Substance Abuse in Washington, D.C.

Highlights from the 2007 District of Columbia Epidemiological Profile: Consequences of Illicit Drug, Alcohol, and Tobacco Use

Prepared by
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and the
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This report provides a brief description of the consequences of substance abuse and consumption patterns in Washington, D.C. It was produced by the staff at Addiction Prevention and Recovery Administration (APRA) and the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park. Online copies of this report and the full profile are available at http://www.cesar.umd.edu. For more information, please contact Erin Artigiani at erin@cesar.umd.edu or 301-405-9794.
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The mission of the DCEOW is to monitor the use of alcohol, tobacco, and other drugs and the consequences of their use in DC to identify and prioritize the District's prevention needs. To achieve this end, the DCEOW will oversee the collection, interpretation, and dissemination of data that quantifies substance use and its consequences.

Introduction

This report highlights the first prevention-focused epidemiological profile for the District of Columbia (District, DC). For the first time, substance abuse professionals and policymakers worked together to develop a method for identifying and prioritizing consequences of illicit drug, alcohol, and tobacco use in the District. This opportunity was the initial step in what is expected to be a three-year project funded by the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration. During the first year of this project, the District expanded its Epidemiological Outcomes Workgroup (DCEOW), produced an epidemiological profile on consequences of substance use in the District, developed an innovative process for prioritizing the consequences, and compiled recommendations for the Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment and Control (the Task Force). The full profile is available upon request by emailing cesar@cesar.umd.edu.

The DCEOW

The DCEOW was originally convened in March 2005 at the request of the Task Force. The members were interested in strengthening the District's data sources and gaining a more complete and accurate understanding of drug trends in the District. The current DCEOW mission statement is as follows: *Monitor the use of alcohol, tobacco, and other drugs and the consequences of their use in DC to identify and prioritize the District's prevention needs. To achieve this end, the DCEOW will oversee the collection, interpretation, and dissemination of data that quantifies substance use and its consequences.*

The Epidemiological Profile

The profile combined all available data for consequences and consumption patterns related to illicit drug, alcohol, and tobacco use in the District. The process for selecting the consequences included quarterly DCEOW meetings and developing a database of more than 150 indicators of substance use. Each indicator was assessed on availability, validity, consistency, sensitivity, and the availability of attributable fractions. As a result, nine major consequences were identified using the selected indicators. Lastly, the DCEOW members prioritized each of the nine consequences using the following criteria: the number of individuals directly affected, changes in the number affected over time, national comparisons, number of individuals indirectly affected, potential costs to the District, and potential for change. This report summarizes the nine consequences provided in the profile by organizing them into five consequence categories: crime, motor vehicle crashes, chronic disease, mortality, and abuse/dependence. In addition, a summary of illicit drug, alcohol, and tobacco consumption patterns is also included in this report. The data presented in this report answers the following three key questions and enables the development of data-driven prevention programs:

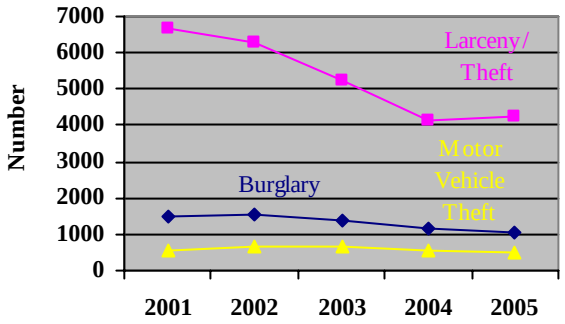
- What are the most significant consequences of substance use in the District for which data is currently available?
- Based on the available data, which consequences are of highest priority for the District?
- What consumption indicators should be monitored to assess progress in addressing these consequences?

CRIME: Drug- and Alcohol-Related Crime, 2001–2005

Property Crime[1]

- In 2005, 25,200 property crimes were reported in the District of which an estimated 5,843 were drug related.
- The number of property crimes reported in the District in 2005 decreased roughly 30% since 2002 despite a 10% increase in larceny/thefts between 2004 and 2005.
- In spite of the decreases between 2004 and 2005, the property crime rate for the District has remained consistently higher than the national rate from 2001 to 2005.
- In 2005, larceny/theft-related offenses comprised more than half of all property crimes in the District.

