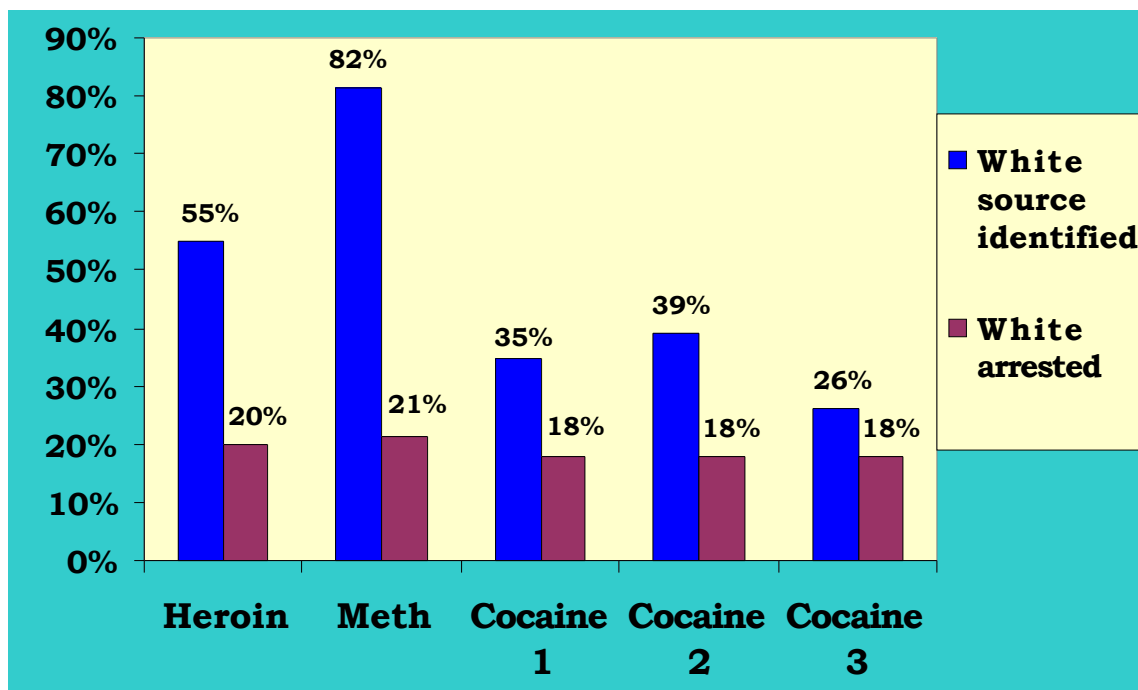
	Deliverers	Arrestees	Arrestees/Deliverers	Risk of Arrest*
Black Heroin	7.5%	61.6%	8.21	22.6
White Heroin	55.1%	20%	.363	
Black Meth	7.4%	58.2%	7.9	31.6
White Meth	85.1%	21.4%	.25	

*Black arrestee/deliverer ratio divided by white arrestee/deliverer ratio.

³³ While this assumption may not be entirely accurate, the error is likely to be a small one given the racial composition of who is arrested for drug delivery as compared with the estimated composition of deliverers, especially among heroin and methamphetamines deliverers/arrestees.

Conversely, whites are substantially under-represented among arrestees given their estimated level of involvement in drug sales (see Figure 6).

Figure 6. White Drug Sources Compared with White Delivery Arrestees

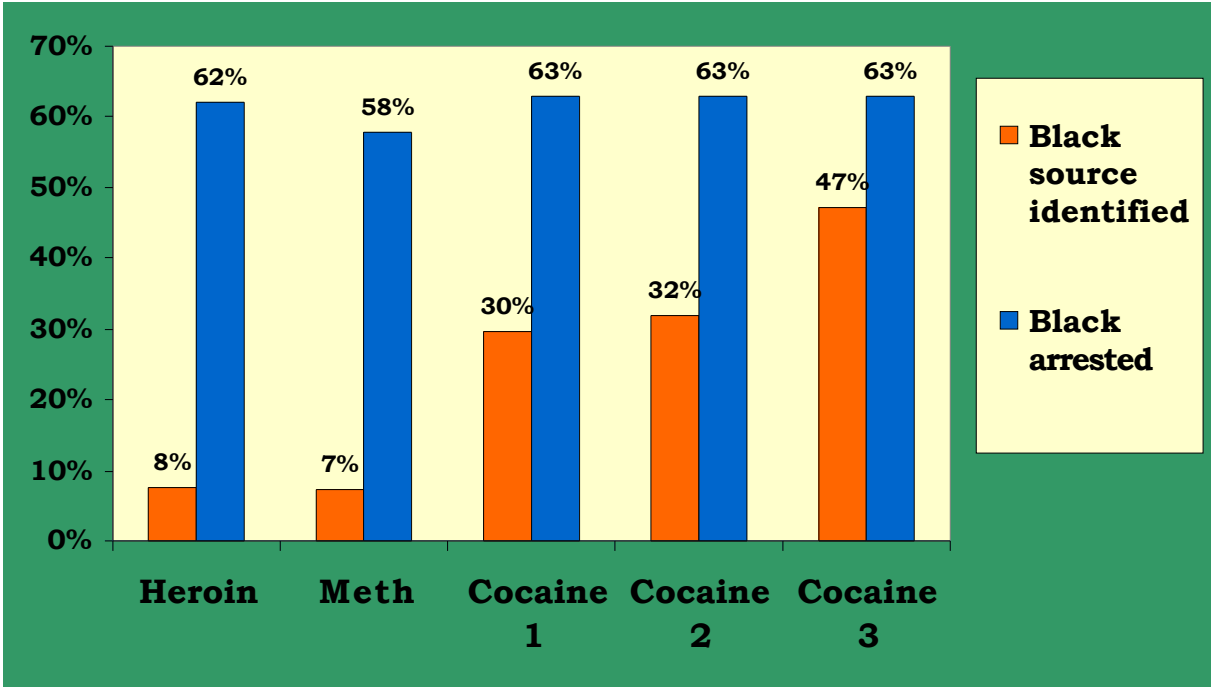


Note: Figures for black source identified are based on Seattle Needle Exchange Survey responses. Numbers are rounded to the nearest percentage.

In sum, the evidence indicates that there is a significant absolute disparity between white level of involvement in drug delivery and the white share of those arrested for delivery of serious drugs. This disparity is especially large when methamphetamines or heroin are involved, though it is noteworthy that racial disparity in cocaine arrests remains substantial even if we assume that 100% of all crack dealers are black.

Estimating Arrest Probabilities

Figure 5. Black Drug Sources Compared with Black Delivery Arrestees



Note: Numbers are rounded to the nearest percentage.

As this figure shows, a small percentage of the Seattle heroin sources identified by Seattle needle exchangers (8%) were black, but a substantial majority (62%) of those arrested for delivery of heroin was black. Similarly, blacks comprised 7% of exchangers’ methamphetamine sources, yet comprised 58% of those arrested for delivery of methamphetamines. Although the absolute disparity is smaller when cocaine is involved, it is nonetheless striking that there is an absolute disparity between the cocaine delivering population and cocaine delivery arrestees of nearly 16% *even if we assume that 100% of all crack dealers are black.*³²

³² If only those “purposefully” arrested are included in the analysis, the disparity decreases for methamphetamine arrestees but increases slightly for cocaine arrestees.

One way of assessing the magnitude of racial disparity is simply to identify the absolute disparity (difference) between the racial composition of the delivering and arrested populations. Figure 5 compares the black share of heroin, methamphetamine, and cocaine sources identified by Seattle needle exchangers with the black share of those arrested for delivery of these drugs. Based on the three scenarios described above, Cocaine 1 represents the disparity between the racial composition of the cocaine delivering population as indicated in the needle exchange survey and the arrested population. Cocaine 2 depicts the disparity that results if we assume that the racial composition of Seattle crack deliverers mirrors that of crack users nationwide, i.e. is 52% white and 38% black. Cocaine 3 depicts the disparity that results if we assume that 100% of all added hypothetical crack dealers are black.

approximately one-fourth the size of the powder cocaine market.

