



# Executive Summary: Consequences of Alcohol, Tobacco and Illicit Drug Use in the District's Communities, 2001–2007

The “District of Columbia Community Epidemiological Profile: Consequences of Alcohol, Tobacco, and Illicit Drug Use in the District’s Communities, 2001–2007” is the latest in a series of reports produced by the District of Columbia Epidemiological Outcomes Workgroup (DCEOW). These reports provide available data on the consumption of alcohol, tobacco, and other drugs and consequences of the use of these substances in the District of Columbia (DC). The “District of Columbia Community Epidemiological Profile” assesses community level problems related to the use of alcohol, tobacco, and illicit drugs. In the District, the *ward* is the most common geographical definition of a community. Highlights of the profile are provided below on consequences of substance use and abuse citywide and in Ward 1. Ward 1 was selected for special emphasis in this report due to the demographic diversity of its residents. Detailed information on these and other consequences of alcohol, tobacco, and illicit drug use can be found in the full report available online at [www.cesar.umd.edu](http://www.cesar.umd.edu).

## District Overview

### District Profile

- According to the 2000 census, there are nearly 600,000 residents in the District of Columbia, of whom roughly 60 percent are Black, more than 30 percent are White, and one in five are under age 18.
- Currently, there are 1,437 licensed alcohol retailers and 1,127 licensed tobacco distributors.
- There are 49 drug treatment programs and 568 weekly alcohol recovery meetings throughout the District of Columbia.

### **CRIME**

(Source: Geocoded Analytical Services Application (ASAP) preliminary crime and arrest data provided by the Research and Analysis Division, Office of Professional Development, Professional Development Bureau. Violent Crimes Branch (VCB) Homicide Data provided by the VCB through RAD. See additional notes at end.)

From 2002 to 2006, all violent and property crimes, except theft, decreased in the District. In 2006, an estimated 6,011 property crimes were drug related and an estimated 1,194 violent crimes were alcohol related. In addition, approximately one in ten homicides was reported as drug related. (Estimates for alcohol- and drug-related crimes, not including homicides, are based on attributable fractions.<sup>1</sup>) In contrast, the number of drug arrests (distribution, possession) increased during this time. Most of the arrests were related to possession of marijuana or cocaine/crack. Few drug arrests in the District involved amphetamines.

<sup>1</sup> Attributable fraction percent estimates for alcohol-related violent crimes and drug-related property crimes were provided by the State Epidemiological System (SEDS) from *The Economic Costs of Alcohol and Drug Abuse in The United States – 1992* (<http://www.nida.nih.gov/economiccosts/index.html>). Estimates of the percentage of crimes attributable to illicit drugs are derived primarily from self-reports of incarcerated offenders. The actual percentages attributable to alcohol or drugs may vary across geographic units or subpopulations.

## HIV/AIDS

(Source: District of Columbia HIV/AIDS Epidemiology Annual Report 2007, DC Department of Health, HIV/AIDS Administration, Bureau of Surveillance and Epidemiology.)

The number of new HIV (not AIDS) cases decreased steadily between 2002 and 2006 (from 687 to 403). Based on the mode of transmission, most HIV (not AIDS) cases were due to intravenous drug use (IDU, 61%). The number of new AIDS cases decreased 30 percent between 2002 and 2005 (from 975 to 679), then increased slightly in 2006 (n=700). The number of new AIDS cases attributed to IDU fluctuated during this time with IDU becoming the most frequent mode of transmission of new AIDS cases in 2005. The number of new AIDS cases attributed to IDU decreased 31 percent from 228 in 2005 to 158 in 2006. IDU accounted for more than one-third of the deaths related to AIDS, and one in four of all living AIDS cases in 2006.

## MORTALITY

(Source: Adapted by CESAR from data provided by the DC Department of Health, Vital Records Division. Attributable fraction percent estimates provided by Alcohol-Related Disease Impact (ARDI) and the State Epidemiological System (SEDS).)

Alcohol- and tobacco-related deaths assessed for this report included liver disease, lung cancer, chronic obstructive pulmonary disease (COPD), and emphysema. Between 2001 and 2005, trends in these deaths varied. The number of chronic liver disease deaths fluctuated, the number of lung cancer deaths decreased, and the number of COPD and emphysema deaths remained relatively the same. In the United States, 40 percent of chronic liver disease deaths were estimated to be alcohol related. Moreover, an estimated 80 to 90 percent of lung cancer deaths were attributed to cigarette smoking and an estimated 80 percent of COPD and emphysema deaths were attributed to smoking.

# Ward 1 Overview

## Ward 1 Profile

- According to the 2000 census, there are more than 73,000 residents in Ward 1, of whom 18 percent are under age 18 and roughly 16 percent are aged 18 to 24.
- Nearly half of all Ward 1 residents are Black, while one in three are White.
- As of 2007, there are 239 licensed alcohol retailers and 179 licensed tobacco distributors.

## CRIME

(Source: Geocoded Analytical Services Application (ASAP) preliminary crime and arrest data provided by the Research and Analysis Division, Office of Professional Development, Professional Development Bureau. Violent Crimes Branch (VCB) Homicide Data provided by the VCB through RAD. See additional notes at end.)