Figure 1: Illicit Drug-Related Property Crime in the District, 2001-2005

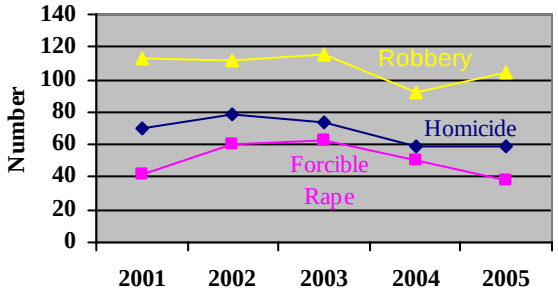


SOURCE: Adapted by CESAR from the Metropolitan Police Department's crime statistics reported as of December 2006.

Violent Crime[2]

- In 2005, 7,717 violent crimes were reported in the District; an estimated 1,358 of which were alcohol related.
- Although the violent crime rate in the District decreased from 2001 to 2005, it remained nearly three times higher than the national rate each year.
- In 2005, nearly half of all violent crime offenses in the District were for aggravated assault (n=3,854).
- A national estimate suggests that 30% of aggravated assaults, 23% of forcible rapes, and 3% of robberies are attributed to alcohol use.

Figure 2: Alcohol-Related Violent Crime in the District, 2001-2005



SOURCE: Adapted by CESAR from the Metropolitan Police Department's crime statistics reported as of December 2006.

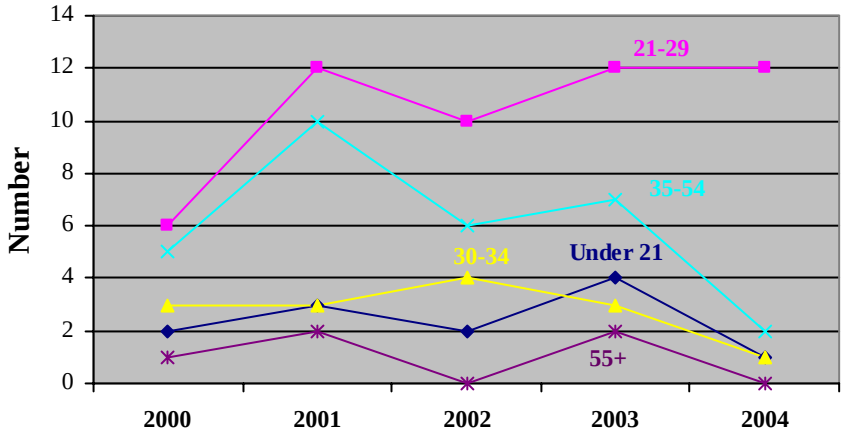
Drug-Related Arrests and Other Data

- In 2005, there were 8,050 juvenile and adult drug-related arrests in the District, down from 8,394 in 2004.
- Opium and cocaine were involved in more than half (56%) of all drug-related arrests in the District in 2005; marijuana was involved in approximately 40% of all drug-related arrests.
- Sales- and manufacturing-related arrests accounted for 51 to 57% of all drug-related arrests in the District between 2001 and 2003; however, possession-related arrests accounted for slightly more than half of all drug-related arrests in 2004 and 2005.
- Nearly three-quarters of all juvenile drug-related arrests were for sales/manufacturing and more than one-half of all juvenile drug-related arrests were marijuana-related incidents.
- Since 2004, about 52% of adult drug-related arrests were for possession and 56% involved opium or cocaine.
- The Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA) initiative seized more than $26 million worth of drugs in the District during 2005; 99% of the seized drugs were marijuana and powder cocaine.

Overall, the District has experienced a decrease in the number of reported violent crimes, property crimes, and drug-related arrests.

MOTOR VEHICLE CRASHES: Alcohol-Related Fatal Crashes, 2000–2004

Figure 3: Number of Drinking Drivers Involved in Fatal Crashes, by Age and Year, 2000-2004



SOURCE: Adapted by CESAR from the Fatality Analysis Reporting System, National Highway Traffic Safety Administration, U.S. Department of Transportation.

48 people were killed in motor vehicle crashes in 2005. Alcohol was involved in half of these crashes.

Fatal Motor Vehicle Crashes[3]

- In 2005, 44 fatal crashes occurred in the District in which 48 people died; alcohol was involved in 22 of the fatal crashes.
- Of the 48 fatalities that occurred in 2005 from motor vehicle crashes, 19 were drivers, 16 were pedestrians, and 6 were motorcyclists.
- In 2005, of the 19 drivers who were killed in fatal crashes, 12 (63.2%) had been drinking alcohol prior to the crash.
- Historically, drinking drivers involved in fatal crashes were most likely to be male and aged 21 to 29.
- In 2004, nearly half (45.8%) of individuals aged 21 to 29 who were involved in fatal crashes were under the influence of alcohol at the time of the crash.
- The percentage of individuals who were under the age of 21 and involved in alcohol-related motor vehicle crashes decreased in 2004 compared to the previous four years.
- Since 2000, the number of alcohol-related fatal crashes has fluctuated with the lowest number occurring in 2004 (n=18) and the greatest number occurring in 2003 (n=31).