For the sake of caution, and in recognition that the household survey data tend to miss the homeless, transient, and institutionalized populations, the breakdown reported in the national 1995 data (rather than the 1998 data) will be used in Scenario 2. This scenario further assumes, as predicted by the racial congruity thesis, that the racial composition of users mirrors the racial composition of deliverers. Thus, to the 254 powder cocaine sources identified by needle exchangers, 85 hypothetical crack dealers are added,³¹ 32 (38%) black and 44 (52%) white. If we add these hypothetical crack dealers to the powder cocaine sources identified by needle exchangers, the estimated racial composition of the total cocaine delivering population in Seattle is 31.6% black and 38.9% white. These estimates will be used in cocaine scenario 2.

This scenario may still underestimate black involvement in crack delivery, as the needle exchange survey results indicate that blacks constitute a larger share of those who deliver powder cocaine than of those who use it. It is not possible to assess whether this is also true in the case of crack. Scenario 3 therefore assumes that 100% of all 85 hypothetical crack cocaine deliverers added to the needle exchange survey results are black. This assumption undoubtedly overestimates black involvement in crack delivery and thus leads to an underestimate of racial disparity. If we add these 85 hypothetical black crack dealers to our sample of 254 cocaine dealers, it appears that Seattle's total cocaine delivering population is 47.2% black and 26% white. All three of these cocaine scenarios will be used in the analyses below.

³¹ 85 is the number predicted by national data indicating that the crack cocaine market is

recent crack users is not available, both of these scenarios (which incorporate estimates of the crack-delivering population) require us to assume that the ratio of crack cocaine to powder cocaine users in Seattle approximates that of the national pattern. National data indicate that 21.8% of all recent cocaine users used crack as opposed to powder cocaine.²⁷ That is, nationwide, the crack cocaine market appears to be less than one-fourth the size of the powder cocaine market. For the sake of simplicity and conservatism, this estimate will be rounded to 25% in both the 2nd and 3rd scenarios.

According to the U.S. Sentencing Commission (1997, p. 8), more than half of U.S. crack cocaine users in 1995 were white; fewer than half were black.²⁸ The 1995 NIDA Household Survey data break this down further, indicating that 38% of recent crack users are black, 52% white, and 10% Latino (cited in Weikel1995). 1998 NIDA national household survey data indicate that .7% of white adults, but 1.3% of all black adults and 1.3% of Hispanic adults had used crack cocaine in the past month.²⁹ Applying these rates to the 1998 Seattle population estimates³⁰ suggests that 70.6% of Seattle residents who used crack cocaine in the past month were white, whereas 19.7% were black.

²⁷ NIDA estimates that in 2000, 418,000 of the nation's 1,552,000 recent cocaine users used crack cocaine. This report is available online at

<http://www.samhsa.gov/oas/NHSDA/2kNHSDA/appendixf1.htm>

²⁸ Other studies also document extensive crack use in white communities (Terrell 2001; Waldorf, Reinerman, and Murphy 1991).

²⁹ <http://www.samhsa.gov/oas/nhsda/98SummHtml/NHSDA98SummTbl-17.htm#TopOfPage>

³⁰ These estimates are available online at

<http://www.metrokc.gov/dchs/csd/Management/OVSeattle.pdf>

Cocaine	18.8%	63.1%	13.7%	4.4%	100%
Heroin	20%	61.6%	14.7%	3.7%	100%
Meth	21.4%	58.2%	16.3%	3.9%	100%
Ecstasy	7.7%	61.5%	30.7%	0%	100%
All of above	19%	62.6%	14.1%	4.2%	100%

Note: Percentages may not add to 100 due to rounding. The total number of arrests for methamphetamines and ecstasy is quite small (n=98 and n=13 respectively).

Blacks thus comprise a significant majority of those arrested for drug delivery no matter which of these drugs is involved. In what follows, the magnitude of the disparity between the racial composition of those who deliver serious drugs in Seattle and those who are arrested for this crime is assessed.

Comparing Absolute Disparities

Comparing the racial composition of heroin and methamphetamine deliverers (based on the needle exchange survey) with the racial composition of heroin and methamphetamine delivery arrestees is straightforward. However, the needle exchange data regarding the racial composition of cocaine deliverers may be affected by the absence of crack users and deliverers from the needle exchange survey sample. The comparison of the needle exchange survey results and the arrest statistics for cocaine (which will be referred to as Scenario 1) may therefore be misleading.

The impact of the omission of crack users from the survey can be estimated in two ways. Because Seattle-specific data regarding the number of

delivery, strongly suggesting that a significant majority of drug transactions involve white drug deliverers.

As is shown below, these estimates of the racial composition of Seattle’s drug deliverers differ sharply from the racial composition of those arrested for this crime. The next section assesses the magnitude and significance of the disparity between who delivers serious drugs and who is arrested for that crime in Seattle.

Section III: Assessing Racial Disparity in Drug Delivery Arrests

From January 1999-April 2001, the Seattle Police Department made 2001 arrests for delivery of the serious drugs under consideration in this report. Of these, 63% involved black suspects; another 14% involved Latino suspects. Despite evidence that a clear majority of those who deliver serious drugs in Seattle are white, only 19% of those arrested for this crime were white. Blacks constituted a significant majority, and whites a distinct minority, of those arrested for delivery of (or possession with intent to deliver) all four of the drugs considered in this report (see Table 8).²⁶

Table 8. Racial/Ethnic Composition of Persons Arrested for Drug Delivery in Seattle, 1999-2001.

White	Black	Latino	Other	Total
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²⁶ As indicated previously, these numbers change only slightly if we restrict our focus to “purposeful” arrests: cocaine, 64.8% black, 17.3% white; heroin 58.3% black, 22.5% white; methamphetamines, 33.7% black, 29.6% white; ecstasy, 55.6% black, 12.4% white. Caution must be used in interpreting the figures for ecstasy and methamphetamine purposeful arrests, as there were only 9 purposeful ecstasy arrests and 27 purposeful methamphetamine arrests citywide during the period in question.

finding that also supports the contention that the majority of drug transactions in Seattle involve white drug sources.

The applicability of these findings is substantiated by two Seattle-specific studies, although with some modification. The first of these (Nyrop 2003), a study of two open-air markets in Seattle, suggests that the composition of drug purchasers approximates that of drug sellers in both of these markets, as the racial congruity thesis would predict. The second study, a city-wide survey of Seattle needle exchangers, indicates that the majority (52%) of drug sources identified by needle exchangers in Seattle were white; just over 14% were black. Both the black and white deliverer percentages indicated in the Seattle Needle Exchange Study are lower than those suggested by the racial congruity thesis because Latinos were identified as drug sources in a significant percentage (29.5%) of cases.

The frequency with which Latinos were identified as drug sources was not expected based on the prevalence of drug use among Latinos. However, this report seeks to determine whether whites are under-represented, and blacks over-represented, among drug delivery arrestees. If we convert the Seattle Needle Exchange Survey results for blacks and whites to a ratio, this data source indicates that there are approximately 3.6 times as many white as black sources of serious drugs in Seattle, quite close to the 4 to 1 ratio hypothesized on the basis of the drug use data. This estimated ratio would very likely increase if the survey provided information about those who delivery ecstasy. Furthermore, this ratio derives from information that captures frequency of

Black Deliverers	7.5%	29.5%	7.4%	NA	14.4%
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*Any drug refers to those listed above: heroin, cocaine, and methamphetamines/speed.
Note: Percentages may not add to 100 due to rounding.

Although city-wide survey data indicators of ecstasy use are not available, the available evidence (local mortality and emergency department data, and national survey data) consistently indicate that a significant majority of ecstasy users are white. It is therefore quite likely that the majority of ecstasy deliverers are also white.

Section II: Conclusion

There are a number of data sources that can be used to estimate the racial composition of those who deliver serious drugs in Seattle. Perhaps the most important of these is a significant body of ethnographic and survey data showing that *most frequent drug users routinely engage in behaviors that constitute drug delivery as defined by Washington state statutory and case law*. These behaviors include the knowing transfer of drugs, as well as participation in drug markets for compensation. Given the strength of the evidence indicating that there are at least 4 times as many white as black users of serious drugs in Seattle, this literature suggests that white deliverers of serious drugs outnumber black deliverers by a similar margin. In addition, a wide body of survey and ethnographic research indicates that the racial/ethnic composition of drug purchasers approximates that of their drug sources, a

Theoretically, it is possible that for socio-economic reasons, blacks who deliver drugs do so more frequently than white drug deliverers. However, both the needle exchange survey results and Nyrop's (2003) observations of two outdoor Seattle markets would capture any such differences. The needle exchange survey results provide information about 804 drug transactions, some of which likely did involve the same drug source. Similarly, Nyrop's (2003) observations provide information about drug transactions, many of which involved repeat players. Because they provide information about drug transactions rather than drug-delivering individuals, the results of both of these studies reflect and capture any racial differences in delivery frequency that may exist.

