



---

# Patterns and Trends of Substance Abuse in Washington, D.C.

---

*By Erin Artigiani, M.A.; Lynda Okeke, M.A.; Maribeth Rezey, B.A.; Cindy Voss, M.A.; and Eric D. Wish, Ph.D.<sup>1</sup>*

In 2006 and 2007, cocaine/crack, marijuana, and heroin continued to be the primary illicit drug problems in Washington D.C. The use of PCP continued to fluctuate, and cocaine remained one of the most serious drugs of abuse, as evidenced by the fact that more adult arrestees tested positive for cocaine than for any other drug. Also in 2007, 37 percent of adult arrestees tested cocaine-positive from January through November, and about one in ten tested positive for opiates and/or PCP. In addition, more seized items tested positive for cocaine (45%) in Fiscal Year (FY) 2007 than for any other drug, as reported by the National Forensic Laboratory Information System (NFLIS). Overdose deaths were also more likely to be related to cocaine (66%) than to any other drug in 2006.

During 2007, juvenile arrestees were more likely to test positive for marijuana (55%) than for any other drug. The percentages of juveniles testing marijuana-positive have increased slightly (from 51 to 55%) during each of the past three years, but the percentages testing positive for cocaine (3.5 to 2.9%) and PCP (3.4 to 2.6%) remained about the same.

While other parts of the country have seen shifts in the use of methamphetamine, use remained low, and confined to isolated communities in D.C. However, new research conducted by the Crystal Meth Working Group and described below shed new light on the use of methamphetamine in the Lesbian/Gay/Bisexual/Transgender (LGBT) community. In addition, the percentage of adult and juvenile offenders testing positive for amphetamines remained considerably lower than for other drugs, although recent data suggests that use of amphetamines is increasing.

## **CRIME** (Source: Metropolitan Police Dept.; National Forensic Laboratory Information System (NFLIS), DEA, Office of Diversion Control)

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 were reported as drug related. (Estimates for alcohol- and drug-related crimes, not including homicides, are based on attributable fractions.<sup>2</sup>) In contrast, the number of drug arrests (distribution, possession) increased during this time. Most of these arrests were related to possession of marijuana or cocaine/crack and involved adults, males, and Blacks.<sup>3</sup> Of the 27 amphetamine arrests in 2006, nearly all were adult, male, and Black.<sup>3</sup> The number of females arrested for marijuana and the numbers of Whites and females arrested for cocaine/crack has been increasing.

Items seized in D.C. and tested by NFLIS in FY 2007 tested positive for 49 different drugs. The majority of items tested by NFLIS were positive for cocaine (45%) or marijuana (32%). Fewer than two percent of seized items tested positive for methamphetamine or prescription drugs. Items from D.C. were more likely to test positive for illicit street drugs (cocaine, marijuana, heroin, PCP, methamphetamine) than for prescription drugs (methadone, oxycodone, hydrocodone, buprenorphine). Unlike D.C. and Maryland, items from neighboring Virginia jurisdictions were more likely to test positive for prescription drugs as listed above. However, items testing positive for prescription drugs accounted for less than 2.5 percent of seized items testing drug positive in each of the three regions.

## **HIV/AIDS** (Source: District of Columbia HIV/AIDS Epidemiology Annual Report 2007, D.C. Department of Health)

The number of new HIV (not AIDS) cases decreased steadily from 2002 through 2006 (from 687 to 403), and were most likely to be male, Black, and aged 20 to 49.<sup>3</sup> 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 from 2002 to 2005 (from 975 to 679) then increased slightly in 2006 (n=700). New AIDS cases were most likely to be Black, male, and aged 30-49. The number of new AIDS cases attributed to IDU fluctuated during this time with IDU becoming the most frequent mode of transmission in 2005. This number decreased 31 percent from 228 in 2005 to 158 in 2006. IDU accounted for more than one-third of the AIDS deaths and one in four of all living AIDS cases in 2006.

---

<sup>1</sup> The authors are affiliated with the Center for Substance Abuse Research, University of Maryland College Park.

<sup>2</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' at [www.nida.nih.gov/economiccosts/index.html](http://www.nida.nih.gov/economiccosts/index.html). Estimates of the percentage of crimes attributable to illicit drugs were derived primarily from self-reports of incarcerated offenders. The actual percentages attributable to alcohol or drugs may vary across geographic units or subpopulations.

<sup>3</sup> Approximately 60 percent of the general D.C. population is Black according to 2000 census data.

## **MORTALITY** (Source: Office of the Chief Medical Examiner, Washington, D.C. 2005 and 2006 annual reports)

The number of decedents testing positive for drugs decreased 20 percent in 2006, from 631 cases in 2005 to 503 cases in 2006, although most deaths continued to result from natural causes and accidents. One hundred fourteen of the 2006 positive drug deaths were from drug overdoses. The most frequently detected drugs were cocaine, morphine, and alcohol. Most overdose deaths were aged 41 to 50 and Black.

## **SUBSTANCE ABUSE BY OFFENDERS** (Source: D.C. Pretrial Services)

The D.C. Pretrial Services Agency regularly tests adult offenders for cocaine, opiates, PCP, and amphetamines and juvenile offenders for cocaine, PCP, marijuana, and amphetamines. Adults were more likely to test positive for cocaine than for any other drug, but the percentage testing positive decreased slightly from 2006 to January – November 2007 (41 to 37.5%). Juveniles were more likely to test positive for marijuana than any other drug, and the percentage was increasing. Pretrial Services began testing for amphetamines in mid-2006 (August for adults, September for juveniles). The percentages of adults and juveniles testing positive for amphetamines were considerably lower than the percentages testing positive for other drugs ranging from 1.2 to 4.2 percent and 0.5 to 4 percent respectively.

## **SUBSTANCE ABUSE BY YOUTH** (Source: D.C. Department of Health Youth Risk Behavior Surveillance System (YRBS))

Preliminary data from the 2007 YRBS indicate that one in three senior high school youths reported past month drinking and one in five reported past month marijuana use.

## **SUBSTANCE ABUSE IN THE LGBT COMMUNITY**<sup>4</sup> (Source: Crystal Meth Working Group)

In 2006, the Crystal Meth Working Group conducted a 14-question self administered survey with 1,109 participants at three LGBT events in D.C. The data were analyzed by researchers at the Georgetown University Medical Center. More than half of the respondents were male (53%) and white (54%), over two-thirds (69%) were aged 20-39, and 61 percent identified as gay or lesbian. Preliminary results indicate that nearly one in ten (8%) reported using crystal meth at least once. Nearly all (93%) of the users were gay or bisexual, 69 percent were White males, 70 percent were aged 20-39, 23 percent were self-reported HIV+, and 67 percent used other illicit drugs (cocaine, crack, marijuana, ecstasy, poppers). Reasons offered for using methamphetamine included: 49 percent liked the meth “high;” 30 percent wanted “more energy;” 28 percent wanted “hotter sex;” 25 percent wanted “more sex;” and 24 percent wanted to be “more sociable.” Two limitations noted by the researchers are that this study utilized convenience sampling and is not representative of the general D.C. population and the venue choices missed high-risk groups.

*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 D.C. 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 D.C. criminal code and not the 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 1% and 3% 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 top arrest charge. One person may have been booked on more than one arrest charge. Excludes arrests for which no address could be identified (between 1% and 3% of all arrests).

---

<sup>4</sup> Kristen Degan, MPH; Michael Plankey, Ph.D.; David Schwartz, Ph.D. Survey conducted in 2007 by the Crystal Meth Working Group. Preliminary findings released Jan 2008.