CHRONIC DISEASE: Illicit Drug-Related Chronic Disease, 2000–2004

Table 1: Estimated Number of Illicit Drug-Related AIDS, Hepatitis B, and Hepatitis C Cases, by Year and Disease, 2000-2004

	AIDS Incident Cases	Acute Hepatitis B Cases		Chronic Hepatitis C Cases	
	Total (#)	Total (#)	Est. # Drug-Related (30%)	Total #	Est. # Drug-Related (20%)
2000	873	35	11	1,436	287
2001	863	13	4	2,572	514
2002	926	22	7	2,245	449
2003	965	9	3	2,086	417
2004	992	19	6	1,655	331

SOURCE: Adapted by CESAR from data provided by DC Department of Health, Bureau of Surveillance and Epidemiology, Administration for HIV Policy and Programs and the Hepatitis Registry, and National Electronic Telecommunications System for Surveillance.

AIDS Cases[4]

- The rate of reported AIDS cases in the District has steadily increased since 2001 while the national rate has remained stable.
- In 2004, the District rate for AIDS cases (179.2 cases per 100,000) was more than 12 times higher than the national rate of 14.9 cases per 100,000 residents.
- More than three-quarters of the 16,165 cumulative AIDS cases in the District were male, 80% were African American, and nearly three-quarters were between the ages of 20 and 44.
- In 2004, nearly one in four of the cumulative AIDS cases in the District were related to injection drug use.
- Ward 1 had the greatest number (n=2,752) of cumulative AIDS cases as of 2004, while Ward 3 had the least number of reported cases (n=489).

Acute Hepatitis B Cases[5]

- The number of new acute hepatitis B cases has fluctuated since 2000, with the greatest number reported in 2000 (n=35) and the lowest number reported in 2003 (n=9).
- The national rate for acute hepatitis B cases remained somewhat stable, between 2 to 3 cases per 100,000 residents since 2000; District rates have fluctuated between 2.3 per 100,000 in 2002 and 2003, and 6.1 per 100,000 residents in 2000.
- Nearly half of all DC residents were diagnosed with acute hepatitis B in 2004 were between 40 and 59 years of age and nearly one–third between 20 and 29 years of age.
- Nearly three-quarters of all DC residents diagnosed with acute hepatitis B were African American and nearly 60% of all cases were male.
- An estimated 30% of all acute hepatitis B cases were drug related.

Chronic Hepatitis C Cases[5]

- The number of chronic hepatitis C cases steadily decreased from 2,572 in 2001 to 1,655 in 2004.
- More than half of all chronic hepatitis C cases in 2004 were residents 50 years of age or older and more than one-third were residents between 40 and 49 years of age.
- An estimated 20% of all chronic hepatitis C cases were drug related.

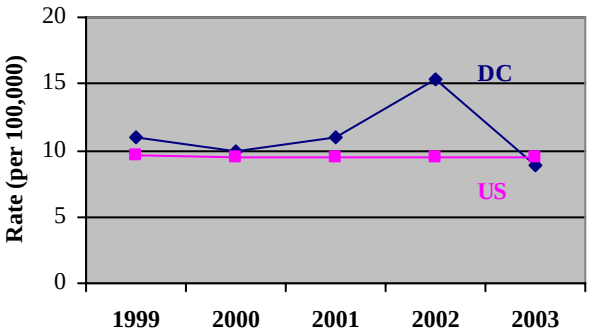
MORTALITY: Alcohol– and Tobacco–Related Mortality, 1999–2003

In recent years, the number of deaths from chronic liver disease, lung cancer, and chronic obstructive pulmonary disease (COPD) and emphysema has decreased in the District of Columbia.

Alcohol-Related Mortality[6]

- In 2003, the rate of chronic liver disease deaths decreased to a five year low (n=50); this placed the District, with 8.9 deaths from liver disease per 100,000 residents, lower than the national rate of 9.5 per 100,000 for the first time in 5 years.
- Deaths from alcoholic liver disease accounted for 82% of chronic liver disease deaths in 2003 compared to 18% of deaths from cirrhosis of the liver.
- Nearly half of all chronic liver disease deaths in 2003 occurred in individuals between 35 and 54 years of age; additionally, 70% were male and 90% were African American.