The needle exchange survey does not provide information about ecstasy users and their sources. However, as shown in Table 7, this survey finds a high degree of correspondence between white and black use and delivery rates for the other three drugs considered. It is clear that there is a fairly close association between who uses and who delivers these drugs.

Table 7. Summary of Racial Composition of Needle Exchangers and Drug Sources by Drug and Race

Race	Heroin	Cocaine	Meth/Speed	Combo	Any Drug*
White Exchangers	66.8%	60.9%	84.8%	72.5%	67.9%
White Deliverers	55.1%	34.6%	81.5%	NA	51.6%
Black Exchangers	13.9%	21.7%	0%	11.3%	12.6%

whites constituted the majority of drug sources across all drug categories (see Table 6).

Table 6. Race/Ethnicity of Seattle Drug Sources According to Seattle Needle Exchange Respondents by Drug, 2002

	White	Black	Latino	Other	Total
Heroin	55.1%	7.5%	34.7%	2.6%	100%
Cocaine	34.6%	29.5%	34.3%	1.6%	100%
Meth*	81.5%	7.4%	4.9%	6.2%	100%
Any Drug**	51.6%	14.4%	31.2%	2.7%	100%

*Sometimes referred to by exchangers as "speed."

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

Note: Percentages may not add to 100 due to rounding. N= 804.

Overall, these findings suggest a ratio of approximately 3.6 white to every 1 black deliverer of serious drugs. However, this ratio varies by drug. For heroin, it appears that white deliverers outnumber black deliverers by a ratio of 7.3 to 1; for cocaine, by 1.2 to 1; for meth, by 11 to 1. Given that these findings are based on a geographically comprehensive sample of Seattle's needle exchangers, they provide compelling evidence that in Seattle, drug users are substantially more likely to obtain their drugs from a white than black drug source.

race/ethnicity existed among non-respondents as respondents, the results change only slightly: 54.1% of drug sources are estimated to be white and 15.6% are estimated to be black.

These survey results suggest that the majority (51.6%) of needles exchanged contained drugs obtained from someone who was white; blacks constituted a small minority (14.4%) of Seattle needle exchangers' drug sources. The combined results of this survey support the racial congruity thesis in several ways: it shows that whites are most likely to obtain their drugs from a white person, and that in a city in which most drug users are white, most drug deliverers are also white. In addition, there is a strong correspondence between a racial group's propensity to use a drug and its propensity to deliver that drug. For example, whites participate in methamphetamine use and methamphetamine delivery at similarly high rates; blacks are more likely to use and deliver cocaine than heroin or meth. Thus, the racial composition of the using population does indeed tell us a good deal about the delivering population.

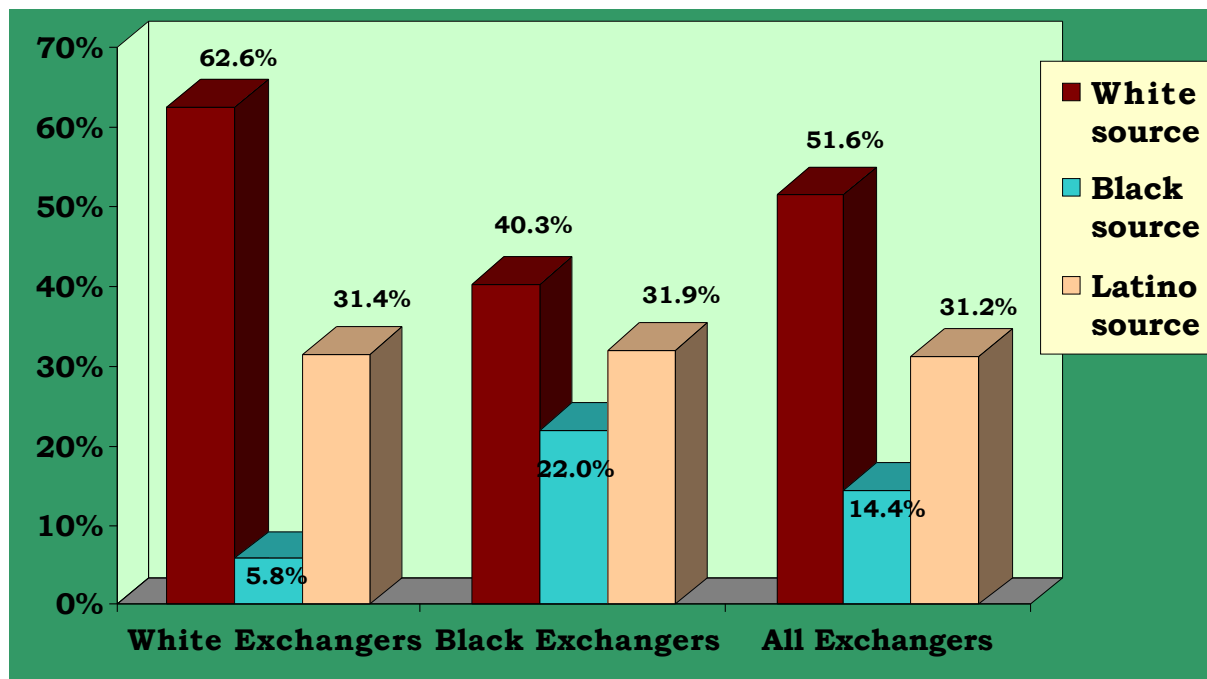
In contrast to the racial congruity thesis, however, this survey found that both blacks and whites were most likely to have obtained their drugs from a white person. In addition, Latinos were identified as drug sources at a much higher rate than the racial congruity thesis would predict.²⁵ Nonetheless,

²⁵ As mentioned previously, white needle exchangers were slightly more likely than black or Latino/a exchangers to complete a survey. It is conceivable that this selection bias would alter the results concerning drug source. 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 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 relationship between user-dealer

(10.1% of the 804 reports). As was noted in the discussion of needle exchangers, the available evidence suggests that the frequency of recent use of these three drugs in the general population is the reverse: stimulants are the most widely used, and heroin the least widely used. Drug-specific comparisons (which avoid this difficulty) will therefore be provided.

Figure 4 identifies the race/ethnicity of the dealers from whom Seattle needle exchangers purchased the drug(s) contained in the needle(s) just exchanged. According to these data, the majority of Seattle needle exchangers' heroin, cocaine, and methamphetamine sources (51.6%) are white. Needle exchangers identified a much smaller percentage (14.4%) of their drug sources as black.

Figure 4. Race/Ethnicity of Drug Source by Race of Needle Exchangers Surveyed, 2002



Most of the exchangers reported injecting heroin, methamphetamines, cocaine, or some combination of these. Typically, each of these drugs is purchased in powder form; injecting drug users then “cook” the drugs in order to 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 their heroin, cocaine, and methamphetamine sources cater to both injecting and non-injecting users and are representative of those drug-delivering populations. As noted previously, the survey does not provide information about those who use and deliver crack cocaine (which is not soluble in water and therefore can not be injected) and ecstasy (which is injected only very rarely).

Drug purchases that occurred outside Seattle or did not involve heroin, cocaine, or methamphetamines were not analyzed; 539 surveys satisfied these criteria. Some of the needle exchangers exchanged more than one needle, and each needle may contain numerous drugs. Exchangers were asked to identify the drug(s) and the race/ethnicity of the source of the drug(s) in each needle exchanged (up to 3). As a result, the number of needles, drugs, and drug sources identified exceeds the number of needle exchangers surveyed. Specifically, the 539 exchangers whose surveys were included exchanged 613 needles and provided 804 reports of heroin, cocaine, or methamphetamine use. Of these, heroin was the most commonly listed drug (identified in 57.7% of the 804 reports); cocaine was the next most frequently mentioned (in 31.6% of the 804 reports); and methamphetamines were the third most frequently identified

sellers/deliverers. Where blacks and Latinos were more likely to be purchasing drugs, blacks and Latinos were also more likely to be delivering and/or selling drugs (although whites also constituted a majority of those 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, p. 9). This comparison of two open-air markets in Seattle thus provides support for the racial congruity thesis, which, given that a significant majority of Seattle’s frequent drug users are white, suggests that the majority of those who deliver drugs are also white. A second source of data on the race/ethnicity of Seattle drug sellers comes from the Seattle Needle Exchange Survey, discussed in detail below.