### Violent and Property Crimes

- All alcohol- and drug-related violent and property crimes in Ward 1, except robbery, decreased steadily between 2003 and 2005, and then increased slightly in 2006. Ward 1 had a greater number of estimated alcohol-related robberies than all other wards in 2006; nearly 20 percent of all alcohol-related robberies that occurred in the District in 2006 occurred in Ward 1. Nearly 12 percent of all homicides in the District in 2006 took place in Ward 1; however, Ward 1 reported no drug-related homicides in 2005 or 2006.

### Arrests

- In 2006, Ward 1 had the second greatest number of people arrested for driving under the influence compared to all eight wards. The majority of drug-related arrests in Ward 1 in 2006 involved possession, and two-thirds involved cocaine or marijuana. More than three-quarters of the drug-related arrests were male, nine in ten were Black, and nearly all were adults.

## HIV/AIDS

(Source: District of Columbia HIV/AIDS Epidemiology Annual Report 2007, DC Department of Health HIV/AIDS Administration, Bureau of Surveillance and Epidemiology.)

From 2001 to 2006, there were 426 newly reported HIV (not AIDS) cases, and 520 newly reported AIDS cases in Ward 1. For years 2001 through 2006, Ward 1 has the highest number of cumulative living AIDS cases compared to all other wards.

## DEPENDENCE AND ABUSE

(Source: Adapted by CESAR from data from the 2002, 2003, and 2004 National Survey on Drug Use and Health [NSDUH], Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies [OAS].)

Based on 2002–2004 annual averages, residents aged 12 or older in Ward 1 were just as likely to report past year alcohol or illicit drug dependence or abuse as residents aged 12 or older in all other wards. Within Ward 1, residents aged 12 to 17 were less likely to report past year alcohol dependence or abuse than all other older residents, while residents aged 18 to 25 were more likely to report past year illicit drug dependence or abuse than those aged 26 or older.

## MORTALITY

(Source: Adapted by CESAR from data provided by the DC Department of Health, Vital Records Division.)

In Ward 1 between 2001 and 2005, the number of chronic liver disease deaths ranged from 7 to 17 each year, with decedents most likely to be male, Black, aged 45 to 64, and single. Lung cancer deaths decreased from 31 in 2001 to 19 in 2005. The majority of these decedents were male, Black, and aged 55 to 74. The number of deaths due to COPD and emphysema ranged from 3 to 15 and the majority of decedents were Black and aged 45 or older.

## CONSUMPTION

**Residents Aged 12 or Older** (Source: Adapted by CESAR with data from the 2002, 2003, and 2004 NSDUH, SAMHSA, OAS.)

- Residents aged 12 or older in Ward 1 were just as likely to report past month use of illicit drugs as residents aged 12 or older in all other wards. Residents aged 12 to 20 residing in Ward 1, reported the third highest percentages of underage drinking and underage binge drinking of all eight Wards based on annual averages from 2002 through 2004.

**Adult Arrestees** (Source: DC Office of Forensics, Pretrial Services Agency, December 2007.)

- The DC Pretrial Services Agency regularly tests adult offenders for cocaine, opiates, PCP, and amphetamines, and juvenile offenders for cocaine, PCP, marijuana, and amphetamines. In Ward 1, the percentage of adult arrestees testing positive for any drug increased from 45 percent in Fiscal Year (FY) 2005 to 54 percent in FY2007. Adults in Ward 1 were more likely to test positive for cocaine than any other drug. Ward 1 had the third highest percentage of arrestees testing positive for cocaine among all eight wards in FY2007. One in ten arrestees tested positive for opiates and/or PCP and only two percent of arrestees in Ward 1 tested positive for amphetamines. Each year since FY2004, arrestees aged 18 to 24 made up the largest population of arrestees tested, although arrestees aged 25 or older consistently had higher percentages of positive drug test results. In addition, a higher percentage of female (than male) arrestees tested positive each year.

## NEEDING BUT NOT RECEIVING TREATMENT

(Source: Adapted by CESAR from 2002, 2003, and 2004 NSDUH data, SAMHSA, OAS.)

Annual averages for 2002–2004 revealed that Ward 1 residents aged 18 to 25 reported higher estimates of needing but not receiving treatment for illicit drug use in the past year compared to residents aged 26 or older.

*Additional Notes re: interpreting crime data from the Metropolitan Police Department (MPD):* As part of Chief Cathy Lanier's dedication to improving crime data tracking and analysis, in 2008, MPD upgraded key data systems. The data provided for the *District of Columbia: Community Profile* was disseminated prior to these upgrades and should not be compared with datasets released thereafter.

Sources: Geocoded Analytical Services Application (ASAP) data as of May 7, 2007. All statistics presented here are based on preliminary DC Index crime data. The data do not represent official statistics submitted to the FBI under the Uniform Crime Reporting program (UCR). All preliminary offenses are coded based on DC criminal code and not FBI offense classifications. All statistics are subject to change due to a variety of reasons, such as a change in classification, the determination that certain offense reports were unfounded, or late reporting. Please understand that any comparisons between MPD preliminary data as published here and the official crime statistics published by the FBI under the Uniform Crime Reporting Program (UCR) are inaccurate and misleading. Excludes crimes for which no address could be identified (between one percent and three percent of all crimes). All homicide data are verified through the Violent Crimes Branch (VCB).

Geocoded Criminal Justice Information System (CJIS) data as of May 7, 2007. Totals are based solely on the primary arrest charge. One person may have been booked on more than one arrest charge. Excludes arrests for which no address could be identified (between one percent and three percent of all arrests).