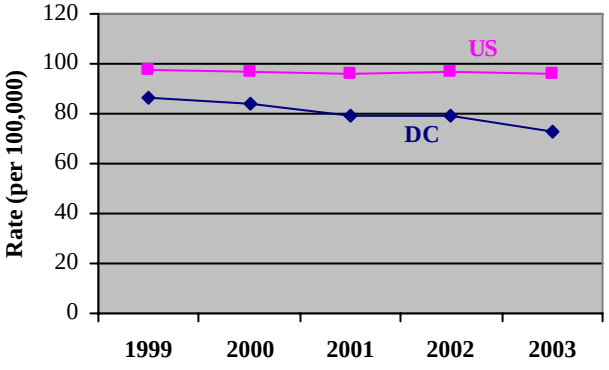
Figure 4: Chronic Liver Disease Rates for the District of Columbia and United States, 1999-2003



SOURCE: Adapted by CESAR from data from U.S. Department of Health and Human Services (DHHS), National Center for Health Statistics' National Vital Statistics System as reported in the Mortality Detail Files. Multiple Causes of Death, 1999-2001 [CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

Tobacco-Related Mortality[7]

Figure 5: Death Rate (per 100,000 residents) from Lung Cancer, COPD, and Emphysema for the District of Columbia and United States, 1999-2003



SOURCE: Adapted by CESAR from data from DHHS, National Center for Health Statistics' Mortality Detail Files. Multiple Causes of Death, 1999–2001 [CD-ROM]. Hyattsville, MD, Author, (Special data file), 2003.

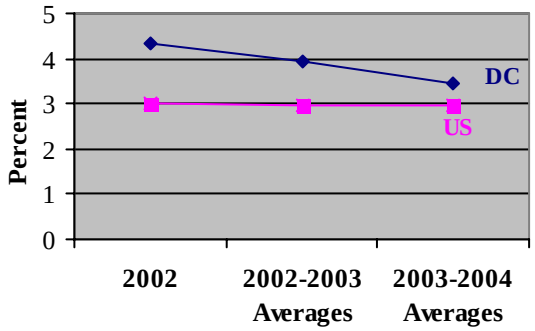
- Since 1999, the death rate related to lung cancer, COPD, and emphysema has steadily decreased in the District while also remaining below the national rate.
- In 2003, total deaths from lung cancer (n=284) were more than twice that of COPD and emphysema combined (n=127).
- In 2003, African Americans represented about 62% of the District's population; however, they accounted for 77.8% of lung cancer deaths and nearly two-thirds of COPD and emphysema deaths.
- More than half of all deaths from lung cancer occurred among males while COPD and emphysema deaths occurred most often among females (52.8%); in addition, a majority of deaths (71.5%) occurred in individuals 65 years of age or older regardless of the type of lung disease.

ABUSE/DEPENDENCE: Illicit Drug or Alcohol Abuse/ Dependence in the Past Year, 2000–2004

Illicit Drugs[8]

- An estimated 16,000 District residents reported past year illicit drug abuse or dependence between 2003 and 2004.
- The percentage of District residents reporting illicit drug abuse or dependence was consistently higher than the national averages from 2002 through 2004.
- More than half of all District residents who reported past year illicit drug abuse or dependence were adults aged 26 or older.
- Between 2002 and 2004, the ward with the highest percentage of residents reporting illicit drug abuse or dependence was Ward 8 (4.42%) while Ward 3 had the lowest percentage (3.08%) of residents reporting illicit drug abuse or dependence during this period.

Figure 6: Percent of DC Residents Aged 12 and Older who Reported Illicit Drug Abuse or Dependence in the Past Year, 2002–2004



SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), National Survey on Drug Use and Health (NSDUH) 2002–2004 surveys.

Table 2: Percent of DC Residents Aged 12 and Older who Reported Illicit Drug or Alcohol Abuse or Dependence in the Past Year, by Ward, 2002–2004

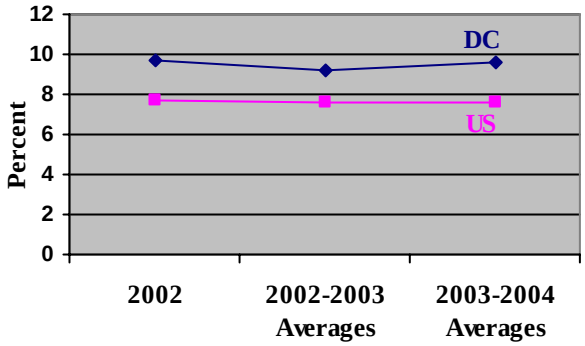
	DC Residents Aged 12+ Reporting Illicit Drug Abuse/Dependence (%)	DC Residents Aged 12+ Reporting Alcohol Abuse Dependence (%)
Citywide	4.00	9.39
Ward		
1	4.24	11.47
2	4.29	11.92
3	3.08	10.73
4	3.60	7.58
5	4.34	8.11
6	3.95	9.45
7	4.32	7.36
8	4.42	7.58

SOURCE: Adapted by CESAR from SAMHSA, OAS, NSDUH 2002–2004 surveys.