Seattle Needle Exchange Study

This survey, described in detail in Section I, provides information about the race/ethnicity of Seattle needle exchangers and their drug sources, and therefore allows us to further assess the applicability of the racial congruity thesis to Seattle. Because this survey was conducted in five needle exchange sites around the city, and was not limited to those who purchased their drugs outdoors, the data derived from it are more comprehensive than Nyrop’s (2003) observations of two open-air markets.

Nyrop's (2003) observations of two open-air markets in Seattle suggest that this racial congruity thesis can be applied to outdoor markets in Seattle. In this ethnographic study, researchers compared the Capitol Hill drug market (located along the Broadway corridor) with the downtown market (concentrated in the 2nd and Pike area).²³ The researchers observed drug transactions for a total of 100 hours at the two sites and recorded the race/ethnicity and role of each participant in the observed transaction. Where possible, information regarding the drug involved was also recorded. Contrary to police perceptions (as reported in Klement and Siggins 2001, p. 24), street drug sales were frequent and easily observed in the Capitol Hill/Broadway area.²⁴ The author noted several other similarities between the Capitol Hill and downtown markets: 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, p. 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

²³ It is possible that a very small number of the downtown observations occurred in the Pioneer Square area. Experienced observers of the 2nd & Pike and Pioneer Square markets have noted that deliverers in the Pioneer Square vicinity are more likely to be black than deliverers in other downtown areas. If so, these observations would have the effect of "darkening" the composition of those observed delivering drugs downtown, and therefore *underestimate* forthcoming estimates of racial disparity between the delivering and arrested populations.

²⁴ Nyrop and his colleagues observed 394 drug transactions in 40 hours in the Broadway area (Nyrop 2003).

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.²²

Racial/ethnic congruity between sellers and buyers is consistently reported in the research literature. 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, p. 27). Similarly, in her review of the ethnographic literature on drug dealing, Hunt found that “dealers with direct contact with their customers... 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, p. 172).

²² 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, 67.9% of Seattle’s population is white; 8.3% is black, 5.3% is Latino, and 13% Asian.

those who frequently use serious drugs Seattle are white, and that a much smaller share of that population is black, the ethnographic studies just described suggest that the majority of those who deliver drugs in Seattle are white, and that a much smaller share of that population is black. Based on this literature, the estimate of 4 white to every 1 black user of serious drugs also appears to apply to the drug-delivering population.

Drug Purchasing Patterns

Studies of drug purchasing patterns (as opposed to drug users who deliver drugs) provide further evidence 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 of the best known examples is a 1997 NIJ study of drug use and purchase patterns in six U.S. cities, including 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, p. 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

part of drug-using cultures as described by researchers who have observed these settings. Behaviors that involve sharing or transferring drugs 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, “... 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).

This literature strongly suggests that *nearly all users engage in behaviors that meet the legal definition of delivery*. In Seattle, where the majority of frequent drug users are white, these findings strongly suggest that most of those engaging in drug delivery are also white. As a result, it is reasonable to treat the estimate of the racial composition of drug users as a working estimate of the racial composition of the drug-delivering population.

In sum, ethnographic and survey research 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 the wide range of locales studied, 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 at least 68% of

Maher 1997; Hagedorn 1994; Maher and Daly 1996; Preble and Casey 1998; Sterk 1999). Services include working as a runner, “cluck” or lookout for drug dealers; 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 habits are especially likely to participate in the lower end of the distribution system, especially street sales.

High levels of involvement in the lower end of the drug distribution system among addicts and frequent users are consistently reported in the research literature. Based on her survey of the ethnographic literature, 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 experts and police officers have observed that many drug users obtain their drugs by providing services for drug dealers or selling small amounts of drugs (quoted in Klement and Siggins 2001: 17).

In addition, an extensive body of survey and ethnographic research also indicates that, independent of their potential involvement in the drug distribution system, most drug users 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

²¹ Such behaviors are included in the definition of delivery by principles of accomplice liability.

SECTION II: ESTIMATING THE RACIAL COMPOSITION OF SEATTLE'S DRUG-DELIVERING POPULATION

This section describes and analyzes research and data that help us to assess the racial/ethnic composition of Seattle's drug-delivering population. In the state of Washington, drug delivery includes any knowing physical transfer of a controlled substance to another party (such as sharing drugs) or facilitation of any knowing transfer of these substances, and is, therefore, a broader category than drug selling/distribution. As a result, the number of people engaged in drug delivery can be assumed to be much larger than those engaged in drug sales. Research on both of these phenomena is considered below.

Drug Delivery among Drug Users

Drug delivery as defined by statutory and case law includes any knowing transfer of illegal substances (whether or not the deliverer is paid for the delivery) or any knowing effort to assist such a delivery, such as finding a seller for a buyer.²¹ Ethnographic and survey research suggest that behaviors that meet this definition of delivery are quite common among drug users, especially those who use drugs frequently. Two key findings support this conclusion.

First, 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

As Table 5 shows, all of the data sources considered previously indicate that a substantial majority of Seattle’s users of serious drugs are white.

Table 5. Summary of Data Regarding the Racial Composition of Seattle Drug Users

Data Source	Percent White	Percent Black
DASA-Past 30-Day Use	86%	7%
DASA-Past 18-month Drug Use Disorder	91%	5%
DASA-Past Year Need for Substance Abuse Services	89%	9%
Mortality Data	80%	12%
Needle Exchange Survey	68%	13-16%*

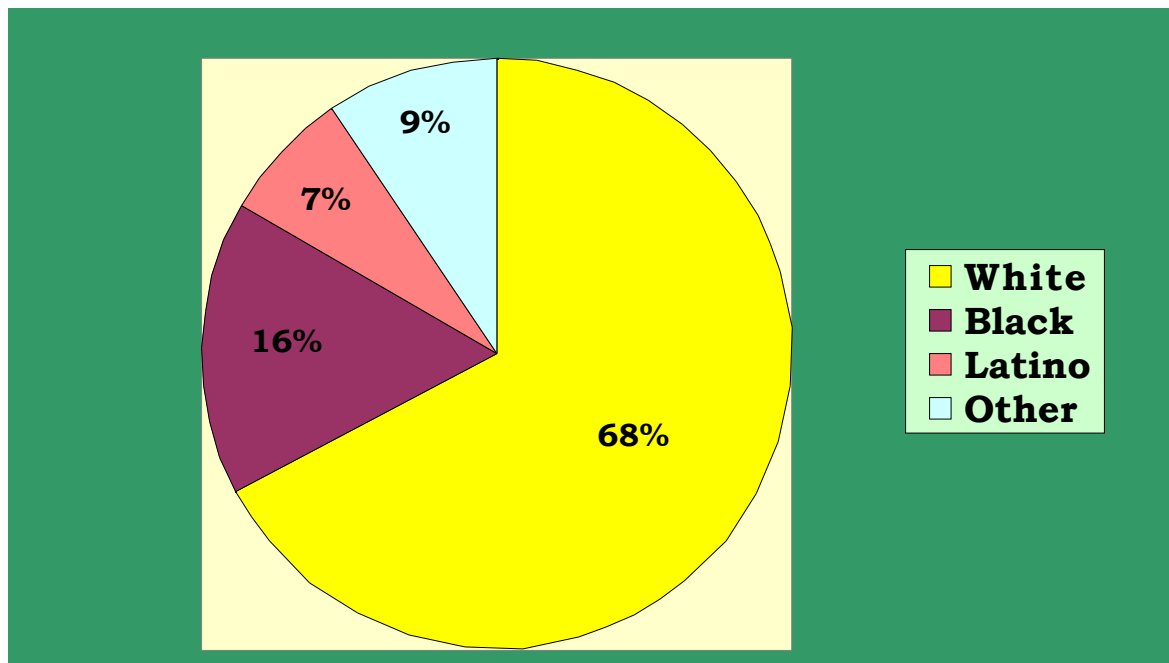
*The higher estimate (16%) includes both survey respondents and non-respondents.
Note: Percentages have been rounded to the nearest percentile.

While none of these is a perfect measure of the prevalence of the use of serious drugs, collectively, they provide very strong evidence that a significant majority of Seattle’s frequent users of serious drugs are white, and that a much smaller percentage of that population is black.