Alcohol[9]

- An estimated 45,000 District residents reported past year alcohol abuse or dependence between 2003 and 2004.
- The percentage of District residents reporting alcohol abuse or dependence was consistently higher than the national averages from 2002 through 2004.
- Nearly three-quarters of the District residents who reported past year alcohol abuse or dependence were adults aged 26 or older.
- Between 2002 and 2004, the ward with the highest percentage of residents reporting alcohol abuse or dependence was Ward 2 (11.92%) while Ward 7 had the lowest percentage (7.36%) during this period.

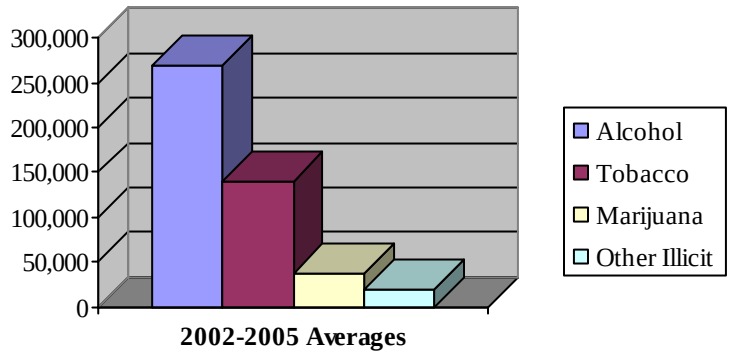
Figure 7: Percent of DC Residents Aged 12 and Older who Reported Alcohol Abuse or Dependence



SOURCE: Adapted by CESAR from the SAMHSA, OAS, NSDUH 2002–2004 surveys.

CONSUMPTION: Illicit Drugs, Alcohol, and Tobacco Consumption

Figure 8: Number of DC Residents Aged 12 and Older who Reported Past Month Use of Alcohol, Tobacco, Marijuana, and/or Other Illicit Drugs, 2002–2005 Survey Averages



SOURCE: Adapted by CESAR from the SAMHSA, OAS, NSDUH 2002–2005 surveys.

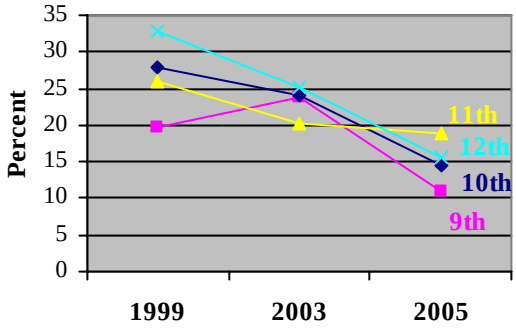
Illicit Drugs[10]

District Residents Aged 12 or Older

- Between 2002 and 2005, an annual average of 38,000 District residents aged 12 and older reported past month marijuana use and 20,000 reported past month use of other illicit drugs.
- More males reported marijuana and illicit drug use in the past 30 days compared to females.
- Nearly three-quarters of males who reported marijuana use in the past 30 days were between 18 and 34 years of age, while female use is greatest between 18 and 25 years of age.
- Two-thirds of males who reported past 30-day illicit drug use (other than marijuana) were between 26 and 44 years old, slightly older than those reporting marijuana use; females aged 18 to 25 and 35 to 44 represent two-thirds of all females reporting past 30-day illicit drug use (other than marijuana).
- Between 2002 and 2005, an annual average of 13,000 District residents reported using a needle to administer drugs at least once in their lifetime; three times more males than females reported using a needle.

High School Students in the District

Figure 9: Past 30-Day Marijuana Consumption by High School Students in the District, by Grade, 1999–2005



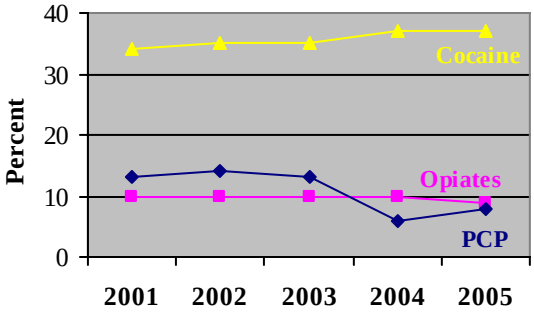
SOURCE: Adapted by CESAR from the Youth Risk Behavior Survey System, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), DHHS, Center for Disease Control and Prevention (CDC).

- In 2005, 14.5% of high school students reported using marijuana in the past month; 9.1% reported first use of marijuana occurring before age 13; and fewer than 2% of students reported the use of any other illicit drug.
- Since 1999, reports of past 30-day marijuana use decreased for all grade levels.
- In 2005, more 9th graders reported past 30-day use of all substances except ecstasy; more 11th graders reported ecstasy use compared to students in 9th through 12th grade.
- In 2005, while fewer 9th graders reported use of marijuana, glue, inhalants, and ecstasy, an increase in 10th graders reporting use of glue, inhalants, and steroid pills/shots occurred since the 2003 survey; the percent of 11th and 12th graders who reported use of various drugs either decreased or remained stable during this time.

Adult and Juvenile Offender Urinalysis Results

- Since 2001, adult arrestees were most likely to test positive for cocaine and juvenile arrestees were most likely to test positive for marijuana.
- Between 2001 and 2005, the percentage of adult arrestees who tested positive for cocaine or opiates remained stable while the percentage that tested positive for PCP decreased between 2003 and 2005.
- The DC Pretrial Services Agency began testing adult arrestees for amphetamines in April 2006 and juvenile arrestees in August 2006; since that time, between 1.8 and 3.4% of adults and 0.6 and 3.7% of juveniles tested positive each month.

Figure 10: Percentage of Adult Arrestees Testing Positive, by Drug, 2001-2005



SOURCE: Adapted by DC Office of Forensic Research, Pretrial Services Agency, January 2007.

- Between 2001 and 2005, the percentage of juvenile arrestees who tested positive for marijuana decreased and then stabilized; cocaine positive tests also remained stable during this time.
- Juvenile arrestees testing positive for PCP decreased from 13% in 2001 to only 3% in 2005.

Alcohol[11]

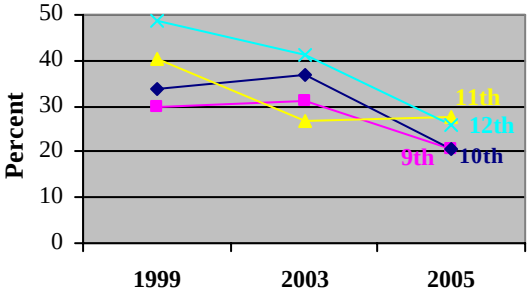
District Residents Aged 12 or Older

- Between 2002 and 2005, an annual average of 269,000 District residents aged 12 and older reported past month alcohol use, and 126,000 reported past month binge alcohol use (5 or more drinks on the same occasion).
- Past 30-day use of any alcohol or binge alcohol use was highest among residents 26 to 34 years of age.
- Between 2002 and 2005, males and females reported similar results for any alcohol use in the past 30 days although more males reported binge alcohol use in the past 30 days compared to females.
- An annual average of 4,000 youths aged 12 to 17 engaged in underage alcohol use and 2,000 reported binge alcohol use between 2002 and 2005.
- In 2003, more gallons of spirits (hard liquor) were sold per capita than beer and wine.

High School Students in the District

- In 2005, nearly 1 in 4 high school students reported alcohol use in the past month while nearly 1 in 10 reported binge alcohol use.
- Nearly 1 in 4 high school students reported riding in a car with a driver under the influence of alcohol in the past month; 7% of 12th graders and less than 4% of 9th, 10th, and 11th graders reported drinking and driving in 2005. (All reflect decreases since 2003.)
- In 2005, almost 19% of high school students in the District reported their first drink of alcohol (more than a few sips) prior to age 13.
- The percentage of 9th, 10th, and 12th graders reporting alcohol use in the past month has decreased since 2003 while the percentage of 11th graders who reported alcohol use has remained fairly stable.

Figure 11: Past 30-Day Alcohol Consumption by High School Students in the District, by Grade, 1999–2005



SOURCE: Adapted by CESAR from the Youth Risk Behavior Survey System, NCCDPHP, DHHS, CDC.

Tobacco[12]

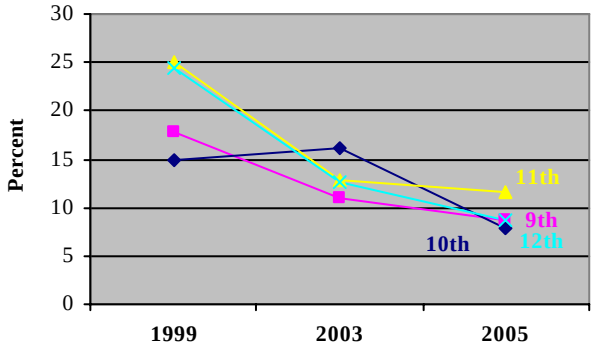
District Residents Aged 12 or Older

- Between 2002 and 2005, an annual average of 139,000 District residents aged 12 and older reported past month tobacco use, while an estimated 123,000 specifically reported use of cigarettes.
- Tobacco and cigarette use were highest among residents aged 26 to 34.
- An annual average of 3,000 DC residents under the age of 18 reported tobacco use between 2002 and 2005.