At the same time, there is some variation in the estimates. According to these measures, whites comprise somewhere between 68% and 91% of those using serious drugs in Seattle, while blacks comprise between 5% and 16% of that population. If we base our estimate on the most conservative (in terms of its implications for assessing racial disparity) source—the needle exchange data—it appears that white users of serious drugs outnumber black users of serious drugs by a ratio of approximately 4 to 1 (68% vs.16%) in Seattle.

white exchangers decreases by only a few tenths of a percent, while the proportion of blacks and Latino exchangers increases slightly (see Figure 3).

Figure 3. Race/Ethnicity of All Seattle Needle Exchangers 2002



Source: Racial Disparity Project.

Note: "other" includes Asian, Native American, other, and unknown. Percentages may not add to 100 due to rounding.

However, the overall pattern does not change when non-respondents are included. According to these results, the majority (67.9%) of those who exchanged needles in Seattle is white; 16.3% of those who do so are black. In either case, these data provide strong evidence that a significant majority (68%) of those who inject drugs in Seattle are white; a smaller percentage (between 12-16%) is black. Results concerning the race/ethnicity of their drug sources will be considered in the next section.

Section I: Conclusion

Table 4. Race/Ethnicity of Seattle Needle Exchangers Surveyed by Drug 2002

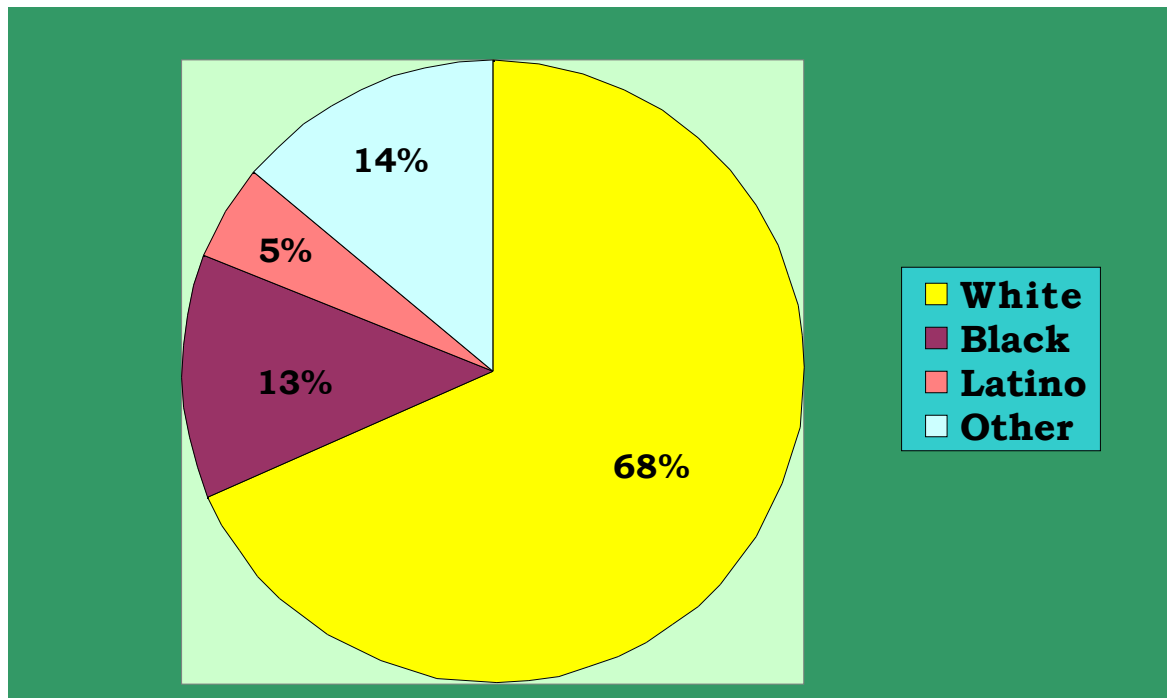
Race	Heroin	Cocaine	Meth/Speed	Combo	Any Drug*
White	66.8%	60.9%	84.8%	72.5%	67.9%
Black	13.9%	21.7%	0%	11.3%	12.6%
Latino	6%	8.7%	2.2%	2.5%	5.1%
Asian	.2%	0%	6.5%	0%	.7%
Other	13%	8.7%	6.5%	13.8%	11.5%
All Exchangers	100%	100%	100%	100%	100%

*Any drug refers to those listed in the previous columns: heroin, cocaine, meth/speed, or a combination of these.

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

As with all survey research, it is possible that those who agreed to complete the 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 who so declined, 449 (66.3%) were identified as white; 132 (19.5%) as black, and 62 (9.2%) as Latino. Black and Latino/a exchangers were slightly less likely than white exchangers to complete a survey. However, the surveyors recorded the race/ethnicity of all exchangers, not just those who completed a survey. If these non-respondents are included in the analysis, the proportion of

Figure 2. Race/Ethnicity of Seattle Needle Exchangers Surveyed, 2002



Note: "Other" includes Asian, Native American, other, and unknown. Percentages are rounded to the nearest percentile. Percentages are rounded to the nearest percentage point.

This pattern does not change significantly when the data are analyzed by drug. That is, the majority of those who exchanged needles containing heroin, cocaine, methamphetamines, or some combination of these were white (see Table 4).

much smaller than the number of cocaine users and was therefore not reported by DASA. These numbers suggest that in Seattle, the methamphetamine market is the largest of these three drug markets, and heroin the smallest.

Thus, both heroin and cocaine users/sources are over-represented in this survey sample as compared to methamphetamine users and sources; heroin users/sources are over-represented as compared to cocaine users/sources. The fact that DASA does not report the number of residents reporting recent heroin use means that the influence of these sampling errors cannot be assessed with precision. However, the racial composition of recent stimulant users (who are overwhelmingly white) suggests that that the percentage of white deliverers would increase and the percentage of black deliverers would decline if this bias did not exist. Thus, the combined-drug results probably underestimate white involvement in drug use and delivery. Drug specific comparisons avoid this difficulty and will therefore be provided.

The results of the survey indicate that a clear majority (67.9%) of those who exchanged needles containing heroin, cocaine, and/or methamphetamines were white; 12.6% identified themselves as black (see Figure 2).

blacks, had incomes that fell below the poverty line in 2000 (U.S. Census 2000).

upper income drug users (who can afford to purchase needles) and, therefore, among whites.²⁰

The majority (565) of needle exchangers who completed a survey reported that the needles they exchanged contained heroin, methamphetamines, cocaine, or some combination of these. Those who injected other drugs (including two who reported having injected ecstasy) or whose responses were not legible were not included in the analysis. Among those reporting use of one or more of the remaining three drugs, 73.6% reported that heroin was in the needle(s) just exchanged; 4% of needle exchangers reported that the needle(s) just exchanged contained cocaine; 8.1% reported that the needle(s) exchanged contained methamphetamines; and 14.1% reported that the needle contained some combination of these drugs.

This survey provides a fairly representative sample of Seattle's intravenous drug users. However, the representation of heroin, cocaine, and methamphetamine users and sources in the needle exchange survey results is quite different from the number of general users (and presumably sources) in Seattle. That is, among Seattle intravenous drug users, heroin is used more frequently than cocaine or methamphetamine, and cocaine is used more frequently than methamphetamine. However, the reverse appears to be true in the general drug using population: in 1998, 6,531 King County adults reported using cocaine in the past 30 days, but 10,661 reported using stimulants in the past 30 days in 1998 (DASA 1998). The number of recent heroin users was

²⁰ According to U.S. Census data, 6.2% of King County whites, but 19.9% of King County

reported having used ecstasy in the past year in 2001.¹⁷ Given that whites greatly outnumber blacks nationwide, and to an even greater extent in Seattle, these survey data imply that ecstasy users nationwide are overwhelmingly white.