High School Students in the District

- In 2005, about 1 in 10 high school students reported tobacco use in the past month.
- Overall, the use of tobacco and cigarettes by high school students in the District has decreased since 1999.
- In 2005, a larger percent of 11th graders (11.5%) reported past 30-day cigarette use compared to 9th (8.7%), 10th (7.9%), and 12th (8.6%) graders.

Figure 12: Past 30-Day Cigarette Use by High School Students in the District, by Grade, 1999–2005



SOURCE: Adapted by CESAR from the Youth Risk Behavior Survey System, NCCDPHP, DHHS, CDC.

Since 2003, the percent of high school students in the District reporting past 30-day use of marijuana, alcohol, or cigarettes has decreased. More high school students reported past 30-day use of alcohol compared to marijuana or cigarettes.

PRIORITIZING AND RECOMMENDATIONS: Prioritization of Consequences, Recommendations for Additional Research, and Recommendations for the Task Force

DCEOW members piloted a method to assess and prioritize each of the consequences discussed in this report. Drug-related arrests, AIDS, violent crime, motor vehicle crashes, past-year illicit drug abuse/dependence, and past-year alcohol abuse/dependence were determined to be of highest priority in developing a comprehensive strategy for substance abuse prevention, treatment, and control in the District.

Prioritization of Consequences

To ensure that the prevention process remained data driven, the DCEOW piloted a method to assess and prioritize the consequences of illicit drug, alcohol, and tobacco use. For the first time, District substance abuse professionals and policymakers went beyond separate discussions of individual data sets and prioritized a series of consequences utilizing a consistent set of criteria. The consequences were scored by 14 core members of the DCEOW using six criteria: the number of individuals directly affected, changes in the number affected over time, national comparisons, number of individuals indirectly affected, potential costs to the District, and potential for change. The scores identified drug-related arrests, AIDS, violent crime, motor vehicle crashes, past-year illicit drug abuse/dependence, and past-year alcohol abuse/dependence as high priorities to be targeted in the District. Property crime, hepatitis C, and tobacco mortality were determined to be of medium priority, and hepatitis B and liver disease mortality were determined to be low priorities within the District based on the assessment by the DCEOW core members.

Recommendations

In order to address the consequences of illicit drug, alcohol, and tobacco use in the District, the DCEOW core members offered recommendations that were organized into two categories: recommendations for additional research and recommendations to the Task Force. The recommendations provided below will enhance the data available for inclusion in future reports to understand consequences of substance use, and will also guide the Task Force in the development of the District's comprehensive strategy for substance abuse prevention, treatment, and control.

Recommendations for Additional Research:

1. Analysis of recidivism amongst drug and alcohol using offenders
2. Assessment of arrest location and residence of the illicit drug- and alcohol-related offenders to further support the Metropolitan Police Department's hotspots initiative
3. Geo-mapping of variables such as unemployment, crime, arrests, drug markets/organizations, treatment admissions, and prevention programs related to illicit drug and alcohol use
4. Analysis of causal connections between illicit drug and alcohol consumption and consequences
5. Assessment of the relationship between the sex trade and illicit drug use
6. Needs assessment of residents "currently being treated" versus "needing treatment" for Hepatitis C
7. Analysis of the relationship between the age in which illicit drug, alcohol, and tobacco is first used, the frequency of use, and the likelihood of developing dependency problems
8. Assessment of co-occurring drug use and mental health disorders

Recommendations for the Task Force:

Criminal Justice

1. Involve court services in all program planning and referral processes
2. Develop mechanisms, such as mapping and de-confliction services provided by the Metropolitan Police Department and the Washington/Baltimore HIDTA, to identify and monitor high risk areas and vendors in the city
3. Develop mechanisms to track offender residence and place of crime for drug- and alcohol-related crimes
4. Develop mechanisms to collect more detailed information on illicit drug- and alcohol-related crimes
5. Develop and support resources, such as civil legal actions, for identifying and resolving environmental factors conducive to drug trafficking and crime