The magnitude of these omissions—the absence of crack and ecstasy users and sources—appears to be roughly equivalent, as similar numbers of U.S. residents reported having used crack or ecstasy in the past 30 days. Specifically, NIDA estimated that 567,000 of the nation’s 2 million recent cocaine users had used crack in the past 30 days, and that 676,000 people had used ecstasy in the past 30 days in 2002.¹⁸

Intravenous drug users are often thought to represent the most serious drug abusers, though it is possible that some of those who inject drugs are recreational users. Although the intravenous drug using (IDU) population may differ in certain respects from the non-intravenous drug using population, the majority (more than 70%) of Seattle IDU’s are believed to utilize needle exchange services (Kris Nyrop, personal communication, 2003). The survey therefore captures much of Seattle’s IDU population. Because non-prescription pharmacy sale is legal in Washington State,¹⁹ it is likely that Seattle IDUs who are able to purchase their needles do not exchange needles. As a result, the survey probably underestimates intravenous drug use among middle and

¹⁷ Source available online at <http://www.samhsa.gov/oas/2k3/ecstasy/ecstasy.htm>.

¹⁸ Source available online at <http://www.samhsa.gov/oas/nhsda/2k2nsduh/Results/2k2results.htm#chap2>. NIDA did not estimate the prevalence of recent ecstasy use until 2002.

¹⁹ See Silverman et al, 2001 (available online at http://depts.washington.edu/adai/pubs/tr/cewg/CEWG_Seattle_1201.pdf).

race/ethnicity, the drug(s) present in the needle(s) they had 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. Five hundred eighty-nine surveys were completed by individuals who purchased their drugs in Seattle. (Those who purchased the drug(s) exchanged elsewhere or did not answer this question were not included in the analysis.)

These data provide important information regarding intravenous drug users and their Seattle drug sources. In particular, the survey provides information about users and sources of injectable drugs, including heroin, cocaine, and methamphetamines. Because it is limited to injecting drug users, the survey does not provide information about users/distributors of crack cocaine (cocaine that has been crystallized) or ecstasy.

There is no Seattle-specific data source that allows us to assess the racial implications of the omission of crack and ecstasy users from the survey. It is possible that the omission of crack users affects the estimates of the racial composition of the drug using population.¹⁶ The omission of ecstasy users likely leads to an underestimation of the white drug using population. As detailed in footnote 13, 100% of those who died from MDMA related causes in 2000 in King County were white (see also Table 3 of this report). According to a recent NIDA survey, 8.2% of whites but 3.5% of blacks nationwide aged 18-25

¹⁶ Although crack is perceived by many as a “black” drug, the U.S. Sentencing Commission reports that over half of those using crack nationwide in 1995 were white, while less than half (38%) who did so were black (1997, p. 8). The impact of the omission of crack deliverers from the survey will be assessed in detail in Section II of the report.

that whites comprise a substantial majority of those who use serious drugs in King County. A final data source regarding the prevalence of drug use among various racial/ethnic groups, considered below, also indicates that whites constitute a significant majority, and black a small minority, of those who use serious drugs in Seattle.

Seattle Needle Exchange Study

The Seattle Needle Exchange Survey was designed in consultation with Dr. John Lamberth of Temple University and administered by persons hired on a short-term basis by the Racial Disparity Project. Over a two-week period in April 2002, these surveyors were present at five needle exchange sites in Seattle (located in Capitol Hill, the University District, White Center, on 2nd Avenue and downtown)¹⁵ during all hours of operation. 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). Needle exchange clients were offered a piece of chocolate by surveyors whether or not they completed a survey. Exchangers completed only one survey. A supervising “captain” was present at each site to answer respondent’s questions.

Approximately 47% of those exchanging needles agreed to complete a survey. Needle exchangers were asked to report, among other things, their

¹⁵ The Rainier Valley site was not included in the survey because a substantially smaller number of people (i.e. 1-2 per week) exchange needles at that location (Kris Nyrop, personal communication, 2003.)

that these are King County rather than Seattle data likely leads to a slight over-estimation of the white drug-using population.

As shown in Table 3, a significant majority (80.2%) of those who died of drug-related causes in King County in 2000 were white. This pattern is fairly consistent across drug categories.

Table 3. Distribution of Drug-Caused Deaths in King County by Race/Ethnicity and Primary Drug, 2000

Race	Heroin	Cocaine	Meth	MDMA	All Drugs
White	81.9%	73.7%	92.9%	100%	80.2%
Black	9.3%	20.2%	0.0%	0.0%	11.8%
Hispanic	2.8%	0.0%	0.0%	0.0%	1.9%
Asian	0.8%	2.0%	7.1%	0.0%	1.4%
Native American	2.4%	1.0%	0.0%	0.0%	1.9%
Other	2.8%	3.0%	0.0%	0.0%	2.7%
All	100%	100%	100%	100%	100%

Source: King County Medical Examiners Office. Provided to the author by Caleb Banta-Green, Research Consultant at the Alcohol & Drug Abuse Institute, University of Washington. Percentages calculated from the raw data by the author. The total number of drug-caused deaths (n) was 364.

Note: "All drugs" refers to the drugs identified in the previous four columns. Percentages may not add to 100 due to rounding.

The mortality data suggest slightly higher rates of serious drug use among blacks and slightly lower rates among whites than do the DASA household survey data. Nonetheless, like the DASA surveys, the mortality data indicate

abuse disorder estimates. Nor does the inclusion of alcohol in the estimate of “need for services” significantly influence the results: According to the DASA data, 89% of King County residents who had a past 18-month alcohol use disorder or substance abuse disorders were white.

In sum, these data suffer from minor and contradictory biases, and probably slightly underestimate the prevalence of serious drug use among blacks, but nonetheless provide strong evidence that a substantial majority of those who frequently use serious drugs in Seattle are white. According to these data, blacks comprise a small minority—between 4%-8%— of those who frequently use or abuse serious drugs. As is shown below, mortality data from King County are largely consistent with this pattern.

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. Many individuals who die of an overdose have more than one drug in their bloodstream. For the sake of simplicity, the following summary identifies the primary drug listed as a cause of death. Although it is possible that those who die of an overdose were not frequent drug users, mortality data are typically thought to provide information about the most serious drug abusers (e.g. Goode 2002). Unlike the DASA household survey data, mortality data do not suffer from clear race/class biases. However, as with the DASA data, the fact

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.¹³ 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,¹⁴ these data probably overestimate the proportion 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 among minority populations.

Finally, the estimates of substance abuse disorder include all illicit drugs; the estimates of need for treatment also include alcohol. However, the inclusion of these substances does not appear to be altering the results. For example, the 1998 DASA data indicate that roughly 87% of those who used marijuana in the past 30 days were white (as were 86.4% of those who used any illegal substance in the past 30 days). Thus, potentially higher rates of marijuana use among whites are not significantly influencing the substance

¹³ In King County, 92.9% of those who died of methamphetamine related causes and 100% of those who died from MDMA related causes were white (see Table 3 of this report). This pattern exists across much of the United States (see, for example, NIDA'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 during the period in question. Between 1994 and 2000, the 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 (<http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>, Table 2.4.20).

¹⁴ 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 (cited in Klement and Siggins, 2001, p. 6).

Table 2. Past 18-Month Drug Use Disorder, 1998, and Past Year Need for Substance Abuse Services, 2000, by Race/Ethnicity, King County

Ethnicity	<u>Drug Use Disorder</u>		<u>Need for Services</u>	
	Rate*	Percent of Total	Rate*	Percent of Total
White	1.8	91.1%	11.2	89.3%
Black	1.55	4.5%	8.4	4.1%
Hispanic	.39	.7%	8.2	2.8%
Asian	.39	2.2%	2.1	2.1%
Am. Indian	2.04	1.3%	18.6	1.8%
Total	NA	100%	NA	100%

Source: 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." Available online:

<http://psy.utmb.edu/estimation/dasa99/report/cntyhtm/wix033.htm>

*Rate reflects the number of cases per 1,000 adult populations.

Note: A person is diagnosed with a past 18-month substance use disorder if:

1. They have a diagnosis of lifetime dependence or abuse;
2. They have used a substance in the last 18-months, and
3. They have experienced a DSM-III-R abuse or dependence symptom in the last 18 months.

Does not include those with an alcohol use disorder. A respondent needs treatment services during the past year if: 1. They have a past 18-month substance use disorder (defined using DSM III criteria) OR, 2. They "ever had a problem or felt addicted to alcohol or drugs" AND used alcohol or drugs regularly during the past 18 months (i.e. they drank an average of 3 Drinks per drinking day at least once per week OR they used marijuana 50 times or more OR they used any other illicit drug 11 times or more); OR, 3. They have received licensed residential or outpatient treatment services during the past 12 months; OR, 4. They have maintained a very high level of alcohol or drug use during the past 18 months (i.e. they drank an average of 4 drinks per drinking day at least 3 to 4 times per week OR they used any illicit drug 50 times or more). Percentages may not add to 100 due to rounding.

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 methamphetamines and ecstasy) since

Table 1. Past Month Use of Any Illicit Drug by Type of Drug and Race/Ethnicity, King County, 1998

Race	Cocaine	Stimulants*	Any Drug**
White	77%	79.2%	86.4%
Black	8.3%	5.8%	7.4%
Hispanic	4.2%	3.6%	1.7%
Asian	10.9%	10.2%	2.3%
Am. Indian	1.4%	1.2%	5.7%
All	100%	100%	100%

Source: 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." Available online:

<http://psy.utmb.edu/estimation/dasa99/report/cntyhtm/wix033.htm>

Note: Data regarding past 30-day use of heroin and MDMA are not available due to the comparatively small number of users.

*Stimulants primarily include methamphetamines and amphetamines.

**Includes any illegal drugs.

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

Similarly, 91.1% of those with a past 18-month drug abuse disorder in 1998 were white. In 2000, 89.3% of those in need of (drug or alcohol) treatment services were white (see Table 2).

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.¹² 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, while estimates of past 18-month drug use disorder and current need for substance abuse treatment provide information about those who use drugs frequently. Estimates of past 30-day use indicate that in 1998 a significant majority (86.4%) of King County's recent drug users were white.

nonetheless indicated that white drug users outnumbered black drug users by a substantial margin.

¹² A more detailed account of the methodology is available online at: <http://psy.utmb.edu/estimation/dasa99/report/cntyrep/wa033/page02.htm>

An extensive body of ethnographic and survey research summarized below suggests that there is a high degree of overlap between the drug-using and drug-delivering populations. As a result, establishing the racial/ethnic composition of the drug using population is a crucial first step in the analysis of the drug-delivering population. A variety of data sources provide information about the racial/ethnic composition of drug users in the Seattle area.¹¹ The most comprehensive of these is the household survey data generated by DASA.

DASA 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

¹¹ Two other measures of dimensions of drug use are not considered here. These include TARGET data, which captures the number of people admitted to public drug treatment facilities in Seattle, and Emergency Department (ED) data, collected by the Drug Abuse Warning Network (DAWN). While both of these are useful for some purposes, neither of these sources is intended to serve as prevalence data nor provides reliable information regarding the race/ethnicity of Seattle’s drug users. The TARGET data capture demographic information about those who participate in public, but not private, drug treatment programs. This obviously introduces significant class and race biases. The ED data estimate the number of Emergency Department visits involving one or more illegal substances. Because low-income people rely heavily on hospital emergency rooms to meet their health care needs, ED data under-represent those with access to private medical care. Although these data sources would, if treated as prevalence data, overestimate drug use among the poor and non-white, they

and other criminal investigations are not necessarily considered the results of purposeful narcotics investigations and are therefore omitted from this category.) As will become evident, the results obtained for all delivery arrests and purposeful delivery arrests are remarkably similar.

SECTION 1. ESTIMATING THE RACIAL COMPOSITION OF SEATTLE DRUG USERS

surname methodology was only applied to whites, those identified as Hispanic by the SPD were not counted as Hispanic/Latino twice.

arrestees citywide, cocaine delivery arrestees in the West Precinct, etc).⁹ These numerical values are provided by the U.S. Census Department, and represent the odds 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

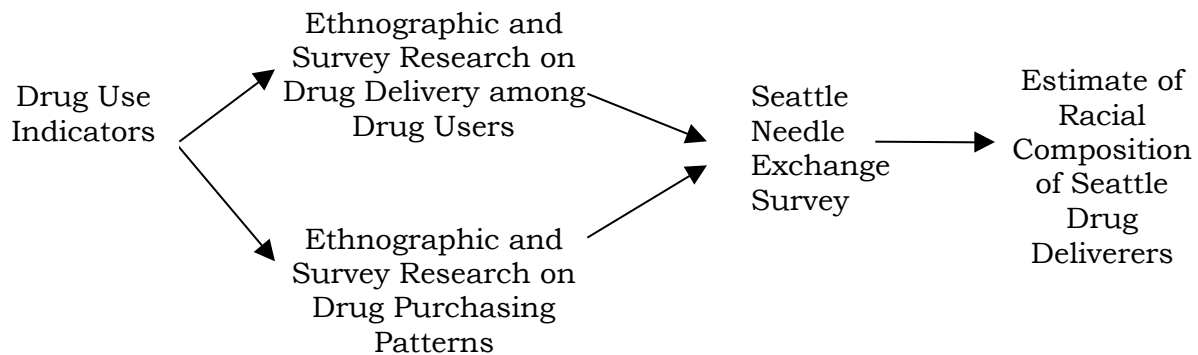
In what follows, results for all drug delivery (and possession with intent to deliver) arrests are presented in the text, tables, and figures. However, separate analyses based only on “purposeful” arrests—that is, arrests that are the result of buy-bust operations, reverse buy-busts, search warrants, and other narcotics investigations—are also presented, usually in an adjacent footnote. (Arrests that result from “see-pops” (police observations), traffic stops,

⁸ 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.

⁹ This methodology was applied only to whites in order to avoid double-counting non-whites, 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.

¹⁰ 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. Because the

and drug-delivering populations, and therefore imply that the majority of those who deliver serious drugs in Seattle are white. This “racial congruity” hypothesis is then evaluated in light of the results of a recent survey of Seattle needle exchangers regarding the race/ethnicity of their Seattle drug sources. This approach is illustrated in the diagram below.



This method allows us to compare the arrested population with the relevant offender population, in this case, those who deliver serious drugs in Seattle. To ascertain the racial composition of those arrested for delivery of these four drugs, SPD arrest records were coded along numerous dimensions, including race of person arrested, 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 the incident reports, the percent of the arrestees who are Latino was estimated using a method called Hispanic surname analysis.⁸ A numeric value between 0 and 1 was assigned to all white arrestees in each sub-category (for example, delivery

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 crucial that estimates are 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 various findings are consistent with each other (Jick 1979; Schutt 1996).

Toward this end, a wide range of data sources will be considered in order to estimate the racial composition of those who use serious drugs in Seattle and assess the degree to which the laws prohibiting drug delivery are being enforced in a selective fashion. First, indicators of the prevalence of serious drug use will be used to estimate the racial composition of Seattle’s recent and frequent users of serious drugs. All of these data sources indicate that a clear majority of this population is white; a much smaller proportion is black. Next, two bodies of ethnographic and survey research are considered. The first of these literatures shows that virtually all frequent drug users engage in behaviors that meet the legal definition of drug delivery in the course of their drug using behaviors. The second body of research suggests that most drug users obtain their drugs from someone of their own race/ethnicity. Together, these literatures suggest a significant degree of overlap between the drug-using

police attention to predominantly white outdoor markets, and police targeting of black individuals in a variety of contexts. Section V considers whether other factors—the focus on cocaine, the widespread use of buy-bust operations, and the concentration of law enforcement resources and arrests in the West Precinct—explain racially disparate arrest outcomes. The evidence indicates that none of these factors explain these outcomes. It therefore appears that racially disparate arrest rates cannot be explained in racially neutral ways.