Public Health

1. Support and expand outreach programs for youth including sexually transmitted disease, illicit drug, alcohol, and tobacco education
2. Expand support for drug testing programs in criminal justice and educational settings
3. Improve coordination and communication between city agencies to ensure that individuals identified as drug and alcohol users can be monitored across agencies and have access to services they need
4. Develop and conduct an annual DC survey on substance use and health (formerly the household survey) to monitor illicit drug, alcohol, and tobacco use and health related decision making by DC residents
5. Improve and expand the collection of data on HIV and hepatitis diagnoses
6. Improve and expand the collection of data on drug and alcohol use by pregnant women, babies born drug positive, and drug- or alcohol-related child abuse/neglect cases to ensure that the District's children are protected and supported as they become healthy, productive adults
7. Initiate a more comprehensive data collection process to monitor drug, alcohol, and tobacco use at colleges/universities

Data Notes and Limitations

1. Property Crime

No attributable fraction is available for total number of property crimes that are drug-related. The total estimated number of property crimes that are drug-related was calculated by summing the estimated numbers for each type of crime.

Number of offenses reported was derived from the most recent data available, which was a report by the Metropolitan Police Department in December 2006. Representative of the most current figures from DC, these figures are not equal to those in the FBI Uniform Crime Report.

Estimates of the percent of drug-related property crimes taken from the State Epidemiological Data System (SEDS) -- 30% of burglaries, 30% of larceny/thefts, and 7% of motor vehicle thefts.

2. Violent Crime

No attributable fraction is available for total number of violent crimes that are alcohol-related. The total estimated number of violent crimes that are alcohol-related was calculated by summing the estimated numbers for each type of crime.

Number of offenses reported was derived from the most recent data available, which was a report by the Metropolitan Police Department in December 2006. Representative of the most current figures from DC, these figures are not equal to those in the FBI Uniform Crime Report.

Estimates of the percent of drug-related property crimes taken from the State Epidemiological Data System (SEDS) -- 30% of homicides, 23% of forcible rapes, 30% of aggravated assaults, and 3% of robberies.

3. Fatal Motor Vehicle Crashes

The National Traffic Safety Administration (NHTSA) has estimated driver blood alcohol concentration levels when alcohol test results are unknown. This estimated number creates a fraction of a whole individual which is rounded to the nearest whole number for purposes of this

table. Total alcohol-related fatal crashes may not equal column totals for demographics due to the presence of missing data and/or error due to rounding.

4. AIDS Cases

Excludes people with 2 or more races and where race was unknown. The number of cases and percentages were taken from the Bureau of Surveillance and Epidemiology. For this section n = 9,103.

Age = age at diagnosis for AIDS cases as of December 31, 2004.

Risk not specified and missing data are not included in the distribution of percentages. Percentages of exposure category were taken from the Bureau of Surveillance and Epidemiology. Number of cases calculated by CESAR based on this percentage. Due to this calculation we have not provided a rate. For this section n = 16,165.

5. Hepatitis B & C Cases

Diagnosed acute hepatitis B data for Hispanics was not available.

Age = age at diagnosis.

Drug related exposure includes injection drug users and men who have sex with men and are also injection drug users.

6. Alcohol-Related Mortality

Chronic Liver Disease includes alcoholic liver disease and other cirrhosis of the liver diseases.

Rate based on population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau for specific demographic groups.

7. Tobacco-Related Mortality

Rate based on population estimates that were prepared by the National Center for Health Statistics (NCHS) in collaboration with the U.S. Census Bureau for specific demographic groups.

8. Abuse/Dependence Illicit Drugs

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutic medications used non-medically. Abuse or dependence is based on the definitions found in the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The District estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although citywide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.

The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.

9. Abuse/Dependence Alcohol

Abuse or dependence is based on the definitions found in the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The DC estimates are based on a survey-weighted hierarchical Bayes estimation approach. Although citywide estimates were produced prior to 2002, the data are not comparable to data collected in and after 2002 because of a change in survey methods.

The U.S. estimates are the weighted average of the hierarchical Bayes estimates across all States and the District of Columbia and typically are not equal to the direct sample-weighted estimate for the Nation.

10. Consumption Illicit Drugs

NSDUH – Illicit drugs other than marijuana include cocaine, crack, heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics used non-medically.

Pre-trial Services – The DC Pre-trial Services Agency does not test 100% of arrestees for drug substances. For more in-depth DC Pre-Trial Services Agency data, see CESAR Fax, vol. 16, Issue 10, March 12, 2007.

11. Consumption Alcohol

NSDUH – Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days.

YRBS – Binge alcohol use is defined as five or more alcoholic drinks in a row, within a couple hours.

12. Consumption Tobacco

NSDUH – Tobacco includes cigarettes, smokeless tobacco (i.e. chewing tobacco or snuff), cigars, and pipe tobacco