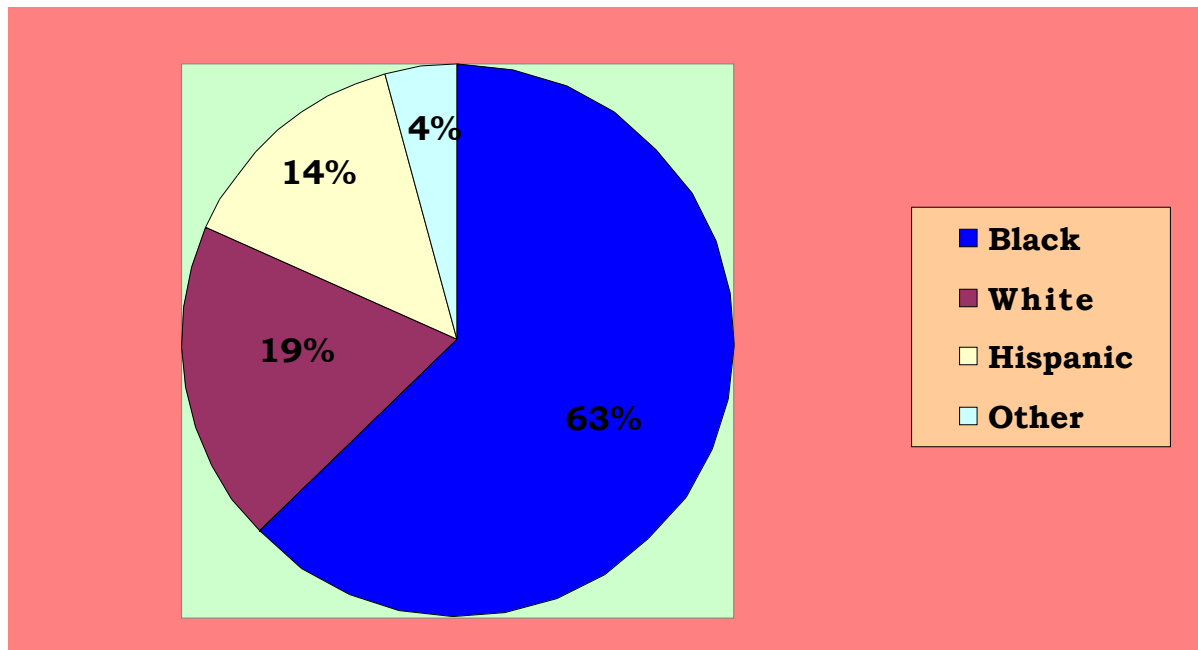
METHODOLOGY

Determining whether or not the laws prohibiting the delivery of drugs are enforced in a selective/discriminatory fashion requires 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 identify the race/ethnicity of those involved. This does not mean, however, that a reliable demographic profile of those who deliver serious drugs in Seattle cannot be constructed. Although the racial composition of those who deliver serious drugs in Seattle cannot be precisely known, a variety of available data sources allow for its estimation.

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

January 1999-April 2001 were black; only 19% of those arrested for delivery of serious drugs were white (see Figure 1).⁷

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



Note: Includes SPD arrests for delivery of (or possession with intent to deliver) cocaine, heroin, ecstasy, and methamphetamines. “Other” includes Asian, Native American, and 17 arrests in which race/ethnicity is not recorded.

Section III assesses the magnitude and significance of this disparity, and concludes that the racial disparity between the delivering and arrested population is significant across all drug categories. Section IV identifies the policies and practices that contribute to racially disparate arrest outcomes. These practices include the focus on open-air drug markets in which blacks and other minorities are more likely to be participants, the near absence of

⁷ These percentages are nearly identical if we include only “purposeful” arrests, i.e. arrests that result from buy-bust operations, reverse buy-bust operations, search warrants, and other narcotics investigations. When those not arrested in one of these types of operations are excluded, the results indicate that 19.6% of those arrested were white but 62.7% were black.

majority of frequent users of serious drugs are white, this finding suggests that most of those who deliver drugs in Seattle are white.

- Nationwide, and in two open-air drug markets in Seattle, most drug users purchase their drugs from someone of their own race/ethnicity. In Seattle, where a substantial majority of recent and frequent users of serious drugs are white, this finding also suggests that most of those who deliver serious drugs in Seattle are white.
- More directly, the results of the Seattle Needle Exchange survey indicate that the majority (51.6%) of Seattle needle exchangers made their last drug purchase in Seattle from someone they identified as white. A much smaller percentage (14.4%) obtained their drugs from someone they identified as black or African-American.
- Although this survey indicates there is some variation in the racial composition of those who deliver heroin, cocaine, and methamphetamines, Seattle needle exchangers were significantly more likely to have obtained each of these drugs from a white source than a black source.

In sum, all of the available evidence indicates that the majority of those who deliver serious drugs in Seattle are white, and that a much smaller percentage of those who do so are black. And yet, according to Seattle Police Department arrest records, 62.6% percent of those arrested for this crime from

contribute to lead to this pattern. Section V shows that the disparity between the racial composition of drug deliverers and the racial composition of those who are arrested for this crime cannot be explained in racially neutral terms.

SUMMARY OF KEY FINDINGS

This report addresses one central question: is there a racial disparity between those arrested for delivering cocaine, heroin, methamphetamine and ecstasy (MDMA) 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 they appear to actually engage in drug delivery? Analysis of the available evidence indicates that the majority of those who deliver drugs in Seattle are white and a significantly smaller percentage of those who deliver drugs are black. In particular, there is evidence that:

- In Seattle, a substantial majority of recent and frequent users of serious drugs are white. Blacks comprise a much smaller percentage of recent and frequent users of serious drugs in Seattle.
- Most frequent drug users routinely engage in behaviors that meet the legal definition of narcotics delivery. In Seattle, where a substantial

⁶ 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.

drug delivery arrestees in Seattle given the frequency with which they engage in behaviors that meet the legal definition of that crime.

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 under Washington's Uniform Controlled Substances Act⁵ and have been arrested for delivery of heroin or cocaine. At the time of their arrest, delivery of both of these drugs was classified by the state legislature at Level 8 of Washington's felony sentencing grid. The report focuses on these two drugs, as well as methamphetamine and ecstasy (MDMA), delivery of which is considered by the state legislature to be of equal or greater seriousness than delivery of heroin or cocaine.⁶ Exceptions to this general rule will be noted in the text. Throughout the report, these four drugs are referred to as "serious drugs."

Section 1 of the report analyzes data that identify the racial/ethnic composition of recent and/or frequent users of serious drugs in the Seattle area. Section II examines evidence regarding the racial/ethnic composition of those delivering drugs and estimates the racial composition of those who deliver serious drugs in Seattle. Section III compares this estimate with arrest statistics, and concludes that drug delivery laws are enforced in a highly selective manner in Seattle. Section IV identifies the practices and policies that

⁵ Rev. Code Wash. (ARCW) § 69.50.401 (2003).

post-arrest practices and policies. Some studies have found that black drug defendants are treated more harshly than white drug defendants once in the justice system (Blumstein 1993; Goode 2002; Spohn 2000; Austin & Allen 2000). In Seattle, 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. It appears, therefore, that comparatively high rates of incarceration among blacks resident to the Seattle area stem from higher rates of offense behavior and/or the selective enforcement of drug laws (Minority & Justice Commission Report 1999).³

This report analyzes a wide range of data sources pertaining to drug delivery in order to identify the extent to which selective/discriminatory law enforcement contributes to high rates of incarceration for drug delivery among blacks.⁴ Doing so requires estimating the racial composition of Seattle's drug-delivering population. This estimate can then be compared with arrest statistics to determine whether or not blacks are over-represented among those arrested for narcotics delivery (or possession with intent to deliver narcotics) given the estimated composition of those who deliver drugs in Seattle. At the same time, this report assesses whether whites are under-represented among

³ 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).

⁴ Researchers focusing on other localities have found evidence of selective law enforcement (see Austin and Allen 2000; Brownsberger 2000; Johnson, Peterson & Wells 1977).

RACE/ETHNICITY AND THE ENFORCEMENT OF DRUG DELIVERY LAWS IN SEATTLE

INTRODUCTION

Between 1980 and 2002, the number of people incarcerated in the United States grew 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 the expansion of the prison and jail populations, as well as the increasingly disproportionate representation of minorities in them (Blumstein 1993; Duster 1997; Tonry 1995). Recent data confirms this conjecture: approximately 30% of U.S. inmates are drug offenders, and over 90% of those admitted to prison for drug offenses are black or Latino (Sentencing Project n.d.).²

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 within those groups, selective enforcement of drug laws, and/or

¹ Throughout the report, the terms "black" and "Latino" will be used unless other terms are used by data collectors or survey respondents. "Black" (rather than "African-American") is preferable in the context of Seattle for two reasons. First, it is the term used by SPD officers themselves in the Incident Reports. Second, Seattle is home to comparatively large African immigrant communities, significant Afro-Latino communities, and 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, which is something that is not and cannot be evaluated from any of the data in the report. The more inclusive term "Latino" refers more broadly to ethnicity, and will be used except where referring to data sources in which the term Hispanic is used. The U.S. Census uses the terms interchangeably; the term "Latino" will therefore be used when describing U.S. Census data.

² In the 1990s, drug offenses accounted for 27% of the increase in the black state prison population, but 14% of the increase in the white prison population (Kennedy 2003).

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RACE AND THE ENFORCEMENT OF DRUG DELIVERY LAWS IN SEATTLE

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